

LifeCircle South Dakota

10/30/2023

9:00 AM CT

LifeCircle	<p>Purpose of LifeCircle SD: Improve care at the end of life for the people of South Dakota.</p> <p>Vision of LifeCircle SD: People of South Dakota will receive the care needed to complete their life and die peacefully, their loved ones will receive support, and health care providers in the State will improve care of patients and families at the end of life.</p> <p>Aim of Life Circle: Interdisciplinary and inter-institutional representation of people, organizations, and institutions for the entire state.</p> <p>Goals of LifeCircle SD: To help us meet our purpose and vision, LifeCircle SD strives to provide:</p> <ul style="list-style-type: none"> • Professional Education • Public Education • Public Policy- monitoring and advocacy <p>Monthly Meetings: Last Monday of every Month @ 0900 CST</p>
Members of LifeCircle SD	<p>Ally Brandner; Amanda Sedlacek; Andrew Brown; April Hayenga; Becky Memboleo; Beth Dokken; Brandi Pravecek; Cameo Anders; Carol Stewart; Cate Davis; Cathy Kellogg; Charlene Berke; Dan Heineman; David Brechtelsbauer; Deb Fischer-Clemens; Desirae Toomey; Frannie Arneson; Heather Krzmarzick; Hillary Turner; Janna Brandt; Justin Ohleen; Karen Jensen; Kathy Gubin; Kim Malsam-Rysdon; LaVonne Gaspar; Lisa Groon; Lori Tracy; LuAnn Eidsness; Mari Perrenoud; Marty Link; Mary Hill; Mary Minton; Megan Cooper; Michele Snyders; Michelle Roy; RaChelle Gruba; Rachel Wagemann; Sandra Dieleman; Sarah Mollman; Shawnie Rechtenbaugh; Tammy Hatting; Terri Peterson-Henry; Theresa Garren-Grubbs; Thomas Elness</p>
SD Definition of Palliative Care	<p><i>Palliative care is medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of illness with the goal of improving quality of life for both the patient and family. Effective palliative care is delivered by a trained team of doctors, nurses, social workers, chaplains, and other health professionals who collaborate to provide an extra layer of support. Based on the needs of the patient, not on prognosis, palliative care is appropriate at any age and any stage of serious illness and may be provided alongside curative treatments in primary and specialty settings.</i></p>
Items	Action
Presentation	Publication on IPC Seminar: Sarah Mollman- November Meeting
Quarterly Education	<p>Occurs the 2nd Wednesday every 3 Months 12:00-1:00 CST</p> <p>December 13th- Heartbeats Program: Music Therapy and Grief Support-Becky Jennings-Boyer, MT-BC</p> <p>2024 Ideas:</p> <p>Medical Aid in Dying (M.A.I. D.): DAVID NOWELS, MD, MPH, Department of Family Medicine, University of Colorado–Denver, Aurora, Colorado; GREGG VANDEKIEFT, MD, MA, Providence Health and Services, Olympia, Washington, JENNIFER MOORE BALLENTINE, MA, The California State University Institute for Palliative Care, San Marcos, California</p> <p>Curbside Consultation for Medical Aid in Dying Click on “No” State Resources-</p>

