

# Recommendations to Improve Care for Families Facing Serious Illness

What Goes Wrong/ Disparity to be Addressed <sup>i</sup>	Domain	Recommendation	Payers	CMS/CMMI	States
Pain and symptom assessment and management	Workforce	Support pipeline programs to diversify the clinician workforce (and improve racial concordance)		Legislative and other federal	X
	Standards/Quality	Standardize the use of distress assessments, particularly in Medicare Advantage, with care plan to address distress	X	X	
	Standards/Quality	Utilize the “Desired Help for Pain” measure in quality incentive and accountability programs, with analysis by race	X	X	
	Standards/Quality	Incentivize (or mandate) <sup>ii</sup> completion of anti-racist pain and symptom management training for prescribers	X		X (CME; grants)
	Payment	Expand access to non-pharmacological treatments (through supplemental benefits and Medicaid benefits)	X		X
	Other	Enable exceptions to opioid restrictions, utilization controls, pill limits, etc. for people with serious illness	X		X

What Goes Wrong/ Disparity to be Addressed <sup>i</sup>	Domain	Recommendation	Payers	CMS/CMMI	States
Clinician communication (and false beliefs)	Workforce	Support pipeline programs to diversify the clinician workforce (and improve racial concordance)		Legislative/ other federal	X
	Standards/ Quality	Utilize the “Heard and Understood” measure in quality incentive and accountability programs	X	X	
	Standards/ Quality	Incentivize completion of anti-racist communication skills training	X		X (CME; grants)
	Awareness	Educate all clinicians on the existing disparities in the experience of serious illness	X	X (LANs)	X
Access to specialty palliative care (mixed findings)	Standards/ Quality	Incentivize or require inpatient palliative care programs; provide grants to public and other resource-limited hospitals to specialty palliative care services	X	X	X
	Data	Provide technical support for proactive (and unbiased) identification of the population most likely to benefit from palliative care		X (CMMI)	
	Payment	Require access to palliative care in order to participate in accountable care models or models targeting key diagnoses like ESRD, Heart Failure, or Dementia		X (CMMI)	
	Payment	Continued access to key palliative care services via telehealth, with lens towards addressing disparities (e.g., waive co-pay for high value services, audio-only advance care planning, investment in broadband)	X	X	X

What Goes Wrong/ Disparity to be Addressed <sup>i</sup>	Domain	Recommendation	Payers	CMS/CMMI	States
	Payment	Direct additional financial resources to programs that provide Community Health Workers/Lay Navigators to support involvement of palliative care teams	X	X	
Use of hospice	Awareness	Launch public awareness/education campaign with storytelling and other Black-American traditions to educate the public about hospice entitlements	X		X
	Payment	Modify the Medicare Hospice Benefit to allow for concurrent hospice and curative care (or pilot other upstream concurrent payments)	X	X	
	Workforce	Direct grants towards non-white-owned hospices and home health agencies		Other federal	
Caregiver burden	Standards/ Quality	Standardize the use of caregiver burden assessments in Medicare Advantage, with care plan to address caregiver needs	X	X	
	Payment	Revise guidance on use of inpatient hospice, facilitating greater use of this option, in line with patient/family preferences		X	
	Payment	Expand coverage to provide direct care/personal care to people living with serious illness	X	X	
Other/General	Data	Collect and monitor data by race and ethnicity for quality improvement efforts	X	X	

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<sup>i</sup> Center to Advance Palliative Care. (2021). Health care for Black patients with serious illness: A literature review. Retrieved from <https://www.capc.org/health-care-for-black-patients-with-serious-illness-a-literature-review/>

<sup>ii</sup> A mandate would work better for care managers as opposed to network providers