Michigan Rural Community-Based Palliative Care Environmental Assessment

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December 2024

The document was prepared by the Michigan Center for Rural Health as part of the Enhancing Palliative Care in Rural Michigan Project funded by the Michigan Health Endowment Fund.

Introduction: The rural palliative care landscape

The shortage of palliative care services in Michigan's rural communities is a critical issue impacting the quality of care for patients with serious illnesses. This environmental scan will explore key factors that affect the availability and delivery of palliative care services such as geographic barriers, healthcare workforce shortages, lack of resources, financial and insurance challenges, lack of awareness and education, and regulatory and policy constraints

Section 1: Key statewide players & stakeholders

Trade and professional associations

- **Area Agencies on Aging Association of Michigan (AAAAM)** serves as the public policy, training, and advocacy office for Michigan's 16 local Area Agencies on Aging (AAA). These agencies address the needs and concerns of older people at both regional and local levels. They provide a wide range of essential services that help senior age successfully in their homes and communities, including meals, transportation, personal care, and caregiver assistance. Additionally, they utilize care management teams and provide volunteer visits to combat social isolation. These services are especially critical in rural areas, where access to resources is often limited.

- **Health Care Association of Michigan (HCAM)** is the trade association representing Michigan's long-term care providers, including skilled nursing and rehabilitation facilities, as well as assisted living settings, including homes for the aged, adult foster care and independent senior living communities. HCAM offers continuing education, advocacy, and other resources to support its members. The association's website features an interactive map to helps users locate skilled nursing and rehabilitation facilities and assisted living communities.

- **LeadingAge Michigan** with over 300 organizational members, is the only statewide association representing the full continuum of aging services. It members include both residential and home- and community-based organizations, such as traditional Continuing Care Retirement Communities (CCRCs), CCRC's without walls, standalone independent and assisted living communities, skilled nursing and rehabilitation facilities, affordable housing communities, home care and home health services, adult day cares, hospice and palliative care providers, PACE programs, MI Choice waiver providers, area agencies on aging, and senior centers. Leading Age Michigan services include advocacy, educational programs, events, and access to resources.

- **Michigan Association for Local Public Health (MALPH)** is a professional organization representing local health departments across Michigan. Its mission is to advance public health practices, enhance capacity of local health agencies, and promote health equity statewide. MALPH provides resources, training, and support to public health professionals, enabling them to address a wide range of health issues, including communicable diseases, environmental health, and community wellness. By facilitating collaboration among health

departments, stakeholders, and policymakers, MALPH advocates for effective public health policies and funding that improve the health and well-being of Michigan residents. Through its commitment to education and advocacy, the association plays a crucial role in strengthening public health infrastructure and health outcomes at the local level.

- **Michigan Association of Health Plan (MAHP)** is a nonprofit organization with 11 member health plans, representing 30% of Michigan's population. Its mission is to provide leadership for the promotion and advocacy of high quality affordable, equitable, and accessible health care for the people of Michigan. MAHP actively engages with the legislature and state agencies on behalf of its health plans regarding Medicaid rates, coverage, and policy issues, which could greatly benefit this project in addressing reimbursement challenges for palliative care.

- **Michigan County Medical Care Facilities Council** represents 34 medical county-owned medical care facilities serving residents across all 83 counties. These facilities, mandated by law to care for indigent individuals on a first-come, first-served basis, act as a safety net for vulnerable populations. They also provide placement for high-need individuals who may be rejected by other skilled nursing facilities. Their range of programs and services including adult day care, overnight respite care and hospice services, are relevant to this project.

- **Michigan Health & Hospital Association (MHA)** is the statewide organization representing all community hospitals in Michigan. MHA hosts a Small or Rural Hospital Council, which advises on regulatory and policy issues specific to small or rural healthcare providers. Other councils and committees that could inform this work include the Legislative Policy Panel and the Safety & Quality Committee. MHA also supports and staffs the Upper Peninsula Hospital Council, which includes the 15 counties in Michigan's Upper Peninsula.

- **Michigan HomeCare & Hospice Association (MHHA**) is a state trade association representing over 300 home care providers, including certified and private duty agencies, hospices, home medical equipment and infusion companies. MHHA has several standing committees relevant to this project, such as the Palliative Care, Public Policy, Reimbursement, and Regulatory Committees. The association maintains a searchable membership directory, currently listing 261 members. A search filtered by "palliative care" identified 52 organizations or individuals.

- **Michigan Primary Care Association (MPCA)** is a membership organization representing 40 community health centers and 5 tribal or urban Indian health programs. Collectively, they provide healthcare through more than 400 locations, serving approximately one in every 15 Michigan residents, many of whom are uninsured or publicly insured. MPCA offers integrated care that includes medical services, behavioral health, dental care, substance use disorder, vision services and enabling services. These resources could support the delivery of palliative care in rural communities. With experience in interdisciplinary care models, value-based care and payment, remote patient monitoring and telehealth, MPCA's expertise could be highly beneficial at the community level.

- **Michigan Public Health Association (MPHA)** is the state affiliate of the American Public Health Association and an interdisciplinary society of health professionals. Its mission is to improve and promote the overall health of Michigan residents by providing opportunities for collaboration, education, professional development, and advocacy. MPHA plays a vital role in disseminating information about developments in public health and could be helpful in the design and implementation of a palliative care awareness campaign.

- **PACE Association of Michigan** is the state membership organization for community-based Program for All Inclusive Care (PACE) programs. These programs are an alternative to nursing home care. Using an interdisciplinary care team of physicians, nurses, social workers, therapists, and aides. PACE programs provide preventive, primary, acute and long-term care services that help older adults continue to live in the community. There are 14 independent PACE organizations that serve 24 locations throughout the state.

- **West Michigan Chapter of Hospice and Palliative Nurses Association** is a regional component of the national organization representing the palliative nursing specialty. Its mission is to advance nursing expertise in hospice and palliative care through education, advocacy, leadership, and research. Nurse members of this association could play a key role in this project by providing specialized clinical knowledge, patient-centered care insights, and sharing best practices in palliative nursing. Their expertise in symptom management, end-of-life care, and interdisciplinary collaboration would be valuable for enhancing quality of care and supporting the broader goals of palliative care delivery.

State government

Michigan Department of Health and Human Services (MDHHS) plays a crucial role in the state's healthcare landscape by overseeing the Michigan Medicaid program and supporting aging, public health and behavioral health initiatives. As the federally designated Primary Care Office (PCO) of Michigan, MDHHS coordinates efforts to place health professionals in areas with unmet healthcare needs through the National Health Service Corps and the Michigan State Loan Repayment Program. Additionally, MDHHS supports the Michigan Health Information Technology Commission, which is involved in advancing the use of MI-POST. The Michigan Commission on Services to the Aging (CSA), a 15-member body appointed by the Governor and operates within MDHHS. The Commission provides guidance to the Governor and the Legislature on aging-related priorities and programs.

Michigan Department of Labor and Economic Opportunity (LEO) is responsible for promoting economic growth and workforce development throughout the state. LEO oversees various programs focused on workforce development, including training initiatives, apprenticeships, and career counseling. The department also works to improve the overall business climate by providing resources and support for small businesses. Additionally, LEO administers programs related to labor relations, workplace safety, and fair labor practices. It supports rural development through the Michigan Office of Rural Prosperity and in January 2024, published "Michigan's Roadmap to Rural Prosperity." The department also oversees the Michigan High-Speed Internet Office (MiHI), which aims to enhance internet accessibility across the state, particularly in underserved rural areas.

Michigan Department of Licensing and Regulatory Affairs (LARA) is responsible for licensing and regulating community health systems, administering Article 17 of the Health Facilities and Agencies section of the Michigan Public Health Code to ensure compliance and safety in healthcare facilities. This includes a wide range of organizations, such as hospitals, nursing homes, assisted living facilities, and hospice agencies and residences. LARA also oversees the licensing and regulation of individual healthcare practitioners under Article 15 of the Michigan Public Health Code. This includes those health professionals providing palliative care services such as physicians, nurses, physician assistants, and social workers.

Health care systems and organizations

Health systems providing healthcare in Michigan may be individually incorporated or owned and operated by larger health systems. While most of these systems are based in Michigan, a small number of facilities are affiliated with parent organizations headquartered outside the state. The following health systems are among those delivering healthcare in Michigan:

- **Ascension Health** has 15 locations including two critical access hospitals: Ascension Borgess Allegan Hospital and Ascension Borgess – Lee Hospital
- **Aspire Rural Health System** has 3 locations, all of which are critical access hospitals: Deckerville Community Hospital, Hills & Dales Healthcare and Marlette Regional Hospital
- **Aspirus, Inc.** is headquartered in Wisconsin with three locations in Michigan, which are all critical access hospitals: Aspirus Iron River Hospital & Clinics, Inc., Aspirus Ironwood Hospital & Clinics, Inc., and Aspirus Keweenaw Hospital
- **Beacon Health System,** has one location, Three Rivers Health System, Inc.
- **Bronson Healthcare Group,** has 5 locations
- **Corewell Health,** has 22 locations including three critical access hospitals: Corewell Health Gerber Memorial, Corewell Health Pennock, Corewell Health Reed City Hospital
- **Detroit Medical Center,** has 7 locations
- **Henry Ford Health,** has 7 locations
- **Lifepoint Health**, has 3 locations including one critical access hospital: UP Health System Bell Hospital
- **Marshfield Clinic Health System**, which is based in Wisconsin, has one location in Iron Mountain
- **McLaren Health Care** has 15 locations including two critical access hospitals: McLaren Caro Regional and McLaren Thumb Region
- **MyMichigan Health** has 11 locations which includes two critical access hospitals: MyMichigan Medical Center Gladwin, MyMichigan Medical Center Standish
- **Munson Healthcare** has 8 locations including two critical access hospitals: Munson Healthcare Charlevoix Hospital and Munson Healthcare Paul Oliver Memorial Hospital
- **O.S.F. Healthcare**, which is located in Peoria, Illinois, has one critical access hospital in Michigan: OSF St. Fracis Hospital and Medical Group in Escanaba
- **Promedica,** which is located in Ohio, has three locations in Michigan
- **Prime Healthcare Services,** located in Ontario, California, has 2 locations
- **Select Medical (Specialty Hospitals)** has 10 locations

- **Trinity Health Michigan** has 9 locations including one critical access hospital - Mercy Health Lakeshore Campus
- **University of Michigan Health – Sparrow** has 7 locations including three critical access hospitals: U-M Health -Sparrow Clinton, U-M Health Eaton, and U-M Health -Sparrow Ionia
- **University of Michigan Health System** has two locations
- **Veterans Health Administration** has 3 locations

All of the independent healthcare organizations listed below are critical access hospitals, except for Memorial Healthcare Owosso, Hillsdale Hospital and Oaklawn Hospital.

