

Linda De Sitter, MD MPH  
Regional Medical Director of Palliative Care  
Providence, Oregon Region  
503-215-2669

Testimony for HB 2981

Palliative care is person-centered holistic care that is focused on improving the quality of life for patients living with serious illness and their families. The care is appropriate at any stage of a serious illness and can be given simultaneously with curative interventions.

As the regional medical director for Providence Oregon's palliative care program, I oversee my interdisciplinary teams providing care in 5 hospitals, several clinics and in patients' homes or place of residence. This care is known to both improve the patient experience and lower health care costs. When received in a patient's home, through a community-based palliative care program, palliative care has been shown to reduce hospitalizations and cut costs for payers like Medicaid.

I had a patient who I will call Mr. J. He had severe heart failure and was not going to live more than 6 months to 1-2 years. His cardiologist had placed him on a medication called Milrinone, a very expensive IV medication that made his heart temporarily beat better, although he continued to be very sick. This medication made it impossible for him to be on hospice. Normally a patient like this would be in and out of the hospital in their last year of life, but with home visits from the Providence Palliative Care teams, Mr. J lived 14 months without a single hospitalization and only one ED visit. From his perspective, he was happy to be able to stay home. From the healthcare financing perspective, we saved the insurance companies thousands of dollars. From the healthcare delivery side, we spent more money in staff time than we earned but we had the satisfaction of knowing that we did the right thing.

The patient story I have shared with you is not unique – these benefits have been repeated with other patients seen by my palliative care teams at Providence. Several studies have shown that community-based palliative care programs reduce hospital admissions, which saves money for patients and payers. For example, Aetna showed an 81% decrease in acute hospitalizations, saving 12,000 dollars per participating member; Kaiser showed a savings of 8000 dollars per member while increasing patient satisfaction by 13%.

Please note, that the savings are accrued by the payers, not the healthcare delivery organizations. Healthcare delivery organizations typically lose money with community-based palliative care programs; in my case, Providence pays the difference between the money earned by fee-for-service and the true cost of my community-based program. As a result, my program remains small; barely scraping the surface of the immense need for community-based palliative care services.

Linda De Sitter, MD MPH  
Regional Medical Director of Palliative Care  
Providence, Oregon Region  
503-215-2669

HB 2981 would allow programs like mine to reach a greater number of patients who need palliative care because we would be reimbursed for the money that it takes to run a community-based palliative care program. In California, Providence has developed a successful program, based on a similar bill passed in 2018, that allowed us to vastly increase palliative care community based services. Furthermore, a California statewide study showed a ROI of 3:1 for the community-based palliative care that is now delivered due to this bill.

I strongly encourage you to pass HB 2981, which would expand access to palliative care for patients living in their homes and the community by off-setting the costs of providing in-home services, all the while reducing Medicaid costs for the state of Oregon.