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MARYLAND HEALTH CARE COMMISSION

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MEMORANDUM

To: Commissioners
From: Linda Cole, Chief *LC*
Long Term Care Policy and Planning
Date: November 15, 2013
Re: Hospital Palliative Care Project

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HB 581 "Establishment of Palliative Care Pilot Programs," passed during the 2013 legislative session. (A copy of this bill is attached.) It requires the Maryland Health Care Commission to select at least five palliative care pilot programs in the state and, in conjunction with the Maryland Hospital Association (MHA) and the Office of Health Care Quality (OHCQ), establish reporting requirements for the pilot sites.

Commission staff has been collaborating with staff of MHA and OHCQ to initiate work on this pilot project. In consultation with MHA and OHCQ, staff developed a Request for Applications (RFA); this RFA is attached. It was sent to all hospitals with 50¹ or more licensed acute general hospital beds. MHA collaborated with MHCC to assure effective communication of this RFA to all of its members. A draft set of core data measures developed by staff based on the legislation was also included with the RFA.

The RFA was distributed on October 18, 2013 and hospitals were given till November 8, 2013 to respond. Fourteen applications were received

Eleven applications were assessed by staff as sufficiently meeting requirements for inclusion in the pilot project study group. Three applications were assessed as not meeting the requirements. The applicants and staff's assessment is as follows:

Meeting basic RFA Requirements:

- Carroll Hospital Center
- Doctor's Community Hospital
- Greater Baltimore Medical Center
- Holy Cross Hospital

¹ The requirement of 50 or more beds is dictated by HB 581 (2013 Legislative Session)

Johns Hopkins Hospital
MedStar Union Memorial Hospital
Meritus Medical Center
Peninsula Regional Medical Center
Suburban Hospital
Union Hospital of Cecil County
Upper Chesapeake Medical Center

Not meeting RFA Requirements:

Atlantic General Hospital
Calvert Memorial Hospital
Western Maryland Regional Medical Center

It should be noted that the eleven hospitals listed as meeting RFA requirements are a preliminary pilot program group at this time. We plan to convene a Hospital Palliative Care Advisory Group on December 17, 2013, inviting all of the eleven hospitals to participate, to begin work on a final study design and study data requirements. These decisions could alter the shape of our final pilot hospital participants. Representatives from OHCQ, MHA, CMS, and other persons with expertise in palliative care are also being asked to participate in this Advisory Group.

At the November 21 meeting, I will present a brief overview of this project's development work to date and request Commission approval of the criteria for participant selection and the recommended hospital pilot group. We will also update the Commission on next steps in this project.

Enclosures

Application to Participate in the Hospital Palliative Care Pilot Program Study

PART I- APPLICATION CRITERIA

Instructions: Please submit a complete and concise response to each of the following two criteria. For Criterion 2, if the hospital applicant has applicable policies or procedures in place, they should be provided as attached exhibits to the application. If the hospital applicant does not have applicable policies or procedures in place, attestation that it will have such policies and procedures in place prior to the beginning of the study will be sufficient.

Criterion 1: Hospital beds

Requirement: The hospital must have at least 50 licensed acute care beds in FY 2014, as per statute.

Criterion 2: Policies and procedures

Requirement: Upon initiation of the pilot study, a selected hospital palliative care program should be able to demonstrate that it has policies or procedures specific to the palliative care program which address the following areas:

- (1) access to information and counseling regarding palliative care services appropriate to a patient with a serious illness or condition;
- (2) identification of the authorized decision maker of an individual who lacks capacity to make health care decisions in order to provide the authorized decision maker access to information and counseling regarding options for palliative care for the patient;
- (3) requirement that providers engage in a discussion of the benefits and risks of treatment options in a manner that can be understood easily by the patient or authorized decision maker;
- (4) encouragement of the patient or authorized decision maker to include the patient's relatives and friends in counseling regarding palliative care; and
- (5) facilitation of access to appropriate palliative care consultations and services, including associated pain management consultations and services consistent with a patient's needs and preferences.
- (6) if a patient or authorized decision maker decides to receive counseling about palliative care, the counseling must include information about the right to: 1) continue to pursue disease-targeted treatment with or without concurrent palliative care; and 2) receive comprehensive pain and symptom management, including pain medications.

ATTESTATION:

I attest and sign that _____ *name of hospital* _____ has policies and procedures in place that comply with the above-stated requirements or will have complying policies and procedures formally adopted by the hospital prior to the beginning of this pilot study. If a program is selected it must file with the Commission a complete set of policies and procedures that address all of the above requirements.