- Baraga County Memorial Hospital
- Eaton Rapids Medical Center
- Harbor Beach Community Hospital
- Helen Newberry Joy Hospital
- Hillsdale Hospital
- Kalkaska Memorial Health Center
- Mackinac Straits Health System
- McKenzie Health System
- Memorial Healthcare Owosso
- Munising Memorial Hospital
- Oaklawn Hospital
- Scheurer Health
- Schoolcraft Memorial Hospital
- Sheridan Community Hospital

See Section 4 for a map showing the location of all critical access hospitals.

Health Professional Member Organizations

Most licensed health professions have the opportunity to join a professional association specific to their discipline. These organizations serve two primary functions: advocating on behalf of their professions and providing education and professional development opportunities. Collaborating with these associations presents a valuable opportunity to offer continuing education on palliative care.

- ANA-Michigan
- Michigan Academy of Physician Associates
- Michigan Council of Nurse Practitioners
- Michigan Nurses Association
- Michigan Osteopathic Association
- Michigan State Medical Society
- National Association of Social Workers Michigan

Payers

- Blue Cross Blue Shield of Michigan (BCBSM) is the largest nonprofit health insurer in the state. It offers a variety of options, including traditional health plans, PPO plans, HMO plans, Medicare plans, Medicaid and state plans, wellness-based plans, health plans with spending accounts, dental and vision plans, international health plans and pharmacy plans. BCBSM's holds approximately 67% market share across all plans. It also operates the largest HMO, Blue Care Network, which serves 830,000 members across Michigan. Additionally, BCBSM has a Medicaid subsidiary called Blue Cross Complete of Michigan, which recently expanded from covering members in 32 counties to 58 counties.

- Michigan Association of Health Plans (MAHP) includes eleven insurance companies representing approximately 30% of Michigan's population. Participating companies include:

    - Aetna Better Health of Michigan
    - Commonwealth Care Alliance
    - Health Alliance Plan of Michigan
    - McLaren Health Plan
    - Meridian Health Plan of Michigan
    - Molina Health Plan of Michigan
    - Paramount Care of Michigan, Inc.
    - Priority Health
    - United Health Care Community Plan
    - University of Michigan Health Plan
    - Upper Peninsula Health Plan

- Medicare has a significant presence in Michigan. As of March 2024, approximately 2.21 million Medicare beneficiaries resided in Michigan, accounting for about 22% of the state's population. A significant percentage of these beneficiaries are enrolled in Medicare Advantage plans, with county enrollment varying between 45% to 76%. Additionally, 15% of Michigan Medicare beneficiaries are dual eligible, receiving both Medicare and Medicaid support. Enrollment data from January 2024 indicates that beneficiaries are distributed across 52 Medicare Advantage Plans, with up to 30 plans available in some Michigan counties.

- Michigan Medicaid provides comprehensive healthcare services to low income adults and children with coverage offered through fee-for-service or through Medicaid Health Plans. As of June 2024, total Medicaid enrollment was 2.67 million, which is 27% of the state's total population. Of these enrollees, 67% are enrolled in managed care organizations (MCOs) and 33% receive services on a fee-for-service basis. Michigan Medicaid is administered by the Bureau of Behavioral and Physical Health & Aging Services Administration within the Michigan Department of Health and Human Services.

Universities/colleges/other training resources

Michigan is home to seven medical schools, each contributing to the education and training of future physicians. The schools include:

- Central Michigan University College of Medicine
- Michigan State University, College of Human Medicine
- Michigan State University, College of Osteopathic Medicine
- Oakland University William Beaumont School of Medicine
- University of Michigan Medical School
- Wayne State University School of Michigan
- Western Michigan University Homer Stryker MD School of Medicine (WMed)

Physicians specializing in hospice and palliative care often come from an Internal Medicine background; however, doctors from various specialties, such as Family Medicine, Pediatrics, Emergency Medicine, and even Oncology, can also pursue additional training to become certified in hospice and palliative medicine. In Michigan, there are 36 internal medicine residency programs, 41 family medicine residency programs, 10 pediatric residency programs, 25 emergency medicine residency programs and 4 radiation oncology residency programs.

Specializing in hospice and palliative care requires completing a fellowship program. According to the *American Association of Medical College's Electronic Residency Application Service (ERAS)*, as of October 2024, there are seven accredited hospice and palliative medicine fellowship programs in Michigan. These programs include:

- Corewell Health - Grand Rapids/Michigan State University Program
- Detroit Medical Center/Wayne State University Program
- Henry Ford Health/Henry Ford Hospital Program
- Trinity Health Ann Arbor Program
- Trinity Health Grand Rapids Program
- University of Michigan Health System Program
- Western Michigan University Homer Stryker MD School of Medicine Program

Michigan offers a variety of nursing programs, including online programs, programs at public and private institutions, and programs at community colleges to prepare nurses at the associate, bachelor's, master's and doctoral levels. A complete list of nursing programs approved by the Michigan Board of Nursing can be found at https://www.michigan.gov/-/media/Project/Websites/lara/bpl/Nursing/Michigan-Board-of-Nursing-Approved-Education-Programs.pdf?rev=237ffd3ef97d43478f632ac1da41d9d3

Advanced practice nursing programs in hospice and palliative care in Michigan include the following:

1. Madonna University College of Nursing and Health Sciences offers a Hospice and Palliative Studies program with an Adult Advanced Practice Hospice and Palliative Care Nurse Specialty.
2. University of Michigan School of Nursing offers a Nurse Practitioner Fellowship Program in Hospice & Palliative Care.

Additionally, two universities offer post-baccalaureate interprofessional certificate programs focused on palliative care. Grand Valley State University offers a Palliative and Hospice Care Graduate Certificate, and Madonna University offers a Hospice and Palliative Studies Certificate.

In Michigan, fourteen educational programs lead to a master's in social work. While these programs do not offer a specific palliative care specialty, social workers can receive training on palliative care as part of their curriculum. Additionally, the National Association of Social Workers offers an innovative training program, *Educating Social Workers in Palliative and End-of-Life Care (ESPEC)* designed to equip social workers with primary palliative care skills for clinical practice. More information is available at https://www.socialworkers.org/espec.

Michigan Center for Rural Health (MCRH) provides a range of professional development and continuing education opportunities tailored to the needs of healthcare providers in rural areas. One of its key offerings is *Grand Rounds*, a series of free webinars designed to deliver high-quality, accessible training across multiple healthcare disciplines. These webinars serve as a convenient resource for ongoing education in fields such as nursing, social work, pharmacy, dietetics, medicine and community health work. By addressing current healthcare topics and emerging best practices, *Grand Rounds* supports healthcare professionals in maintaining their licensure and expanding their expertise.

Trillium Institute is dedicated to ensuring that individuals with serious illnesses have access to high-quality palliative care resources. Its primary focus is training medical professionals, offering comprehensive educational curricula across all levels of medical and healthcare-related education. The Institute supports medical students and residents with rotations in palliative care and pain management and facilitates shadowing opportunities. Trillium also hosts "Palliative Matters," a monthly podcast that explores topics relevant to palliative care.

For the community Trillium provides presentations and discussion forums for university learning programs and local groups, as well as an array of online resources – including videos, blog posts, and recommended books and articles – to support public understanding of palliative care.

Choreographed Health Solutions, LLC. (CHS) focuses on establishing sustainable Advanced Care Planning (ACP) systems while expanding education and support for those passionate about ACP and serious illness management. Their goal is to close the gaps across the continuum of care, ensuring that patients receive comprehensive and coordinated support.

CHS utilizes the Respecting Choices™ evidence-based model and offers training programs, including Next Steps and Advanced Steps facilitator and instructor courses. They provide group presentations tailored to specific disease populations or serious illnesses, available both

virtually and in-person across the state. Additionally, CHS is involved in MI-POST (Michigan's Physician Orders for Scope of Treatment), further enhancing their commitment to improving care planning and communication for individuals facing serious health challenges.

