



Minnesota Serious Illness Action Network: Addressing Urgent Needs During the Pandemic

Virtual Forum Summary

Overview

To address urgent needs in serious illness care during Coronavirus Disease 2019 (COVID-19), Stratis Health and Minnesota Network of Hospice & Palliative Care, with many stakeholders' support, hosted a virtual forum August 17, 2020. The goals of the forum were to:

1. Offer an opportunity for serious illness providers and caregivers on the front lines to share new and emerging practices, tools, and resources relevant in the COVID-19 pandemic.
2. Identify strategies or policies that can capitalize on the lessons learned during the pandemic to improve serious illness care more broadly going forward.

More than 100 participants joined the virtual forum. The forum's focus was not on caring for those with COVID-19. Instead, it was on caring for those with serious illness during the COVID-19 pandemic. Attendees included those who care for, or work, or lead an organization which cares for, those with serious or advanced illness, including patients and families, clinicians, health care organization leaders and staff, and allied organizations concerned with serious illness care in Minnesota, across the full continuum of care.

The forum included rapid-fire presentations that highlighted strategies, lessons, and opportunities to strengthen capacity to provide high-quality serious illness care. Small group facilitated discussion sessions were held twice between the rapid-fire presentations to gather reflections, suggestions, and participants' ideas.

Panel Presentations

Participating panelists, including the focus of their presentations, are listed below.

Using advance care planning and POLST on the front lines of care during COVID-19 – Dr. Vic Sandler, MHealth Fairview, and Dr. Terrence Maag, HealthPartners.

COVID-19 has renewed focus and urgency on advance care planning and appropriate use of POLST juxtaposed with the dramatic shift to remote care delivery.

- The MN POLST (provider orders for life-sustaining treatment) form was recently updated, and guidance put into place for remote completion.
- Funding is being sought to support implementation of a statewide POLST registry.
- Some health systems have been able to incorporate POLST directly into the electronic medical record. This process has allowed for electronic signatures, which reduces paperwork hassle and time needed to obtain signatures via hard copy mail; and supports implementation of POLST during telehealth visits.

Using telehealth to offer palliative care services during COVID-19 – Dr. Julie Benson, Lakewood Health System

As with all types of health care delivery, serious illness care providers have seen a rapid increase in telehealth use to support service delivery during COVID-19. Providers are using a variety of platforms (including phone only) and utilizing the flexibility around reimbursement implemented during the Public Health Emergency.

- Advantages include broader engagement in family meetings for those with family members across the country and telehealth rounding to ensure workforce safety and preserve PPE.
- The use of telehealth for ACP discussions has been an effective way to help ‘see’ and support patients as part of these conversations, unimpeded by masks and other PPE required for in-person visits during this time.
- Barriers include nursing staff needing to be onsite to support patients and/or families with technology and the lack of broadband access, particularly in rural areas.

Hospital-at-home approach to caring for those with serious illness during COVID-19 – Dr. Joe Bianco and Jessica Martensen, Essentia Health

Essentia’s Hospital At Home discussions started with a focus on meeting needs in rural communities, including recognizing opportunities to reduce patient isolation, allowing them to stay with family, and helping protect the health care workforce through reduced exposure and preservation of PPE.

- Services include remote monitoring with 24/7 nurse observation via technology.
- The team has found that good advance care planning is a critical step for implementation and supporting access to community resources (particularly in quarantine, for example, providing groceries).
- Essentia is currently considering developing a ‘mobile medical team’ that would include home care staff, community paramedicine, a durable medical equipment provider, and others as additional support to the remote monitoring and visits.

Meeting the needs of those with serious illness in long-term care during COVID-19 – Rhonda Lewis, Southview Acres.

The impact of COVID-19 on nursing homes and other long-term care settings is immeasurable - ‘every process’ in their facility has changed. At the same time, there is increased scrutiny, and the associated burden, from multiple, and at times overlapping onsite surveys from various federal and state regulators. A few key lessons:

- It is critical to protect and support the workforce, so frequent and early assessments of symptoms, testing, and cohort isolation are essential.
- Have recognized that staff concerns are often related to their own family and financial situations, so broad support and flexibility are needed to ensure staff can focus on providing care and keeping residents safe.

