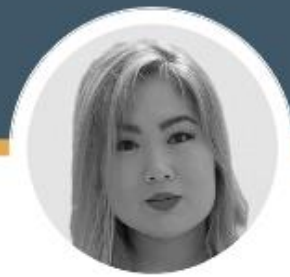
Leveraging Data to Transform Care: The ACT Index

Speakers:

- Lea Tessitore, MSB, MBA, Director, Strategy and Partnerships, TFA Analytics
- Jeannette G. Koijane, MPH, Executive Director, Kōkua Mau
- Ramy Sedhom, MD, Medical Oncologist & Palliative Care Physician, Penn Medicine
- Jeanne M. Chirico, MPA, President and CEO, Hospice and Palliative Care Association of New York State (HPCANYS)




C+TAC

Leveraging Data to Transform Care: The ACT Index

1:35pm – 2:50pm Breakout Sessions

TFA

C+TAC

Agenda

- 1:35 pm: Moderator, Lea Tessitore, MSB, MBA, TFA Analytics
- 1:45 pm: Presentation by Dr. Ramy Sedhom, MD, Penn Medicine
- 2:00 pm: Presentation by Jeannette Koijane, MPH, Kōkua Mau
- 2:15 pm: Presentation by Jeanne Chirico, MPA, Hospice and Palliative Care Association of New York State (HPCANYS)
- 2:30 pm: Audience Q&A

What is the Advanced Care Transformation (ACT) Index

The ACT Index is the way to understand the current state of experience for people with serious illness.

TRACKING PROGRESS

By collecting measures across a broad spectrum of the healthcare delivery system, the Index is a way to **measure the Coalition's progress toward achieving the Moonshot Goal:** The 12 million people experiencing serious illness will have a high quality of life by 2030

MAKING PROGRESS

Implementing new policy recommendations for care delivery and services can be a multi-year effort for states, with one of the biggest challenges being buy-in from policy makers, payors, foundations, and other key stakeholders.

The Index can provide the foundation for common ground - a compass that can help give stakeholders objective data supporting the direction for a policy plan.

Goals for Using the Advanced Care Transformation (ACT) Index

The "Why" Behind the Index

The U.S. population is aging rapidly with over 10,000 people becoming Medicare-eligible every day.

By 2030, the number of Medicare enrollees is expected to double to approximately 80 million individuals.

By 2030, CMS wants 100% of beneficiaries in APMs.

New care models, new measures available for seriously ill.

We must measure and monitor the quality of serious illness care and experience over time.

The ACT Index accelerates progress toward C-TAC's Moonshot Goal:

- Putting data to work for patients
- Tracking national and state measures of success
- Supporting advocacy to fill gaps where additional data and measures are needed
- Building best practices that communities can use to improve performance

Goals for Using the Advanced Care Transformation (ACT) Index

Using 26 metrics across four domains (care, cost, community, caregiving), the Index provides a 360-degree snapshot of how well states meet the needs of those living with serious illness.

Its measures provide the public, providers, and policy-makers data to inform evidence-based decision-making and track progress over time. This information can then be used in developing state action plans, including:

Prioritize opportunities for improvement

Set goals and measure progress

Determine effectiveness of interventions

Identify focus areas for further research

Identify best practices

Foster communication and collaboration

States can identify 2-3 measures or a domain to focus on.

About the Measures

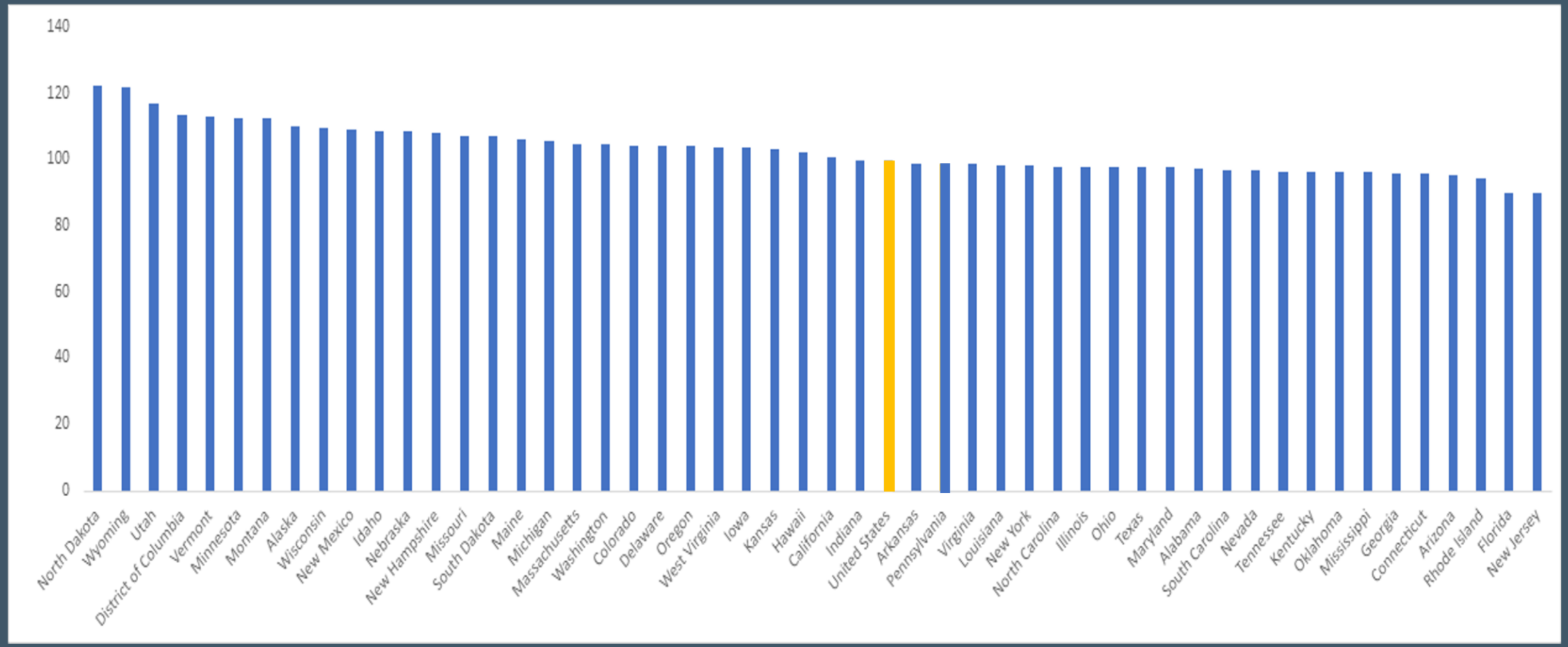
The ACT Index uses **publicly available sources** for all 26 measures, which are updated annually as available.

The ACT Index measures were selected using the following criteria:

- Uses currently available and easily accessible data
- Each ACT Index measure was carefully selected to capture key facets of serious illness care
- Selected measures are reviewed and approved by an independent steering committee
- Can be aligned with current Centers for Medicare and Medicaid Services value-based care models
- Can be used and impacted by the community

The impact of Covid-19 across the healthcare system and measurement frameworks has yet to be fully understood, but each agency providing data has acknowledged how their results have potentially been affected or delayed by the pandemic.