Michigan Area Health Education Center (AHEC), located at Wayne State University, operates a network of five regional centers strategically positioned throughout the state. It's primary mission is to address the healthcare workforce shortage by developing and implementing pipeline programming that fosters interest in healthcare careers among young people and individuals in underserved communities. AHEC's initiative focuses on community-based training efforts that provide hands-on experiences and educational opportunities for aspiring healthcare professionals. By partnering with local schools, community organizations, and healthcare providers, AHEC enhances access to health education and promotes career pathways in healthcare. Moreover, the organization places a strong emphasis on recruiting and retaining health professionals in underserved areas.

Mid-Central Regional Center includes 13 rural counties, including Arenac, Clare, Gladwin, Gratiot, Huron, Ionia, Isabella, Mecosta, Montcalm, Osceola, Sanilac, Shiawassee, and Tuscola.

Western Region Community Consortium includes 10 rural counties: Mason, Lake, Oceana, Barry, Cass, Newaygo, Van Buren, Branch, Hillsdale, and Lenawee.

Upper Peninsula AHEC includes 15 rural counties in the Upper Peninsula, including Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft.

Southeast Regional Center, includes Livingston County, the only rural county in their area.

Northern Lower Regional Center – includes 20 counties – Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, and Wexford.

Coalitions/Networks

Children's Palliative Care Coalition of Michigan is committed to supporting healthcare professionals, volunteers, and families caring for children with life-limiting illnesses. The organization advocates for and provides resources to ensure access to compassionate, comprehensive care throughout Michigan. Key leaders of the Coalition include Corewell

Health DeVos Children's Hospital and C.S. Mott Children's Hospital – University of Michigan Health.

Faith Community Nurse Connection of Michigan is a nonprofit organization dedicated to providing ongoing education and collaboration opportunities for parish and faith community nurses throughout the state. While the organization's mission is vital to supporting nursing within faith settings, its level of activity appears uncertain, as evidenced by the lack of updates on its Facebook page since 2020.

Faith Community Partnership Program at Trinity Health operates in Ann Arbor and Chelsea, focusing on partnerships with faith communities engaged in health ministry. This program brings together registered nurses, lay leaders, faith leaders, and congregants to effectively integrate faith and health within their communities. It offers educational resources and networking opportunities aimed at fostering collaboration and enhancing community health initiatives. According to their website, the program provides support for congregations interested in developing a parish nurse program, which can be instrumental in addressing the spiritual dimensions of healthcare. This holistic approach may enhance the work of the interdisciplinary team by ensuring spiritual care is included.

Quality improvement organizations

IMPROve Health is a nonprofit organization committed to healthcare quality improvement through innovative solutions that address an array of challenges within the healthcare system. Their current initiatives include Chronic Disease Management, Cancer Control and Prevention, CMS Quality Improvement, Mental Health, and Data Analytics. Additionally, they engage in efforts related to the Michigan Quality Improvement Consortium and ACO Quality Measure Education, Abstraction, and Reporting. Supported by a wide range of partners, including the Michigan Health & Hospital Association, IMPROve Health has collaborated with many of the organizations mentioned in Section 1 of this document.

Michigan Critical Access Hospital Quality Network (MICAH QN) is a nonprofit organization dedicated to measuring and enhancing healthcare quality in critical access hospitals across Michigan. The network focuses on identifying opportunities for improvement that contribute to better health outcomes for the populations served by these hospitals. MICAH QN's strategic priorities include making care safer by reducing harm caused in the delivery of care, data management and analysis, and promoting effective communication and coordination of care. MICAH QN is supported by the Michigan Center for Rural Health and is comprised of Quality Leaders for Michigan's 35 critical access hospitals, working collaboratively to drive quality improvements and ensure the delivery of high-quality healthcare services in rural communities.

Michigan Quality Improvement Consortium (MQIC) is a collaborative initiative focused on developing and implementing standardized clinical guidelines for healthcare professionals and health plans across Michigan, selecting improvement measures, and facilitating data reporting. MQIC participants includes physicians and various stakeholders representing Michigan managed care organizations. Notably, the consortium revised its guidelines on

Advance Care Planning in 2024, which may be particularly relevant to projects aimed at improving palliative care practices. The Michigan Association of Health Plans (MAHP) took over management of MQIC in 2024 and have spent the past year updating the clinical guidelines that previously existed and are now working on integrating some of the historic guidelines that MAHP previously created in order to grow the collection of guidelines.

Michigan Oncology Quality Consortium (MOQC) is a physician led, voluntary collaborative of medical and gynecologic oncologists, dedicated to enhancing the quality and value of cancer care through interdisciplinary teamwork. Established in 2009, MOQC operates under the Value Partnership Program of Bule Cross Blue Shield of Michigan, bringing together community and academic oncologists, nurses, pharmacists, nurse practitioners, and physician assistants, medical assistants, patients and caregivers to identify ways in which they can improve cancer care. Since its inception, MOQC has collected data on over 86,138 patients. A key quality measure for 2025 is ensuring that both medical and gynecologic oncology patients receive a palliative care consultation more than 90 days before death.

Rural stakeholders

Michigan Center for Rural Health (MCRH) is a nonprofit organization serving as the State Office of Rural Health. It plays a vital role in enhancing healthcare access and quality in rural areas of Michigan by fostering partnerships among various organizations including hospitals, health departments, government agencies and academic institutions. MCRH focuses on creating new opportunities in several key areas, such as network development, quality of care, emergency medical services, continuing education, and the recruitment and retention of healthcare providers in rural settings. MCRH works with certified Rural Health Centers (RHCs) across Michigan – both provider-based and independent – aiming to increase access to primary care services to Medicare and Medicaid patients in rural communities. In addition, MCRH works with rural hospitals throughout the state, including Critical Access Hospitals, Rural PPS Hospitals, and Rural Emergency Hospitals.

Northern Michigan University Center for Rural Health focuses on improving healthcare access and quality in rural and underserved areas of Michigan's Upper Peninsula. Established to address the unique challenges faced by rural communities, the center serves as a resource for healthcare professionals, policymakers, and educators. Key initiatives of the NMU Center for Rural Health include research and data collection, education and training, community engagement, advocacy, and workforce development. The center works closely with the Michigan Center for Rural Health to further its mission and impact.

Central Michigan University Rural Health Equity Institute (RHEI) is committed to addressing health disparities and promoting health equity in rural communities throughout Michigan. The Institute focuses on a range of initiatives designed to enhance health outcomes for rural populations. Key areas of emphasis include enhancing access to healthcare, fostering community partnerships, analyzing health equity data, and providing education and training for healthcare professionals.

Nonprofit organizations

Inter-Tribal Council of Michigan, Inc. (ITCM) represents twelve federally recognized tribes across the state, serving as an advocate for addressing health disparities, particularly in chronic diseases and cancer. Key aspects of their work include advocacy for policies and programs aimed at reducing health disparities affecting tribal populations, delivering culturally appropriate education and training, and strengthening the capacity of tribal health systems through policy development and implementation. There are 13 tribal health centers throughout Michigan, with seven located in the Upper Peninsula. These centers provide essential healthcare services tailored to the needs of tribal members.

Michigan Association of Senior Centers (MASC) provides numerous access points across the state, facilitating engagement with senior centers that foster a sense of community among older adults. These centers enhance the quality of life for seniors and help reduce social isolation. MASC supports programs and initiatives that assist senior centers in offering a wide range of services from health and wellness activities to social events. An online directory of senior centers can be found at https://www.miseniorcenters.org/senior-center-directory.html.

Michigan Health Council (MHC) is a nonprofit organization whose focus is on building, strengthening and enhancing the healthcare workforce in Michigan. MHC serves as a key resource for health professionals, policy makers and community organizations. MHC focuses on strategies to recruit, train and retain healthcare professionals, particularly in rural areas, support continuing education and training opportunities, conduct research and collect data to identify healthcare trends, and offer programs such as ACEMAPP (Academic Clinical Experience Management and Placement Portal), which facilitates the management of student placements in healthcare settings. ACEMAPP includes a learning management component that requires students to complete specific training courses before undertaking clinical rotations. This platform represents a potential opportunity to include an introductory course on palliative care.

Michigan Directors of Services to the Aging (MDSA) is a statewide organization dedicated to serving older adults in Michigan by enhancing the quality and availability of aging services. Comprised of service providers from across the state, MDSA represents multi-purpose human service agencies that deliver a continuum of care and support to older adults. The organization achieves its mission through policy advocacy aimed at improving access to and the quality of aging services, providing education and professional development for local service providers, and facilitating the exchange of information and resources among aging service providers.

Michigan State University, IMPART Alliance is a research initiative aimed at addressing the critical shortage of trained direct care workers (DCWs) by building and supporting a competent DCW workforce. Employers face significant challenges in recruiting, training and retaining high-quality DCWs and IMPART Alliance is dedicated to developing effective strategies to overcome these obstacles. The training component of the initiative is based on an evidence-based training program, "Building Training…Building Quality." In addition to providing high-quality training, IMPART is focused on compiling a database of trained workers, and establishing a credentialing system for DCWs. The initiative also seeks to implement strategies aimed at improving retention and strengthening the pipeline of individuals entering the direct care workforce. Given their role in delivering home and community-based care, DCWs are crucial for meeting the needs of individuals receiving palliative care, making the efforts of IMPART Alliance particularly relevant in this context.