Signature: _____ Date: _____

PART II- APPLICATION REQUIREMENTS AND MEASURES

Instructions: Please submit a complete and concise response to each of the following five Requirements and accompanying Measures. These Requirements and Measures were developed to provide applicants with a sense of what the Commission is seeking in the pilot program pool. However, we are willing to consider applications from hospitals that cannot demonstrate or document full compliance or consistency with every Requirement Measure. Please respond as directly as possible to the Requirement and Measure statement, with supplemental information as necessary, and address why your program should be included in the pilot hospital study group, even if your program does not fully adhere to the stated Requirement. Please provide a distinct response to each Requirement and Measure in the order presented.

Requirement 1: A pilot hospital should have an established operating program functioning beyond the developmental or program initiation phase.

Req. 1 Measure: The hospital should document that it had a palliative care line item in the hospital's budget *prior to July 1, 2013*.

Requirement 2: A pilot hospital should have sufficient staffing to provide needed services.

Req. 2 Measure: The hospital palliative care program should be able to demonstrate that it (1) has a designated program director who is a physician, nurse practitioner, or RN, who is certified in palliative care or another related discipline and (2) has at least one full-time equivalent employee to staff the palliative care program, which can include the designated program director. Applicants should include a list of all staff members who deliver services for the palliative care program, including titles, certifications and qualifications, and average weekly hours for each staff member.

Requirement 3: A pilot hospital should have sufficient service volume to allow for meaningful study of its patients' experience, outcomes, and program performance.

Req. 3 Measure: The hospital palliative care program should demonstrate that it served a *minimum of 200 patients* who received palliative care consultations in the most recent year or twelve month period for which data is available. Applicants should include documentation that reflects the number of total consultations and the number of patients treated with palliative care during this time period. Indicate the dates for which data is submitted.

Requirement 4: A pilot hospital should have the resources to support data collection necessary to complete the pilot study.

Req. 4 Measure: The hospital palliative care program should be able to demonstrate that it has collected a core set of data fields on palliative care patients that can be reported for *at least one full year prior to January 1, 2014*, and that the program and program staff will likely have the ability to collect data similar to the preliminary list of core data measures attached to this application, which will be finalized after pilot programs are selected. Note that this will also include data collection on patients who refuse palliative care, who will serve as a control group.

Supplemental Instructions: Applicants should consider including a copy of the order set or intake form, if available, and describe the process for data collection and record keeping. Applicants should address, in general, their ability to collect the data included in the attached list of core data measures. Applicants should include documentation reflecting general demographics and diagnoses of their patient population.

Requirement 5: A pilot hospital palliative care program should demonstrate its collaboration with community providers.

Req. 5 Measure: The hospital palliative care program should be able to demonstrate which community providers it collaborates with to deliver effective care. Applicants should include names of providers and nature of affiliation.

PART III- SUPPLEMENTAL INFORMATION

Assessments and evaluations

Applicants are encouraged to briefly discuss any assessments and evaluations conducted of their palliative care programs. Include a discussion of how those evaluations were used and what impact they had, if any, on policies, programming, or decision-making within the palliative care program. We are interested in also hearing about challenges encountered in implementing such assessments or evaluations. Assessments and evaluations could include, but are not limited to, clinical assessments, cost-benefit or effectiveness studies, or patient/family satisfaction surveys.

Unique program qualities

Applicants may include additional information about their palliative care programs that they believe uniquely qualifies them to be selected as a pilot program, based on the selection guidelines or the language in HB 581.

PART IV- DECLARATON AND AFFIRMATION

NOTE: All information provided in this application must be signed by the person(s) available for cross examination on the facts set forth in the information provided, who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

"I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

Signature: _____ Date: _____

Chapter 379

(House Bill 581)

AN ACT concerning

Hospitals – Establishment of Palliative Care Pilot Programs – ~~Required~~

FOR the purpose of ~~requiring certain hospitals to implement a certain palliative care program on or before a certain date;~~ providing for the establishment of a certain number of palliative care pilot programs in certain hospitals in the State; requiring the Maryland Health Care Commission to select the pilot programs in a certain manner; requiring certain palliative care pilot programs to collaborate with certain providers to deliver care, gather certain data, and report certain information to the Maryland Health Care Commission; requiring the Maryland Health Care Commission to consult with certain palliative care pilot programs and certain stakeholders to develop certain core data measures and certain reporting standards; requiring ~~the palliative care program~~ certain palliative care pilot programs to include certain policies and procedures; requiring certain counseling about palliative care to include certain information regarding certain rights of patients; requiring the Department of Health and Mental Hygiene to adopt certain regulations on or before a certain date; prohibiting certain regulations from requiring a palliative care program to be led by a certain physician; requiring the Department to conduct a certain survey of certain palliative care programs at certain intervals; requiring the Maryland Hospital Association to provide a certain report to the General Assembly on or before a certain date; requiring the Maryland Health Care Commission, on or before a certain date, in consultation with the Office of Health Care Quality and the Maryland Hospital Association, to report certain findings to certain committees of the General Assembly; requiring the report to include certain recommendations; requiring the report to be used to develop certain standards; providing for the termination of this Act; defining certain terms; and generally relating to palliative care pilot programs in hospitals in the State.