Achievement Across All ACT Index Measures, by State, Compared to National Achievement



How the ACT Index is Used

- **Dissemination Activities**
  - ACT Index presentations to coalitions, advisory councils, clinician workgroups, and Hospice and Palliative Care Associations across 15 states; 3 conference presentations

- **Coalition Building & Policy Change Activities**
  - State coalitions used ACT Index measures to identify key policy and regulatory priorities and areas of advocacy focus
  - Benefit design and workforce advocacy using ACT Index measures

Panelist Presentations:

Dr. Ramy Sedhom, MD, Penn Medicine

Jeannette Koijane, MPH, Kōkua Mau

Jeanne Chirico, MPA, HPCANYS

Audience Q & A

The Policy Impact of the ACT Index in NY

Jeanne Chirico, MPA
President/CEO
HPCANYS

Hospice & Palliative Care Association of New York State

Important Questions Being Asked By The NYS Hospice and Palliative Care Industry As Well as Public Health Officials

- Workforce Impact On Utilization
- System Hold Implications
- Palliative Care Utilization And Variation Concerns
- Hospice Access -Self Constrained admissions
- Certificate of Need Methodology Update Required
- Mergers, Acquisitions, Collaborations and Partnerships
- Need For Diversification in a Value Based World
- Dually Eligible Population Implications

Original Article

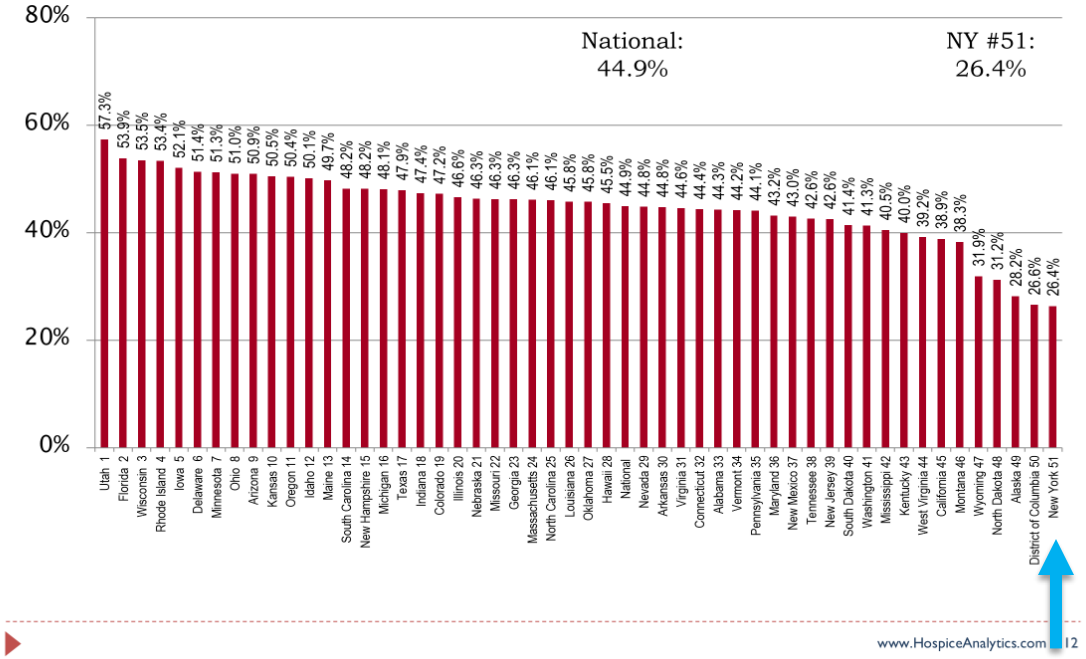
Low Hospice Utilization in New York State: Comparisons Using National Data

Lara Dhingra, PhD, Carla Braveman, RN, MEd, Cordt Kassner, PhD, Clyde Schechter, MD, Stephanie DiFiglia, PhD, and Russell Portenoy, MD

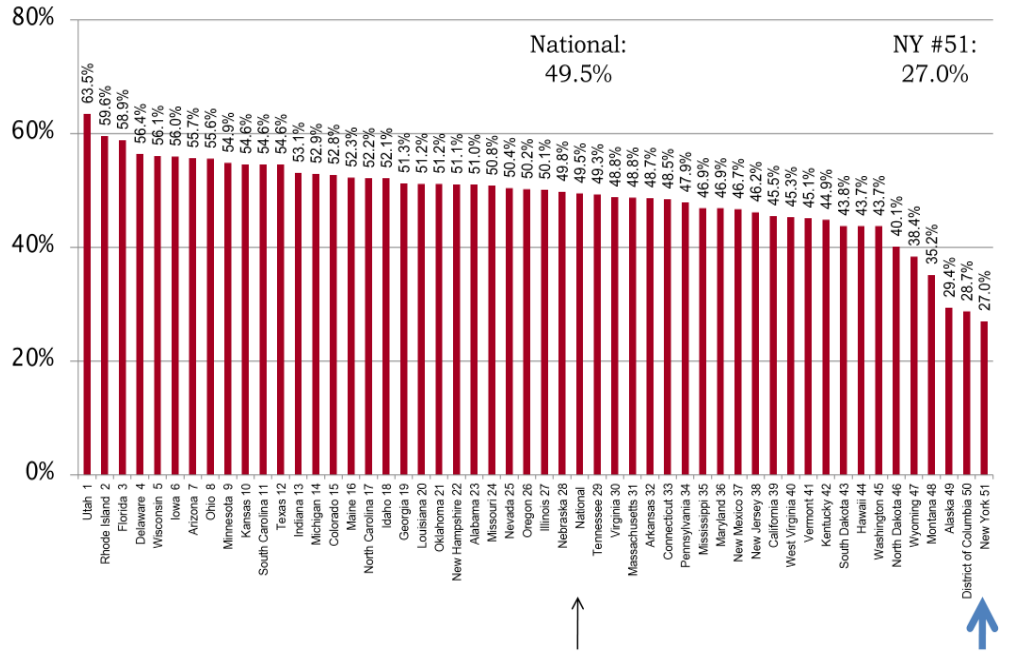
MJHS Institute for Innovation in Palliative Care (L.D., S.D., R.P.), New York, New York, USA; Department of Family and Social Medicine (L.D., C.S., R.P.), Albert Einstein College of Medicine, New York, New York, USA; Hospice and Palliative Care Association of New York State (HPCANYS) (C.B.), Albany, New York, USA; Hospice Analytics Inc. (C.K.), Colorado Springs, Colorado, USA; Department of Neurology (R.P.), Albert Einstein College of Medicine, New York, New York, USA

Hospice Utilization in New York Is Part of the Story

2021 Hospice Utilization
(Medicare Hospice Deaths / Total Medicare Deaths)



2023 Hospice Utilization
(Medicare Hospice Deaths / Total Medicare Deaths)



C+TAC | TFA

Advanced Care Transformation Report

STATE AGENCIES AND STATE-BASED COALITIONS CAN USE THE ACT INDEX TO:

ADVOCATE FOR STANDARDIZED SERVICES TO BE AVAILABLE AND PAID FOR THROUGH HEALTH INSURANCE

IDENTIFY AND ASSESS THE CURRENT NEED FOR SERVICES FOR A STATE'S SERIOUS ILLNESS POPULATION

ADVOCATE FOR WORKFORCE TRAINING AND CERTIFICATION STANDARDS

ADVOCATE FOR FUNDING AND OTHER RESOURCES BASED ON INFRASTRUCTURE NEEDS FOR COMMUNITY-BASED ORGANIZATIONS AND HEALTH SYSTEMS.

