

████ Chair Monnes Anderson and Members of the Committee:

For the record, my name is Dr. Laura Mavity, and I am the clinical director of the Advanced Illness Management Palliative Care Program at St. Charles Health System and a practicing palliative medicine physician. I am testifying today at the request of the American Cancer Society Cancer Action Network.

Thank you for the opportunity to provide testimony in support of SB 608, an important bill to me and my colleagues who work in palliative care.

While palliative care can provide significant improvements in quality of life for patients with advanced illnesses, the challenges associated with implementing high quality palliative care programs are significant. These challenges are especially difficult for smaller health systems and hospitals in more rural Oregon communities, making it much harder for patients and families in these areas access palliative care services.

St. Charles Health System is based in Central Oregon and is the largest healthcare system east of the Cascades. It therefore has a catchment area which extends north to the Tri-Cities area, south to the California and Nevada borders, and east to the Idaho border, with this large encompassing area being predominantly rural. St. Charles Health System has 4 hospitals in its system: St. Charles Medical Center Bend, the largest hospital; St. Charles Medical Center Redmond, a designated rural hospital; and also Pioneer Memorial Hospital and St. Charles Madras, which are two critical access hospitals in small rural communities. As is commonly necessary in rural communities, St. Charles Health System has worked very diligently to provide access to high quality vital health care services in these communities, recruiting heavily to find and support well trained health care providers to

provide primary care and hospital and other healthcare services in [REDACTED] these areas.

Our palliative care services at St. Charles became a formal program in 2009. As is true of many palliative care programs throughout the United States, the palliative care program at St. Charles began as an inpatient palliative care consultation service. In the first year, 234 palliative care consultations were provided by one part time palliative care physician at St. Charles Medical Center Bend. With rapid growth and support from both grant funds and St. Charles Health Care System, our Advanced Illness Management Palliative Care program has grown to 3 palliative care physicians with a dedicated palliative care team including social worker, chaplain and nurse, with consultations are now available at the hospitals in Bend and Redmond and outpatient consultations throughout Central Oregon. We continue to experience increased demand for our services yearly, and will see almost 1000 patients this year in the inpatient and outpatient settings and foresee further growth in the future. St. Charles Health System has wholeheartedly supported this development due to the demonstrated benefits of improving quality of care for patients and their families with advanced illness including increased satisfaction with their health care, improved symptom management, improved efficiency and more appropriate resource utilization, with ensuring that the health care delivered to these patients is per their wishes and goals for their medical care. By ensuring that the health care delivered to patients is exactly what they want, costly procedures and tests and treatments that do not meet that patients care goals are avoided.

With our limited staffing, high demand, and large area we service, we struggle with how to provide palliative care access to patients in our more rural communities. One important part of high quality palliative care programs is educating the communities we serve about what palliative care is and how it can help them. This is a daunting task with

the difficulty of trying to provide public education and outreach throughout the rural communities that we serve in Oregon.

Especially for hospitals whose palliative care programs are still developing, SB 608 provides an important opportunity to take an in-depth look at barriers to palliative care within the state. The interdisciplinary advisory council that is established will include a broad, diverse range of professionals who will be able to tackle some of the field's toughest issues. Additionally, this group will be important forum for sharing of best practices, something that will particularly benefit hospitals that are outside of the Portland metro area.

Again, thank you for the opportunity to testify on this bill. I urge the committee to support this important work, and help us ensure that palliative care continues to grow and improve.

Sincerely,

Laura Mavity, MD  
Clinical Director, St. Charles Advanced Illness Management Program

