



ANNUAL REPORT

PALLIATIVE CARE AND PAIN MANAGEMENT TASK FORCE

JANUARY 2021

Submitted by:

Cindy Bruzzese, MPA, MSB, HEC-C – Executive Director & Clinical Ethicist, Vermont Ethics Network
in partnership with members of the Palliative Care and Pain Management Task Force

I. PURPOSE

This report is submitted per Act 25 (2009) to the House Committee on Human Services and the Senate Health & Welfare Committee regarding recommendations, progress and activities related to the work of the Palliative Care and Pain Management Task Force.

II. RECOMMENDATIONS

Expand Professional Development for Health Care Practitioners on Serious Illness Communication: The COVID-19 pandemic has emphasized the need for health care professionals to have exceptional communication skills in order to effectively discuss serious illness and disease progression with patients and their families. Policy decisions that promote and support expanded access to and integration of these specialized communication skills are recommended.

Continue Access to Appropriate Pain Management for Patients with Serious Illness and Those at End-of-Life: The use of opioids remains a necessary and important tool in the management of some symptoms for patients with serious illness and/or at end-of-life. As Vermont continues its work to address the complex issues surrounding opiate use and abuse, it remains of critical importance that any revisions to current policy and any future proposed policies protect access to appropriate pain medication for hospice and hospice-eligible patients.

Coordinated Education, Resources and Programming for Patients and Families to Support Advance Care Planning Conversations and Use of Palliative Care and Hospice Services: Increased coordination among local advance care planning champions will bolster community-based efforts by improving consistency in messaging, promoting information sharing and streamlining the ability to offer statewide advance care planning education and resources for the benefit of all Vermonters.

III. BACKGROUND INFORMATION

Advance Care Planning (ACP) is rooted in understanding the values, goals and preferences of individual patients. In 2014, the Institute of Medicine's report, *Dying in America: Improving Quality and Honoring Individuals Preferences at the End of Life*, prompted a shift in health care toward systemic improvements in advance care planning and clinician-led conversations for patients with serious and life-limiting illness.ⁱ Since then, research has shown that ACP improves the experience for patients and families, may reduce hospitalizations and may help to identify unwanted procedures and unnecessary treatments leading to a decrease in costs in the 12 months prior to a patient's death.ⁱⁱ Studies confirm that appropriately timed advance care planning conversations are associated with improved quality outcomes for patients and their families, including: better quality of life and enhanced goal-concordant care. Additionally, patients who participate in ACP conversations are more likely to be admitted to hospice earlier, with longer hospice stays associated with better quality of life.ⁱⁱⁱ The preferred and endorsed practices for palliative and hospice care by the National Quality Forum (NQF) and the National Consensus Project for Quality Palliative Care state that communication, shared

decision making, and advance care planning are central to quality care for people with serious illness.^{iv} In light of this information and recommended best practice, palliative care educational efforts in Vermont remain focused on these core elements of communication and advance care planning.

IV. STATEWIDE & REGIONAL EFFORTS

Statewide Ethics & Palliative Care Conference: In November of 2020, the Vermont Ethics Network hosted the 11th annual Palliative Care and Pain Management Conference. The event, *Informed Consent: More Than a Piece of Paper*, was held virtually and was attended by 94 interdisciplinary professionals from across Vermont, New Hampshire and beyond. The primary learning objectives for attendees for this event were:

- To understand the ethical obligations of obtaining informed consent.
- To improve provider comfort and ability of obtaining informed consent in complex clinical situations and at end-of-life.
- To develop tools in navigating consent for patients with co-occurring disease.
- To improve provider understanding of consent for patients with medical guardians.
- To develop improved skill in discussing serious illness with surrogates, guardians and patients.

