AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

Submitted via email to HHSPlan@hhs.gov

November 7, 2021

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation, Strategic Planning Team
Attn: Strategic Plan Comments
200 Independence Avenue, SW, Room 434E
Washington, DC 20201

Re: Department of Health and Human Services Draft Strategic Plan, FY 2022 – 2026
Strategic Objectives 1.2; 1.3; 1.5; and 3.3

To Whom It May Concern:

On behalf of the 5,300 members of the American Academy of Hospice and Palliative Medicine (AAHPM), we would like to thank the Department of Health and Human Services (HHS) for the opportunity to comment on the draft HHS Strategic Plan for fiscal years (FYs) 2022 through 2026. AAHPM is the professional organization for physicians specializing in Hospice and Palliative Medicine. Our membership also includes nurses, social workers, spiritual care providers, and other health professionals deeply committed to improving quality of life for patients facing serious illness, as well as their families and caregivers.

AAHPM's core mission is to advance hospice and palliative medicine by enhancing learning, cultivating knowledge and innovation, strengthening workforce, and advocating for public policy to achieve our vision. Our core vision is that all patients, families, and caregivers who need it will have access to high-quality hospice and palliative care. We believe our mission and vision align with the HHS mission to enhance the health and well-being of all Americans.

Palliative care focuses on improving a patient's quality of life by managing pain and other distressing symptoms of a serious illness. Hospice is palliative care for patients near the end life. A growing body of medical research has documented the benefits of high-quality palliative and hospice care for patients and families, for hospitals and payers, and for the health care system as a whole. For example, research shows that high-quality palliative care and hospice care not only improve quality of life and patient and family satisfaction but can also prolong survival. Furthermore, palliative care achieves these outcomes at a lower cost than usual care, by helping patients to better understand and address their needs, choose the most effective interventions, and avoid unnecessary/unwanted hospitalizations and interventions. AAHPM encourages HHS to prioritize increased patient access to and utilization of high-quality hospice and palliative care services to further enhance the health and well-being of Americans with serious illness, and to that end, we offer specific recommendations for refining HHS' Strategic Plan below.

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Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Health Care

AAHPM supports HHS' goal of protecting and strengthening equitable access to high quality and affordable health care. AAHPM Is dedicated to improving quality of life and quality of care for all people living with serious illness, as well as their families and caregivers, regardless of race, gender identity, sexual orientation, age, religion, ethnicity, socioeconomic status, or disability. This includes a commitment to promoting equitable care and tackling systemic discrimination and implicit bias, along with the many other social and physical determinants of health linked to health disparities and adverse outcomes. As such, ***we applaud HHS in its effort to place equity at the center of its work, and we encourage HHS to continue to pursue opportunities to achieve equity and address disparities in healthcare access, treatment, and outcomes, including through enhanced data collection and targeted outreach, education, and improvement efforts.***

However, we were disappointed to note the absence of any reference to or prioritization of improved access to palliative care and hospice for patients with serious illness. Evidence shows that high-quality palliative care services can provide significant benefits for patients, caregivers, and payers, including enhanced quality of life for patients, higher rates of patient and family satisfaction with medical care, reduced hospital expenditures and lengths of stay, and more. We also highlight the holistic, person-centered nature of palliative care, which focuses on understanding patients' needs and preferences – which often reflect patients' culture history, community, and spiritual orientation – and considers psychosocial factors affecting patients' well-being. Such emphasis supports the delivery of high-quality, equitable care.

Given these benefits, ***AAHPM urges HHS to specifically address increased access to and utilization of palliative care and hospice in the Strategic Plan under Strategic Goal 1***, as further detailed below.

Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

AAHPM supports HHS' efforts in this area, but we reiterate the need to clearly articulate a commitment to palliative care and hospice. For example, ***where the strategic plan identifies a set of "high-priority health conditions and services, such as cancer, chronic disease, prenatal care, HIV screening, antimicrobial resistance, and immunizations," we recommend that HHS include palliative care in the itemized list of prioritized services.*** We note that palliative care has demonstrated significant benefit in improving care quality, quality of life, and costs related to several of the conditions already itemized.

The strategic plan also emphasizes partnering with providers to "develop payment models and other incentives to expand options for quality care at lower costs." AAHPM appreciates this strategy and highlights our longstanding work to develop and support implementation of a community-based palliative care model that would support patients with serious illness. This work includes development and submission of a proposal to the Physician-Focused Payment

Model Technical Advisory Committee (PTAC) for such a model, which the Committee recommended for limited-scale testing in March 2018. Since that time, AAHPM has maintained steady engagement with staff in the Center for Medicare and Medicaid Innovation (Innovation Center) within the Centers for Medicare & Medicaid Services (CMS) on strategies to address serious illness care in alternative payment models. However, we were dismayed to learn earlier this spring that a previously announced model, the Primary Care First Seriously Ill Population Option, was not moving forward as planned. ***AAHPM continues to await the implementation of a model focused on community-based palliative care, and we urge HHS to take swift action to bring such a model to fruition.***