Themes and recommendations from small group discussions

Panelists and participants used the video conferencing chat feature for two breakout sessions. They discussed what policy, regulation, or reimbursement changes they would recommend to better support serious illness care when considering the lessons being learned through the COVID-19 pandemic.

Program organizers synthesized the input and discussion and compiled suggestions and recommendations organized around the following themes:

Technology and infrastructure

Broader use of technology to deliver and support care delivery was a key theme of much of the Forum discussions.

- The pandemic and its effects and implications have created an opportunity to **re-think how technology can support those with serious illness care**,
 - Encourage and reimburse health systems for e-POLST to simplify and streamline processes, allowing for timely completion and addition to medical record during virtual visits
 - Assure that policies and reimbursement support virtual care delivery through telehealth, and remote monitoring technology and support capabilities
- To make information more readily available across the continuum of care in a timely and accessible way, **implement a registry for POLST and ACP documentation**:
 - Develop a state-level registry as a starting point while advocating for a national registry that connects documentation to the person, not the health system
 - Include broad access for emergency care decisions, for example, by making the registry available to first responders and Emergency Medical Technicians
- Given the challenges with availability and capabilities of devices and technology services, **improve access to and support for the use of technology for patients and caregivers**:
 - Enable health system to loan or otherwise give temporary use of equipment for telehealth
 - Promote development and use of technologies and devices specifically designed for older adults (e.g., larger font size, accessible interfaces)
 - Create private spaces within public places where a patient or caregiver could get online with a provider (e.g., room in libraries, community centers, shopping malls)
 - Address both broadband access *and* broadband affordability (increasing broadband coverage doesn't address the problem if patients are not able to pay for the services)

Workforce and training support

Forum participants recognized a variety of opportunities to enhance and support workforce training, education, and support related to improving serious illness care.

- The pandemic has heightened awareness of the **need to normalize and proactively support advance care planning as part of health care delivery**. The discussions can be very different based on age, stage, and health conditions. Conversations should start at age 18 and updates made to the health care directive as the individual ages and health changes
 - Equip primary care providers to be able incorporate discussions about serious illness and end-of-life at every point along the care spectrum, including with young people
 - Provide opportunities for education and discussion among clinicians, care teams, patients, and caregivers about medical decision making and advance care planning
 - Assure that the disability community has advance care plans and POLST (as appropriate), especially those with communication disabilities who may not be able to speak for themselves

- Advance the use of shared decision-making tools and techniques in support of advance care planning, palliative care, and geriatric medicine
- Rapid expansion of telehealth and remote care delivery has led to recognition of the need to **support workforce development and confidence in technology use for remote care delivery.**
 - Address workforce training needs, roles, and capacity regarding use of technology to support care delivery, for example, it can be a challenge for staff in LTC to support multiple video visits a day in addition to other responsibilities
 - Incorporate technology utilization for remote care delivery as part of training programs across a wide variety of health care workforce roles

Regulation and Reimbursement

Forum participants identified several opportunities related to enhanced reimbursement and regulatory flexibility:

The **variations in coverage and payment requirements across payers make it challenging to develop and deliver serious illness care** comprehensively across the full population and can increase access inequities.

- Promote alignment of coverage and payment requirements for care and services related to serious illness care across payers (for example, Medicare FFS and Medicare Advantage)
- Advocate for availability of a universal long-term support benefit to improve equity and access to high-quality care for those in need of that level of services (currently nothing available unless people qualify for Medicaid)

High-quality advance care planning has been identified as a critical component of supporting patient-centered care and normalizing discussions regarding care preferences before crises.

Adequate reimbursement and regulatory incentives are an opportunity for increasing utilization of advance care planning.

- Expand ACP reimbursement policies to cover nurses or other care team members
- Encourage clinicians and health systems to take advantage of Medicare reimbursement for ACP discussions to help recover costs associated with ACP and enable better tracking data
- Encourage use of ACP as a quality measure for providers and health care organizations, ideally connected to value-based reimbursement (e.g., star ratings for Medicare Advantage Plans)

COVID-19 has accelerated efforts to broaden care delivery mechanisms to bring care delivery to the patient, rather than the patient to care delivery. **Regulation and reimbursement flexibilities are needed to structure services that better meet the needs of seriously ill patients.**