The conference featured two national experts:

- **Thaddeus Mason Pope, JD, PhD**, a Health Law Professor & Bioethicist, Director of the Health Law Institute at Mitchell Hamline School of Law (St. Paul, MN). Thaddeus is a foremost expert on medical law and clinical ethics. He maintains a special focus on patient rights and healthcare decision-making. While he serves in a range of consulting capacities, Pope has been particularly influential through his extensive, high-impact scholarship. Ranked among the Top 20 cited health law scholars in the U.S., Pope has over 220 publications in leading medical journals, bioethics journals, and law reviews. He coauthors the definitive treatise *The Right to Die: The Law of End-of-Life Decision Making* and runs the Medical Futility Blog.
- **Guy Maytal, MD**, an Assistant Professor of Psychiatry and Chief of Integrated Care and Psychiatric Oncology at New York-Presbyterian/Weill Cornell Medical College. Guy is widely regarded for his expertise at the interface of internal medicine and psychiatry, in particular working with Primary Care Medicine and with Oncology to care for patients with medical illness – especially those diagnosed with cancer or other life-limiting illnesses. He treats psychiatrically ill populations in two separate areas. The first is the Weill Cornell Cancer Center and Palliative Care Program. The second is the Psychiatry Collaborative Care Center. For over 10 years, Dr. Maytal has provided clinical leadership in the development and growth of clinical services, provided expert consultation and clinical care for patients across a broad spectrum of diagnoses, and taught students and peers across multiple medical specialties.

Vermont Ethics Network (VEN): This was an unprecedented year for Vermont with the arrival of the novel coronavirus SARS-CoV-2. In an effort to contain the spread of disease and reduce morbidity and mortality, Vermont’s “Stay Home Stay Safe” order and mandated social distancing requirements impacted the ability for individuals to complete advance directive documents. VEN worked with the Vermont Legislature and other statewide stakeholders to facilitate passage of Act 107 (signed by the Governor on June 15, 2020) to allow for remote witnessing and explaining of advance directive documents. VEN also facilitated changes to the EMS protocol for Vermont DNR/COLST orders to ensure that orders written by clinicians using telehealth services would be honored by EMS even if the clinician’s signature was documented as “verbal order”. This was essential to ensure that dying individuals who had consented to a DNR order would not be resuscitated if EMS were called. Related to this and in partnership with clinicians from the Palliative Care Task Force, VEN has been working to revise and improve the Vermont DNR/COLST form. Review and comment from a broad range of stakeholders is currently underway with plans to recommend changes to the Vermont Department of Health early in 2021.

VEN continues to promote best practice in medical decision-making and appropriate use of advance care planning tools (i.e. advance directives, DNR/COLST orders, the Vermont Advance Directive Registry, etc.) across the state. In 2020, while COVID-19 significantly impeded the organizations typical educational outreach offerings, the organization was still able to provide over 15 educational workshops and trainings for both community and health care providers on topics related to advance care planning, medical decision-making and care at the end-of-life. However, VEN responded to an exceptionally high call volume with over 946 calls and emails from across the state and renewed enthusiasm in Vermont’s Advance Directive Registry with 4,651 new registrants added in 2020.

Building from a previous 3-year ACP collective impact project, VEN has formalized a process to support individuals who are championing local community advance care planning efforts. VEN organizes regular *ACP Champion* calls through which information is shared to address recurring questions and provide resources in support of local efforts. In addition, periodic *ACP Champion* emails are distributed containing policy updates, tips, best practices, new research in the field, and relevant articles. Calls and emails during 2020 included:

- ACP Champion Emails (distributed to 31 people)
 - Topics included:
 - Best Practice Tips Regarding Witnessing of Advance Directives
 - Clarification of CMS Waiver and Patient Self-Determination
 - Identifying Regional Points of Contact for ACP Support During COVID-19
 - Law Passes for Remote Witnessing & Explaining of Advance Directives Due to COVID-19
 - National Healthcare Decisions Day Plans and Materials
 - Press Release on the Importance of Advance Care Planning During COVID-19

- Sending COVID Addendums to the Vermont Advance Directive Registry
 - Recommended Reading
 - Upcoming Events
 - Useful Resources
- ACP Champion Conference Calls (average of 10 participants per call)
 - Topics discussed:
 - Challenges and Questions
 - GeriPal Podcast Episode on ACP Effectiveness
 - National Healthcare Decisions Day Plans and Materials
 - Review of Remote Witnessing Protocol
 - Resource Update and Needs Assessment
 - Standardized Training Curriculum for ACP Volunteers
 - Systems for Responding to ACP Questions and Community Support Around COVID-19