Michigan Workforce Training and Education Collaborative (MWTEC) is dedicated to improving access to training and education for Michigan residents, especially in underserved areas. MWTEC plays a crucial role in improving workforce development and supporting the education and training needs of both individuals and employers in Michigan. The organization has established formal collaborative relationships with 16 community colleges across the state, leveraging these partnerships to enhance training programs and resources. Currently, MWTEC is exploring the creation of an e-Learning Center to offer continuing education opportunities, which would further expand access to training for individuals statewide. Through its learning management system, MWTEC has the potential to provide general information on palliative care, contributing to the professional development of healthcare providers

Section 2: Statewide standards & activities

1. What standard, widely used, or mandated approaches to advance care planning and/or health directives does your state have?

At present, there is no mandated approach to advance care planning in Michigan. There was an initiative to implement Honoring Choices that was previously funded by the Michigan Health Endowment Fund, however, Honoring Choices Michigan dissolved and is no longer an option. The most widely used approach among larger organizations is Michigan Is Respecting Choices®. However, some organizations have developed their own training programs due to budget constraints. Utilizing Respecting Choices® can be cost prohibitive for smaller hospitals, which may not have the resources of a large system to support the investment.

In 2017, legislation establishing the Michigan Physicians Orders for Scope of Treatment (MI-POST) was enacted under Public Act 154, with Administrative Rules for implementation eventually taking effect on June 10, 2022. Developed by the Michigan Department of Health and Human Services (MDHHS), the MI-POST form (MDHHS-5836 Rev. 8-22) is designed for adults with advanced illness or frailty who are likely to die within one year due to their current medical condition. The form is available in English, Arabic and Spanish, along with a Patient and Family Information sheet, accessible on the MDHHS website. While the use of MI-POST is optional, it has

seen higher adoption rates in large health systems, with limited use in rural areas. MDHHS is finalizing an educational rollout plan to improve understanding among healthcare provides, as there is currently a recognized need for better familiarity with MI-POST completion and usage. To aid implementation, MDHHS established the MI-POST Advisory Committee, which presented recommendations to the Michigan Health Information Technology Commission on August 27, 2024. General information on MI-POST can be found at https://www.michigan.gov/mdhhs/inside-mdhhs/legislationpolicy/ems/news/mi-post. MDHHS can also be contacted at MDHHS-MI-POST@michigan.gov for additional information.

2. **Does a legislatively-mandated advisory board for hospice and/or palliative care exist in your state?**

   The State of Michigan does not have a legislatively mandated advisory board for hospice and/or palliative care. The Michigan HomeCare & Hospital Association has been working on legislation to create a Palliative Care Commission, modeled after the End of Life Commission established in 1999 by Executive Order from Governor John Engler. The End of Life Commission aimed to improve end-of-life care for Michigan residents by evaluating healthcare professional education and curricula, developing public resources, and addressing state policy barriers related to pain management and care access. The Commission's work culminated in a final report to the Governor and the Legislature, released on August 30, 2001, which provided recommendations on advancing end-of-life are in Michigan. See Section 2(5) on page 16 for additional information.

3. **What networking and education offerings related to hospice and/or palliative care occur in your state (such as conferences, coursework)? Do these include a rural presence?**

   Here are a few examples of networking and education programs related to hospice and/or palliative care.

   - The Michigan HomeCare and Hospice Association's Annual Conference was held May 8-10, 2024, featuring a range of topics including:
     - Legislative Efforts for Palliative Care
     - Rethinking Community-based Palliative Care
     - That Hurts! Beyond the Basics of Pain Management
     - Hospice/Palliative Care Committee Round Table Meeting

   - The University of Michigan School of Nursing and University of Michigan Health/Michigan Medicine hosted a virtual Palliative Care Conference in 2021, *The Power of Palliative Care: Navigating Through Ethical Dilemmas in Palliative Care.*

   - The Children's Palliative Care Coalition held their Annual Conference, *Identifying and Overcoming Barriers to Pediatric Palliative Care,* on October 25, 2024. Topics included:
     - Who is (and isn't) being served in Michigan programs (findings from a statewide report)
     - Reaching an underserved and vulnerable community
     - Bridging the difference when families live far from a children's hospital

- The 16th Annual Caring Coalition Conference, *The Best Care Possible*, was held May 15, 2024. While the conference agenda was focused on hospice, the information may still have been beneficial to those providing palliative care outside of the hospice environment.

- The West Michigan Chapter of Hospice and Palliative Care Nursing Association hosted the 14th Annual Palliative Care Symposium, September 27. 2024. Topics covered included pet therapy, advanced care planning, palliative care in psychiatry and death doulas. Options to attend included In-person and virtual.

- University of Michigan offers a monthly virtual conference during which various areas of palliative care are discussed. The most recent Palliative Care Research Seminar, *Risks of Tapering Opioids and Benzodiazepines*, was held October 24, 2024.

- The Michigan Institute for Care Management and Transformation offers a full-day training program on Serious Illness (formerly Palliative Care) that focuses on introducing palliative care into the primary care setting earlier in the course of a serious illness.

- Trillium Institute offers education for both providers and the community. For additional information, see comments on page 9.

4. How prevalent are provider certifications in palliative care in your state? Consider physicians, nurses, social workers, and other provider types.

According to CAPC, there are 3.0 certified prescribing palliative care providers per 100,000 residents in Michigan. This includes physicians and advanced practice nurses.

In a recent survey conducted by the Michigan HomeCare and Hospice Association, they found that nearly 90% of clinicians in the organizations responding to the survey, held palliative care certifications, with registered nurses, physicians, and nurse practitioners being most common.

5. State-specific policy landscape

- **State-level Palliative Care Advisory Committee**

  Currently, Michigan does not have a state-level Palliative Care Advisory Committee. The Michigan HomeCare and Hospice Association (MHHA) has been actively working on a legislative proposal to formalize support for palliative care in the state.

  On December 4, 2024, Senators Rosemary Bayer(District 13) and Erika Geiss (District 1) introduced Senate Bill 1180 of 2024,The bill proposes the establishment of a palliative care advisory task force within the Michigan Department of Health and Human Services (MDHHS). Key provisions of the bill include:

  - Creation of a 13-member palliative care advisory task appointed by the Governor with consent of the senate. The proposed membership includes:

        - One representative of a statewide organization representing hospices and home care agencies
        - Five clinical experts in palliative care, including, but not limited to physicians, registered nurses, and nurse practitioners
        - Two leaders or administrators specializing in palliative care delivery
        - Two individuals representing patients receiving palliative care or family members of such patients
        - One representative from a statewide organization that represents insurance companies
        - One representative from Blue Cross Blue Shield Association
        - One representative from the Children's Palliative Care Coalition of Michigan
    - Responsibilities of the task force include the following:
        - Provide the legislature with a recommended definition for palliative care
        - Conduct research on palliative care
        - Develop recommendations to expand the provision of palliative care
        - Identify available palliative care services and propose reimbursement strategies
        - Develop key metrics to evaluate palliative care services and provide recommendations to MDHHS and legislature
        - Collaborate with individuals to improve and expand access to high-quality palliative care services
        - Create public engagement strategies to educate residents on palliative care options and empower individuals to make informed decisions about their care preferences
        - Assess the capacity of palliative care providers to meet the needs of patients
        - Publish an annual report detailing palliative care services currently available in Michigan, gaps in service, and recommending services that would benefit patients

- **Advisory Committee on Pain and Symptom Management (ACPSM)**

  In 1997, Michigan amended its Public Health Code (Article 15, MCL 333.16204a) to establish the Advisory Committee on Pain and Symptom Management (ACPSM) within the Michigan Department of Consumer & Industry Services. The ACPSM was tasked with developing model curriculum, integrating pain and symptom management into standard health practices, clarifying healthcare professionals' roles in these areas, and advising on continuing education requirements.

  In 2016, Executive Order 2016-15 dissolved the ACPSM, transferring its responsibilities to the Prescription Drug & Opioid Commission (PDOAC), which operated until September 2018. Later, in 2022, Public Act 84 created the Opioid Advisory Committee to provide the legislature with targeted recommendations for addressing the opioid crisis, making a more specialized focus on opioid-related issues rather than general pain management.

- **Regulation of services**

  The Michigan Department of Health and Human Services, Bureau of Community and Health Systems is responsible for the licensing, certification, and regulation of facilities, agencies,

programs, and individuals. The Bureau oversees adult foster care facilities, adult camps, freestanding surgical outpatient facilities, homes for the aged, hospice agencies and residences, hospitals, nursing homes, substance use disorder programs as well as certified nurse aides, nurse aide trainers, nurse aide training programs, and qualified interpreters. Regulations are contained within Article 17 of the Michigan Public Health Code.

Home health agencies do not have to be licensed in Michigan, but they must be certified to participate in Medicare and Medicaid. They must also comply with Electronic Visit Verification (EVV).

Hospice agencies and residences are required to be licensed in Michigan. Once licensed, hospice agencies may choose to apply for certification to participate in Medicare/Medicaid programs. There is no provision for regulation of palliative care services outside of the hospice environment.

Rural Health Clinics do not have to be licensed by the State of Michigan. They may apply for certification to participate in the Medicare/Medicaid programs. CMS contracts with the Michigan Department of Licensing & Regulatory Affairs (LARA) to evaluate compliance with federal regulations by conducting certification surveys and complaint investigations.

