

Testimony for HB 2981

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Chair Prusak, Vice-Chairs Hayden and Salinas and Members of the House Committee on Health Care:

Palliative care, patient-centered holistic care provided by a multidisciplinary team, focuses on improving quality of life for patients living with serious illness and those who care for them. This care is appropriate at any stage of a serious illness and helps patients define and support their goals of care whether curative in nature or not. It is not currently funded for Oregon's Medicaid population.

I have spent my medical career in many realms of direct patient care trying to support patients with their healthcare goals: solo private practice primary care, urgent care, ER director of a level 3 trauma center, hospitalist at an academic medical center, palliative care medical director for inpatient, clinic and community based program. Along this journey I have seen the growth of Palliative Care as a medical specialty that by its design of being wholistic falls outside typical fee for service and managed care reimbursement models. I have seen many lives changed firsthand by receiving this wonderful team approach to patient care. The needs of our citizens with Medicaid greatly out pace available resources that lack a sustainable payment model for success.

Palliative care has consistently been shown to improve outcomes for the quadruple aim in healthcare quality: improve patient experience, reduction in total costs, improved quality of care, and reduction of clinician burnout. And yet it remains underfunded and not included in traditional Medicare or Medicaid services. House bill 2981 would improve that payment gap and create equity for Oregonians with the fewest resource often left out of the very services that could improve their lives. It requires the very multidisciplinary team that has been shown to be most effective in delivering palliative care. HB 2981 provides a model to financially support palliative care for these Oregonians to obtain it and in the setting where it is most needed and financial impact is greatest: their homes.

Many studies have shown home-based palliative care programs save thousands of dollars per member per month, improve patients experience, increase days on hospice care, and reduce stress for families and primary care clinicians collaborating in that care. Our local program has shown a near 50% reduction in hospital days, ED visits, ICU days and a 65% drop in hospital admissions for the Medicaid patients we cared for in 2019. Using ED avoidance as a model we estimate we saved about \$2,500 per member per

month on our service in unwanted health care costs. Remember the primary goal of palliative care is patient centered, patient goal directed care. Cost reduction is a byproduct of better communication and multidimensional support of vulnerable people living with symptomatic serious illness. Unfortunately, current reimbursement fails to support these programs.

HB 2981 would allow us to serve more patients by providing a framework to pay for services currently not reimbursed. One cannot cost save into sustainability. I strongly encourage your support in passing HB2981, which will increase services and improve equity to very vulnerable Oregonians while reducing Medicaid costs for the State of Oregon.

Respectfully Submitted,

A handwritten signature in black ink that reads "Thomas Steele, MD, FACP". The signature is written in a cursive style.

Thomas Steele, MD FACP