Lastly, VEN worked to create COVID specific web pages on the VEN website to ensure access to accepted and recommended ethics frameworks for the allocation of scarce resources, as well as local and national palliative care resources for providers and consumers alike:

- <https://vtethicsnetwork.org/medical-ethics/covid-19-resources>
- <https://vtethicsnetwork.org/medical-ethics/covid-19-resources/community>
- <https://vtethicsnetwork.org/medical-ethics/covid-19-resources/health-care-providers>

Highlights from additional local, regional and statewide initiatives are summarized below:

BAYADA:

BAYADA Hospice continues to provide end of life care to all of Vermont, with offices in Norwich, Colchester, Rutland and Brattleboro with an average daily census of over 400 Vermonters. In 2020, nearly 1,200 Vermonters elected their hospice benefit with BAYADA; approximately 1,000 clients died on their service and currently they provide bereavement support to roughly 2,000 individuals in addition to offering community bereavement to those experiencing grief, loss or isolation. They have seen an increase in their bereavement services and support groups as a result of the isolation COVID has caused their hospice clients and families.

BAYADA Hospice continued to show their commitment to serving the community by responding to the needs of partners who found themselves crippled by the COVID pandemic. Their teams provided care to approximately 80 clients and families who were diagnosed with COVID during the second wave alone. They provided comprehensive social work support, spiritual care, and bereavement support to communities.

BAYADA employs roughly 250 Vermonters (Physicians, Nurse Practitioners, Registered Nurses, Licensed Nursing Assistants, Social Workers, Chaplains, and Administrative Staff), and has over 225 volunteers.

Department of Vermont Health Access:

On January 21, 2020, a presentation on Advance Care Planning to the Division of Aging and Independent Living took place.

On March 16, 2020, staff from DVHA attended a webinar on “State Strategies to Expand Access to Palliative Care” which made the case that state policymakers are uniquely positioned to impact access, quality, and costs of care for high-need, high-cost populations. Many of these individuals have serious illnesses such as cancer, emphysema, and dementia. Palliative care has been shown to help individuals with serious illness better manage the symptoms and stressors of disease – improving care and reducing cost. These services are interdisciplinary, person- and family-centered, and can help people at any stage of a serious illness.

In July 2020, DVHA participated staff in the “Mastering Difficult Conversations Virtual Course” offered by TalkVermont, a virtual communication skills course that covered communicating serious news and discussing goals of care. This course took place over 3 sessions and incorporated patient simulation for skills practice.

On September 24, 2020, the State of Vermont held scheduled education about Advance Care Planning. This took place as part of the “Vermont Department of Health Grand Rounds: Navigating Advance Care Planning” presented by Cindy Bruzzese, MPA, MSB, HEC-C, Executive Director & Clinical Ethicist, Vermont Ethics Network.

The objectives for this presentation were:

- Review of Advance Care Planning: Terminology & Best Practice
- Distinguish between Advance Care Planning, Advance Directives and DNR/COLST Orders
- Review End-of-Life Decision Making & Authority of Agents, Guardians and Surrogates
- Quick Overview of Palliative Care & Hospice

Southwestern Vermont Medical Center:

SVMC offers palliative care services, known as the supportive care service, based in Southwestern Vermont Regional Cancer Center, and providing consultation and support in the inpatient, outpatient, skilled nursing, and home care settings.

- Their services are offered to patients with a serious illness. They see patients along all points through the treatment trajectory which include prior to and during treatment, and survivorship or family bereavement.
- The referral process is initiated by physician referral, tumor board discussion, as well as attending IDR at the hospital. Appointments for outpatients are

scheduled at the Cancer Center, at local facilities, and in the home setting. They also see patients while they are inpatient at the hospital.

