

LifeCircle South Dakota

04/24/2023

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>Amanda Sedlacek; Andrew Brown; Becky Memboleo; Beth Dokken; Brandi Pravecek; Cameo Anders; Cate Davis; Cathy Kellogg; Charlene Berke; Dan Heineman; David Brechtelsbauer; Deb Fischer-Clemens; Desirae Toomey; Frannie Arneson; Heather Krzmarzick; Hillary Turner; Justin Ohleen; Karen Jensen; Kathy Gubin; Kim Malsam-Rysdon; LaVonne Gaspar; Lora Nelson; Lori Tracy; LuAnn Eidsness; Mari Perrenoud; Marty Link; Mary Hill; Mary Minton; Megan Cooper; Michele Snyders; Michelle Roy; Mitch Rave, 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
Quarterly Education	<p>Occurs the 2nd Wednesday every 3 Months 12:00-1:00 CST</p> <p>June 14th, 2023: Buprenorphine- Dr. John Massey- Nebraska Medical Center Confirmed</p> <p>September 13th-</p> <p>December 13th-</p> <p>If you have ideas for additional education, please let Michele know.</p> <p>Mental Health Topics- Susan Block's Keynote at AAHPM- Cathy Kellogg and Michele will talk about what to present- Dr. Malone and Dr. Kirton</p>

	<p>Community Health Workers- panel presentation by the 3 large systems to discuss how they are using them.</p> <p>End of Life Dreams- Mary Hill sent link to Michele</p>
2023 Conferences	<p><u>CHWSD 2023 Annual Conference:</u> May 15&16</p> <p><u>8th International Conference on Advance Care Planning-</u> May 24-27 Singapore</p> <p><u>SPPCP Virtual Conference-</u> June 6, 2023</p> <p><u>Updates in Palliative Care- Mayo Clinic:</u> May 4-6 Dana Point CA</p> <p><u>7th International Conference on Palliative Care, Hospice, and Wellness:</u> July 20-21 Tokyo</p> <p><u>Leadership Summit- CAPC & CTAC-</u> Oct 23-24 DC</p>
Projects:	<p>AseraCare/Amedisys presents on their Demonstration Project- see attached document for summary of the presentation. Click Here to read Findings at a Glance from CMS. Click Here for an overview of the MCCM</p> <p>Becky Mamboleo- Messaging Palliative Care- will present her brochure next month.</p> <p>NASHP- The 6 states selected to participate in the John A Harford foundation/NASHP partnership state policy institute to improve care for people with serious illness were: Colorado, Maine, Maryland, Ohio, Texas and Washington. They will receive technical support from NASHP and subject matter experts on serious illness and palliative care policy. They will develop state specific actuarial models for Medicaid palliative care benefits. NASHP willing to help us as they can if we move forward. 2 recommendations from them: State definition of Palliative Care including services provided and a State Coalition. Is that LifeCircle? Should this be part of the strategic planning this fall?</p> <p>Moving forward for South Dakota? More research on what other States are doing- <u>Links on attached document.</u> - Dr. Peterson-Henry will talk with Admin re: thoughts on moving forward. Heather Krzmarzick, Division Director for LTSS & Beth Dokken, Division Director for Family and Community Health- D.O.H. are also interested in further discussion on what would be best for our State re: development of Palliative Care benefits at the State Level. Sens Hunhoff and Tobin may still be interested.</p> <p>Hospice map- Michele will work on getting a map of the state hospice providers and their coverage area.</p> <p>Palliative Care State directory- Mari and Michele will start work on this-</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-minute video topics include:</p> <ol style="list-style-type: none"> 1. Informed Consent ✓- video is live on the website