- **Existence and prevalence of emerging professions**

Community paramedic pilot programs, referred to in Michigan as "Community Integrated Paramedicine" (CIP) are emerging as potentially valuable additions to palliative care teams by addressing non-emergency healthcare needs. While community paramedicine is not yet a licensed profession in Michigan, these pilot programs operate under a "Special Study" category regulated by the Bureau of EMS, Trauma, and Preparedness within the Michigan Department of Health and Human Services (MDHHS). This designation restricts practice settings and requires paramedics to hold a valid state license, with oversight from physicians or advanced practice providers. Currently, around 30 EMS agencies offer CIP programs, which play a crucial role in bridging healthcare gaps by providing in-home, non-urgent clinical tasks, such as patient assessments, medication audits, and chronic condition follow-ups. Northern Michigan University has a "grow-your-own" CIP program to build a local workforce, while Kellogg Community Colleges emphasizes follow-up care for chronic conditions, a key area that complements palliative care. By delivering care in patients' homes, CIP paramedics help reduce emergency department visits and readmissions and support individuals who face barriers to accessing traditional healthcare, making them a valuable asset to interdisciplinary care teams.

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In Michigan, community health workers (CHWs) are not formally licensed, and there is no state-mandated certification process for the profession, However, there are efforts to standardize training and credentialing to support the integration of CHWs into the healthcare system. The Michigan Community Health Worker Alliance (MiCHWA) has taken a leading role in promoting standards for CHW education and advocating for a recognized credentialing process, including the development of a standardized CHW curriculum that is widely used through the state. MiCHWA offers a CHW certification program designed in collaboration with healthcare and community organizations, which provides training in core competencies,

including health education, care coordination, and community outreach. Although MiCHWA certification is not a legal requirement, it is widely recognized by employers and helps validate the role of CHWs as essential members of healthcare teams. CHWs in Michigan often work in community-based organizations, health systems, and public health departments, focusing on tasks such as health education, chronic disease management and connecting individuals to resources. While Michigan has yet to legislate a formal regulatory structure, there is momentum towards professionalizing the workforce.

- **Continuing Education Requirement**

  Under Section MCL 333.16204 of Article 15 of the Michigan Public Health Code, a licensing board may require completion of continuing education as a condition for renewal of an individual's license. If the board requires continuing education, administrative rules must include a requirement that an applicant for renewal must complete an appropriate number of hours or courses in pain and symptom management. For example, physicians in Michigan must complete three hours of continuing education in pain and symptom management every three years. Michigan nurses must complete 25 hours of continuing education every two years with at least 2 hours in pain and symptom management. A Bachelor and Master of Social Work must complete 45 hours continuing education every 3 years with at least 2 hours in pain and symptom management. Information on other health professions requiring continuing education as a condition of relicensure can be found at https://www.michigan.gov/lara/bureau-list/bpl/health.

  Currently there is no requirement that a health care provider complete continuing education in palliative care.

6. What is the scope of telehealth use in your state related to palliative and end-of-life care?

Given the geographic challenges in Michigan, telehealth plays a crucial role In improving access to healthcare services, particularly for residents in the Upper Peninsula and northern Lower Peninsula. Many individuals face significant distances between their homes and healthcare providers. For instance, it can take approximately five hours to drive across the Upper Peninsula from east to west, three and a half hours to drive across the lower peninsula east to west, and five hours to travel north to south in the lower peninsula. These lengthy travel times make telehealth an essential option for many residents seeking timely medical care.

A survey conducted by the Michigan HomeCare and Hospice Association in 2022 revealed that 40% of clinic-based palliative care was provided through telehealth. This finding aligns closely with a research study conducted at the University of Michigan, which reported that an average of 39.8% of visits in palliative care clinic settings were held via telehealth.

Several bills related to telemedicine and telehealth were introduced this year, culminating in their being signed into law on June 6, 2024, with an effective date of Sine Die (91st day after final adjournment of the 2024 Regular Session). The key laws include:

- Public Act 51 of 2024 (HB 4579) requires an insurer to provide the same coverage for a service delivered via telemedicine, as if that service involved face-to-face contact between the provider and patient. This legislative change amends the Insurance Code.
- Public Act 52 of 2024 (HB 4131) prohibits an insurer from requiring a health care professional to provide telemedicine services for a patient unless the services were contractually required and clinically appropriate. It applies to health insurance policies delivered, executed, issued, amended, adjusted, or renewed in Michigan, as well as those covering Michigan residents from outside the state. This change amends the Insurance Code.
- Public Act 53 of 2024 (HB 4580) prohibits Medicaid or the Healthy Michigan Plan from requiring a recipient to use telemedicine service instead of in-person consultation. This statutory change amends the Social Welfare Act.
- Public Act 54 of 2024 (HB4213) requires telemedicine services to be covered under Medicaid and the Healthy Michigan Program if they are provided at or contracted through, a distant site as specified in the Medicaid provider manual. This change amends the Social Welfare Act

In addition, a number of administrative rules were issued, dealing with issues such as consent for treatment, practice requirements, and scope of practice.

This information was obtained from the Center for Connected Health Policy (CCHP) at www.cchpca.org/Michigan. Accessed on October 21, 2024.

Section 3: Payment landscape for palliative care

The current reimbursement structure for palliative care operates on a fee-for-service model, which provides a funding stream for physicians, physician assistants, and nurse practitioners as services are coded similar to a doctor's visit. Typically, providers use ICD code Z51.5, Encounter for palliative care. Providers can also bill for pain management services and advance care planning. However, this structure often fails to adequately cover the entire palliative care team, typically only reimbursing consultation services for physicians or nurse practitioners. While social workers can bill for services if a counseling diagnosis is present, there is no reimbursement available for case management or spiritual care, such as chaplaincy. A conversation with MDHHS Medicaid policy staff revealed that there is no current coverage for an all-inclusive palliative care services nor has there been any discussion about potentially adding palliative care as a specific benefit.

Many programs rely on philanthropic support, donations, or backing from healthcare systems to fill these gaps. As noted by a chaplain who provides palliative care services with one of the larger health systems in Michigan, the hospital sees the value proposition of palliative care and is willing to invest in it. During a recent site visit to Memorial Healthcare in Owosso, the Palliative Care Program Director shared that their program typically doesn't make money. Occasionally, in a good year, the program breaks even.

It is helpful if the hospital can see the return on investment, however calculating the ROI for palliative care services is complex, as it involves measuring savings from reduced emergency department visits,

fewer hospital admissions and readmissions, shorter lengths of stay, and decreased ICU days. Because of the enhanced reimbursement rates that critical access hospitals or rural health centers receive, these reductions may actually result in a loss of income for the organization.

In a progressive move, effective June 1, 2024, the Hawaii Department of Human Services received approval from CMS to amend its State Plan to classify palliative care as a preventative service under the ACA, allowing for reimbursement through Medicaid. They are currently in the process of developing the policies and procedures for implementation. The Michigan HomeCare & Hospice Association is currently strategizing to advocate for similar coverage in Michigan.

According to Definitive Health, Michigan has 51 Accountable Care Organizations (ACOs) as of May 6, 2023. https://www.definitivehc.com/resources/healthcare-insights/accountable-care-organizations-by-state. These organizations may provide a vehicle for the financing of palliative care services.

Innovative payment and service delivery models are being tested at individual health care facilities and at the state level, some of which are in Michigan. These innovative models may provide an avenue for integration of palliative care services. Additional information can be found at www.cms.gov/priorities/innovation/where-innovation-happening.

One potential option for addressing some of the shortcomings in the reimbursement scheme for palliative care is the Centers for Medicare & Medicaid (CMS) Chronic Care Management (CCM) Program, designed for Medicare beneficiaries. This program is available to patients with two or more chronic conditions with life expectancy of over a year. The Michigan Center for Rural Health is collaborating with three clinics - Sheridan Care in Sheridan (Montcalm County), Bay Care in Munising (Alger County), and Mackinac Straits in St Ignace (Mackinac County) – to establish a CCM structure. They are receiving assistance from Savvy Jane, an analytics firm that specializes in providing consulting services related to CCM, value-based care, and population health management, particularly for rural health centers, critical access hospitals, and other clinic settings. Under the CCM framework, providers can bill for 20 minutes of service that encompasses care planning, referrals, and medication management, with most interactions occurring via phone or virtual visit. This approach could enhance access to care and improve outcomes for patients in need of palliative care service.

The Center for Medicare & Medicaid Services (CMS) has introduced an important opportunity for healthcare providers to generate an additional revenue stream while reinforcing value-based care initiatives. Effective January 1, 2024, providers can use HCPCS code G0136 to bill Medicare for administering a standardized evidence-based Social Determinants of Health (SDOH) risk assessment tool. This option allows providers to integrate SDOH assessments as part of the Annual Wellness Visit (AWV) or during other eligible encounters. These assessments could become a routine component of palliative care, contributing to a more holistic, patient-centered healthcare mod

Section 4: Data to help identify needs

Gathering information on available resources has been challenging, an experience shared by several individuals interviewed during the environmental scan. As highlighted in the report *Michigan's Palliative Care Climate,* there is a significant gap in data regarding outpatient palliative care services. The Michigan Health & Hospital Association has indicated that they lack information on the number

of hospitals offering palliative care, which further complicates efforts to assess and improve access to these vital services.

1. How are you defining 'rural' for purposes of this project?

Defining "rural" is complex due to the term's varied interpretations across different contexts. While it is often associated with sparsely populated areas or small towns, "rural "encompasses a wide range of geographic, demographic, and economic characteristics that shift depending on local, regional, and national perspectives. In *Michigan's Roadmap to Prosperity*, the term "Rural Michigan" is framed by shared realities such as deep connections to natural assets, greater geographic remoteness, and smaller populations. The authors emphasize the importance of carefully selecting a rural definition that aligns with specific programming goals, stating:

> "It is critical that the rural definition used to determine the allocation of resources, tools, or incentives be carefully considered and appropriately selected to fulfill the intent of specific programming goals."