Table 3: Top and bottom 5 states in the Care Domain - 2023

State	2020 Rank	2023 Rank	Change in Rank
Florida	51	51	0
Maryland	42	50	-8
South Dakota	49	49	0
Georgia	48	48	0
Hawaii	40	47	-7
District of Columbia	1	1	0
New York	2	2	0
California	4	3	1
Minnesota	3	4	-1
Massachusetts	5	5	0

Measure 10 (home healthcare workers) data from Home Health Care CAHPS 2022; Measure 11 (hospice emotional/spiritual support) data from Home Health Care CAHPS 2022; Measure 12 (hospice help for pain/symptoms) data from Home Health Care CAHPS 2022; Measure 13 (hospice training for family) data from Home Health Care CAHPS 2022; Measure 14 (adults got help/advice needed from HH provider) data from Home Health Care CAHPS 2022

New York Ranks 2nd In The Nation on the ACT Index Indicating The Providers Are Delivering Quality Care And The Volume of Health Workers In General Is Higher Than the Rest of The Nation

New York

new yor

Care Domain	2020	2023	United States
Home healthcare workers (per 1,000 adults 75+)	398	137.6	60.3
Hospice emotional and spiritual support	90	90	90
Hospice help for pain and symptoms	75	75	75
Hospice training family to care for patient	78	78	75
Adults getting the help or advice they needed when they contacted their home health provider (last two months of care)	24.5%	25%	24%
State Rank in Care Domain	2	2	

The Communication Domain of the ACT Index includes the following four measures:

- Hospital patients discharged without instructions for home recovery
- Deaths at home
- Person and family-centered care
- Medicare fee-for-service beneficiaries with advance care planning

Communication Domain	2020	2023	United States
Hospital patients discharged without instructions for home recovery	15	0.16	0.14
Deaths at home	28%	28%	40%
Person and family-centered care (composite indicator, scale 0-5.0)	3.49	2.0	1.5
Medicare fee-for-service beneficiaries with advance care planning	5.52%	6.02%	4.89%
State Rank in Communication Domain	15	23	

What The Communication Rating Tells NY

- More Seniors in NY are having Advance Care Planning Conversations, or are having ACP acknowledgement on tools and EMR than the rest of the nation.
- Studies show 80% of Americans would prefer to die at home yet only 28% die at home in New York
- Something is wrong in the experience of New Yorkers at the time of their impending death leading to higher rates of death in the hospital.

The Cost Domain of the ACT Index includes the following nine measures:

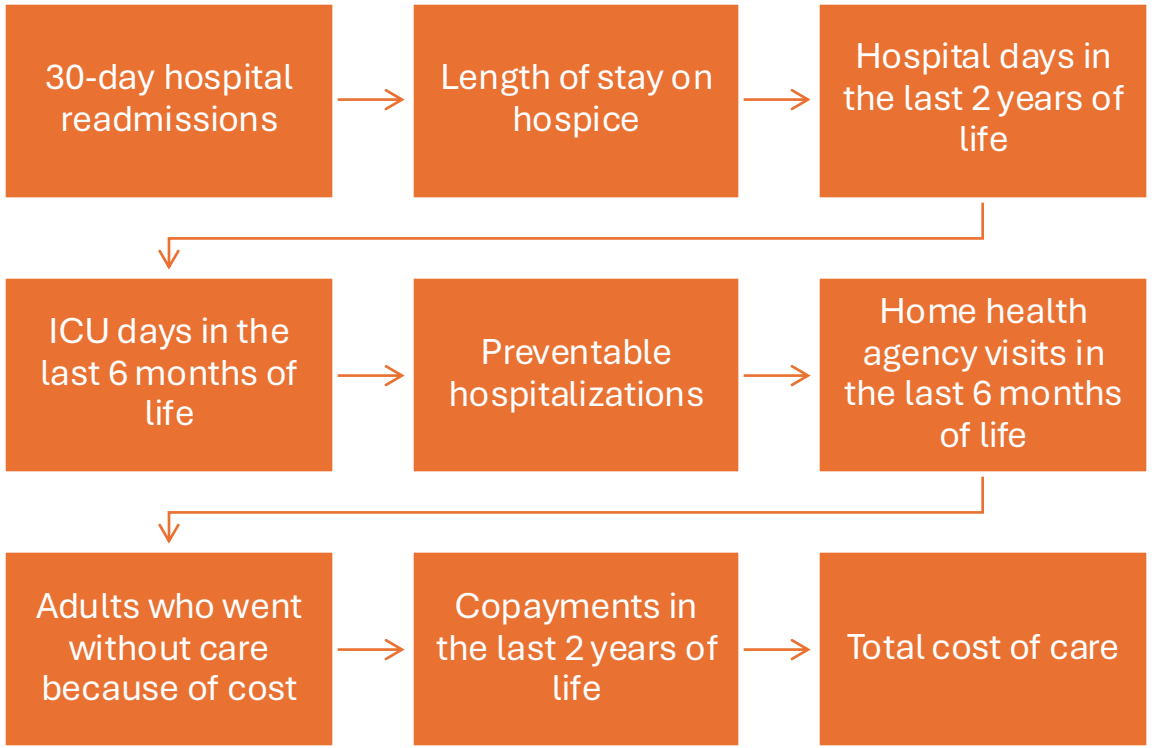
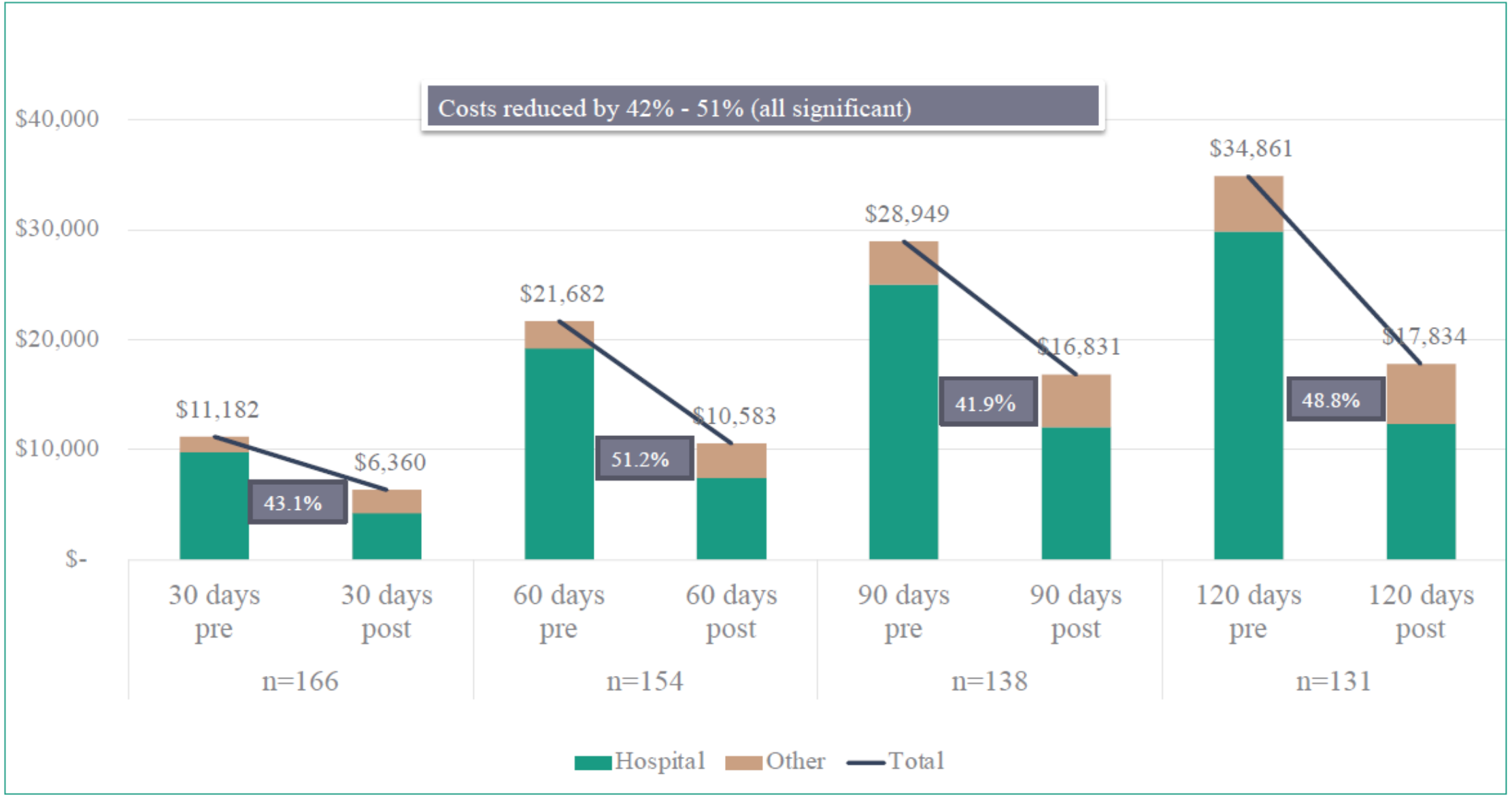


