

September 23, 2020

Secretary Alex Azar
US Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20101

Administrator Seema Verma
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20101

RE: Community-Based Palliative Care Demonstration Model

Dear Secretary Azar and Administrator Verma:

On behalf of the National Hospice and Palliative Care Organization (NHPCO), and the National Coalition for Hospice and Palliative Care, we thank you for your continued leadership in keeping Americans safe and supporting our health care providers as we face the coronavirus pandemic together. We appreciate your ongoing collaboration with the hospice and palliative care community in responding to the COVID-19 public health emergency.

Together with the undersigned organizations, we respectfully request your support for testing a new health care payment and delivery model that would improve access to community-based palliative care for patients and families facing serious illness. Specifically, we are urging you to develop and implement a community-based palliative care demonstration through the Centers for Medicare & Medicaid Services Center for Medicare & Medicaid Innovation (CMMI).

There is a significant evidence base to support the need for a CMMI supported community-based palliative care effort that would lead to improved quality and cost outcomes for beneficiaries experiencing serious illness. In fact, a 2017 study in the *Journal of Palliative Medicine* found that the impact of a community-based palliative care program implemented within an Accountable Care Organization (ACO) “was associated with significant cost savings, fewer hospitalizations, and increased hospice use in the final months of life.”¹ Additionally, a community-based palliative care demonstration would enable access to a specially-trained interdisciplinary clinical team providing relief from symptom distress while the patient continues to pursue curative treatment. This is especially important for seriously ill patients with comorbidities who are battling conditions such as COVID-19.

The most feasible and expeditious way to test the impact of a national community-based palliative care benefit is by launching a community-based palliative care demonstration through CMMI, either by adding to an existing model or by creating a new one. We believe such a demonstration would:

- improve the quality of care for at-risk individuals;

¹ Dana Lustbader, Mitchell Mudra, Carole Romano, Ed Lukoski, Andy Chang, James Mittelberger, Terry Scherr, and David Cooper. The Impact of a Home-Based Palliative Care Program in an Accountable Care Organization. *Journal of Palliative Medicine*. Jan 2017.23-28. <http://doi.org/10.1089/jpm.2016.0265>

- protect high-risk individuals from unnecessary exposure to COVID-19 and other dangers;
- reduce the occurrence of preventable hospitalizations and emergency department visits by appropriately managing distressing symptoms;
- utilize a limited workforce more effectively;
- enhance the use of telehealth – since community-based palliative models incorporate frequent visits with patients via telehealth – avoiding burdensome and risky trips to clinical care sites; and
- reduce total cost of care for this target population.

We feel confident that patients who receive community-based palliative care will have a marked improvement in quality of life, experience fewer avoidable emergency department visits and hospital admissions, and may even live longer.

We appreciate the opportunity to provide stakeholder input on a community-based palliative care demonstration and would welcome the opportunity to meet with you and your staff to discuss our recommendations. Thank you again for your leadership and for taking actions to support innovation in palliative care. If you have questions, please contact Annie Acs, NHPCO’s Director of Health Policy & Innovation, at aacs@nhpco.org.

Sincerely,

National Hospice and Palliative Care Organization
 National Coalition for Hospice and Palliative Care
 (other supporting orgs listed here alphabetically)

National Organizations

- The Alliance for the Advancement of End of Life Care
- American Academy of Family Physicians
- American Academy of Hospice and Palliative Medicine
- American Cancer Society Cancer Action Network
- Association of Professional Chaplains
- Cambia Health Foundation
- Cancer Support Community
- Center to Advance Palliative Care
- Children’s National Hospital
- Families USA
- Health Care Chaplaincy Network
- Home Care Association of America
- Hospice and Palliative Nurses Association
- The John A. Hartford Foundation
- LeadingAge
- Medicare Rights Center
- Motion Picture & Television Fund
- National Association of Home Care and Hospice (NAHC)
- National Palliative Care Research Center
- National Patient Advocate Foundation
- National POLST
- Oncology Nursing Society
- Physician Assistants in Hospice and Palliative Medicine
- Respecting Choices

Social Work Hospice and Palliative Care Network
Society of Pain and Palliative Care Pharmacy
Supportive Care Coalition (SCC)

State Organizations

Alabama Hospice and Palliative Care Organization
The Alliance for the Advancement of End of Life Care (LA/MS)
Association for Home & Hospice Care of North Carolina
California Hospice and Palliative Care Association
The Carolinas Center
Coalition for Compassionate Care of California
Connecticut Association for Healthcare at Home
Florida Hospice and Palliative Care Association
Granite State Home Health & Hospice Association (NH)
Home Care & Hospice Association of NJ
Homecare & Hospice Association of Utah
Hospice & Palliative Care Association of Arkansas
Hospice and Palliative Care Association of Iowa
The Hospice and Palliative Care Association of New York State
Hospice and Palliative Care Federation of Massachusetts (HPCFM)
Hospice & Palliative Care Network of Maryland
Hospice Council of West Virginia
Idaho Health Care Association (IHCA)
Illinois HomeCare & Hospice Council
Illinois Hospice & Palliative Care Organization
Indiana Association for Home and Hospice Care
Kansas Hospice and Palliative Care Organization
Kentucky Association of Hospice and Palliative Care
Kokua Mau (Hawaii)
Louisiana-Mississippi Hospice & Palliative Care Organization
The Maine Hospice Council, Inc.
Michigan HomeCare & Hospice Association
Ohio Council for Home Care and Hospice
Oregon Hospice & Palliative Care Association
South Carolina Home Care & Hospice Association
South Dakota Association of Healthcare Organizations
Texas & New Mexico Hospice Organization
Virginia Association for Home Care and Hospice
Washington State Hospice & Palliative Care Organization

September 23, 2020

Leader Mitch McConnell
Majority Leader, US Senate
317 Russell Senate Office Building

Speaker Nancy Pelosi
Speaker of the US House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

RE: Community-Based Palliative Care Demonstration Model

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Together with the undersigned organizations, we respectfully request your support for testing a new health care payment and delivery model that would improve access to community-based palliative care for patients and families facing serious illness. Specifically, we have urged Secretary of Health and Human Services Alex Azar to develop and implement a community-based palliative care demonstration through the Centers for Medicare & Medicaid Services Center for Medicare & Medicaid Innovation (CMMI).

There is a significant evidence base to support the need for a CMMI supported community-based palliative care effort that would lead to improved quality and cost outcomes for beneficiaries experiencing serious illness. In fact, a 2017 study in the *Journal of Palliative Medicine* found that the impact of a community-based palliative care program implemented within an Accountable Care Organization (ACO) “was associated with significant cost savings, fewer hospitalizations, and increased hospice use in the final months of life.”¹ Additionally, a community-based palliative care demonstration would enable access to a specially-trained interdisciplinary clinical team providing relief from symptom distress while the patient continues to pursue curative treatment. This is especially important for seriously ill patients with comorbidities who are battling conditions such as COVID-19.

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We appreciate the opportunity to provide stakeholder input on a community-based palliative care demonstration and would welcome the opportunity to meet with you and your staff to discuss our recommendations. Thank you again for your leadership and for taking actions to support innovation in palliative care. If you have questions, please contact Mark Slobodien, NHPCO's Director of Legislative Affairs, at mslobodien@nhpco.org.

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National Coalition for Hospice and Palliative Care
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National Patient Advocate Foundation
National POLST
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Physician Assistants in Hospice and Palliative Medicine
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Homecare & Hospice Association of Utah
Hospice & Palliative Care Association of Arkansas
Hospice and Palliative Care Association of Iowa
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