

**IMPROVING  
END-OF-LIFE CARE  
IN DELAWARE**

A Proposal to  
the Health  
Care  
Commission

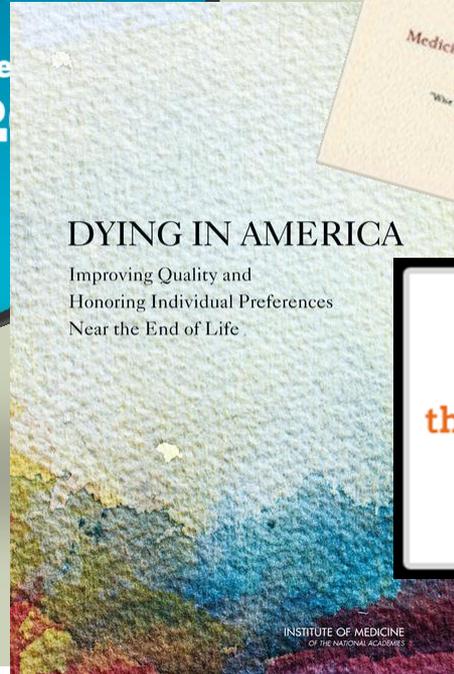
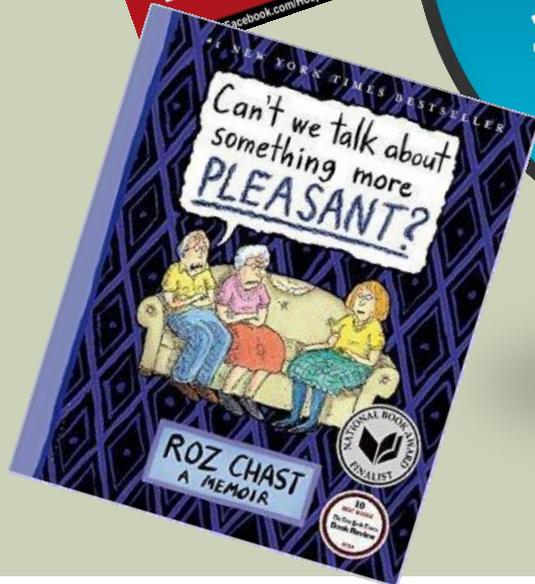
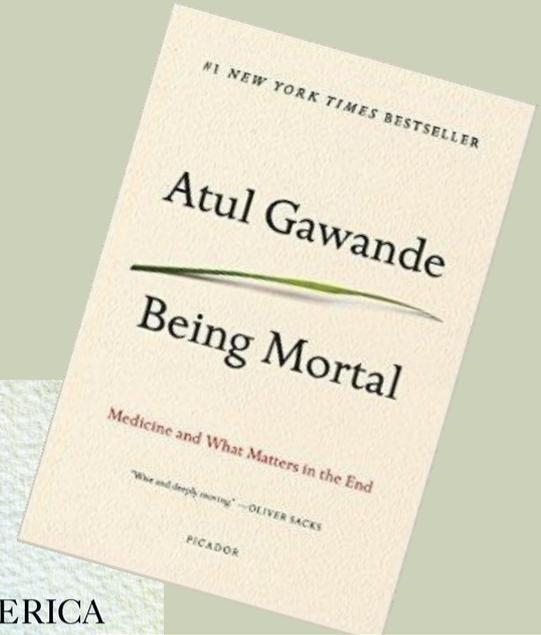
# ISSUE BACKGROUND



- Health reform efforts are shifting focus to quality, person-centered care.
- “Baby boomers” demanding a more active role in health care decisions, including end-of-life decisions.
- People are living longer, with more chronic illnesses.

**Getting End-of-Life Care right is a challenge.**

# PEOPLE ARE TALKING ABOUT EOL CARE



# PROBLEM:

- Delaware has received the lowest rating (F) in a state-by-state Report Card for Palliative Care.
- Too many people don't get the care they need or want
- We can do better



# GROUNDSWELL OF INTEREST= OPPORTUNITIES TO IMPROVE CARE



- DE recently passed legislation to create a set of portable end-of-life medical orders.
- Sen. Coons recently convened an End-of Life Roundtable to consider ideas for improving EOL care in Delaware.
- There have been Public Forums to discuss physician aid-in-dying.

# OTHER STATES

- Several other states have created End-of-Life Advisory Councils (MD)
- Some have passed legislation to promote palliative care.





# RECOMMENDATION: CONVENE A WORK GROUP

## PURPOSE:

- Look at resources currently available
- Consider ideas from leading health policy groups
- Make recommendations to improve care of advanced illness in Delaware.



# PROPOSAL:

- Delaware should create an *Advanced Care and End-of-Life Working Group*.
- Purpose: To develop a set of recommendations for improving the care of advanced illness in our State by Spring of 2016.
- Make-up of the group-about 10 members,
  - Representatives from Sen. Coons' May Roundtable
  - Hospice community,
  - Religious community,
  - Legislature,
  - State government,
  - Patient advocates,
  - Legal community
  - Medical community.

# HEALTH CARE COMMISSION- ADMINISTRATIVE HOME FOR WORK GROUP (?)



- The Health Care Commission should serve as an administrative home.
- The Work Group would require minimal administrative support.
- Existing resources from the Health Care Commission, along with volunteer efforts from the Work Group would be sufficient.
- HCC, as the center of health care innovation, is a logical place to house this work group.

# REFERENCES

- *Being Mortal: Medicine and What Matters in the End* by Atul Gawande
- The Conversation Project, dedicated to helping people talk about their wishes for end-of-life care. <http://theconversationproject.org/>
- Institute of Medicine Report, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*  
<http://iom.nationalacademies.org/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx>
- Coalition to Transform Advanced Care report, *A Roadmap for Success: Transforming Advanced Illness Care in America*  
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<http://reportcard.capc.org/pdf/state-by-state-report-card.pdf>
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<http://msa.maryland.gov/msa/mdmanual/26excom/html/30qual.html>