Table 5: Top and bottom 5 states in the Cost Domain - 2023

State	2020 Rank	2023 Rank	Change in Rank
New Jersey	51	51	0
New York	49	50	-1
Nevada	48	49	-1
Florida	50	48	2
California	38	47	-9
North Dakota	3	1	2
South Dakota	6	2	4
Wisconsin	8	3	5
Montana	1	4	-3
Iowa	4	5	-1

Measure 19 (30-day hospital readmissions) from Commonwealth Fund 2021; Measure 20 (hospice days) from Dartmouth Atlas 2019; Measure 21 (hospital days) from Dartmouth Atlas 2019; Measure 22 (intensive care days) from Dartmouth Atlas 2019; Measure 23 (preventable hospitalization) from American Health Ranking 2021; Measure 24 (home health agency visits) from Dartmouth Atlas 2019; Measure 25 (adults who went without care) from Behavioral Risk Factor Surveillance System 2022; Measure 26 (co-payments) from Dartmouth Atlas 2019; Measure 27 (total Medicare spending) from Dartmouth Atlas 2019

Cost Domain	2020	2023	United States
30-day hospital readmissions (per 1,000 Medicare beneficiaries 65+)	37.3	39.3	33.1
Hospice days per decedent (last six months of life)	13.1	13.05	27.3
Hospital days per decedent (last two years of life)	19.9	19.87	14.2
Intensive care days per decedent (last six months of life)	2.9	2.9	3.5
Preventable hospitalization (discharges per 1000 Medicare beneficiaries 65+)	46.8	14.7	14.8
Home health agency visits per decedent (last six months of life)	6.85	6.85	8.2
Adults who went without care because of cost in past year (65+)	5.6	4.5%	3.6%
Co-payments per decedent (last two years of life)	$5,313	$5,313	$4,453
Total Medicare spending per decedent (last two years of life)	$95,660	$95,660	$78,635
State Rank in Cost Domain	49	49	



Used with permission from Kathleen Kerr & Brian Cassel

Slide from Torrie Fields, TFA

What The Cost Rating Tells NY

End-Of-Life Care in New York is amongst the highest in the nation, yet people are not dying where they potentially want.

The State could be saving millions of dollars if hospice referrals were made, or were made earlier.

Something is wrong in the experience of New Yorkers at the time of diagnosis, serious illness, and the transition or availability of hospice.

STATE AGENCIES AND STATE-BASED COALITIONS CAN USE THE ACT INDEX TO:

ADVOCATE FOR STANDARDIZED SERVICES TO BE AVAILABLE AND PAID FOR THROUGH HEALTH INSURANCE.

Assure Education of Options and Goal Concordant Care

STATE AGENCIES AND STATE-BASED COALITIONS CAN USE THE ACT INDEX TO:

ADVOCATE FOR WORKFORCE TRAINING
AND CERTIFICATION STANDARDS

Drawing Attention to The Need for Department of Health Representation

NEW YORK STATE | Department of Health

New York State Department of Health Launches Center for Hospice and Palliative Care. One of their primary objectives is to increase workforce and assure quality and access to hospice and palliative care services.

STATE AGENCIES AND STATE-BASED COALITIONS CAN USE THE ACT INDEX TO:

IDENTIFY AND ASSESS THE CURRENT NEED FOR SERVICES FOR A STATE'S SERIOUS ILLNESS POPULATION

NEW YORK STATE | Department of Health | Office for the Aging | Master Plan for Aging

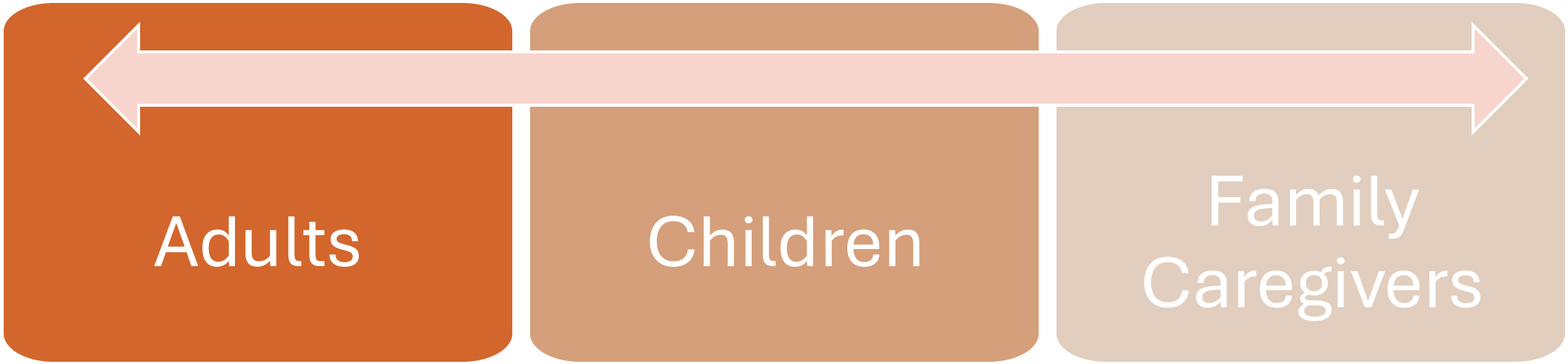
Problem Statement: There is inconsistent availability and access to the provision of quality hospice and palliative care services

Barrier Identified:

Palliative care services lack standardization, oversight, and appropriate funding.

- No Medicaid reimbursement for adult palliative care
- Limited Medicare reimbursement
- Lack of standardization in palliative care services leads to patient confusion, fragmented care, and potentially poor outcomes
- No DOH oversight for payor or private vendor palliative care providers.

Expanding Access to Palliative Care Services and Supports for Adults, Children and their Caregivers in New York State



The overarching goal of this project is to improve access to high-quality care for adults and children with serious illness in NYS, and their caregivers, while also improving health equity for the medically underserved, low-income, and minority populations.

The How

- ***Evaluate existing policy barriers*** to ensure access to available services for New Yorkers facing serious illness and their family caregivers. Identify gaps in coverage and access to palliative care services regardless of coverage, age, or setting.
- ***Convene and engage a multi-sector group of stakeholders***, including patients and caregivers, to develop the benefit design proposal, business case, and feedback necessary to expand access to palliative care services for people with serious illness.
- ***Develop a defined palliative care benefit*** that is community-based and operational for the 2026 budget year for approval by CMS through a state plan amendment, waiver amendment, or other policy means.