At the state level, the Michigan Department of Health and Human Services (MDHHS) utilizes uses Rural-Urban Commuting Area (RUCA) codes from the USDA's Economic Research Service to define rural areas, classifying any county not in a metropolitan region as rural. Conversely, the Michigan Center for Rural Health often adapts its definition based on federal agency guidelines or resources like the Rural Health Information Hub.

According to the Census Bureau's definition of rural - any population, housing, or territory not in an urban area - 61 of Michigan's 83 counties (73.4%) are considered rural. According to the *Roadmap of Rural Prosperity*, rural Michigan is home to 20% of the state's population while covering nearly 94% of the its land area.

2. In completing this environmental scan, the following maps and/or data summaries were identified as potential resources for communities.

MAP #1: County-level age distribution by local health departments

Total Population by Selected Age Groups
By Local Health Departments, Michigan 2022

Local Health Department	Total	< 18		18 - 44		45 - 64		65 & Over	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Michigan	10,033,757	2,109,759	21.0	3,483,209	34.7	2,560,711	25.5	1,880,078	18.7
Allegan County	121,210	27,916	23.0	39,122	32.3	31,851	26.3	22,321	18.4
Barry-Eaton District	172,552	35,629	20.6	56,598	32.8	45,504	26.4	34,821	20.2
Berrien County	152,899	32,253	21.1	48,020	31.4	39,668	25.9	32,958	21.6
Branch-Hillsdale-St. Joseph	151,164	34,739	23.0	47,678	31.5	38,530	25.5	30,217	20.0
Calhoun County	133,291	30,269	22.7	44,620	33.5	33,566	25.2	24,836	18.6
Central Michigan District	183,587	33,603	18.3	62,312	33.9	46,225	25.2	41,447	22.6
Chippewa County	36,310	6,487	17.9	13,656	37.6	9,000	24.8	7,167	19.7
Detroit City	638,389	159,124	24.9	229,866	36.0	152,785	23.9	96,614	15.1
P.H. Delta & Menominee Counties	59,998	11,012	18.4	16,692	27.8	16,403	27.3	15,891	26.5
Dickinson-Iron District	37,489	7,137	19.0	10,376	27.7	10,070	26.9	9,906	26.4
District #10	266,929	53,362	20.0	81,327	30.5	70,947	26.6	61,293	23.0
District #2	65,254	10,988	16.8	15,987	24.5	18,383	28.2	19,896	30.5
District #4	77,652	12,689	16.3	20,563	26.5	21,892	28.2	22,508	29.0
Genesee County	401,983	88,038	21.9	132,850	33.0	104,832	26.1	76,263	19.0
Grand Traverse County	96,464	18,534	19.2	31,553	32.7	24,917	25.8	21,460	22.2
Ingham County	284,108	54,661	19.2	128,345	45.2	58,982	20.8	42,120	14.8
Ionia County	66,809	13,817	20.7	25,025	37.5	17,312	25.9	10,655	15.9
Jackson County	160,067	33,186	20.7	54,225	33.9	41,813	26.1	30,843	19.3
Kalamazoo Cnty HSD	261,173	55,106	21.1	107,460	41.1	55,949	21.4	42,658	16.3
Kent County	659,083	152,891	23.2	255,192	38.7	151,441	23.0	99,559	15.1
Lapeer County	88,783	17,511	19.7	27,299	30.7	25,985	29.3	17,988	20.3
Lenawee County	98,567	20,028	20.3	32,475	32.9	25,985	26.4	20,079	20.4
Livingston County	196,163	39,251	20.0	61,064	31.1	57,039	29.1	38,809	19.8
Luce-Mackinac-Alger-Schoolcraft	33,136	5,411	16.3	8,931	27.0	9,360	28.2	9,434	28.5
Macomb County	874,195	178,925	20.5	297,939	34.1	236,755	27.1	160,576	18.4
Marquette County	66,664	11,675	17.5	26,206	39.3	15,053	22.6	13,730	20.6
Mid-Michigan District	188,284	38,867	20.6	65,210	34.6	49,119	26.1	35,088	18.6
Midland County	83,675	17,261	20.6	27,544	32.9	21,816	26.1	17,054	20.4
Monroe County	155,610	32,301	20.8	49,499	31.8	42,741	27.5	31,069	20.0
Muskegon County	176,564	39,087	22.1	60,502	34.3	44,457	25.2	32,518	18.4
Oakland County	1,269,431	253,891	20.0	437,516	34.5	343,012	27.0	235,012	18.5
Ottawa County	300,873	68,537	22.8	113,952	37.9	68,245	22.7	50,139	16.7
Bay County	102,821	19,888	19.3	33,072	32.2	27,316	26.6	22,545	21.9
Saginaw County	188,330	39,819	21.1	63,055	33.5	46,894	24.9	38,562	20.5
Shiawassee County	68,023	13,908	20.4	21,675	31.9	18,799	27.6	13,641	20.1
St Clair County	160,152	32,199	20.1	49,124	30.7	45,953	28.7	32,876	20.5
Van Buren-Cass County	127,095	27,467	21.6	38,748	30.5	34,048	26.8	26,832	21.1
Washtenaw County	366,376	65,770	18.0	160,671	43.9	81,601	22.3	58,334	15.9
Wayne	1,118,661	252,811	22.6	385,343	34.4	284,766	25.5	195,741	17.5
Benzie-Leelanau District	41,176	6,556	15.9	10,581	25.7	11,092	26.9	12,947	31.4
NW Mich Community Health	110,347	20,021	18.1	31,642	28.7	30,228	27.4	28,456	25.8
Western Upper Peninsula District	67,578	12,216	18.1	23,699	35.1	15,985	23.7	15,678	23.2
Tuscola County	52,942	10,583	20.0	15,984	30.2	14,797	27.9	11,578	21.9
Huron County	31,243	5,898	18.9	8,381	26.8	8,517	27.3	8,447	27.0
Sanilac County	40,657	8,437	20.8	11,630	28.6	11,078	27.2	9,512	23.4

Source: https://vitalstats.michigan.gov/osr/Population/npPopAgeGroupSlider.asp?AreaType=L Accessed Oct. 28, 2024

