

October 3, 2017

The Honorable Steven Arndt  
Chairman, House Aging and Long Term Care Committee  
Ohio House of Representatives  
77 South High Street, 11<sup>th</sup> Floor  
Columbus, Ohio 3215

Dear Chairman Arndt:

On behalf of the Ohio State University Wexner Medical Center (OSUWMC), I write today in support of H.B. 286, Representative Sarah LaTourette's legislation to increase awareness of and access to palliative care in Ohio.

One of the nation's leading academic medical centers, OSUWMC offers healthcare services in virtually every specialty and subspecialty in medicine. Thousands of patients come to us each month for treatments and services they cannot find anywhere else. Providing access to healthcare information is core to our research, education and patient care mission. At OSUWMC, we are dedicated to creating the future of medicine to improve people's lives.

I direct our Division of Palliative Medicine and am Board Certified in Hospice and Palliative Medicine. Our palliative medicine team focuses on the many ways serious illness affects patients and their families. The goal of the team is to enhance the patient's quality of life by maximizing physical comfort, preventing or alleviating suffering, and providing psychological and spiritual support.

The OSUWMC has been a leader in the provision of palliative care for more than 15 years. Our services first began in cancer care at The James Cancer Hospital and Solove Research Institute to help physicians manage complex cancer pain and symptoms in their patients. Our services have increased to include consults in the OSUWMC's Ross Heart Hospital, Brain and Spine Hospital, University Hospital, and ambulatory clinics. Our services are available any time a consultation is requested. Further, we work with our multidisciplinary counterparts in oncology, cardiology, neurology, and other areas to ensure they know of the care we can provide to patients.

To meet the volume of consults needed, today's palliative care center team consists of one medical director, one nursing director, 12 attending physicians, one psychologist, four pharmacists, 14 advanced practice nurses, two outpatient management coordinator registered nurses, two social workers, three administrative support staff, four fellows, and one part-time chaplain.

Palliative care improves quality of life, enhances patient and family satisfaction with care, and controls costs for the growing population of individuals with serious illness or multiple chronic conditions. According to the American Academy of Hospice and Palliative Medicine, in 2000 less

than 25 percent of U.S. hospitals had a palliative care program, compared with 75 percent in 2015. However, not all of these programs have in place the full interdisciplinary team necessary to provide comprehensive palliative care. Palliative care is also growing in community settings.

Palliative care is a relatively new medical specialty, and more must be done to ensure patients and providers understand its benefits. An adequate, appropriately trained workforce is needed to address the palliative care needs manifested in the management of serious and complex chronic illnesses.

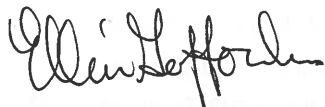
We commend Representative LaTourette for introducing H.B. 286 to create the Palliative Care and Quality of Life Interdisciplinary Council. The substitute bill you will consider today will require the Council serve in the following ways: 1) identify national organizations that have established standards of practice and best practice models for palliative care and initiatives aimed at integrating palliative care services into the health care system, and enhancing the use and development of those services; 2) establish guidelines for health care facilities to use in identifying patients who could benefit from palliative care and in determining appropriate types of services for those patients; and, 3) submit an annual report to the General Assembly.

In addition, the bill creates the palliative care consumer and professional information and education program. The purpose of the program is to maximize effectiveness of palliative care initiatives by ensuring that comprehensive and accurate information and education of palliative care is available to the public, healthcare providers, and health care facilities.

These steps, in addition to requiring health care facilities to identify patients who may benefit from palliative care and provide information to patients about available care, are great steps toward improving such care for patients and advancing the profession in Ohio.

As an academic leader in palliative care, we stand ready to work with you in advancing palliative care and expanding access to care for those who can benefit from it. I look forward to the opportunity to work with you and your committee as you address this critical need in our state.

Sincerely,



Ellin Gafford, MD, FAAHPM, FACP  
Director, Division of Palliative Medicine  
Associate Professor of Medicine

cc: Representative Sarah LaTourette