Data Points That May Also Be Helpful

PEDIATRIC PALLIATIVE CARE PROGRAMS WITHIN COMMUNITIES AND WITHIN STATE POLICIES

LIVES COVERED UNDER ACO ARRANGEMENTS

VOLUME OF PALLIATIVE CARE BILLINGS ACROSS SETTINGS

VOLUME OF MEMBERS, AND TYPE OF INSURANCE COVERAGE

Questions ??

Jeanne Chirico

jchirico@hpcanys.org

KŌKUA MAU
Continuous Care
A Movement to Improve Care

Using C-TAC Index in Hawaii

Jeannette Koijane, MPH, Executive Director, Kōkua Mau

October 22, 2024

A Movement for Change

Kōkua Mau is leading a ***movement*** that aims to make advance care planning and open communication about care and support for those with serious illness and their loved ones, including end-of-life care, *the cultural norm*

Who is Kōkua Mau?

Kōkua Mau
Continuous Care
A Movement to Improve Care

- 501(c)3, community benefit org., statewide (not a state agency) since 1999
- Membership – health plans, hospitals, hospices, long term care, faith communities, home health, Aging Network
- Passionate volunteers across the state
- Concentrate on the continuum of care: ACP, including POLST, palliative care, hospice care and bereavement

As a small diverse state, data can be hard to find

- Hospice Analytics – monitors hospice usage (costs money)
- CAPC – where to find palliative care finder (but we cannot get providers to enroll); hospital indicator - also known to us
- National Datasets often are not large enough or detailed enough to help (for example Asian / Pacific Islander is a useless data point)
- NHPCO – hospice focused
- All claims payor database – should be online in 2025

Unique situation in Hawaii makes this interesting

- 10 health plans, 10 hospices, 5 Health systems
- High Medicare Advantage use
- Medicaid is Managed Care – 5 health plans
- Employer Mandated Healthcare
- Ethnically diverse
- High costs, low wages
- Lots of seniors
- Island state – distance may be short but you can't drive there!!

Began using CTAC Index in 2016

- **Strengths: High** ACP use**; High** Medicare Usage, **Strong** Nursing home Quality, **Low** preventable hospitalization/ readmissions

- **Weaknesses:** Care from the community, Home Health, Volunteerism, Care givers for 65+

Best in 2016

- **% Advance Care Planning** for Medicare Beneficiaries (#1)
- **Nursing Home Quality** (#2)
- **Preventable Hospitalization** – Seniors (#1)
- **Potentially avoidable ER visits** (> 65 y/o, per 1,000 Medicare beneficiaries) (#1)
- **30-day hospital readmissions** (> 65 y/o, per 1,000 Medicare beneficiaries) (#1)

Worst 2016

- **ICU days per decedent during the last two years of life** (#47)
- **Home health agency visits per decedent** during the last two years of life (#51). But we have a high Medicare Advantage usage & this reflects FFS home health.
- **% of adults who reported getting the help or advice they needed when they contacted their home health provider** in the last 2 months of care (#51) – Again connected to the high Medicare Advantage use?
- **Caregivers as % of Medicare Beneficiaries** 65 years or older (#52) – Do people consider themselves caregivers?

Best (2020)

- **% ACP** for Medicare Beneficiaries (#1)
- **Nursing Home Quality** (#1)
- **Preventable Hospitalizations** – Seniors (#1)
- **Potentially avoidable ER visits** (> 65 y/o, per 1,000 Medicare beneficiaries) (#1)
- **Percent of Population age 65 who self-report 30 days of health over the past 30 days** (#1)

KŌKUA MAU
"Continuous Care"
A Movement to Improve Care

Worst (2020)

- **Home health agency visits** per decedent during the last two years of life
- **Volunteerism**
- **Caregivers** as percent of Medicare Beneficiaries 65 years or older
  - Do people consider themselves caregivers?

KŌKUA MAU
"Continuous Care"
A Movement to Improve Care

2023 Reports

	2020	2023	United States
Advance Care Planning	5.69 %	6.17%	4.64%
Hospice Emotional Support	92	93	90
Hospice help for Pain & Symptoms	74	74	74
Hospice Training family to care for patient	78	77	75

KŌKUA MAU
"Continuous Care"
A Movement to Improve Care

	2020	2023	United States
Deaths at home	39%	39%	33%
ICU days	3.3	3.3	3.5
Hospital days	13.70	13.70	14.20
Hospice days	25.85	25.85	27.32

More 2023 Data. Wait, what?

	2020	2023	United states
Home healthcare / 1000 adults +75	117	23.4	60.3
Discharged w/o instructions for home recovery	.13	.15	.14
Preventable hospitalizations	23.3	15	10
Home health agency visit	2.89	2.89	8.24

Actions Taken

- Shared data with the Healthcare Association of Hawaii, specifically the workforce development task forces
- Shared entire data set with Healthcare Association Data Organization and health systems
- Shared Medicare Cost Data with Dept. of Health who is working to increase Hawaii's Medicare reimbursement rate

And keep going with Advance Care Planning, palliative care in all settings, strong POLST program, Promote hospice

Implications for our work

- Strong ACP especially with underserved communities – only at 6.4%. (Cannot tell with Medicare or Medicaid members)
- Strong POLST – document care plan to keep people from unnecessary hospitalizations and ER visits
- Promote Palliative Care in all settings.
  - Palliative Care Awareness for Providers and Public
- Promote Care Options – including hospice and explain differences with palliative care

KŌKUA MAU
"Continuous Care"
A Movement to Improve Care

New Palliative Care Services Benefit

- Approved in May 2024 after 2.5 years of negotiation
- Many thanks to commitment by MedQuest office (Judy Mohr Peterson & Joy Soares), Torrie Fields and strong community commitment
- Expect a draft memo explaining details in November 2024. Hoping for a Janury, 2025 start date

Data points from ACT Index

Before: Solid ACP, strong & widespread hospice, low readmissions, avoiding hospitalizations – good ground work

Measurements for the new Palliative Care Benefit:

1. Hospice LOS
2. ICU visits
3. Inpatient admissions
4. Emergency Room Usage

Contact us

Jeannette Koijane - jkoijane@kokuamau.org

Hope Young - hopeyoung@gmail.com 808 221-2970

808-585-9977

Penn Medicine

From Early Access to Effective Scaling: Leveraging the ACT Index to Improve Palliative Care in NJ

Ramy Sedhom
Clinical Director Medical Oncology & Palliative Medicine at Penn Princeton
Assistant Professor, Hematology & Oncology, Perelman School of Medicine
Associate Director, Program in Geriatric and Supportive Oncology, Penn Center for Cancer Care Innovation (PC3I)

Overview of the Policy Initiative

- In 2023, New Jersey enacted a law to create a Medicaid palliative care benefit to enhance the quality of life for patients with serious illness beginning in 2026.