- The supportive care service consists of a physician board-certified in palliative care and a registered nurse certified in hospice and palliative.
- This year, cancer center billable visits from October 2019 through September 2020 totaled 366, and out of office visits approximately 73. Their average census is approximately 100 patients. Their referrals were 180 between January 1, 2019-September 18, 2019. The top three diagnoses are Cancer, Cardiac Disease, and Lung Disease.
- Inpatient visits in 2020 (January – December): 168 inpatient referrals
- There is consistent follow-up in regard to symptom management and new or changed medications to ensure patients are having relief from symptoms.
- They coordinate additional care and support for their patients that will assist them to achieve better quality of life. This coordination of interdisciplinary care involves initiating home health, physical therapy, nutrition services, social work services, and hospice. They also identify community resources that may be appropriate for their patients such as Council on Aging, SASH, Life line, assistance with insurance authorization for medications. They collaborate with Physicians, Case Managers, and Ancillary Services to ensure continuity in the plan of care in relation to patient's goals of care.

Ongoing Initiatives

- They continue to have a goal of expansion for the Supportive Care Service. Ongoing initiatives include:
 - AAHPM/ MACRA Palliative Quality Measures Reporting, participating in initial study. The American Academy of Hospice and Palliative Care is partnering with the National Coalition for Hospice and Palliative Care and RAND to develop two measures to assess the quality of care provided by palliative care teams working in doctor's offices and clinics. The focus is two measures: how much the patients feel (1) heard and understood by their palliative care MD and team and (2) did they receive the help they wanted for pain. This project is supported by CMS and the U.S. Dept. of Health and Human Services.
 - Planning inpatient hospice or comfort care unit. Goal is to have 2-3 beds on South Wing for end-of-life care. The rooms will be made comfortable for patients and families more akin to a home like environment. Patients and families need a quiet place to process end of life. They need RNs who are trained for EOL care and abilities to process end of life with patients and families. Like birth, EOL is a very vulnerable time, needing qualified care and understanding, quiet, and uninterrupted time without the bustle of an inpatient unit. This will greatly enhance the quality of end-of-life care in their hospital. Jani Albans, RN, CHPN is working on the project with RNs, APRNs, MDs, and LNAs. This will also allow patients and families to grieve and process in a calmer environment.

- In 2020, they have been participating with COVID related planning such as ventilator triage and family bereavement support.

The University of Vermont Health Network - Home Health & Hospice:

In 2020, their team formed a specialized Palliative Care triage group supporting skilled care clients with serious illnesses. Home Health & Hospice also aligned its program with that of the Division of Palliative Medicine at The University of Vermont (UVM) and UVM Medical Center through a formal contract for medical director services. Much of 2020 was focused on emergency preparedness and care delivery, and on educating clients across Chittenden and Grand Isle counties about COVID-19. Home Health & Hospice continues to participate in the Medicare Care Choices Model and is a TalkVermont premier site, engaging in serious illness conversations with clients to promote goal concordant care.

UVM Health Network Department of Family Medicine / Division of Palliative Medicine

Network Support for COVID Response: The Division responded effectively throughout these past nine months to help support their community of patients, families and clinicians affected by COVID. Highlights of these coordinated efforts include:

- Creation, dissemination and updating of a well-received *Palliative Care COVID-19 Toolkit* resource available to all Network clinicians. This concise reference provides support for communication, symptom management and access to specialty advice specific to COVID illness trajectory. The Toolkit and other quick reference guides for COVID palliative care are housed on the UVM Health Network website: <https://www.uvmhealth.org/coronavirus/for-medical-professionals>
- Rapid response to the Birchwood Terrace long term care epidemic in Spring 2020. Their team, in partnership with UVM Home Health and Hospice, deployed specialty physicians, nurse practitioners, nurses and chaplain support on-site 24-7 for the five weeks of the epidemic. The University of Vermont Medical Center provided on site sleeping accommodations for their staff via an RV and built shelters for PPE donning/doffing and all infection control standards (www.vpr.org/post/end-life-wishes-pandemic#stream/0).
- Creation of two educational online modules for clinicians and institutions responding to COVID crisis based on their team's experience in long term care facilities and rapidly advancing international science of COVID care. These resources are freely available on YouTube and include *Integration of Hospice and Palliative Care in COVID* and *Whole Person Approach to Symptom Management in a COVID-19 Environment* (<http://www.youtube.com/watch?v=9XWjLKvCtUE&feature=youtu.be>).

