

Pain Management

A key aspect of hospice and palliative care is pain management. Patients, especially at the end-of-life, depend upon it.

HPCAI has strong concerns with recent efforts by specialty physicians to restrict the current practice of pain management as a specialized practice of medicine and not within the scope of practice of other health care professionals. It is very important for legislators to understand that primary care physicians, advance practice nurses and physician assistants enhance patient access to effective, integrated and coordinated pain management especially for those patients in need of palliative and end-of-life care that live in rural and underserved areas.

HPCAI supports the protection of long standing scope of practice patterns in Iowa for pain management. Primary care physicians, nurse practitioners and physician assistants have provided excellent pain management care for patients at the end-of-life for decades. Any legislation that would limit the ability of these professionals to treat patients with chronic pain would have far reaching implications for all patients with pain but especially those at the end-of-life. For example, some Iowans would have to travel more than 100 miles and contend with waiting times of six weeks to see a pain management physician – both of which would be difficult for someone at the end-of-life.

HPCAI opposes any attempts to restrict the scope of practice of primary care physicians, advance practice nursing, or physician assistants providing pain management services.

Family physicians, advance practice nurses, and physician assistants provide needed access to pain management services for patients at the end-of-life across Iowa.

2010 Legislative Agenda

The Hospice and Palliative Care Association of Iowa (HPCAI) is the voluntary membership organization representing hospice and palliative care programs across the state. Hospice is considered to be the model for quality, compassionate care for people facing a life-limiting illness. Hospice and palliative care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. This family-centered approach includes an interdisciplinary team of doctors, nurses, hospice aides, social workers, chaplains, counselors, and trained volunteers. Hospice care, in most cases, is provided in an individual's home. Hospice care also is provided in freestanding hospice facilities, hospitals, assisted living, nursing homes and other long-term care facilities.



2010 Legislative Agenda

The HPCAI mission is to be the statewide leader in the enhancement of end-of-life care through representation of and service to hospices. HPCAI maintains that all Iowans should have access to quality hospice and palliative care consistent with their individual desires and values.

End-of-Life Care Decisions

Medicaid

Pain Management

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More than 14,000 patients and families served by hospices in the state of Iowa in 2008

End-of-Life Care Decisions

HPCAI values life and supports individual choice for end-of-life care decisions. In fact, among the cornerstones of hospice care are choice and comfort for individuals with life-limiting conditions without purposefully hastening death.

Iowa has deep-rooted procedures outlined in state law allowing for individuals and families to make choices on end-of-life care through the use of advance directives and to provide alternative procedures when there are no written advance directives. HPCAI firmly believes that Iowa law regarding end-of-life decisions meets the needs and expectations of Iowans; however these documents do not always provide the specificity necessary to clearly direct medical professionals.

HPCAI stands steadfast in believing that all individuals, with their families, have the right to make choices about their end-of-life care treatment and services and to receive quality care that meets

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their medical, emotional, psychological and spiritual needs. HPCAI supports hospices in their mission to facilitate safe and comfortable dying while optimizing the quality of life as each patient defines it. To preserve this, HPCAI supports maintaining Iowa's laws regarding advance directives, life sustaining procedures, and end-of-life care in current form, but supports the addition of a complementary document, the Physician Order for Scope of Treatment (IPOST), to Iowa law.

An IPOST allows a patient to discuss their wishes with their physician and have them executed with a medical order that travels with the patient. This order insures that the patient's wishes have been clearly communicated in medical terms so that medical providers in a nursing facility to a hospital

emergency department understand and follow the patient's desires. These forms allow patients to select extraordinary and invasive measures or comfort care, or any combination thereof.

In 2008, the Iowa General Assembly approved a two-year IPOST pilot project in Linn County for patients residing in care facilities. The pilot has been very successful with implementation of the orders, and thus the patient wishes, in nearly one hundred percent of the cases. A state advisory council recommended a two year extension of the pilot program with a modest expansion to a contiguous rural county with an ultimate goal of statewide implementation.

Consistent with HPCAI's vision to have Iowans seek end-of-life care appropriate for their needs and have access to quality hospice and palliative care consistent with their individual desires and values, HPCAI supports the IPOST movement in Iowa including the extension and modest expansion of the Linn County pilot program.



Medicaid

The 2010 Iowa General Assembly will face an incredible challenge balancing a budget for fiscal year 2011. The Medicaid budget shortfall, alone could exceed more than \$250 million. During these tough budget times, HPCAI recognizes that all programs and services will be under scrutiny.

Hospices are reimbursed by Medicaid through a daily rate that includes inter-disciplinary services, medications, equipment and supplies related to the life-limiting condition. Studies, including a 2009 Moran study in Florida, have demonstrated that the Medicaid hospice benefit saves the Medicaid program thousands of dollars per hospice-eligible beneficiary.

These savings occur because hospices manage patients' care consistent with the patient's desires and values during a crisis. Hospice service coordination, care management and supportive and bereavement services reduce reliance on more expensive, mandatory Medicaid services that are inconsistent with patient values and desires. Hospice care avoids instances where a patient in crisis calls an ambulance, goes to the emergency department and intensive care unit,

perhaps receiving unwanted heroic measures. Without hospice care, patients and families will be forced to manage their own care at the end-of-life limiting their access to palliative care and increasing the likelihood of unwanted treatment, rather than the care they desire.

Since the majority of Medicaid beneficiaries dying in hospitals each year suffer from typical hospice diagnoses, many more Medicaid recipients could benefit from the interdisciplinary end-of-life care provided by hospice, while saving the state significant dollars by limiting costly hospitalizations and prescription drug costs.

The Medicaid hospice benefit ensures beneficiaries access to quality and compassionate end-of-life care, while preserving precious state health care dollars.

States are not mandated to provide optional categories of services like hospice care, in their Medicaid program, but these 'optional' services are anything but optional for patients. Every state's Medicaid program, but two, offers the hospice benefit. States that have considered elimination of the optional hospice benefit during tough budget times have rejected such action in the face of arguments and research showing that hospice care costs less than the alternative. Elimination of the hospice benefit in the Medicaid program would not yield savings, but would rather cost shift dollars to more expensive types of care.

The Hospice and Palliative Care Association of Iowa (HPCAI) strongly opposes the elimination of the hospice benefit within Iowa's Medicaid program. Iowans deserve access to the full continuum of health care services in their Medicaid program from birth through the end-of-life. This benefit is particularly important in Iowa due to the state's aging population.



(Pain Management on next panel)