



**REPORT TO THE COMMISSIONER OF PUBLIC HEALTH AND THE
CONNECTICUT GENERAL ASSEMBLY ON**

Palliative Care

2016 Report

JANUARY 2017

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**State of Connecticut
Department of Public Health**

Report to the DPH Commissioner and the Connecticut General Assembly

Palliative Care

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INTRODUCTION

Section 19a-60 (Appendix 1) of the General Statutes requires the Department of Public Health to establish, within available appropriations, a Palliative Care Advisory Council to analyze the current state of palliative care in Connecticut; and advise the department on matters relating to the improvement of palliative care and the quality of life for persons with serious or chronic illnesses. The Commissioner of Public Health is also required to submit a report to the joint standing Committee on Public Health beginning on January 1, 2015, and annually thereafter, regarding the Palliative Care Advisory Council's recommendations.

The Palliative Care Advisory Council first convened in 2013 and consists of 13 members which include physicians, nurses and other health care providers with expertise in palliative and hospice care, as well as, an American Cancer Society representative or person experienced in advocating for people with serious or chronic illness and their families.

The Council met seven times during 2016 and provided the Commissioner of Public Health a list of recommendations. The recommendations from the Council are reflected below. The Department is in agreement with all of the recommendations from the Council.

RECOMMENDATIONS FROM THE COUNCIL:

In order to accomplish implementation of their recommendations to improve palliative care and quality of life for persons of all ages with serious illness in the state of Connecticut, the Council recommends the following.

The Palliative Care Advisory Council recommends a partnership with the Connecticut Hospital Association (CHA) Care Decisions Connecticut Advisory Group. The Care Decisions Advisory Group includes representatives from Long Term Care, home care, emergency medical services, hospitals, hospices, patient and family organizations, Cancer Society, Connecticut QIO, Connecticut State Medical Society, DPH, DSS and payer organizations. The Care Decisions Advisory Group is charged with developing an evidence-based, compassionate, statewide end-of-life care strategy, in collaboration with the continuum of care partners, and facilitation of statewide adoption of guidelines for practice improvement in palliative care. The Care Decision Advisory Group and the Palliative Care Advisory Council have common goals and a partnership that will allow for collaboration of resources, provide greater access for the public through website utilization, marketing, and sharing best practices and national standards. Further, the Co-chair of the Palliative Care Advisory Council also sits as the Co-chair of the Care Decision Committee which facilitates consistent communication.

The Advisory Council remains committed to its recommendations mandating palliative care continuing education for health professionals who provide palliative care. The Council recommends the training be comprised of two hours of education every two years in the areas of symptom management, end of life, and advanced care planning. In order to facilitate the implementation of mandated continuing education, the Advisory Council will obtain support from state professional organizations and ultimately lawmakers.

To accomplish this, a workgroup will be established to determine how the recommendations can be achieved. The workgroup will collaborate with professional organizations and lawmakers and reach out to other states who have identified success with educational requirements to ensure legislative support for mandated continuing education. A final report from the workgroup will be presented to the Advisory Council prior to the 2018 legislative session.

The Council recommends working with professional organizations (CAPC, AMA, APRN Society, Connecticut Pharmacy Association and CHA) as well as other state agencies (DSS) to collect updated statistics on palliative care in the state to assure current data on the website.

In addition to these recommendations, for the Public Health Committee's information, is Appendix 2 which provides the most current 2016 benchmark data collected by the Palliative Care Advisory Council regarding state of palliative care and hospice in Connecticut.

APPENDIX 1



Statutory Reference:

Sec. 19a-60. Palliative Care Advisory Council. Duties. Members. Report. (a) There is established, within available appropriations, within the Department of Public Health, a Palliative Care Advisory Council. The advisory council shall: (1) Analyze the current state of palliative care in the state; and (2) advise the department on matters relating to the improvement of palliative care and the quality of life for persons with serious or chronic illnesses.