- Creation, in partnership with UVMHC leadership, hospice and geriatrics, a White Paper to provide a roadmap for long term care facilities' preparation & response to a COVID outbreak.
- Real time *Hotline* and *Televideo Support* for Network clinicians and administrative leaders experiencing COVID outbreaks in long term care environments, including Network sites in the Adirondack Region (Essex Center, Alice Center) and Vermont (Elderwood, Birchwood Terrace).

Network Support for Serious Illness Communication Training: In 2020, the UVM Health Network funded the highly successful *TalkVermont* Program to expand the reach and integration with Network practices over the next five years. Begun in 2017, *TalkVermont* is a multi-component intervention to improve serious illness conversations between clinicians and patients. The Division has collaborated with *VitalTalk* to create evidence-based communication skills training programs that are engaging, interprofessional, and focused on patient values. They have also partnered with Ariadne Labs (of Harvard School of Public Health) to create changes to the electronic health record and clinical workflows to facilitate serious illness conversations for clinicians and patients.

Since 2017, they have conducted more than 30 day-long workshops in “Mastering Late Goals-of-Care Conversations”, "Mastering Early Goals-of-Care Conversations" and "Mastering Pediatric Serious Illness Conversations throughout Vermont and the Adirondack Region of New York. During 2020, they established their national leadership in communication training by successfully implementing the first *VitalTalk* “Virtual Mastering Tough Conversations" through video with 110 medical students and continued to run this workshop for clinicians in Chittenden, Addison and Washington counties. Despite the pandemic, they also initiated the first national Longitudinal Conversation Skills Coaching for workshop graduates, an Advanced Course that centers on interprofessional teams and family conferences, and refresher courses that focuses on the pandemic. *TalkVermont* has trained more than 600 clinicians (physicians, nurse practitioners, nurses, social workers, and chaplains) and trainees (nursing students, medical students, and medical residents) throughout the UVM Health Network. During the coming five years, *TalkVermont* anticipates training more than 1,000 additional clinicians and implement practice re-design interventions for clinical sites throughout the Network to support seriously ill patients, their families and their clinicians engaging each other in meaningful, vitalizing and timely conversations.

Increasing the Network Palliative Care Work Force: There is a growing need for specialty-trained HPM physicians. As effective treatments for many illnesses emerge and life expectancy increases, Vermont, and the rest of the nation, is confronted with great numbers of people with chronic, debilitating, and life-limiting illnesses. A growing evidence base demonstrates that specialty palliative care, as delivered through inpatient or outpatient consultation services or a dedicated inpatient unit, improves the quality of care, patient and family satisfaction, and the cost effectiveness of care for adult and pediatric patients especially when provided early in the course of serious illness. In the fall of 2020, they were approved by the UVMHN to build a hospice and palliative medicine fellowship. The goals of this fellowship program are to develop Hospice and

Palliative Medicine physicians with a strong foundation in symptom management, including pain management, and to work within interprofessional teams to provide evidence-based and values-based medical care to patients (and their families) living with serious medical conditions. Additionally, this fellowship program seeks to train future clinicians with skills in resilience and wellness and mastery of serious illness conversations. They will also provide education for clinicians to become leaders in HPM who are well versed in the basics of quality improvement, scholarship and education to help promote the care and advocacy for patients living with serious illness. They plan to seek ACGME approval for the program this winter and start the fellowship July 2022.

Porter Medical Center in Middlebury: Porter Palliative Care was founded in 2017 and began with 2 days per week of physician time contracted through the University of Vermont Medical Group. Since then, the program has grown to two palliative care specialist physicians and one full-time palliative care specialist social worker.

During 2020, the Porter Palliative Care inter-professional service provided expert consultation for 237 seriously ill people and their families. About 70% of these consults occurred during an acute inpatient stay at Porter Medical Center and 30% during residence at Helen Porter long term care. The most common primary diagnoses among patients receiving palliative care services were dementia, cancer and heart failure.

