



Supporting Public Health's Role in Addressing Unmet Needs in Serious Illness and at the End of Life
Having significant impact on life quality of seriously ill patients

The **American Public Health Association (APHA)** recently released priority recommendations to support public health's role in addressing unmet needs at the end of life. These recommendations urge *all health care sectors* to use palliative, collaborative, and innovative approaches to relieve suffering and illness burden among seriously ill patients. The **ACTION STEPS** below call for new palliative care accreditation processes; a strengthened palliative care & gerontological workforce; greater access to palliative medical and social services through enhanced re-imbursement; implementation of public education programming; and increased funding for end-of-life research.

Palliative care can be provided at the *same time* as curative treatment. Palliative care services often include care coordination, improved communication, and shared decision making in addition to symptom management. Palliative care can reduce health care costs by reducing unnecessary emergency department visits, hospital readmissions, and high intensity/high cost ICU care. Hospice care is a specialized form of palliative care. While hospice reimbursement is more comprehensive than palliative care, reimbursement access to hospice care is more restrictive.

Families and caregivers can experience significant stress when caring for loved ones, making important decisions, and navigating the health care system. Public health professionals, social service providers, and health departments can play a key role in preventing and relieving this burden as well. Efforts to support dying individuals and caregivers through palliative care are integral to achieving *Healthy People 2020* goals of increased quality of life, death with dignity, and fostering hope through holistic care.

APHA urges the following action steps to improve the use of hospice and palliative care:

- **State & local health departments:** (1) advocate for patients' full participation in shared decision making and (2) develop public health agency accreditation processes demonstrating competencies in these areas.
- **State governments & state health departments:** (1) develop policies that remove barriers to use of essential pain medications, (2) establish clinical guidance for the appropriate medical use of opioid and non-opioid analgesics in diverse patient populations, and (3) evaluate policy responses to alleviate intolerable and intractable forms of suffering while protecting against diversion and abuse.
- **State health departments, health providers, public & private agencies:** (1) promote, educate, and counsel about advance care planning including health care proxies, palliative and end-of-life options, and the POLST paradigm (Physician [or Medical] Orders for Life-Sustaining Treatment [MOLST]) for end-of-life decisions through *interprofessional* education, research, and practice; and (2) improve coordination across continuums of care to reduce unnecessary and harmful care transitions that result in adverse outcomes for patients.
- **Federal & state governments:** (1) support training to develop a public health, gerontological, and generalist-level palliative care workforce that includes related disciplines and incorporates guidance on cultural competency for health workers; (2) implement new laws and palliative systems of care across all health care settings and in the community; (3) support public health research to inform practice and public policy decision making in population and gerontological health and aging; (4) ensure health reform initiatives at federal/state levels are implemented through innovations in palliative care delivery (e.g., in "health homes"); (5) make palliative care an essential health benefit and condition of payment to providers by Medicare, private insurers, and state exchanges; and (6) eliminate financial barriers to third party payments for hospice/palliative care (i.e., the requirement that hospice be reimbursed only after curative efforts cease).
- **Governments & agencies:** collect, analyze, and *share* data on end-of-life issues through population-based surveys.

For additional information on the policy (#20134, November 2013) go to,
<http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1450>

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