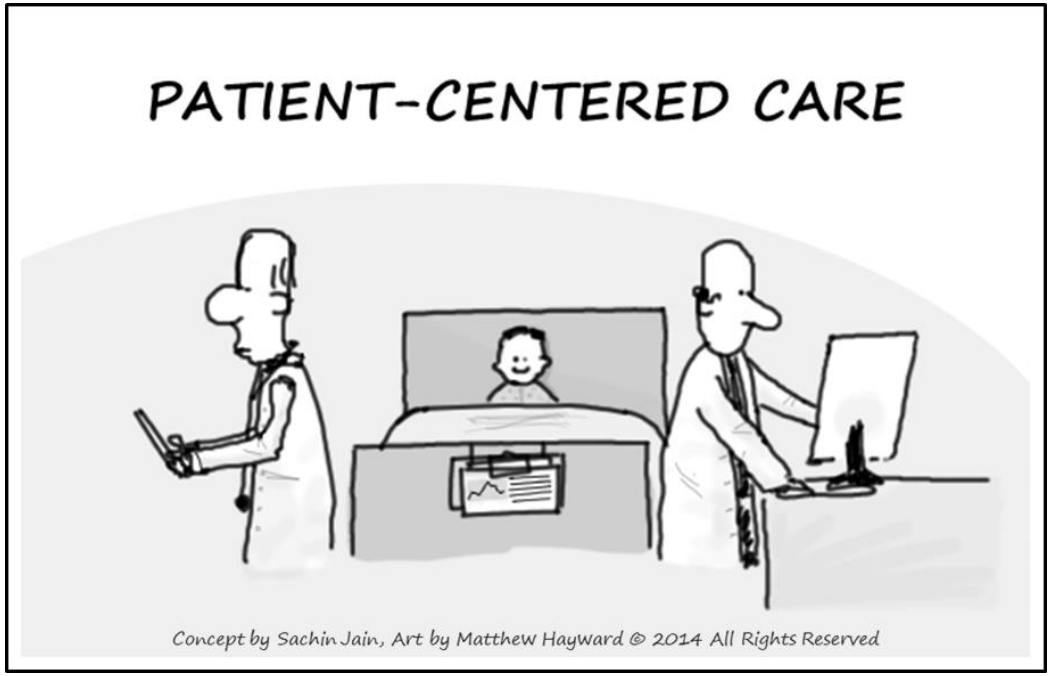
- **Key Components:**
  - Care coordination
  - Pain and symptom management
  - Support for caregivers
  - Community-based, interdisciplinary teams

The Role of the ACT Index in Informing Policy

- The ACT Index provided critical data on palliative care quality and access.

- Domains analyzed include:
  - Costs
  - Community support
  - Care coordination
  - Communication.

- The index highlighted New Jersey's areas for improvement in community engagement and care quality



Key Data Points from the ACT Index

- Data Highlights:
  - Costs of care in NJ is high
  - Gaps in care coordination and caregiver support
  - Limited access to palliative care teams in rural areas

.

- 31% of NJ's population speak primary language other than English at home

- NJ is the most diverse state for healthcare providers, with more than 38% of physicians in NJ attended medical school outside the US

Domain	NJ 2017	NJ 2020	United States
Home Health Care Workers (per 1,000 adults age >75)	76	129	167
State Rank in Care Domain	41	26	
Total Medicare spending per decedent (last 2 years of life)	$90,187	$96,319	$78,635
State Rank in Cost Domain	51	51	
Medicare fee-for-service beneficiaries with advance care planning	4.16%	5.42%	4.14%
State Rank in Communication Domain	23	23	
State Rank in Caregiver & Community Domain	12	12	

Advocacy and the ACT Index

- The ACT Index provided a state scorecard that helped quantify the need for policy intervention.

- Advocacy groups used these insights to lobby for better state-level policies focused on equity and quality.

Current Areas of Research and Policy

Palliative Care in NJ: Gaps & Opportunities to Improve Access

Funder: New Jersey Cancer Commission on Research (NJCCR)

Research Team and Partners:

- Ramy Sedhom, MD PhD – Principal Investigator
- Torrie Fields, MPH - Co-Investigator
- Brian Cassel, PhD – Co-investigator
- Peter Bordokoff, MA – Data Scientist
- American Academy of Home Care Medicine (Bruce Kinosian, PhD) – Access to Medicare and Medicaid claims data
- Rutgers Cancer Institute of New Jersey (CINJ) – Access to Cancer Registry Data

Research Questions

To identify where, how, and to whom services are being provided, and to better understand and quantify the gaps in access to palliative care for patients with cancer, we must answer:

Provider Capacity

- Where are palliative care services being provided in New Jersey?
- Team based or single provider?

Population Need

- How many people need palliative care services?
- Are all patients being offered palliative care services or just a specific subset of patients?

Equity and Access

- How does patient need for and access to palliative care services differ in underserved populations and communities in NJ?
- What needs to be done to increase access to palliative care services for all cancer patients in NJ?

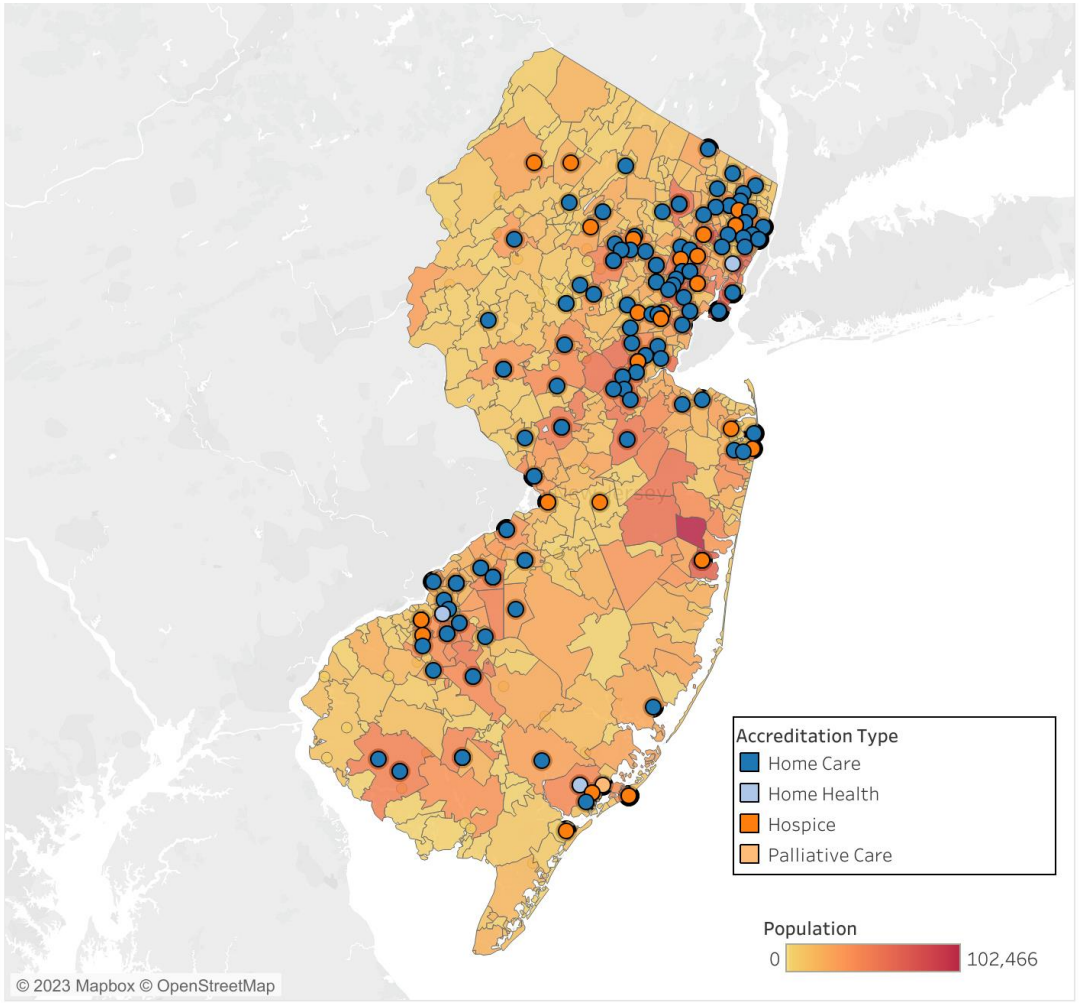
Desired Outcomes from the Research

1. Database of providers delivering palliative care services that can be used by people in New Jersey and providers/organizations who need to refer their beneficiaries to palliative care services
2. Report of the current state of integration of palliative care services into care for cancer patients Determine the need for palliative care services across the state, including the specific needs for people living with cancer
   - Determine the availability and capacity of providers delivering palliative care services across the state, including team composition and coverage
   - Compare supply of services and demand to identify gaps in coverage and to make recommendations to increase access to palliative care services for cancer patients