In addition to direct patient care, the Porter Palliative Care team has been active supporting the hospital clinical teams during the pandemic. They began offering brief morning Mindfulness Meditation sessions, provided a telemedicine “Covid-19 End of Life Crash Course”, offered 1:1 staff support, participated in orientation of all new nurse hires, and offered telephone advising for local clinicians.

University of Vermont Medical Center in Burlington: Since establishing the Division of Palliative Medicine within the Department of Family Medicine at UVM in 2016, the program has been growing in clinical services, teaching programs, population health innovations and research. The UVMMC-based team includes 7 physicians, 3 nurse practitioners, 1 nurse and 1 chaplain with closely affiliated social worker, psychiatry and pharmacy team members.

During this past year, the UVMMC team was consulted more than 1,400 times to care for seriously ill adults and children. They have been offering TeleConsult follow-up home visits, outpatient consultations at Milton Family Practice, and outpatient consultations for ALS patients at Fanny Allen. Since August 2020, they have been providing additional clinical coverage for Miller-McClure Respite House in collaboration with UVM Home Health & Hospice. Substantial expansion of all services is planned for 2021, including establishing a new Palliative Care Unit at UVMMC and more Telehealth and Outpatient availability.

Their formal teaching programs reach more than 300 learners each year and include inpatient observerships for first-year medical and nursing students, elective clinical rotations for medical students and residents, and a required 40-hour Palliative Medicine course for medical students during their 3rd year. They are preparing to launch an

ACGME- accredited physician fellowship beginning July 2022. In the fall of 2017, the Division established the Vermont Conversation Research Lab (www.vermontconversationlab.com) to understand and promote high quality communication in serious illness. Examples of ongoing research include:

- *StoryListening Project*: The experience of caring for and about people who have died during the social distancing context of the COVID pandemic can be isolating and distressing for family, friends and clinicians. Telling the story of one's experience to an engaged listener can help decrease the sense of isolation and loneliness and, consequently, improve quality of life for people who are grieving. Conducted by trained listeners from the UVM End of Life Doula Program (<https://learn.uvm.edu/program/end-of-life-doula-at-uvm/end-of-life-doula-certificate/>), this study evaluates the aspects of storytelling and storylistening that are most beneficial to quality of life.
- *AI Silence Project*: Systematically measuring indicators of communication quality is essential to transform how we value and incentivize clinical care. This project is using state of the art machine learning (i.e. artificial intelligence) and existing audio data from a large palliative care research study funded by the American Cancer Society to identify one clinically important indicator of human connection in serious illness conversations: compassionate silence.
- *TelePresence Projects*: TeleHealth (e.g. visits with a clinician by video) can increase the reach of specialty services in rural areas. Fostering a sense of "presence" is crucial for palliative care conversations but underdeveloped in healthcare telehealth technology. This project collaborates with gaming technology experts to develop the capacity for cultivating presence when serious illness conversations happen virtually. UVM has received grants to help support the expansion of Telehealth in the home and rural dialysis settings.

Vermont Medical Society (VMS):

Palliative Care

In May of 2020, the VMS hosted a CME accredited webinar on “Optimal Care for Elders in the Time of COVID-19.” This session was presented by Dr. Zail S. Berry, MD, MPH, FACP, Associate Professor of Medicine Geriatrics Division, Dept of Medicine UVM & Larner College of Medicine, with a key objective of providing methods for clinicians to discuss the topic of advance directives/advance care planning with patients & families in the context of COVID-19. She also gave concrete advice on how to make patient-centered recommendations for patients considering the possibility of serious illness with COVID-19. As the COVID-19 virus brought a revived urgency for advance care planning, Dr. Berry presented applicable conversation tools to emphasize the risk of the disease for Vermont’s elder population and the need to finalize their advance directives.

Pain Management

The VMS also closely monitors the implementation of the state opioid prescribing rules to ensure that Vermont patients living with chronic conditions or needing end-of-life care have access to adequate pain management. VMS continues to provide feedback to

the Department of Health on any proposed updates to the prescribing rules. VMS supports alternative pain management options and solutions focused on team-based, patient-centered approaches to chronic pain.