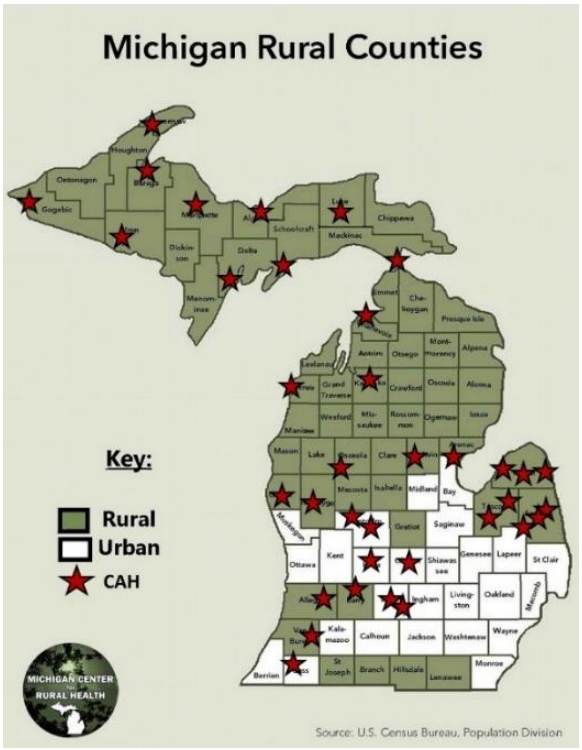
MAP #2: Location of Michigan hospitals

Interactive map available at https://www.mha.org/about/our-hospitals

Source: Michigan Health & Hospital Association

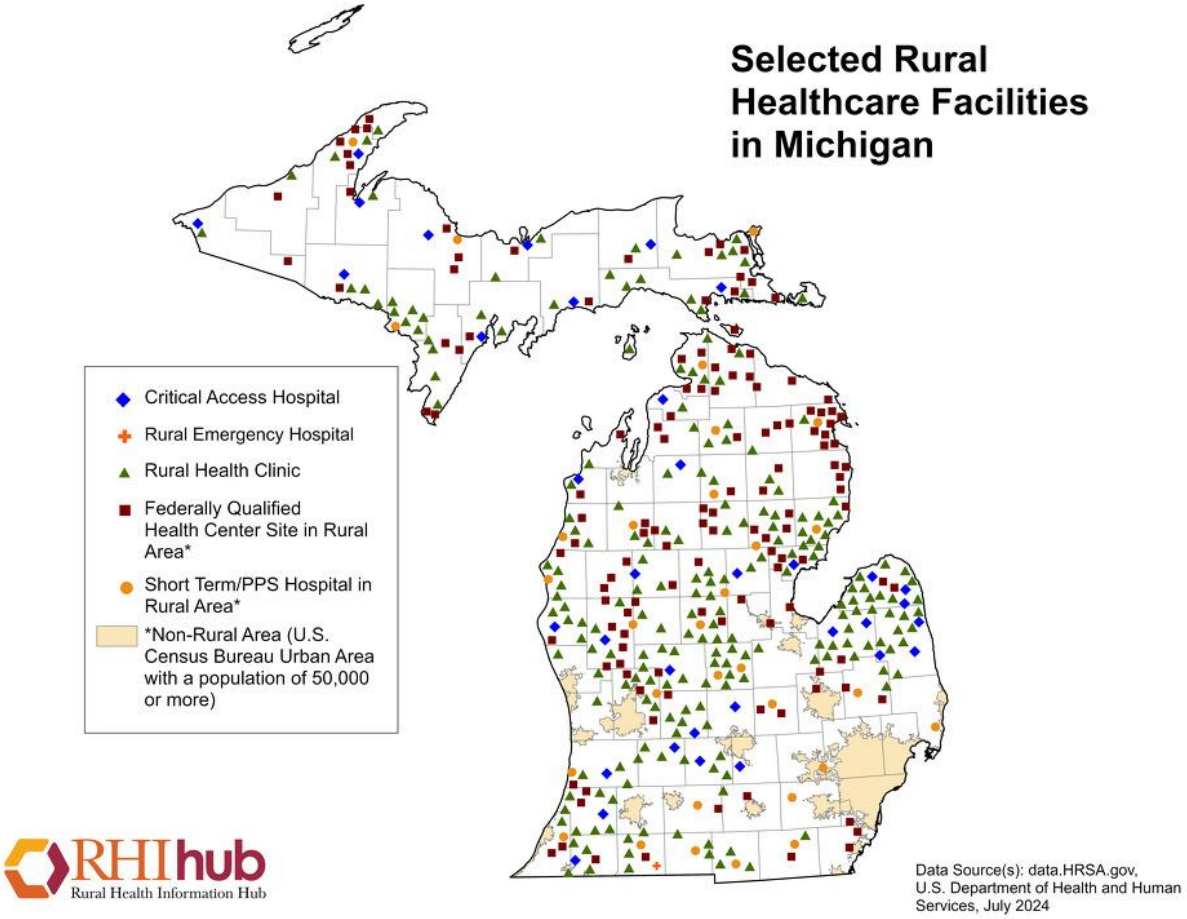
MAP #3: Michigan Rural Counties

Critical Access Hospitals are marked with a red star



Source: Michigan Center for Rural Health at https://mcrh.msu.edu/programs/hospital-programs/critical-access-hospital

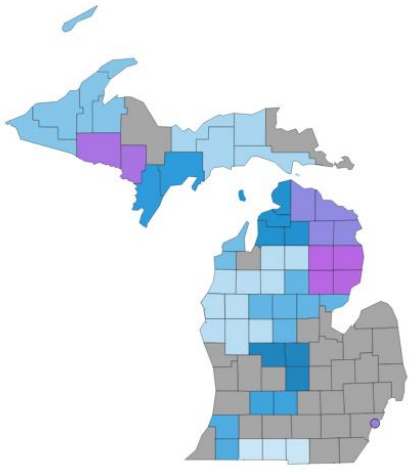
MAP #4: Michigan Rural Healthcare Facilities



Source: https://www.ruralhealthinfo.org/states/michigan. Accessed October 28, 2024.

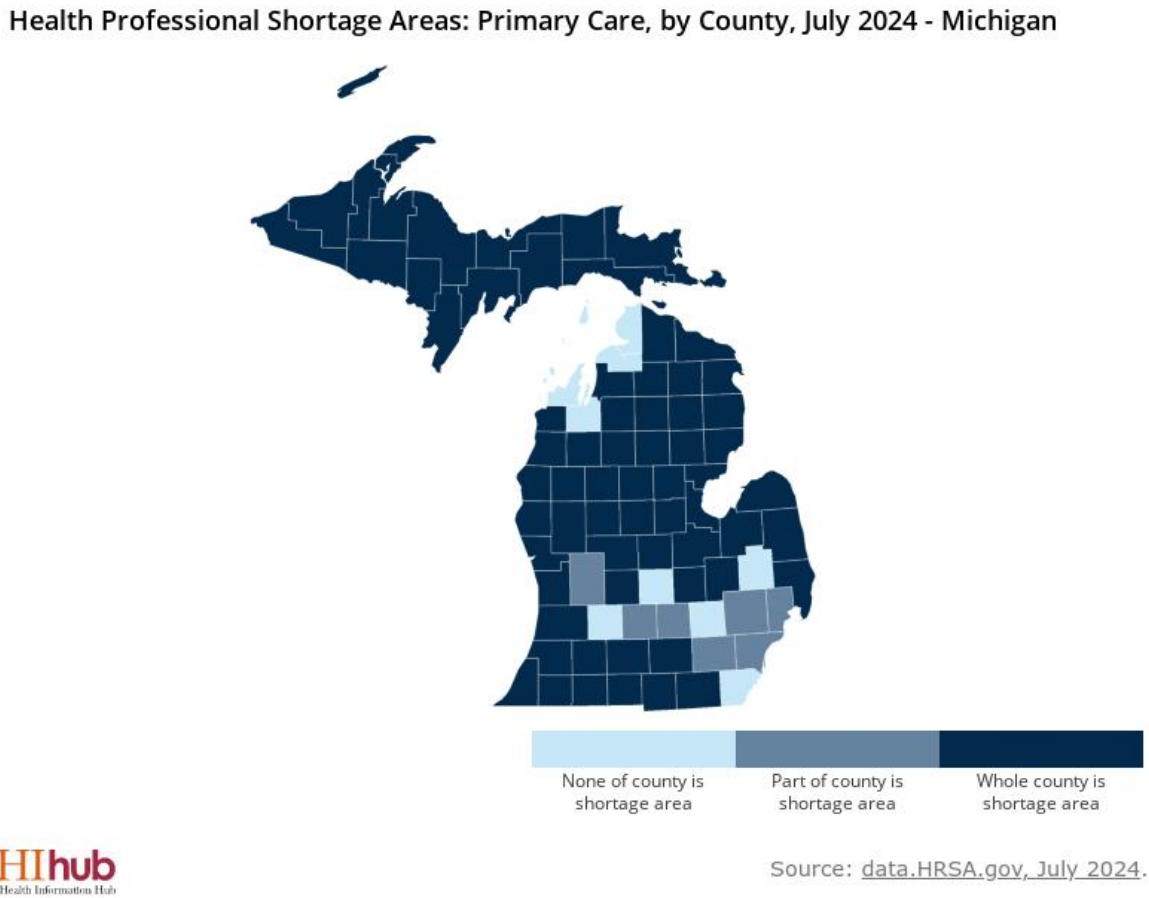
MAP #5: Michigan Local Public Health Departments

Michigan has 45 public health departments including one city health department, 30 county health departments and 14 multi-county districts. In the map below, the counties in various shades of blue and purple represent district health departments. The counties in gray represent county health departments. Michigan Association for Local Public (MALPH) has an interactive map showing which public health department serve each county, which can be accessed at https://www.malph.org/resources/directory.



Source: Michigan Association for Local Public Health website. Accessed October 28, 2024.

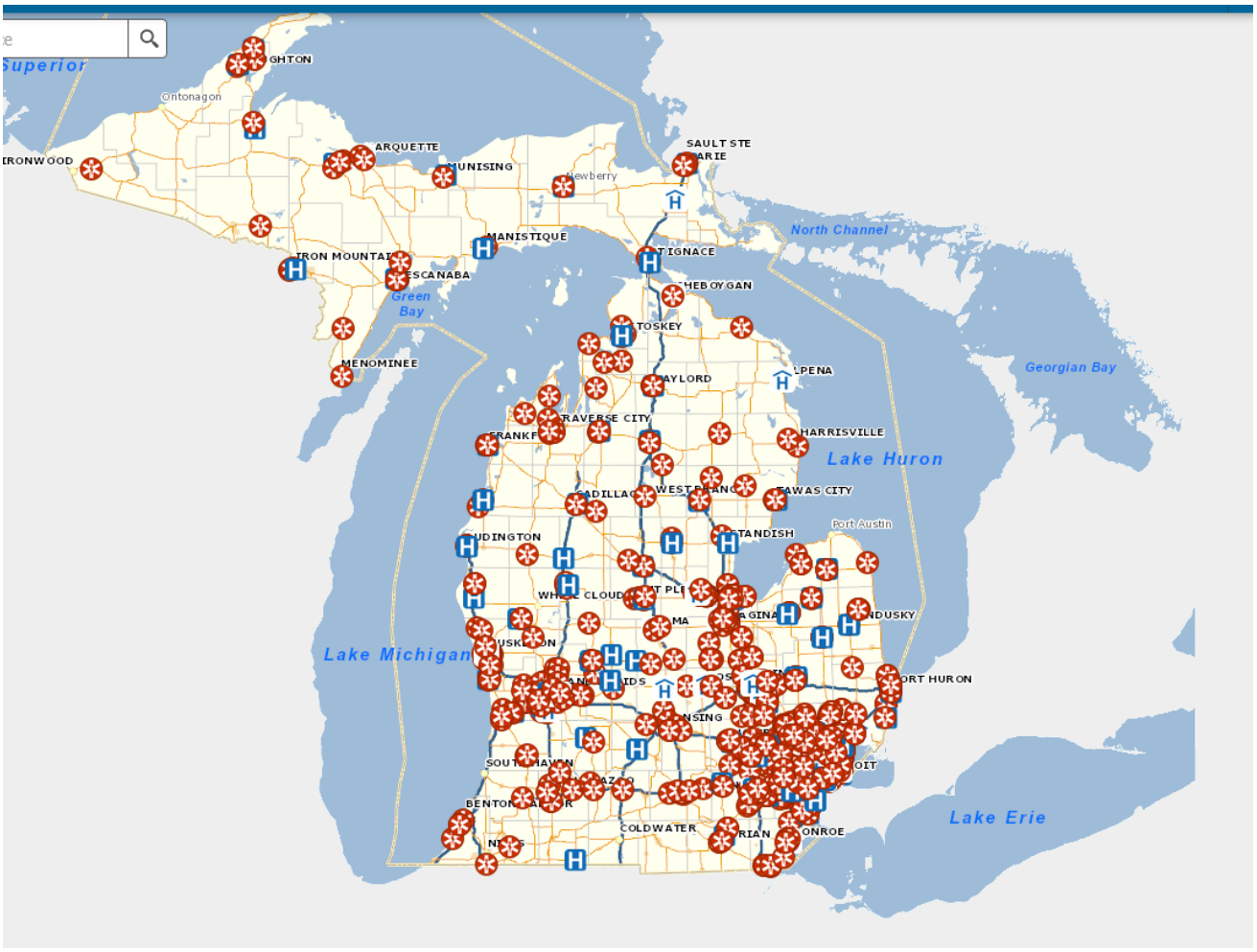
MAP #6: Health Professional Shortage Areas: Primary Care, by County July 2024 – Michigan