GOAL: Use these data to advocate for more access to palliative care services and workforce training to support population need through state and federal policy change

Provider Capacity- Where We Started

- 109 home-based medical services practices comprised of 670 independent clinicians delivering care to seriously ill Medicare beneficiaries in 2021
- 50 Joint Commission certified hospices in 2023
- 10 hospitals with Advanced Certification in Inpatient Palliative Care by The Joint Commission
- 296 accredited home care agencies: 108 accredited by The Joint Commission, 33 accredited by ACHC, 155 by CHAP
- 30 accredited home health agencies: 9 by ACHC, 21 by CHAP
- 2 ACHC accredited palliative care providers
- Certified Palliative Care Providers in New Jersey (2022):
  - 192 MDs (ABMS)
  - 90 APRNs (HPCC)
  - 209 RNs (HPCC)
  - 6 Pediatric RNs (HPCC)
  - 18 Social Workers (APHSW-C)



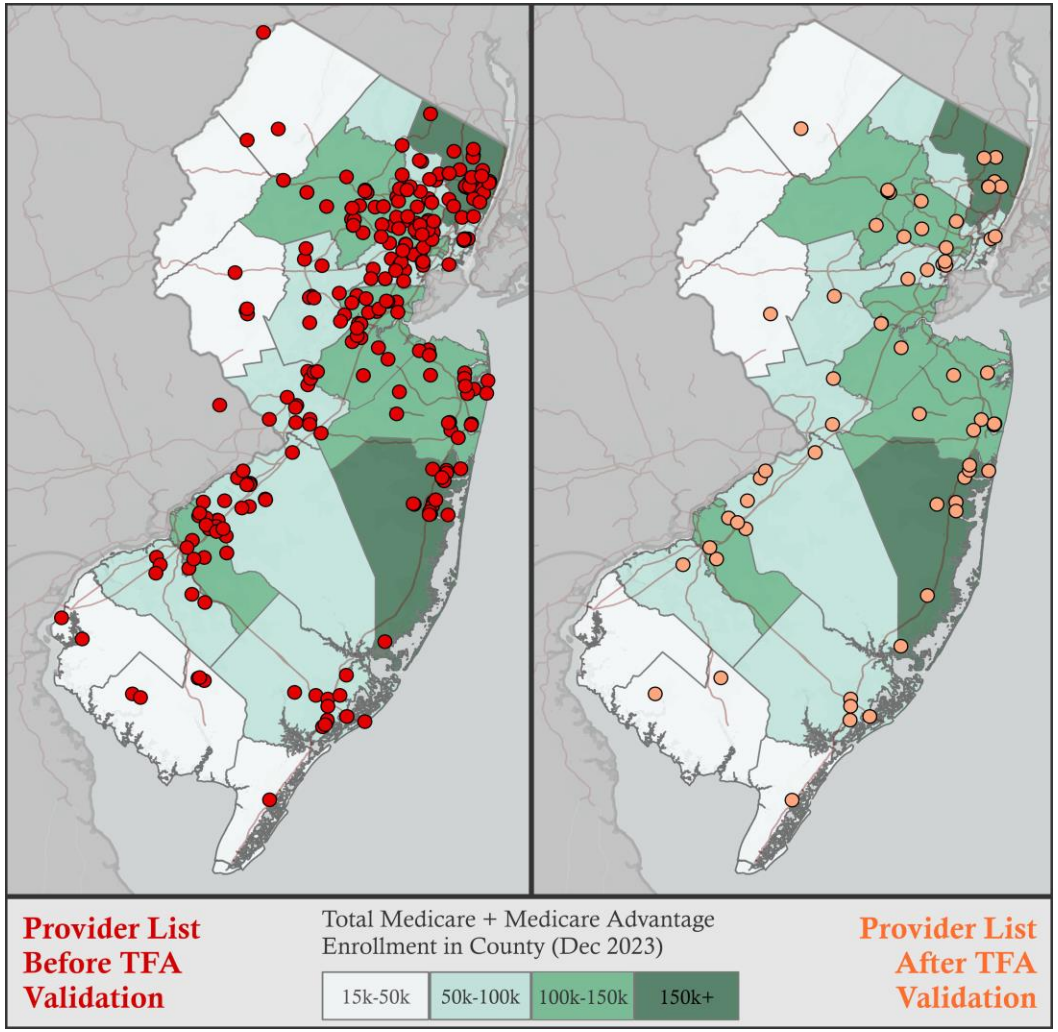
Validated Provider Locations

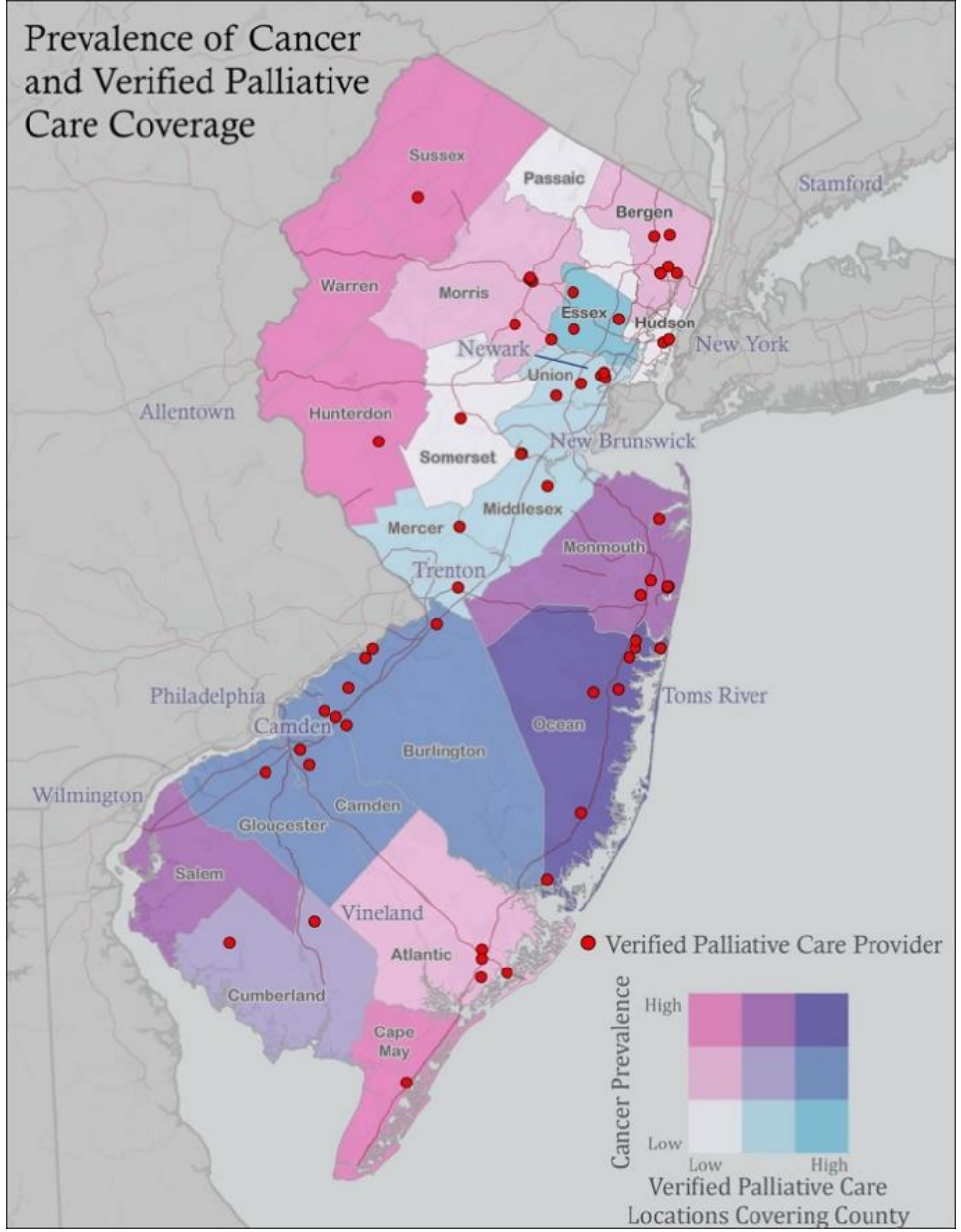
- Developed a filter to validate providers to qualify as delivering palliative care services across settings
  - ➢ Delivering specialty palliative care consultations
  - ➢ Delivering team-based palliative care services in any setting