	<p>Michele will visit with the presenters next week. She will make sure that they address how to talk with someone who wishes to pursue this since we are a “No” state; what can be said when people want to go to states that allow M.A.I.D.; some of the processes that happen in “yes” states including the number of people who inquire and the number of people who actually follow through.</p> <p>We Honor Veterans-NHPCO; Brandon V research on veterans;</p>
MISC Education re: Hospice and PC	<p>Project ECHO: Equity Where it Matters 2023 (NHPCO) Register here Monthly Education addressing diversity and cultural competence in healthcare</p> <p>CAPC- Introduction to Palliative Care for Health Professionals- New Open Access Course Health professionals from all specialties and disciplines, as well as clinicians-in-training, can take this interactive course and come away with an understanding of how to relieve unnecessary suffering and improve quality of life through basic palliative care principles and practices</p> <p>Hospice Foundation of America- https://hospicefoundation.org/HFA-Products/2023-24-Professional-Education-Package *SDAHO has reserved 50 spots for members to participate for free in the HFA series</p>
2023 Conferences	<p>AAHPM Fall Advanced Clinical Course: Essential Psychiatric Skills for the Palliative Care Practitioner Nov 3, 2023- Chicago</p> <p>23d Annual Health Ministry Conference sponsored by Sanford- Sioux Falls or Virtual- November 3, 2023</p> <p>Essential Palliative: A Compassionate Approach to Serious Illness Care sponsored by MNHPC Virtual event- November 17, 2023</p>
2024 Conferences	<p>2024: National Symposium for Academic Palliative Care Education and Research: February 8-9 San Diego, CA</p> <p>AAHPM Annual Assembly: March 20-23 Phoenix</p> <p>Minnesota Network for Hospice and Palliative Care (MNHPC) -The Power of Gathering April 8&9 Radisson Blu @ Mall of America- registration coming soon</p> <p>Social Work Hospice & Palliative Care Network (SWHPN)2024 Virtual Conference April 12 & 13- Registration coming soon.</p> <p>NHPCO 2024 Virtual Interdisciplinary Conference- April 15-17: Super Saver rates until 12/7/2023</p> <p>Please let Michele know conference of which you are aware</p>
Projects:	<p>Palliative Care State directory- Email went out to programs to start gathering information along with information on how to put their program on the Get Palliative Care program locator.</p>

CAPC is strongly encouraging all palliative care programs to go to the GET PALLIATIVE CARE website to register their program. They want this to be the National Directory for PC programs and are trying to quantify the number and types (Specialty vs. Primary) of programs out there.

Get Palliative Care Directory Update Link:

<https://getpalliativecare.org/get-listing-getpalliativecare-org-palliative-care-provider-directory/>

SD Legislative Long Term Care Summer Study: <https://sdlegislature.gov/> If you go to 2023 Interim Committees- Study Committee on Sustainable Models for Long Term Care you will find all the agendas, handouts etc.

- **Workforce workgroup** recommends creation of a healthcare workforce coalition.
- **Workforce workgroup** recommends legislation to join compacts for APRN, social workers, counselors, and psychologists.
- **Workforce workgroup** recommends an elderly waiver in long-term care for adult daycare in other licensed healthcare facilities.
- **Innovation workgroup** recommends the state study and support a state program of all-inclusive care for the elderly (PACE) program.
- **Innovation workgroup** recommends funding for technology grants.
- **Regulatory workgroup** recommends increasing the amount permitted for the personal needs allowance (PNA) under SDAR 67:46:06:05.
- **Community-based services workgroup** recommends DHS amend and expand in-home services and establish new reimbursement rates.
- **Community-based services workgroup** recommends DHS provide greater reimbursement for remote patient monitoring services.
- **Community-based services workgroup** recommends DHS establish new eligibility for community support provider services for traumatic brain injury patients over age 22.
- **Community-based services workgroup** recommends DHS update Dakota@Home processes.
- **Community-based service workgroup** recommends draft legislation regarding palliative care.
- **Location & infrastructure workgroup** proposes a bill to amend the eligibilities for designation as a regional nursing facility and applicable reimbursement.

The plan is to move forward with putting forth a State Definition of Palliative Care during the next legislative session. Once this has been done, the next steps are to look at how to reimburse for providing home based interprofessional palliative care. Many states have done this by amending the State Plan and expanding Waiver programs. Some states have directed State Departments of Health to implement a plan. States are pushing reimbursement for interprofessional care delivery faster than the Federal Level.

Senator Hunhoff is drafting legislation for the state definition. She will be using the definition listed on our agenda. It is hoped that LifeCircle will be able to assist with the fine tuning of the definition as it goes through the legislative process. **Attached is the NASHP document used to glean financial data.**