- Maintain and broaden reimbursement flexibilities for telehealth service delivery that have been implemented during the COVID-19 Public Health Emergency
 - Federal regulation is needed to ensure telehealth is available and is part of the services provided to any patient
 - Continue to have telephone (i.e., audio only) be an allowable and reimbursable mode for telehealth
- Support development of regulatory options and supportive reimbursement models for hospital-at-home care delivery by CMS and others:

- Policies should promote the technology infrastructure development needed to deliver on the promise of the hospital-at-home model
- Advocate for increased flexibility and opportunities to support reimbursement for home health and post-acute care services include continued flexibility on homebound status initiated during the pandemic for reimbursement or additional reimbursement for home monitoring equipment and supportive visits.
- Encourage better communication and coordination between regulatory agencies to add value to the regulatory process and reduce healthcare facilities' burden. (e.g., one LTC site had visits from MDH, CDC, and FEMA all in the same day, each unaware that the others were also planning to be there)

Summary and Next Steps

COVID-19 will continue to significantly impact the way health care is delivered to those with serious illness. Many changes have been put into place – regulatory, reimbursement, and care re-design – which can be adapted and sustained during the pandemic, and in many instances, beyond the pandemic to improve care. Learnings and experience from caring for those with serious illness during the pandemic is an opportunity to shape policy and regulation in ways that better support patients, caregivers, and providers of serious illness care immediately and into the future.

The forum held on August 17 focused on opportunities related to implementation of advance care planning and POLST, and care delivery through telehealth, hospital-at-home, and long-term care. Several other aspects and needs related to serious illness care were raised by participants that were not a focus of the discussion. These included caregiver needs, community connections and support, and concerns over equity, disparities, and access to high-quality, serious illness care.

The interest, engagement, and ideas that emerged in the forum point to re-thinking and re-designing care for those with serious illness and the opportunity for coordination and collaboration across a wide range of stakeholders to support and strengthen organizations and services already in place in Minnesota.

Stratis Health and the Minnesota Network of Hospice & Palliative Care, with a group of other Minnesota stakeholders, were well underway in planning a statewide coalition in Minnesota focused on serious illness care before COVID-19. While the coalition effort was paused and replaced with the more immediate pandemic-specific Minnesota Serious Illness Action Network reported here, there was a clear desire for additional collaborative learning and network opportunities. Nearly 75% of those responding to the evaluation after the forum indicated their interest and willingness to participate in an ongoing dialogue related to serious illness care challenges.

For more information:

- POLST Minnesota: www.POLSTMN.org
- Honoring Choices Minnesota: www.honoringchoices.org (advance care planning resources)
- Minnesota Rural Broadband Coalition: <http://mnruralbroadbandcoalition.com/>
- Telehealth resources:
 - TELEHEALTH.HHS.GOV: provides information about the latest federal efforts to support and promote telehealth services
 - [Taskforce on Telehealth Policy \(TTP\): Findings and Recommendations](#). September 2020. The Taskforce on Telehealth Policy is an effort between the [National Committee for Quality Assurance \(NCQA\)](#), the [Alliance for Connected Care](#), and the [American Telemedicine Association](#),
 - Center for Connected Health Policy: A nonprofit, nonpartisan organization working to maximize telehealth's ability to improve health outcomes, care delivery, and cost-effectiveness. www.cchpca.org
 - [The Evolving Landscape of National Telehealth Policies during a Public Health Emergency: Responsiveness to Rural Needs](#), October 2020. From the Rural Policy Research Institute (RUPRI) Health Panel
- [Has the Time Finally Come for Hospital at Home?](#) Article by the Commonwealth Fund, July 2020.
- [Palliative Care and Hospice Education and Training Act \(PCHETA\) Action Center](#). Hosted by the Patient Quality of Life Coalition. For information on Minnesota planning and support, contact Minnesota Network of Hospice & Palliative Care at info@mnhpc.org.
- The Senior LinkAge Line® is a free statewide service of the Minnesota Board on Aging in partnership with Minnesota's area agencies on aging. The Senior LinkAge Line assists older Minnesotans and caregivers by connecting them to local services, finding answers, and getting the help they need. <https://mn.gov/senior-linkage-line/> or 1-800-333-2433
- [Minnesota Palliative Care Advisory Council](#): By February 15 of each year, the council will submit to the appropriate legislative body:
 - An assessment of the availability of palliative care in the State of Minnesota
 - Analysis of barriers to greater access to palliative care
 - Recommendations for legislative action with draft legislation to implement the recommendations