

SAINT LUKE'S HEALTH SYSTEM

January 26, 2018

To: Chairwoman Schmidt and Members of the Senate Public Health & Welfare Committee
Re: Testimony in Support of House Bill 2031: Establishing the Advisory Council on Palliative Care and Quality of Life and palliative care education program.

As the Hospice Medical Director for Saint Luke's Health System, and as a practicing physician with specialty certification in Hospice and Palliative Medicine for the past 8 years, I am pleased to speak today in support of House Bill 2031.

What is Palliative Care?

Palliative Medicine as a specialty of practice grew out of the Hospice Movement in the 1990s, as patients, health care providers and systems recognized that patients and family members could benefit from Palliative Care much earlier in the process of their illness.

Palliative Care seeks to address needs for expert symptom management, skilled communication with regard to illness trajectory, prognosis, and determination of patient centered goals of care. These efforts partner with Palliative Care inter-professional expertise to address the emotional and spiritual needs of those dealing with serious illness, and to navigate complex health care systems in a way that honors each patient's individual goals and priorities for treatment over time.

Palliative Medicine was recognized as a specialty by the American Board of Medical Specialties in 2006, and specialty fellowship training programs in Palliative Medicine have been accredited by the ACGME since 2007. There are currently 6,052 Board certified Hospice and Palliative Medicine physicians in the United States.

Evidence of Benefits

Excellent Palliative Care is best delivered as an integrated element of standard, high quality care. Research on the impact of Palliative Care among stage IV non-small cell lung cancer patients has shown that those who received Palliative Care services along with their traditional Oncology care had improved quality of life as well as a nearly 2-month survival advantage compared to those who received standard Oncology care alone (Temel, J. New England Journal of Medicine 2010).

Many times when I first meet a patient and family, they are scared; they may think Palliative Care represents that death is near or that Palliative Care and Hospice are the same thing. I describe Palliative Medicine to my patients as a continuum: *I join my patients early and help them fight their disease, help them live as well as they can with it using all of the tools available to fight it, as a partner to their other providers.* I tell them that I will stay with them no matter what- if they have progression of disease down the line, I will stay with them and when the time comes I will be their hospice physician if they desire, working with their hospice team at home to make sure they stay comfortable.

What is the future for Palliative Care delivery?

We are fortunate to have a large inter-professional Palliative Care team at Saint Luke's. WE have 3 physicians, 2 nurse practioners, 3 nurses and one social worker covering the main downtown hospital, as well as the 3 outside hospitals. We will see more than 1,400 new inpatient consults this fiscal year.

We are one of the fortunate/large hospitals to have these resources-- in the most recent CAPC state report card on access to Palliative Care, Kansas received a grade of C, indicating that only 41-60% of hospitals with more than 50 beds report offering of any kind of Palliative Care Service. For hospitals less than 50 beds the percentage is even lower.

Everyone dealing with serious illness deserves to have Palliative Care needs recognized and addressed. That means provider *access to* Palliative Medicine training in core curricula of Medical and Nursing Schools, residency training, and ongoing professional education in the core concepts of Palliative Medicine for ALL health care professionals. That means strategies to leverage innovation in technology and strategies in payer-provider partnerships to improve patient access, especially in the frontier regions of our state. There will never be enough specialty level providers to meet the astounding volume of needs, especially as the population ages and lives with ever more complex co-morbidity. Strategies to improve care for our seriously ill population must hence be focused both on building specialty level capacity as well as Palliative Care skill sets for the primary providers. Many basic Palliative Care needs can and should be met by primary providers. Specialists can then focus their efforts on the needs of the most complex populations, on teaching the next generations of providers, and on improving our systems of education and care delivery.

Need for Education and Collaboration.

Strategies to increase public and professional awareness and education in symptom management, communication about serious illness care planning, and understanding the value of Palliative Care integration into system workflows are important and needed. HB2031, in establishing a state advisory board, provides a foundation to improve access to such education, and a forum for policy development to improve access to Palliative Care services across the state. I am excited to see this legislation become a reality and am motivated to be a part of the workforce to make it happen.

Thank you for consideration of this bill,

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