

 Chair Monnes Anderson and Members of the Committee:

It is with great enthusiasm that I speak today in support of SB 608, which would create an interdisciplinary advisory council to examine barriers to palliative care delivery in Oregon.

OHSU had one of the first inpatient Palliative Care Teams in Oregon, called the Comfort Care Team, founded in 1995 and I had the privilege of being the social worker on that team. After that, I worked in the community directing a home based palliative care team in partnership with Care Oregon, and helped to establish a palliative care program in a community oncology practice, before returning to OHSU.

I was involved in helping to plan for Oregon's first hospice programs years ago at the beginning of my career. Because the focus of my work has been in oncology, I started to increasingly recognize a disconnect between hospice and our cancer patients who were surviving much longer, and who were reluctant to give up active treatment to access hospice's support services, which is mandated by hospice. I kept thinking that so many of our patients could benefit from the physical, psychological, social and spiritual support that hospice offered, yet to give up life extending treatment for many of these patients was not something that they wanted to do until death was more eminent.

Palliative care has emerged as an important way of providing care that focuses on aggressive symptom management, and intense psychosocial and spiritual support. Palliative care also attends to the distress of ill patients and their loved ones, addresses caregiver burden, while also ensuring that quality of life, and a patient's preferences are understood.

As social workers, we attempt to intervene with our patients and families to offer help and support, through counseling, guidance with

decision making, and coordination of care. In our outpatient oncology care program (which has been underway for exactly one year), 316 patients were seen, and 198, or greater than 60% of them were seen by our social workers. It speaks to the complexity of decision making, planning, and attention to more than the medical concerns of the patient. It attempts to care for the whole person, and their families. Social work involvement with these issues can also ensure that the doctors and nurse practitioners can do what they do best, which is to attend to the medical and physical care needs of the patient.

Despite enormous growth in palliative and recognition of the importance of social workers' involvement in palliative care teams, there continues to be challenges that are unique to social workers. One of the biggest barriers is that at present, there is no reimbursement for social workers by insurers for their work in palliative care. The MD and NP visits are reimbursable, but not the social worker's time. This makes it difficult to make a funding case to hospital administrators for these positions. It also creates reluctance on the part of home based hospice programs to add palliative care services with an entire psychosocial team.

As you might imagine, some of the concerns that social workers discuss with patients and their loved ones are challenging ones- How will my family manage over the course of my illness? What gives life meaning? How will we manage all of this financially if I am no longer able to work? How can I talk to my children about my impending death? These are conversations that take time. Being able to be reimbursed for a clinical social worker's palliative care interventions would be very helpful.

Research suggests that patients who receive outpatient palliative care earlier in their cancer care experience better quality of life, fewer

depressive symptoms, and in some cases, live longer. It also leads to better patient and family and caregiver outcomes, and also can lead to more appropriate referral to and use of hospice, and reduced the use of futile intensive care. (Temel, ASCO).

SB 608 provides an important venue for best practice sharing and problem solving. Especially significant, it requires that social workers be included in this group, something which will greatly contribute to improvements in the role of social workers on palliative care teams. The lens that my profession can bring to palliative care is a unique one. Most importantly it takes a full interdisciplinary team to better assist the people at the heart of the story, our patients and their loved ones.

I ask the committee to demonstrate its commitment to improving palliative care by supporting SB 608.

Thank you.