(b) The advisory council shall consist of the following members:

(1) Two appointed by the Governor, one of whom shall be a physician certified by the American Board of Hospice and Palliative Medicine and one of whom shall be a registered nurse or advanced practice registered nurse certified by the National Board for Certification of Hospice and Palliative Nurses;

(2) Seven appointed by the Commissioner of Public Health, each of whom shall be a licensed health care provider, with each appointee having experience or expertise in the provision of one of the following: (A) Inpatient palliative care in a hospital; (B) inpatient palliative care in a nursing home facility; (C) palliative care in the patient's home or a community setting; (D) pediatric palliative care; (E) palliative care for young adults; (F) palliative care for adults or elderly persons; and (G) inpatient palliative care in a psychiatric facility;

(3) One appointed by the speaker of the House of Representatives, who shall be a licensed social worker experienced in working with persons with serious or chronic illness and their family members;

(4) One appointed by the president pro tempore of the Senate, who shall be a licensed pharmacist experienced in working with persons with serious or chronic illness;

(5) One appointed by the minority leader of the House of Representatives, who shall be a spiritual counselor experienced in working with persons with serious or chronic illness and their family members; and

(6) One appointed by the minority leader of the Senate, who shall be a representative of the American Cancer Society or a person experienced in advocating for persons with serious or chronic illness and their family members.

(c) All appointments to the advisory council shall be made not later than December 31, 2013. Advisory council members shall serve three-year terms. Any vacancy shall be filled by the appointing authority.

(d) Members shall receive no compensation except for reimbursement for necessary expenses incurred in performing their duties.

(e) The members shall elect the chairperson of the advisory council from among the members of the advisory council. A majority of the advisory council members shall constitute a quorum. Any action taken by the advisory council shall require a majority vote of those present. The first meeting of the advisory council shall be held not later than December 31, 2013. The advisory council shall meet biannually and at other times upon the call of the chairperson, upon the request of the Commissioner of Public Health or upon the request of a majority of the advisory council members.

(f) Not later than January 1, 2015, and annually thereafter, the advisory council shall submit a report on its findings and recommendations to the Commissioner of Public Health and the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a.

APPENDIX 2

Palliative & Hospice Care Benchmark Data 2016

Appendix 2 represents benchmark data collected by the Palliative Care Advisory Council. The data provides statistics on professional certification, advanced certification in palliative care, palliative and hospice services available in Connecticut’s hospitals, Medicare hospice utilization data, Medicare hospice deaths compared to total Medicare deaths, and Medicare hospice mean days. This benchmark data was first included in the 2013 Palliative Care Report to the Commissioner of Public Health. Appendix 2 represents 2016 data on the state of palliative care and hospice in Connecticut.

Although the data represents an improvement in palliative care in hospitals, only 2 hospitals have achieved the JACHO Gold Seal for advanced certification in palliative care. The Medicare hospice benefit median length of stay remains the lowest in the nation. Further, the data represents a decrease in the number of nurses certified in hospice and palliative care.

Benchmark Palliative Care data is difficult to compile and the Advisory Council has formed a work group to compile the latest national and state data.

Benchmark data	Source	Webpage	CT data	National data	Comments
Professional certification	January 1, 2016 data.				
Physicians	American Board of Medical Specialties	http://www.certificationmatters.org/Home.aspx	147 physicians (increase of 7)		Not all these 147 physicians practice in CT
Nurses	National Board for Certification of Hospice & Palliative Care Nurses	http://www.nbchpn.org	Total nurses: 221 (decrease of 45 certified nurses in past 2 years) Advanced Certified RN 30 (increase of 8) Certified RN 160 (decrease of 27) Pediatric 2 (decrease of 1) LPN 8 (decrease of 7) NA 20 (decrease of 17) Admin 1 (decrease of 1) Perinatal loss care		

			0 (no change)		
Social Workers	National Association of Social Workers				Unable to obtain data from NASW
Palliative Care Services available in CT Hospitals	Center for the Advancement of Palliative Care	http://www.capc.org/reportcard/home/CT/RC/Connecticut	Achieved Grade A in 2014: 84% (21 programs in 25 hospitals) Improved from Grade B in 2011: 72% (18 PC programs in 25 hospitals)	In 2014: New England States had Grade A: 72.3% National had Grade B: 66.5%	Note: Reporting format changed between 2011 & 2015
Benchmark data	Source	Webpage	CT data	National data	Comments
Advanced Certification in Palliative Care	JAHCO Gold Seal	http://www.jointcommission.org/certification/palliative_care.aspx http://www.qualitycheck.org/consumer/searchQCR.aspx#	2 Hospitals – The CT Hospice and Danbury Hospital		Other hospitals are applying
Medicare Hospice utilization data from 2015	Hospice Analytics report	CAHCH			
Medicare Hospice Deaths/ Total Medicare Deaths			44.7%	45.9%	
Medicare Hospice Mean Days / Beneficiary			50 Days	69 Days	
Medicare Hospice Median Days / Beneficiary			15 Days	23 Days	

Revised January 13, 2017