	<p>South Dakota Palliative Care Network: Sarah/Mari/Charlene: With Avera's approval and gratitude, the SDPCN data base will be merged with LifeCircle. After discussion with SDAHO, it seemed the best way to sustain the great work done by the Network was to merge the two similar organizations. SDAHO will also post the Domain education on its website. This education was created by the SDPCN for professional education using the Clinical Practice Guidelines for Palliative Care.</p>
Guardianship Education Update:	<p>Cameo Anders; Mari Perrenoud; Michele Snyders; Tammy Hatting; SDAHO education team- Michella, Stephanie, Shenna</p> <p>Web page: https://sdaho.org/guardianship/</p> <p>Current 5-10 minute video topics include:</p> <ol style="list-style-type: none"> 1. Informed Consent ✓- video is live on the website 2. Healthcare Responsibilities ✓ Video is Live on the website 3. Advance Care Planning ✓ video is live on the website 4. Life Sustaining Treatment-✓ video is live on the website
Web Pages	<p>DOH Website: The Hospice and Palliative Care section of SDAHO Website will be added to the DOH website in two different locations: https://www.cancersd.com/resources and the https://don.sd.gov/topics/cancer/</p>
National POLST Collaborative	<p>https://polst.org/state-polst-programs/#South-Dakota</p> <ul style="list-style-type: none"> • What benefits come with membership? This is significantly more than what I pay for other memberships where education, best practices, policy support etc is provided to members <ul style="list-style-type: none"> ○ The NPC membership covers stakeholders from the entire state and is not just an individual educational/scholarly membership, hence the cost. Benefits are attached but much of the value comes with the individual consulting that you can receive. I'm personally working with a number of member states on their POLST education, policy, and technology development. Member states have our <u>entire leadership team</u> as advisors. Member states also get NPC voting rights, logo use and discounts on use of educational/technology partner programs. Additionally, member states have quarterly meetings to get exclusive education and network with other members on their latest POLST developments – Our next member meeting is 10/12!! • Can you share how the website is used by the organization- are you able to share the data collected by hits <ul style="list-style-type: none"> ○ I can look into the data on our website use. Are there particular questions you have? Or just monthly/annual hits to the site? • What of those states who can not afford membership? Are the removed from information on the site? <ul style="list-style-type: none"> ○ Non-member states can still access our public website and patient education. However, there are exclusive trainings and meetings that they will not have the ability to attend or view. <p>Due to the cost of membership with little to gain and not much to lose, we will not pay to be member of the National POLST Collaborative</p>
Legislative News-	<p>Reps Joyce, Armstrong, Underwood, & Kiggans reintroduced the Improving Care and Access to Nurses (I CAN) Act. HR 2713 Removes federal barriers that prohibit nurses from practicing to the full scope of their education and training in hospice, HHC and SNF. Read more here.</p>

Expanding Access to Palliative Care Act (S. 2565) introduced by Sens Rosen(D-NV), Barrasso(R-WY), Baldwin(D-WI), and Fischer(R-NE). proposes the creation of a demonstration project to support improved access to palliative care services through a community-based model. If passed, the bill would require the Center for Medicare and Medicaid Innovation (CMMI) to develop a Community-Based Palliative Care (CBPC) demonstration- interdisciplinary care to people with serious illness in their home and lead to improved quality and cost outcomes. NHPCO [Press Release](#)

CONNECT for Healthcare Act – Introduced by Sens Schatz (D-HI), Wicker (R-MS), Cardin (D-MD), **Thune (R-SD)**, Warner (D-VA), & Hyde-Smith (R-MS) on June 15. It would build on expanding coverage of telehealth services through Medicare and make permanent COVID-19 telehealth flexibilities including Permanently allowing for the use of telehealth in the certification of a beneficiary for hospice. Read a summary [Here](#). Read the full Bill [Here](#).

Palliative Care and Hospice Education and Training Act-PCHETA (S. 2243): Reintroduced by Senators Baldwin and Capito: The Palliative Care and Hospice Education and Training Act (PECHETA) requires HHS to provide support for Palliative Care and Hospice Education Centers. The centers must improve the training of health professionals in palliative care and establish traineeships for individuals preparing for advanced-education nursing degrees, social work degrees, or advance degrees in physician assistant studies in PC. HHS may provide support to medical schools, teaching hospitals, and graduate medical-education programs for training physicians who plan to teach palliative medicine. HHS must (1) provide Palliative Medicine and Hospice Academic Career Awards to individuals to promote their career development, (2) support entities that operate a Palliative Care and Hospice Education Center, (3) support individuals in specified fields who are pursuing an advanced degree in palliative care or related fields, and (4) award grants to nursing programs to train individuals in providing palliative care. The Agency for Healthcare Research and Quality (AHRQ) must provide for a national education and awareness campaign to inform patients, families, and health professionals about the benefits of palliative care. The National Institutes of Health must expand national research programs in palliative care. Read NHPCO's press release [here](#). **Senator Rounds (R-SD)** has signed on to co-sponsor.

