

February 6, 2019

Testimony to the Oregon Senate Human Services Committee regarding support for SB 179

Dear Chair Gelser and members of the committee,

My name is Paula Edwards. I have worked in hospice and palliative care for almost 17 years. I have previously serviced as a hospice RN Case Manager, Hospice Inpatient Manager, Executive Director and National Director of Inpatient Services. I am Registered Nurse and currently serve as the Director of Hospice and Palliative Care for Kaiser Permanente.

Kaiser Permanente has had a home based palliative care program in place since 2002. The Organization has recognized year after year that palliative care programs benefit our patients that do not “fit” the hospice guidelines. We are continually re-evaluating the palliative care structure and patient population to ensure that we are meeting the needs of patients and families.

When defining the adult palliative patient population we look at the areas where there are gaps, especially in symptom management and advanced care planning. For Kaiser Permanente that comes down to home bound patients that have a chronic progressive terminal illnesses. We see, for example, that 30% of patients that are referred to hospice do not qualify. Typically because they do not meet Medicare hospice criteria because their prognosis is longer than 6 months or they do not agree to stop aggressive treatments such as chemotherapy or hemodialysis. This is an especially difficult decision for young adults.

SB179 creates a pathway for these patients that do not have the benefit of hospice or choose to not stop aggressive treatments. It provides a place where the patient and family can receive the support and care they need. We have shown significant reductions in emergency room visits and hospitalizations for patients enrolled in home based palliative care. The reductions we have seen for utilization of emergency room, hospitalizations and overall hospital days are approximately 40%.

These reductions in healthcare costs are significant but more importantly, it is the right thing to do for patients. Patients want to be in their home where they are surrounded by their family and community- their support structure. Home based palliative care enables patients to receive the care they need in the comfort of their home. This is a game changer for many families. They have clinicians coming to their home and helping them build a plan of care that works for them. They have access to a palliative care nurse at night if they need help. The palliative care team provides wrap around services to the patient and family that improves that patient’s quality of life and trajectory of care.

I could stop my testimony there because I think that proves the value and need for this bill but I will share a personal story with you before I close. My family are all in rural North Carolina. My uncle, Phil, was diagnosed with esophageal cancer. My dad would give me updates from week to week on how things were going and they were not going well. I finally reached out to my aunt and offered her some support. She then begin to tell me how she didn't know what options they had and my Uncle wanted to speak with me. We then got on the phone together and reviewed what had been happening with treatment and discussed what his goals were. He talked about not wanting to suffer and wanted to end chemo treatments. I asked him if he had told his oncologist. Phil said, yes but they didn't really address it. I then explained what he needed to tell the oncologist and that I would be happy to be on the phone with him during his visit, if he needed. We did have the conversation with the oncologist and got Phil onto hospice. I was so disappointed that they didn't live in Oregon where they could have Kaiser Permanente insurance and get the benefit of having home based palliative care. Esophageal cancer is a high risk cancer and those patients needed extra support. The support could be through clinic based palliative care if they are mobile or home based palliative care if they are home bound. If he had been in our program, the goals of care discussion would have already have happened. Their voices would have been heard and the plan of care developed with them much earlier. It would have brought them peace of mind. That is what we bring to patients in home based palliative care today and with this bill we will be able to bring it to even more of our community.

Sincerely,



Paula Edwards, RN, BSN
Director of Hospice and Palliative Care

Kaiser Permanente
Continuing Care Services