Finally, under this objective, the strategic plan highlights the need to strengthen access to affordable medications and medical products. In line with this strategy, a key priority for AAHPM has been ensuring access to a wide range of pain management therapies, from multimodal and nonpharmacological pain treatment where these are options to opioid prescriptions when appropriate. While we recognize the public health imperative to curb opioid misuse and diversion, AAHPM urges balanced policy that also recognizes the need for ready access to appropriate pain medications for patients with serious or complex chronic illness and those at the end of life — patients for whom high-dose opioids may be necessary and medically appropriate. Indeed, timely and effective management of pain and other distressing symptoms is central to providing seriously ill patients with high-quality palliative care. The HHS draft strategic plan, however, does not address the need to protect access to pain management therapies, many of which have been subject to restrictions and increased scrutiny in light of the opioid epidemic. ***AAHPM therefore recommends that HHS include in this discussion a separate and targeted bullet committing HHS to support a balanced pain care policy that protects access to pain management therapies and to follow through on recommendations outlined in the Pain Management Best Practices Inter-Agency Task Force Report.***

Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally competent healthcare services while addressing social determinants of health

HHS includes in the draft strategic plan a strategy to "support community-based services to meet the diverse healthcare needs of underserved populations" and outlines several types of services that will be particularly targeted, including primary care, substance use, HIV, oral healthcare, reproductive health, and more. Given the documented disparities in hospice and palliative care, including substantial differences in care that patients with serious illness receive near the end of life that are based on race, ethnicity, or socioeconomic status (e.g., lower rates of advance directive completion, receiving less treatment for pain, making less use of hospice, more likely to die in hospitals), ***AAHPM urges HHS to include palliative care and hospice for underserved patients with serious illness as a separate area of focus in the strategic plan.*** We also note that implementation of a payment model focused on community-based palliative care would advance HHS' work under this objective.

Objective 1.5: Bolster the health workforce to ensure delivery of quality services and care

AAHPM agrees with the urgent need to bolster the healthcare workforce, which may be greater

than ever given the stresses healthcare workers have experienced as a result of the COVID-19 public health emergency. Even before the pandemic, however, the nation had been facing a shortage of Hospice and Palliative Medicine (HPM) specialists, who are critical to addressing a the needs of growing population of Americans with serious or complex chronic illness.

This shortage can be attributed in part to faulty Medicare policy. Despite the fact that the majority of patients receiving palliative care and hospice services are Medicare beneficiaries, and that Hospice and Palliative Medicine has been repeatedly shown to increase value in health care by improving quality while reducing costs compared to usual care, Medicare does not invest in the training of HPM physicians. Because the Balanced Budget Act of 1997 placed a limit on the number of Medicare-supported residency slots before HPM was formally recognized as a medical subspecialty by the American Board of Medical Specialties, specialty training in HPM is entirely dependent on private-sector philanthropy or institutional support. Given the instability of such funding, this is not a sustainable or rational way to train our nation's HPM physicians.

AAHPM therefore urges HHS to pursue all available avenues for expanding the number of Medicare-supported residency slots for HPM, including through expanded graduate medical education funding and prioritization of available slots for specialties that offer high value and/or demonstrate significant shortage, like HPM. Such changes will help to build a physician workforce more closely aligned with the nation's evolving healthcare needs and improve care and quality of life for millions of Americans facing serious illness, along with their families and caregivers.

Strategic Goal 3: Strengthen Social Well-being, Equity, and Economic Resilience

AAHPM supports HHS' goal to strengthen social well-being, equity, and economic resilience for Americans across the lifespan, but offers refinements to strategic objective 3.3, which aims to expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life. ***Here we again recommend improvements to the draft language under objective 3.3 through additions that prioritize the needs of patients with serious illness and the benefits of palliative care.***

For example, under the strategy "to ensure availability and equitable access and delivery of evidence-based interventions that focus on research, prevention, treatment, and care of older adults and individuals with disabilities," HHS could expand its focus beyond older adults and individuals with disabilities to also reference individuals "with serious illness." Likewise, where the draft strategic plan addresses "access to evidence-based interventions that prevent onset of symptoms and/or improve management to people diagnosed with multiple chronic conditions," the language could also be broadened to include people diagnosed "with serious illness."

Additionally, objective 3.3 prioritizes activities to better understand and address the needs of all caregivers across the age and disability spectrum. ***AAHPM appreciates this emphasis and applauds HHS for its recognition of the burdens caregivers may face.*** Indeed, caregivers of

patients with serious illness face significant demands that can take a toll on their physical, emotional, and psychosocial well-being. High-quality palliative care supports caregivers by offering education and information, emotional support, tools and strategies for supporting loved ones, social work assistance, and more. As such, expanded access to and utilization of palliative care would advance HHS' efforts in this area.

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Thank you again for the opportunity to provide feedback on the HHS Draft Strategic Plan for FY 2022 through FY 2026. AAHPM appreciates the attention to the many important issues discussed above, and we stand ready to partner with HHS in pursuit of our shared goals. Please direct questions or requests for additional information to Jacqueline M. Kocinski, MPP, AAHPM Director of Health Policy and Government Relations, at jkocinski@aahpm.org or 847-375-4841.

Sincerely,

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AAHPM President