

**Ohio House Aging & Long-Term Care Committee
Proponent Testimony, House Bill 286**

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Chairman Arndt, Vice Chair Pelanda, Ranking Member Howse, and members of the House Aging & Long-Term Care Committee, thank you for this opportunity to support House Bill 286 to begin to improve patient access to quality palliative care here in Ohio.

My name is Jessica Geiger-Hayes and I am a clinical pharmacist at OhioHealth Riverside Methodist Hospital dedicated specifically to the palliative care team. I have been in this role for the past 2 years. Prior to that I worked for a hospice consulting firm. Palliative care is my passion and I am lucky enough to work on a collaborative team of 3 physicians, 5 nurse practitioners, 5 social workers, 2 chaplains and 2 pharmacists.

I'd like to talk to you about the services that our team provides to the patients we care for. We are a comprehensive service that manages physical and psychosocial symptoms as well as helping patients prepare for the future and how they want their healthcare to look. Do they want to continue coming to the hospital? Do they want to continue with invasive procedures? Are they frustrated that they have been in pain for several weeks with no end in sight?

The multidisciplinary team is a very unique aspect and affords patients access to several healthcare practitioners in one setting. Physicians/NPs are available for diagnosing and medical care, social workers are available for psychosocial support, identification of financial resources and counselling, chaplains are available for spiritual support and pharmacists are available for a variety of services including symptom assessment and recommendations for treatment, medication education, and drug information questions for other members of the team. Pharmacists are also considered one of the most accessible and trustworthy healthcare professionals, in my professional experience, I have been able to get patients to open up more to me about some of their symptoms than other members of the team simply because I am a pharmacist. This can lead to better patient outcomes and improved patient satisfaction.

Unfortunately, not everyone knows that palliative care exists. Or, they think it is synonymous with hospice care when in reality it is very different. Hospice is a Medicare benefit for patients in their last 6 months of life as diagnosed by a certifying physician. In hospice, patients elect for comfort and are generally no longer seeking curative treatment. Palliative care is a service that can be utilized at any point during a disease trajectory. Patients do not have to qualify for this type of service.

The healthcare landscape is changing. We are transitioning from volume based care, to value based care. Palliative care fits very nicely in the model of value based care and expanding access and knowledge around what can be offered is important. There are several sites in Ohio that are providing good quality palliative care, but we need help. We cannot educate everyone on our own and not every site has an outpatient program which limits access. This is where implementation of this new House Bill 286 will fill a gap. It will assist with both education to patients and the public and help create more opportunities for access as well. More patients could have access to the previously mentioned team of professionals.

I would like to thank Representative LaTourette for her support of this legislation, which will create a serious focus for increased access to quality palliative care for patients in the state of Ohio. I appreciate you allowing me to provide testimony in support of HB 286.