BY adding to

Article – Health – General

Section 19–308.9

Annotated Code of Maryland

(2009 Replacement Volume and 2012 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

19-308.9.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "AUTHORIZED DECISION MAKER" MEANS THE HEALTH CARE AGENT OR SURROGATE DECISION MAKER WHO IS MAKING HEALTH CARE DECISIONS ON BEHALF OF A PATIENT IN ACCORDANCE WITH §§ 5-601 THROUGH 5-618 OF THIS ARTICLE.

(3) "PALLIATIVE CARE" MEANS SPECIALIZED MEDICAL CARE FOR INDIVIDUALS WITH SERIOUS ILLNESSES OR CONDITIONS THAT:

(I) IS FOCUSED ON PROVIDING PATIENTS WITH RELIEF FROM THE SYMPTOMS, PAIN, AND STRESS OF A SERIOUS ILLNESS OR CONDITION, WHATEVER THE DIAGNOSIS;

(II) HAS THE GOAL OF IMPROVING QUALITY OF LIFE FOR THE PATIENT, THE PATIENT'S FAMILY, AND OTHER CAREGIVERS;

(III) IS PROVIDED AT ANY AGE AND AT ANY STAGE IN A SERIOUS ILLNESS OR CONDITION; AND

(IV) MAY BE PROVIDED ALONG WITH CURATIVE TREATMENT.

~~(B) ON OR BEFORE JULY 1, 2016, EACH GENERAL HOSPITAL WITH 50 OR MORE BEDS THAT DOES NOT HAVE A PALLIATIVE CARE PROGRAM ACCREDITED BY AN ACCREDITATION ORGANIZATION APPROVED BY THE DEPARTMENT SHALL IMPLEMENT A PALLIATIVE CARE PROGRAM THAT:~~

~~(1) MEETS THE REQUIREMENTS OF THIS SECTION; AND~~

~~(2) COMPLIES WITH REGULATIONS ADOPTED BY THE DEPARTMENT UNDER SUBSECTION (E) OF THIS SECTION.~~

(B) (1) (I) AT LEAST FIVE PALLIATIVE CARE PILOT PROGRAMS SHALL BE ESTABLISHED IN THE STATE IN HOSPITALS WITH 50 OR MORE BEDS.

(II) THE FIVE PILOT PROGRAMS SHALL BE SELECTED BY THE MARYLAND HEALTH CARE COMMISSION IN A MANNER THAT ENSURES GEOGRAPHIC BALANCE IN THE STATE.

(III) THE PILOT PROGRAMS ESTABLISHED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL:

1. COLLABORATE WITH PALLIATIVE CARE OR COMMUNITY PROVIDERS TO DELIVER CARE;

2. GATHER DATA ON COSTS AND SAVINGS TO HOSPITALS AND PROVIDERS, ACCESS TO CARE, AND PATIENT CHOICE; AND

3. REPORT TO THE MARYLAND HEALTH CARE COMMISSION ON BEST PRACTICES THAT CAN BE USED IN THE DEVELOPMENT OF STATEWIDE PALLIATIVE CARE STANDARDS.

(2) THE MARYLAND HEALTH CARE COMMISSION SHALL, IN CONSULTATION WITH THE PILOT PROGRAMS ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION AND STAKEHOLDERS SELECTED BY THE COMMISSION, IDENTIFY CORE DATA MEASURES FOR THE DATA COLLECTED UNDER PARAGRAPH (1)(III)2 OF THIS SUBSECTION AND DEVELOP STANDARDS FOR THE REPORTING REQUIREMENTS OF PARAGRAPH (1)(III)3 OF THIS SUBSECTION.

(C) ~~A HOSPITAL'S NONACCREDITED PALLIATIVE CARE PROGRAM~~ THE PILOT PROGRAMS ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION SHALL INCLUDE POLICIES AND PROCEDURES ESTABLISHED BY THE HOSPITAL THAT:

(1) PROVIDE ACCESS TO INFORMATION AND COUNSELING REGARDING PALLIATIVE CARE SERVICES APPROPRIATE TO A PATIENT WITH A SERIOUS ILLNESS OR CONDITION;

(2) IDENTIFY THE AUTHORIZED DECISION MAKER OF AN INDIVIDUAL WHO LACKS CAPACITY TO MAKE HEALTH CARE DECISIONS IN ORDER TO PROVIDE THE AUTHORIZED DECISION MAKER ACCESS TO INFORMATION AND COUNSELING REGARDING OPTIONS FOR PALLIATIVE CARE FOR THE PATIENT;

