



Policy Priorities 2022

PILLAR #1: Improve Care for Seriously Ill Nursing Facility Residents

Eliminate the Hospice-Nursing Facility Room & Board Pass Through

*The room & board pass-through payment process is difficult for Illinois Medicaid, Medicaid-MCOs, nursing facility operators and hospice agencies alike. All parties commonly encounter errors and delays, wasting time and resources that would be better spent on patient care and nurse staffing. **IL-HPCO urges eliminating room & board pass through payments by having Medicaid-MCOs continue paying nursing facilities directly when a resident enrolls in hospice.***

Include Measures for Person-Centered Care at the End of Life in Nursing Facility Quality Incentive Payments

*The beauty of delivering hospice services to residents who live in nursing facilities is the partnership in care that develops between the nursing facility staff and the health professionals providing hospice care. Unfortunately, the COVID-19 pandemic has significantly strained those partnerships and put residents and their families at risk of receiving poor quality care at the end of life. In a well-intentioned effort to keep residents safe, some nursing facilities have implemented policies that limit, in part or in whole, the federally mandated services provided under the Medicare Hospice Benefit. **IL-HPCO encourages policy makers to incentivize nursing facility operators to ensure residents who are eligible and appropriate for hospice and palliative care receive the additional care they need.***

https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/?utm_source=link

PILLAR #2: Grow the Nursing Workforce

Join the Nurse Licensure Compact

By 2025, Illinois will have a shortfall of more than 14,000 nurses, a figure even larger than the current, painful shortage. The Nurse Licensure Compact (NLC) is a modern licensure solution for today's health care. The NLC allows for nurses in participating states to have one multistate license with the ability to practice and communicate with patients both physically and electronically. Participation in NLC will have a very positive impact on hospice and palliative care patients. In critical situations, it could enable a

*nurse across the border, who is minutes away, to provide relief to a suffering patient. Further, it could allow hospice providers, who offer 24/7 support for vulnerable families via telephone, the flexibility to use nurses in another Compact state for this purpose, making an important difference when a person is near the end of life. **IL-HPCO urges the State of Illinois to pass legislation approving participation in the NLC immediately.***

PILLAR #3: Access to High Quality Community-Based Palliative Care

Establish Standards for Community-Based Adult Palliative Care

Multiple private and public funders and researchers have collected high quality evidence to inform the design of a core set of services that will benefit patients and their families when facing a serious illness. This evidence allows Illinois to create clear and consistent expectations for consumers, providers and payors who are stakeholders in the delivery of adult community-based palliative care. This includes the ability to:

- Set criteria for patient assessment and eligibility to receive services
- Establish a set of covered services essential to quality care
- Define minimum interdisciplinary team competencies and capabilities
- Determine targeted data collection requirements to establish the cost and quality of services and document a shift away from care that is not aligned with a patient’s wishes.
- Ensure equity and access to all eligible and appropriate individuals

IL-HPCO supports legislation to establish state standards for community-based, adult palliative care consistent with data demonstrating a positive impact on patient outcomes and experience.

Operationalize the Medicaid Pediatric Palliative Care Benefit

*While we cannot change a prognosis, we can change how we care for seriously ill children and their families in the Illinois Medicaid program. For this population, the American Academy of Pediatrics (AAP) recommends that interdisciplinary palliative care begin at the time of diagnosis and continue through the course of illness, providing specialized family-centered support, including pain and symptom management, and addressing the unique psychological, social, developmental, and spiritual needs of children and their families. Now more than ever, there is evidence that we can minimize suffering and keep children out of the hospital by insuring they have medical resources and support available at home. **IL-HPCO urges the Illinois Department of Healthcare and Family Services to implement the Medicaid Pediatric Palliative Care program as soon as possible.***

PILLAR #4: Equitable Access to Care that Improves Quality of Life During Serious Illness

Improve Equitable Delivery of Hospice & Palliative Care Services

Disproportionately under resourced communities experience great challenges in the face of serious illness. Furthermore, race, sexual orientation, gender identity, culture, trauma history, and other factors

also impact patient care and patient experience when approaching the end of life. Hospice and palliative care providers, like all health professionals, have a unique opportunity to lead in achieving health equity by establishing trust and alleviating suffering for historically oppressed or excluded patients. **IL-HPCO seeks to partner with Illinois policy makers in forging new paths for racial and health equity in palliative and hospice care, including support for training diverse staff members, utilizing community health workers to engage seriously ill individuals, and a commitment to delivering care when and where needed for all Illinoisans.**

Create a Strategic Plan for Aging Equity

Illinois's population is aging which will have widespread impacts on everyone in our state over the coming decades. Residents of Illinois will benefit if policy makers and the private sector work together to develop and adopt a comprehensive, coordinated, long-term approach to aging. This plan should help enable older adults to remain living in their homes and communities, access transportation, afford housing, enjoy recreation, retain employment, maximize health, and support family caregiving. **IL-HPCO supports Illinois Aging Together, a coalition that seeks to establish an Aging Equity Planning Commission to develop a Strategic Action Plan for Aging Equity in Illinois.**

PILLAR #5: Honoring Patient-Driven Choices for Life-Sustaining Treatment

Ensure Nursing Facility Residents Can Express and Document Their Preferences for Treatment in a Medical Emergency

Practitioner Orders for Life-Sustaining Treatment (POLST) is a process involving discussions with a healthcare professional about an individual's goals for emergency treatment, considering what they value and their health condition. After a discussion, a POLST form MAY be voluntarily completed allowing that person's preferences to be understood and honored in a medical emergency. Hospitals in Illinois frequently struggle with providing person-centered care for nursing facility residents because a large percentage arrive at the hospital without a POLST form documenting their wishes. **IL-HPCO supports incentives encouraging all nursing facilities to have at least one person trained in a structured communication process designed to solicit a resident's values and goals for emergency treatment, based on best practices in person-centered communication.**

Operationalize an Electronic Registry for POLST Forms

For POLST orders to be most beneficial and useful, an individual's most recently completed POLST form must be immediately available when and where healthcare professionals need it to make treatment decisions. While a standalone electronic health record, either in a single facility or in a large health care system, may serve as the single source of truth about current POLST forms for patients within its system, a state-wide registry or health information exchange can expand beyond institutional and geographic boundaries. Additionally, a POLST registry has the potential to improve communication, workflow, and standardize data collection leading to greater success honoring individuals' treatment preferences across disparate systems and care settings. **IL-HPCO calls on the state of Illinois to work with private health care organizations and funders to develop an electronic state registry for POLST forms.**