

Serious Illness Care: New Jersey Can't Afford to Get this Wrong

New Jersey spends more per capita than any other state, yet ranks below the national average in delivering high-quality, person-centered care to seniors living at home with advanced illnesses.¹

Overview

New Jersey is home to approximately 1.6 million residents aged 65 years and older.² This demographic is projected to grow and become more diverse. Unfortunately, many of these older adults, particularly those belonging to racial and ethnic minority groups, disproportionately suffer from serious illnesses.³

Serious illnesses carry a high risk of mortality and significantly impact daily functioning and quality of life.⁵

The majority of people with serious illnesses are not hospitalized or dying.⁵ They live with their conditions for many years and receive care in their communities.

People with serious illnesses are considered high-need, high-cost patients, as they account for a substantial percentage of healthcare spending due to their heavy reliance on emergency services, hospitalizations, and skilled nursing facilities, which often results in care that conflicts with their values, preferences, and needs.^{5,6,7,8}

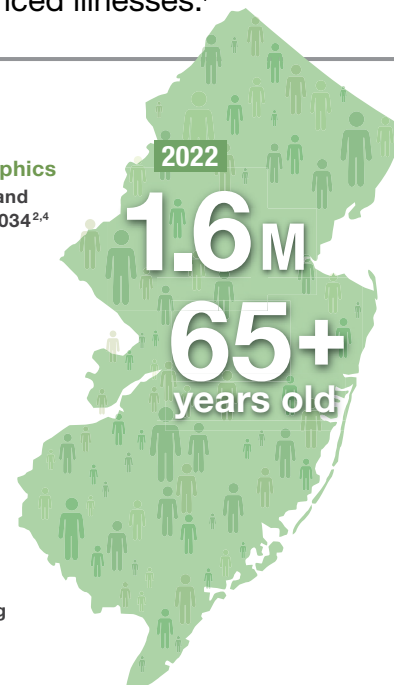
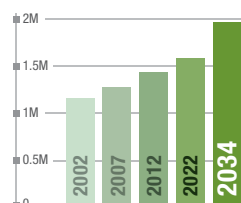
The shift in demographics and a corresponding increase in the prevalence of serious illness demands an immediate solution to meet the needs of this growing population. Fortunately, a new paradigm exists that is proven to improve the quality of life of people with serious illnesses while reducing healthcare costs.

A Promising Solution

Community-Based Palliative Care (CBPC) is a model of palliative care that provides services to people with serious illnesses where they need it most—in their homes or community settings, including assisted living and skilled nursing facilities or outpatient clinics.

Rise in Senior Demographics

Number of adults aged 65 and over in New Jersey, 2002-2034^{2,4}



Health Risk of Older Adults

Older adults are at a higher risk for experiencing advanced or serious illnesses such as:



Cardiovascular disease
(congestive heart failure and stroke)



Kidney failure



Chronic obstructive
pulmonary disease



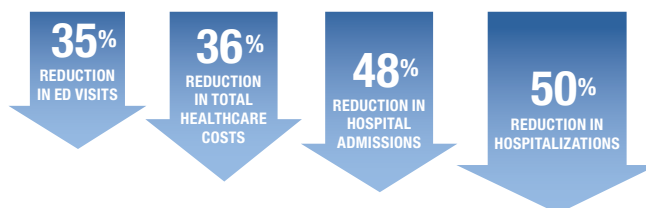
Neurologic disorders
(including Alzheimer's
and Parkinson's disease)



Cancer

Benefits of Palliative Care

Evidence continues to show benefits associated with the provision of palliative care.⁹



Quick facts

Palliative care is a medical subspecialty that delivers comprehensive care based on the goals and preferences of the patient and their family¹⁰

The goal of palliative care is to relieve suffering and improve quality of life for patients who have a serious or life-threatening disease¹⁰

Palliative care is for people with serious illness regardless of age, prognosis, disease stage, or treatment choice¹⁰

Palliative care services include pain control/symptom management, spiritual counseling, psychosocial support, and help with medical decision-making¹⁰

Palliative care works because it allows patients to get the care they need and no less, and the care they want and no more resulting in lower healthcare costs¹⁰

Proven Success

California set a precedent as the first state to mandate access to palliative care for their Medicaid beneficiaries.

As New Jersey considers its own legislation requiring Medicaid to cover CBPC, the data from California's program provides an encouraging example of what is possible.¹¹



Potential return on investment of up to
\$2.60 FOR EVERY \$1
spent on palliative care¹²



Potential savings ranging from
\$231 TO \$1,165
per Medicaid member, per month¹²



Cost reductions of
42% TO 51%
for members enrolled in Medi-Cal (state's Medicaid program)¹²

A Clear Path Forward

To better serve New Jersey Medicaid beneficiaries with serious illnesses and reduce our state's healthcare expenditures, we must prioritize access to palliative care and pass legislation mandating coverage for CBPC benefits under Medicaid. Our state's demographics and current performance underscore the need for this critical benefit, and we can no longer afford to wait.

Therefore, policymakers and stakeholders should consider the potential benefits of CBPC and take action to expand access to these critical services for Medicaid beneficiaries across New Jersey.



NJ A5225 (McKnight, Speight, Murphy)/S3729 (Codey) Provides for coverage of community-based palliative care benefits under Medicaid.¹³

A5225/S3729 represents a tremendous opportunity to create a **standard of care** for our most vulnerable seniors and their unpaid caregivers, where they receive **care that is consistent with their goals and values, and honors their dignity** regardless of race, gender, gender identity, sexual orientation, age, religion, ethnicity, socioeconomic status or where the care is delivered.

We are eager to work together to expedite passage of this essential legislation.

These bills seek to widen Medicaid coverage to include the following:

- ▶ Comprehensive interdisciplinary palliative care assessment
- ▶ Individualized care plan and advance care planning conversations and documentation
- ▶ Caregiver needs assessment
- ▶ Case management and care coordination to address the holistic needs of the patient and caregiver
- ▶ Pain and symptom management
- ▶ Behavioral and mental health and medical social work services
- ▶ 24 hour clinical telephone support
- ▶ Spiritual care services
- ▶ Patient, family and caregiver education about hospice and all end-of-life care services

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Goals of Care Coalition
of New Jersey

Helping patients get the care they need and no less, and the care they want and no more.

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