

Connecticut Advisory Council on Palliative Care

MINUTES

Friday, June 12, 2015

10-11 AM

CHA- Wallingford, CT

Present:

Wendy Furniss, Healthcare Quality & Safety, DPH ; Cynthia E. Roy, Regional Hospice & Home Care; James Protta, CT Hospice; Joseph Andrews, CT Hospice; Barbara Morrison, Yale-New Haven Health; Karen Mulvihill, Danbury Hospital; Diana Cameron, VNA Community Healthcare; Patricia Trotta, Hartford Healthcare at Home, Hospice Care

Public:

Michael Greene, Cancer Program, DPH; Tracy Wodatch, CT Association for Healthcare at Home; Bryte Johnson, American Cancer Society; David Reynolds, CT Catholic Conference

- I. Meeting convened at 10:10 am by Co-Chair Mulvihill
- II. The minutes of May 8, 2015 were approved with the addition of Patricia Trotta as "Present"
- III. Topics of Discussion

Testimony

1. Tracy Wodatch, RN, BSN, COS-C

- Hospice & Palliative care in home care settings; 62 members of Care at Home; 28 of those are hospice too
- 96 total HHA's; total of 30 hospices across the state; CT Hospice and Caring Hospice are not members
- CT is the only state with requirement for HHA license first
- More nursing homes could utilize a relationship with a hospice/home care agency
- Palliative care part of continuum of care (see 2 handouts)
- In survey handout, ability to serve pediatric patients is limited; challenges/barriers (pg. 8) is important
 - lack of awareness- professionals/public (education)
 - lack of reimbursement (OASIS is a burden)
 - home health Medicare requirement of "homebound" is a problem because not all palliative patients are homebound
 - Medicaid does not have "homebound" rule
 - change of staff from one's home care staff to hospice/palliative staff (many agencies trying to solve this- partnering of HHA and a hospice agency seems important)

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2. Cynthia E. Roy, MS, LCSW, CHA

- Hospice facility regulations were modernized- Dec. 2012
- Do routine homecare & inpatient hospice
- 65 patients since Feb. 2015- 12 inpatient rooms
- Ages 40's – 60's
- Committee invited to visit
- Largest bereavement center in CT (used by greater community – great need for all age groups)
- They accept children as hospice patients

IV. Recommendations of Advisory Council

- CMS should delete:
 - Homebound requirement
 - 6 month to death requirement
 - OASIS for hospice/palliative patients
- If this happened, many more patients would accept palliative/hospice care
- Areas of need in CT: Dementia care and Pediatric care

V. Discussion

- Cancer patients seem to move more easily to hospice than those with long term chronic diseases – those seem to stay with home care provider
- Dual role for nurse may be difficult (rehab v. palliative/hospice)
- Many HHA's have "transition" programs for chronically, seriously ill
- CMS study "Care Choices" on receiving hospice care and treatment simultaneously (140 hospices across the nation)
- Handout "Hospice Utilization": CT still at bottom of the country in getting patients into hospice care

VI. Miscellaneous

- Need nursing home representatives for Advisory
- Agenda
 - Testimony: Colleen Mulkerin, Hartford Hospital
 - Organize Advisory's recommendations and record them to report to Legislature

VII. Meeting adjourned at 11:15 pm

- July meeting is cancelled
- Next meeting will be August 14, 2015 at **CHA, Wallingford** from 10 am-11 am.
- September meeting has been extended to 9 am-1 pm