Improving Access to Transfusion Care for Hospice Patients Act (S.2566) A bill to require CMMI demonstration to test allowing blood transfusions to be paid separately from the Medicare Hospice all-inclusive per diem payment was reintroduced to the Senate Finance Committee by Senator Rosen (D-NV) Read more [here](#).

Provider Training in Palliative Care Act (S.2890) Sens Rosen (D-Nev) and Murkowski (R-Alaska) reintroduced legislation designed to expand the palliative care workforce. IF enacted it would allow medical students in the National Health Service Corps' (NHSC) to defer clinical service requirements for up to one year to pursue additional training in palliative care. They would also provide primary care during their time of service with HHSC. Read more [here](#).

The *Improving Access to Advance Care Planning Act* would help more Americans access critical ACP services by allowing social workers to provide ACP services, removing beneficiary cost-sharing, and promoting increased education for providers on current ACP codes, and improved reporting on barriers to providing ACP services and billing the corresponding codes. This legislation was introduced in the U.S. House of Representatives

	by Congressman Earl Blumenauer (D-OR). https://www.congress.gov/bill/117th-congress/senate-bill/4873/text?r=7&s=1 Soon To Be Reintroduced in 2023. Supported by CTAC.
State Grants	<p>R01 Grant- JR LaPlant, Tinka Duran, Bethany-Rose Daubman, MD, Frannie Arneson, MD, Mary Isaacson; Dr. Daniel Peterite-</p> <p>SDSU- ACI in Pierre- Early PC for AI & Rural Patients w/ Advanced CA- Sarah Mollman and Brandon Varilek-Ends 6/30/2023</p> <p>SDSU RSCA Challenge Grant: Brandi Pravecek- lead investigator and Mary Isaacson-co-investigator looking at the impact personal familiarity with patients has on goals of care conversations. Ends 12/31/2023</p> <p>SDAHO HRSA Rural Community Network Planning Grant planning meeting was held October 19th in Chamberlain. Network Partners who attended:</p> <ol style="list-style-type: none"> 1. Michelle Sieveke, RN- Director Monument Home Health Plus and Hospice- Sturgis 2. Brandi Pravecek, CNP- South Dakota State University College of Nursing- Brookings/Scotland 3. Cheryl Fischbach, DNP- University of South Dakota School of Science- Vermillion 4. Robin Randall, RN-Director of Medical/Oncology, adult Palliative Care, Ava's Hospice House- Sanford Health- Sioux Falls 5. Megan Myers- Comprehensive Cancer Control Program- Department of Health- Pierre 6. Tammy Hatting & Michele Snyders- SDAHO <p>Non-Network Partners who attended the planning meeting in Chamberlain include:</p> <ol style="list-style-type: none"> 1. Maria Sargent, CNP: Palliative Care Provider-Monument Health 2. Misty Black Bear: Assistant Division Director, Long Term Services and Supports 3. Sandy Dielman: CEO Avera@Home 4. Erin Tobin, CNP: South Dakota State Senate 5. Matthew Ballarad: Deputy Director, Division of Medical Services, DSS 6. Dr. Ken Kirton: Medical Director- Avera Hospice 7. Dr. Terri Peterson-Henry- Palliative Care Physician- Sanford Health 8. Sara Mullman, PhD- SDSU College of Nursing- RC Campus 9. Hillary Turner, CNP- Palliative Care Provider- Avera McKennan <p>Meeting Summary: Great conversations with like-minded people who have a passion for caring for those with serious illness. It was very interactive. Mary Sand did an excellent job of facilitation having us look at strengths, weakness, opportunities, and Threats for our state as well as prioritizing areas of concerns. We will review with her tomorrow and move forward with ongoing planning for the HRSA Rural Health Network Planning grant.</p>
Pediatrics	Crisis Standards of Care: Tammy Hatting: DRAFT is posted on SDAHO Website
Quality	
LTC	CMS is out with their proposed rule for staffing mandates which could close even more LTC facilities in the state. SDAHO will be providing public comment on behalf of our state.

	Public comment can still be made at: https://www.federalregister.gov/documents/2023/09/06/2023-18781/medicare-and-medicaid-programs-minimum-staffing-standards-for-long-term-care-facilities-and-medicaid#open-comment
Round Table	
Next meeting	November 27, 2023 @0900