

Palliative Care Advisory Council

Time	Topic	Presenter
1:30pm	Welcome	Dr. Nelson
1:40pm	Legislative update to extend the council	Dr. Nelson
1:50pm	Pediatric cancer meeting with Cancer Control	Dr. Nelson & Dr. Gibson
2:00pm	States' Promising Practices to Improve Care of Serious Illness presentation	NASHP and CAPC live webinar

► NASHP and CAPC Webinar: States' Promising Practices to Improve Care of Serious Illness

► *Thursday, May 15, 2025, 3 to 4 p.m. ET*

As the field of palliative care has grown, more states have worked to improve the care of residents living with serious illness. The 2024 Serious Illness Scorecard from the [Center to Advance Palliative Care](#) (CAPC) highlights key areas in which states have acted and provides comparative information to identify opportunities for further exploration.

Join this webinar to hear about promising practices from state officials in Kansas and Minnesota to improve palliative care capacity, and learn how to leverage the Scorecard to support initiatives in your state.

► Registration Link: [States' Promising Practices to Improve Care of Serious Illness - NASHP](#)

Legislative and other updates

- ▶ Please let me know if there are any issues that you would like brought forward or investigated.
- ▶ Medicaid and all payors covers 99497 and 99498 **Commercial BCBSLA approved January 2025!**
- ▶ Ketamine regulations are proposed and being evaluated
- ▶ Need interest in changing some of the impediments to care for children with serious illnesses

CMS initiatives regarding ACP and readmission reduction

- ▶ <https://www.cms.gov/files/document/qso-23-16-hospitals.pdf>
- ▶ CMS has identified areas of concern related to missing or inaccurate patient information when a patient is discharged from a hospital. These areas of concerns include missing or inaccurate information related to:
 - ▶ A patient's preferences and goals for care, such as their choices for treatment or their advance directives for end-of-life care;
 - ▶ Discussion: PAC providers are not properly prepared to care for new admissions, and caregivers are not properly prepared to care for their loved ones at home. Also, PAC providers may not be equipped or trained to care for certain conditions that apply to patients whose information they were not previously informed of by the hospital and have accepted for transfer and admission. Not only can this place the patient's health at risk, it can also put the health and safety of other residents (in the patient's home or in a SNF), as well as provider staff, at risk. These situations can cause avoidable readmissions, complications, and other adverse events. Finally, when an individual's preferences for end-of-life care are not known, they may receive treatments that are unnecessary or inconsistent with their wishes.

Other concerns

- ▶ Medicaid palliative care benefit design
 - ▶ Some interest from BCBSLA
- ▶ Uniform Advance Directive Commission results complete with recommendations.
 - ▶ Politics will be in play here.
 - ▶ Scope of practice issues

Pediatric Concerns

- ▶ Pediatric issues - Dr. Morrison/Mahlotra
 - ▶ Drs. Autrey and Creel (this fall) at Childrens, Dr. Michele Jones left Ochsner, Dr. Malhotra at LCMC/Tulane
- ▶ PEDIATRIC HOSPICE AND PALLIATIVE CARE RESOURCE GUIDE
 - ▶ [Will need updating as much as possible.](#)

Membership in Palliative Care Advisory Board

-members appointed by Governor Edwards will need to be reappointed by Governor Landry! Sunsetting 2025 **Still awaiting official appointments since 2003!**

Appointing Entities Specified in Act 659	Profession	Additional Credentials Required	Appointee
LA State Board of Medical Examiners	Physician	Board Certified in hospice and palliative medicine	Mary Raven, MD
LA State Board of Medical Examiners	Physician	Board Certified in hospice and palliative medicine	Sonia Malhotra, MD
LA State Board of Medical Examiners	Physician	Board Certified in pain management	Mordecai Potash, MD
LA State Board of Medical Examiners	Physician	Board Certified in pediatric palliative medicine	Cori Morrison, MD
LA State Board of Nursing	Registered nurse	Board Certified in hospice and palliative care	Christine Guidry, RN
LA State Board of Nursing	Advanced practice RN	Board Certified in hospice and palliative care	Deborah Bourgeois, APRN
LA State Board of Nursing	Advanced practice RN	Board Certified in hospice and palliative care	Karen Lyon, APRN
LA Board of Pharmacy	Pharmacist	Experience providing palliative care	Richard Mannino
LA State Board of Social Work Examiners	Social Worker	Experience providing palliative care	Edgar Guedry, MSW
LDH Medicaid		Non-voting	Justin Owens
LDH Designee		Non-voting	Elizabeth Adkins
Governor	Palliative Care Provider Administrator or Director	Current operational experience managing a palliative care program	Susan Nelson, MD
Governor	Spiritual care professional	Experience with providing palliative care	Moved out of state
Governor	Insurance plan administrator	Experience in reimbursement coverage and claims processing for palliative care	Dr. Deidre Barfield
Governor	Patient/family advocate	Must be independent of a hospital or other healthcare facility	Janet Pugh Foret (pending official re-appointment)
Governor	Patient/family advocate	Must be independent of a hospital or other healthcare facility	Trey Gibson
Governor	Patient/family advocate	Must be independent of a hospital or other healthcare facility	Debra Merritt (pending official appointment)

Definition of Palliative CARE

<http://www.legis.la.gov/Legis/ViewDocument.aspx?d=1144294>

- ▶ "Palliative care" means an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illnesses, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.
- ▶ "Palliative care" services:
 - ▶ (a) Provide relief from pain and other distressing symptoms.
 - ▶ (b) Affirm life and regards dying as a normal process.
 - ▶ (c) Intend neither to hasten or postpone death.
 - ▶ (d) Integrate the psychosocial and spiritual aspects of patient care.
 - ▶ (e) Offer a support system to help patients live as actively as possible until death.
 - ▶ (f) Offer a support system to help the family cope during the patient's illness and in their own bereavement.
 - ▶ (g) Use a team approach to address the needs of patients and their families, including bereavement counseling, if indicated.
 - ▶ (h) Will enhance quality of life and may also positively influence the course of illness.
 - ▶ (i) Are applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

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- ▶ Include "palliative care for children", which means the care appropriate for children and their families that begins at diagnosis and continues regardless of whether or not the treatment is directed at the disease.
- ▶ "Palliative care for children" requires health providers to evaluate and alleviate a child's physical, psychological, and social distress through a multi-disciplinary approach that includes the family and makes use of available community resources which can be successfully implemented even if resources are limited.
- ▶ "Palliative care for children" includes active total care of the child's body, mind, and spirit and the support given to the family. "Palliative care for children" can be provided in tertiary care facilities, in community health centers, and in children's homes.