Visiting Nurse and Hospice for Vermont and New Hampshire:

Visiting Nurse and Hospice for Vermont and New Hampshire provides service to 140 towns in Vermont and New Hampshire. Throughout 2020, they implemented several programs and tools to their palliative and hospice program.

To keep hospice patients safe and comfortable, VNH instituted the use of an Opioid Risk Tool. Traditionally, hospice programs have focused on the relief of pain, dyspnea, and other symptoms as their primary responsibility. At VNH Hospice, they understand that problems associated with the abuse of prescription opioids have become more common. Their Universal Precautions for Opioid Misuse and Diversion is a protocol which acknowledges their responsibility to fully manage and be accountable for the opioids they place in the homes of patients. It screens all patients for opioid risk and engages them as partners in the responsibility for safe and appropriate opioid medication management.

They began a music therapy program in their children's palliative care program, working with a board-certified music therapist. With music, the music therapist is able to reach patients at different stages of illness, growth, and different backgrounds. Music can promote relaxation and provide distraction and relief from pain for patients. Also, music can be a source of connection and improve communication between children and their families. At VNH, they support the family to have meaningful experiences together with the time they have. 50% of patients eligible for music therapy received it.

At the end of 2019, they received a grant from White Mountain Capital to institute a wish fund for patients reaching end of life. The grant was implemented in 2020 and VNH has been able to grant 7 wishes. In December, they used some of the funds to purchase care packages for hospice patients to provide comfort during a difficult time.

In August, one of their spiritual care counselors, Lava Mueller, became an ordained minister in a first-of-its-kind partnership, in the "church" of VNH.

VNH business development team works to promote awareness and understanding of hospice care among the community, working with healthcare professionals and assisted living facilities. This is done by offering education events virtually, informational sessions and developing strategies to access hospice services.

V. CONCLUSION

There continues to be a strong commitment to robust advance care planning, palliative care, and hospice programming across the state. Vermont Ethics Network, in partnership with the Palliative Care Task Force, will continue to advance this important work and is grateful for the ongoing support of the Vermont Legislature and their

interest and openness to recommendations that promote alignment of state policy with clinical best practice.

This report was prepared in consultation with the following members of the Task Force:

Diana Barnard, University of Vermont Medical Center/Porter Medical Center

Claudia Berger, MD, University of Vermont/OneCare

Stephen Berns, MD, University of Vermont Medical Center, Palliative Care Service

Jessica Boyea, Pediatric Palliative Care Program, VT Dept. of Health

Jessica DeGrechie, BAYADA Hospice

Tara Graham, UVM Health Network Home Health & Hospice

Robert Gramling, MD, University of Vermont Medical Center

Devon Green, VAHHS

Sean Londergan, Longterm Care Ombudsman

Christine Maloney, MD, VNA-VNH

Linda Martinez, DVHA

Linda McKenna, Foley Cancer Center at Rutland Regional Medical Center

Christina Melvin, Community/UVM College of Nursing

Nicole Moran, VNAHSR

Janet Nunziata, The Center on Aging at UVM

Jill Olson, VNAs of Vermont

Susan Parris, Brattleboro Area Hospice

Laura Pelosi, VHCA

John Saroyan, BAYADA

Marietta Scholten, DVHA

Scott Strenio, MD, DVHA

Jill Sudhoff-Guerin, Vermont Medical Society

Eva Zivitz, Rutland Regional Medical Center

<http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2014/EOL/Key%20Findings%20and%20Recommendations.pdf>

ⁱⁱ Bond, et al. 2018. Advance Care Planning in an Accountable Care Organization Is Associated with Increased Advance Directive Documentation and Decreased Costs. *Journal of Palliative Medicine*. 21(4): 489-502.

<https://www.ncbi.nlm.nih.gov/pubmed/29206564>

ⁱⁱⁱ Wright, et al. 2008. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *Journal of the American Medical Association*. 300(14): 1665-1673.

<https://www.ncbi.nlm.nih.gov/pubmed/18840840>

^{iv} Teno JM, Price RA, Makaroun LK. *Challenges of Measuring Quality of Community-Based Programs for Seriously Ill Individuals and Their Families*. *Health Affairs* 26, No. 7 (2017).