	<p>2. Healthcare Responsibilities ✓ Video is Live on the website</p> <p>3. Advance Care Planning Part one: Medical Orders- recorded- needs editing; Part two: Living Will & POA- being recorded; Worksheet done</p> <p>4. Life Sustaining Treatment-Michele and Mari P. are starting to script the next series of videos. Creating Worksheet for Life Sustaining Treatment Overview</p>
Web Pages	<p>https://sdaho.org/hospice-palliative-care/</p> <p>https://sdaho.org/lifecircle/</p> <p>Please share additional resources with Michele to ensure the website is robust</p>
Additional Members to Invite to LCSD	
Legislative News-	<p>NHPCO, National Association for Home Care and Hospice (NAHC) and NORC at the U of Chicago released new findings on hospice:</p> <ul style="list-style-type: none"> • In the last year of life, costs for those who used hospice were 3.1 percent lower than those who did not use hospice. This translates to \$3.5 billion less spending of Medicare dollars. • Earlier enrollment in hospice reduces Medicare spending. The break-even point is day 10 of hospice enrollment. On day 11 is when cost savings starts. • Hospice stays of six months or more resulted on average 11% lower costs than those who did not use hospice. • For any length of stay, hospice benefits patients, family, and caregivers. Using hospice resulted in increased satisfaction and quality of life, improved pain control, reduced physical and emotional stress and reduced prolonged grief and emotional distress. <p>Full Report Click Here</p> <p>FY2024 Hospice Proposed Rule Published with 2.8% Increase. The Office of Management and Budget <u>concluded</u> its review of the hospice rule on March 30, 2023. The 2024 proposed hospice rule was published in the Federal Register March 31. An inspection copy is available here.</p> <ul style="list-style-type: none"> • The rule proposes an FY 2024 rate update of 2.8 percent. • This rule solicits comments regarding: <ul style="list-style-type: none"> ○ the provision of higher levels of hospice care. ○ spending patterns for non-hospice services provided during the election of the hospice benefit. ○ ownership transparency. ○ equipping patients and caregivers with information to inform hospice selection; and ○ ways to examine health equity under the hospice benefit. • This rule also proposes: <ul style="list-style-type: none"> ○ Codifying Hospice Item Set (HIS) data submission thresholds ○ Updates to hospice survey and enforcement procedures ○ Proposes to require hospice certifying physicians to be Medicare-enrolled or to have validly opted-out. <p>HHS Establishes Transition Period for Post-PHE Telehealth Compliance. The Department of Health and Human Services, Office of Civil Rights announced the expiration of COVID-</p>

	<p>19 Public Health Emergency HIPAA Notifications of Enforcement Discretions. With the announcement of the end of the PHE in January, using HIPAA non-compliant communications platforms for telehealth will expire with the PHE on May 11, 2023. OCR stepped in to clarify their regulatory enforcement discretions will give health care providers utilizing noncompliant telehealth a 90-day transition period to come into compliance with the HIPAA rules around telehealth provision. Instead of the waiver for non-compliant telehealth services ending May 12, 2023, with the end of the PHE, non-compliant telehealth services can be used until August 9, 2023. This is with the expectation that providers are working to come into compliance with HIPAA expectations. During this time, from May to August, OCR will not impose penalties on covered providers for noncompliance in connection with good faith provision of telehealth services. OCR stated they will have additional resources for providers during the transition period. Resources for compliance support:</p> <ul style="list-style-type: none"> • HIPAA and Telehealth • HHS Releases Guidance on Audio-Only Telehealth Services <p>Reps Joyce, Armstrong, Underwood, & Kiggans reintroduced the Improving Care and Access to Nurses (I CAN) Act. 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>
State Grants	<p>USD ECHO Bush Grant- they are starting to write this up and will submit it for publication.</p> <p>SDPN Grant- Charlene Berke, Sarah Mollman, Mari Perrenoud- Ends 6/30/23 findings are linked on the LifeCircle website under Grants. Summary: HRSA/RHND grant funded for 3 yrs- 7/1/2020- 6/30/2023. 2,290 individuals un the Upper Midwest know about palliative care:</p> <ul style="list-style-type: none"> • 256 community members-17 educations events- mostly rural- answered questions on advance care planning. • 1657 nursing students- 4 universities integrated PC into Graduate and UG programs- working with Innovation Lab at Avera to see if the developed materials ae marketable which could be a revenue source to sustain the network • 158 Healthcare professionals- series is being reloaded on the Avera portal and available through the end of the year. • 219 symposium attendees • 16 States reached: 2 additional countries. <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 7/1/2023. Brandi and Mary continue data analysis</p> <p>HRSA Community Planning Grant: Waiting on decision</p>
Pediatrics	<p>Crisis Standards of Care: Tammy Hatting- Mary Hill provided an update: Challenging issue- Pediatrics doesn't have a standardized tool like the SOFA</p>

	(adults). Two different populations competing for same scarce resources. Back to step one- what is the purpose of a standardized plan? Should we have one? Good discussions with medical/legal small group.
Quality	Place holder- please share any quality information important to LifeCircle
LTC	Place holder- please share any LTC/SNF/ALF information important to LifeCircle
Round Table	<p>NHDD- SDAHO did a blast of social media posts, 2 radio interviews, a TV interview and 3 newsletter articles to promote NHDD.</p> <p>April 25, 3:30-4:30 CMS host a webinar on the implications of the May 11 end of the PHE. Register here.</p>
Next meeting	May 22, 2023