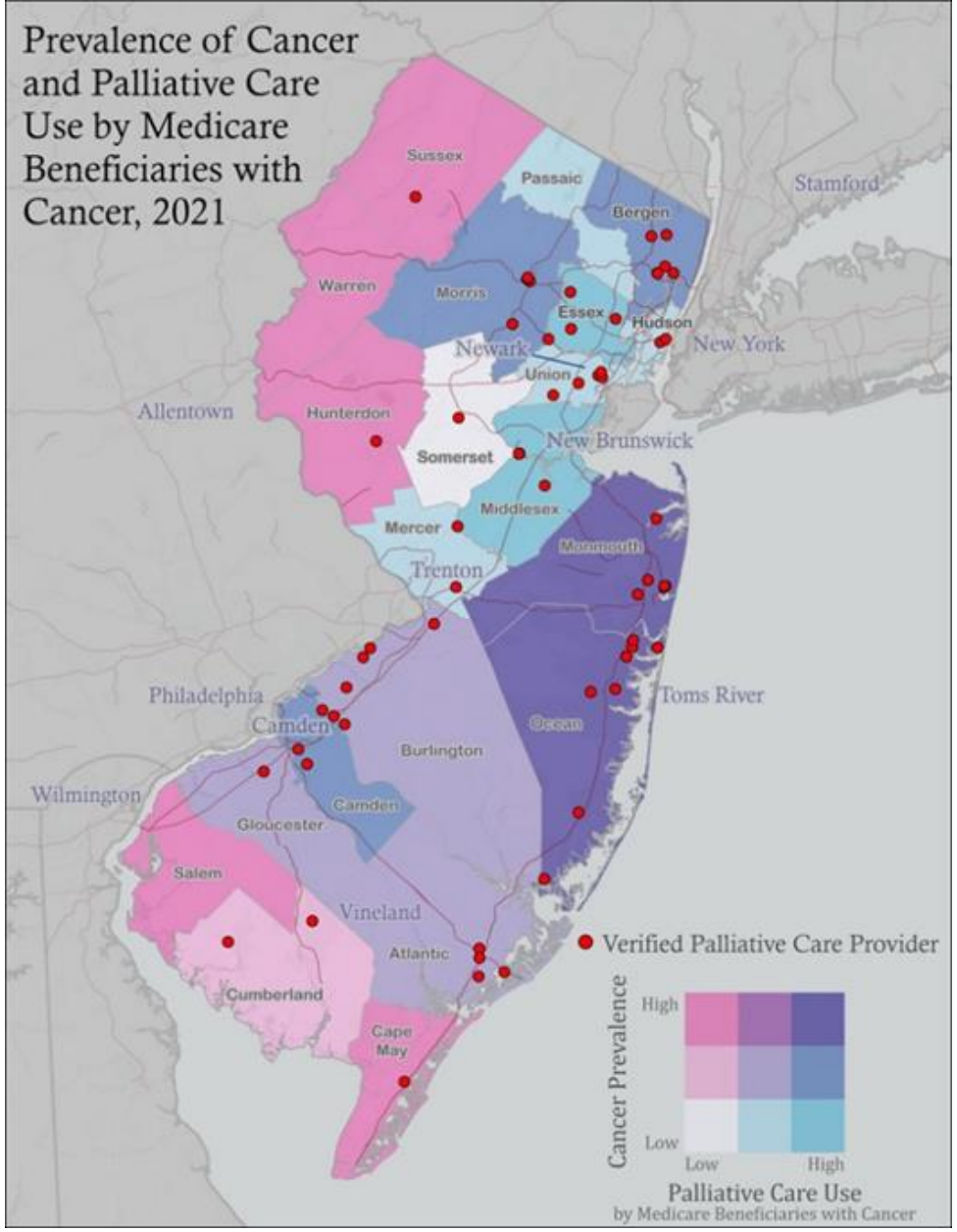
- 355 total providers identified prior to telephone qualification
  1. Aggregated provider datasets
  2. Survey respondents
  3. Website Validation

- 79 providers qualified as delivering palliative care services through phone validation (18 btw do hospice only).

- Significant gap between potential and actual service delivery.




Prevalence of Cancer and Verified Palliative Care Coverage
Sussex
Passaic
Bergen
Stamford
Warren
Morris
Essex
Hudson
Newark
New York
Union
Allentown
Hunterdon
New Brunswick
Somerset
Middlesex
Mercer
Monmouth
Trenton
Philadelphia
Camden
Burlington
Ocean
Toms River
Wilmington
Gloucester
Camden
Salem
Vineland
Atlantic
Cumberland
Cape May
Verified Palliative Care Provider
Cancer Prevalence
High
Low
Low
High
Verified Palliative Care Locations Covering County


Prevalence of Cancer and Palliative Care Use by Medicare Beneficiaries with Cancer, 2021
Sussex
Passaic
Bergen
Stamford
Warren
Morris
Essex
Hudson
Newark
New York
Union
Allentown
Hunterdon
New Brunswick
Somerset
Middlesex
Mercer
Monmouth
Trenton
Philadelphia
Camden
Burlington
Ocean
Toms River
Wilmington
Gloucester
Camden
Salem
Vineland
Atlantic
Cumberland
Cape May
Verified Palliative Care Provider
Cancer Prevalence
High
Low
Low
High
Palliative Care Use
by Medicare Beneficiaries with Cancer

Policy Implications

1. Enhance training programs, support interdisciplinary team growth, enhance education
2. Launch targeted support for low-capacity geographic areas
3. Train community health workers & reimburse their services
4. Develop culturally competent material for patients and caregivers
5. Support faith-based outreach to enhance the impact of education efforts
6. Advocate for improved reimbursement models + financial incentives for PC capacity
7. Implement pilot programs to provide scalable solutions
8. Support payment models that deliver team-based, evidence driven palliative care
9. Expand the use of telemedicine services to overcome geographic barriers
10. Partner with start ups focused on care innovation

What the ACT Index Leaves Out

- Potential Improvements:
  - More detailed metrics on caregiver burden.
  - Data on long-term impacts of community-based interventions in diverse populations.

- The index could benefit from patient-reported quality-of-life outcomes.

The Importance of Data in Policy Advancements

- Access to comprehensive statewide data enabled New Jersey to demonstrate a clear business case f cost-effective palliative care.
- Data empowered state officials to design policies aimed at reducing costs while improving care.