(3) REQUIRE PROVIDERS TO ENGAGE IN A DISCUSSION OF THE BENEFITS AND RISKS OF TREATMENT OPTIONS IN A MANNER THAT CAN BE UNDERSTOOD EASILY BY THE PATIENT OR AUTHORIZED DECISION MAKER;

(4) ENCOURAGE THE PATIENT OR AUTHORIZED DECISION MAKER TO INCLUDE THE PATIENT'S RELATIVES AND FRIENDS IN COUNSELING REGARDING PALLIATIVE CARE; AND

(5) FACILITATE ACCESS TO APPROPRIATE PALLIATIVE CARE CONSULTATIONS AND SERVICES, INCLUDING ASSOCIATED PAIN MANAGEMENT CONSULTATIONS AND SERVICES CONSISTENT WITH A PATIENT'S NEEDS AND PREFERENCES.

(D) IF A PATIENT OR AUTHORIZED DECISION MAKER DECIDES TO RECEIVE COUNSELING ABOUT PALLIATIVE CARE, THE COUNSELING SHALL INCLUDE INFORMATION REGARDING THE RIGHT OF THE PATIENT TO:

(1) CONTINUE TO PURSUE DISEASE-TARGETED TREATMENT WITH OR WITHOUT CONCURRENT PALLIATIVE CARE; AND

(2) RECEIVE COMPREHENSIVE PAIN AND SYMPTOM MANAGEMENT, INCLUDING PAIN MEDICATIONS.

~~(E) (1) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT:~~

~~(i) SET THE STANDARDS FOR THE OPERATION OF A HOSPITAL'S NONACCREDITED PALLIATIVE CARE PROGRAM; AND~~

~~(ii) IMPLEMENT THE PROVISIONS OF THIS SECTION.~~

~~(2) THE STANDARDS ADOPTED UNDER PARAGRAPH (1)(i) OF THIS SUBSECTION SHALL BE COMPARABLE TO THE STANDARDS SET BY THE JOINT COMMISSION FOR PALLIATIVE CARE PROGRAMS.~~

~~(3) THE REGULATIONS ADOPTED UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY NOT REQUIRE THAT A PALLIATIVE CARE PROGRAM BE LED BY A PHYSICIAN WHO IS BOARD-CERTIFIED IN PALLIATIVE CARE.~~

~~(F) (1) EACH YEAR THE DEPARTMENT SHALL SURVEY AT LEAST 25% OF THE NONACCREDITED PALLIATIVE CARE PROGRAMS IN THE STATE TO REVIEW COMPLIANCE WITH THIS SECTION AND THE REGULATIONS ADOPTED BY THE DEPARTMENT UNDER THIS SECTION.~~

~~(2) AT LEAST ONCE EVERY 4 YEARS, THE DEPARTMENT SHALL SURVEY EACH NONACCREDITED PALLIATIVE CARE PROGRAM TO REVIEW COMPLIANCE WITH THIS SECTION AND THE REGULATIONS ADOPTED BY THE DEPARTMENT UNDER THIS SECTION.~~

~~SECTION 2. AND BE IT FURTHER ENACTED, That, on or before January 31, 2016, the Department of Health and Mental Hygiene shall adopt the regulations required under § 19-308.9(c) of the Health General Article, as enacted by Section 1 of this Act.~~

~~SECTION 3. AND BE IT FURTHER ENACTED, That, on or before January 1, 2015, the Maryland Hospital Association shall report to the General Assembly, in accordance with § 2-1246 of the State Government Article, on the palliative care programs in operation in hospitals in the State.~~

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before December 1, 2015, the Maryland Health Care Commission, in consultation with the Office of Health Care Quality and the Maryland Hospital Association, shall report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2-1246 of the State Government Article, on the findings of the pilot programs established under Section 1 of this Act, including best practices and data outcomes experienced during the pilot period.

(b) The report required under subsection (a) of this section shall:

(1) include recommendations, based on the findings of the pilot programs established under Section 1 of this Act, to be used to develop minimum standards for palliative care programs with the goal of expanding access to palliative care services statewide at hospitals with 50 beds or more by July 1, 2016, in a manner that ensures geographic balance and promotes racial and ethnic diversity; and

(2) be used by the Department of Health and Mental Hygiene, in consultation with experts in hospital palliative care and other interested stakeholders, to assist in the development of regulations related to standards for palliative care programs.

SECTION 4. 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2013. It shall remain effective for a period of 3 years and 2 months and, at the end of November 30, 2016, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

Approved by the Governor, May 2, 2013.