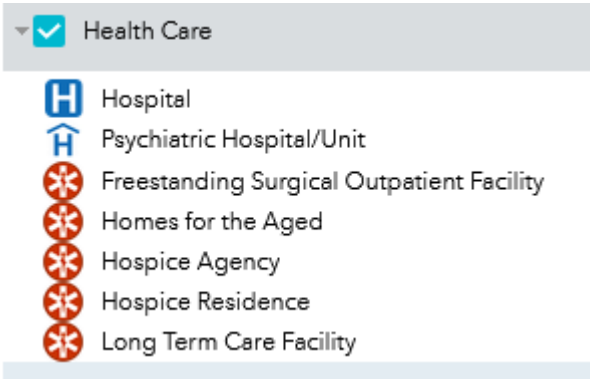


Source: https://www.ruralhealthinfo.org/charts/5?state=MI. October 28, 2024.

MAP #7: Licensed Health Care Provider Organizations

Interactive Licensed Provider Map, Michigan Department of Technology, Management and Budget and Michigan Department of Licensing and Regulatory Affairs. Includes hospitals, psychiatric hospitals, freestanding surgical outpatient facilities, homes for the aged, hospice agencies, hospice residences and long term care facilities.

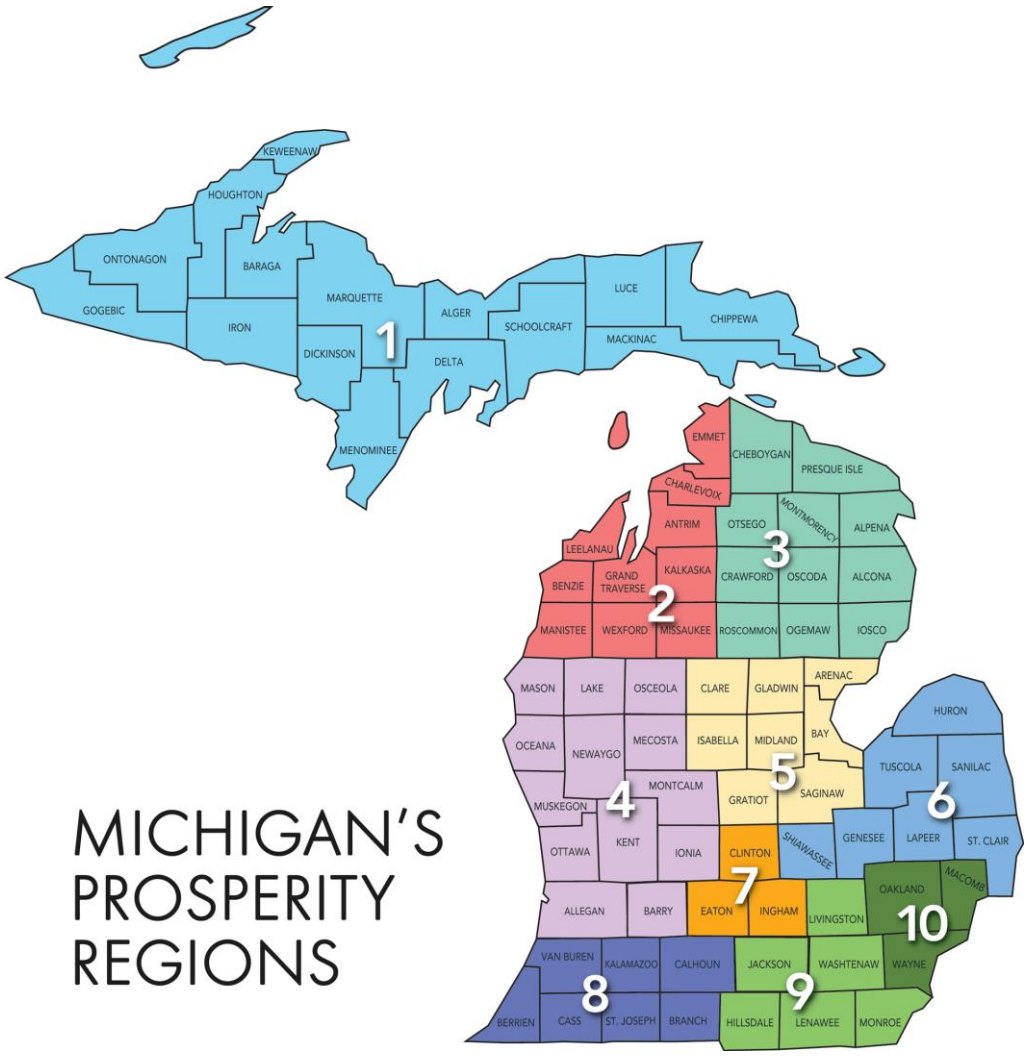




MAP #8: Michigan Prosperity Regions

Michigan's **Prosperity Regions** are part of a strategic framework introduced to improve the coordination and effectiveness of economic development, education, workforce, and other resources across the state. This initiative, known as the **Regional Prosperity Initiative (RPI)**, was launched in 2014 to streamline services and foster collaboration between various sectors.

Michigan is divided into **10 Prosperity Regions**, each with unique assets and challenges. By working within the prosperity region model, local leaders can effectively address diverse needs like health care, transportation infrastructure, broadband expansion, housing development, and access to educational resources, particularly in rural or underserved areas. Through the RPI, Michigan allocates funds to support regional collaboration projects, infrastructure and community development.

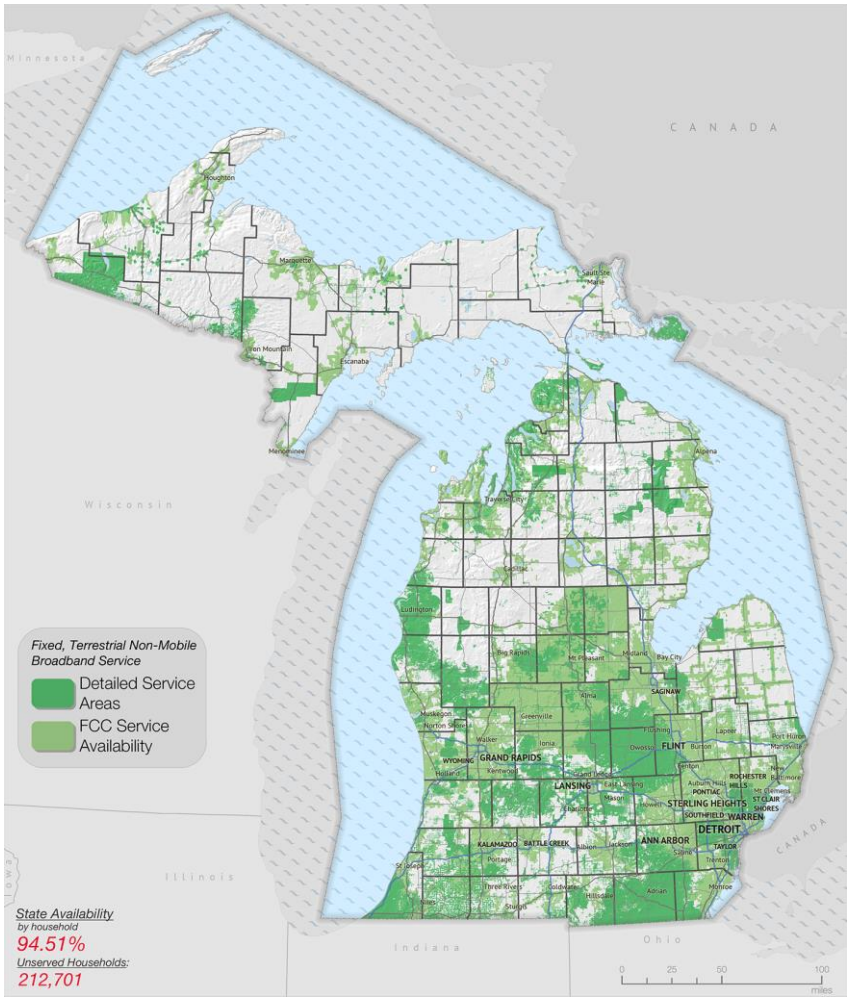


Source: https://www.michigan.gov/mshda/developers/opportunity-zones/opportunity-zone-prosperity-region-maps. Accessed Oct. 24, 2024

MAP #9: Broadband Internet Access

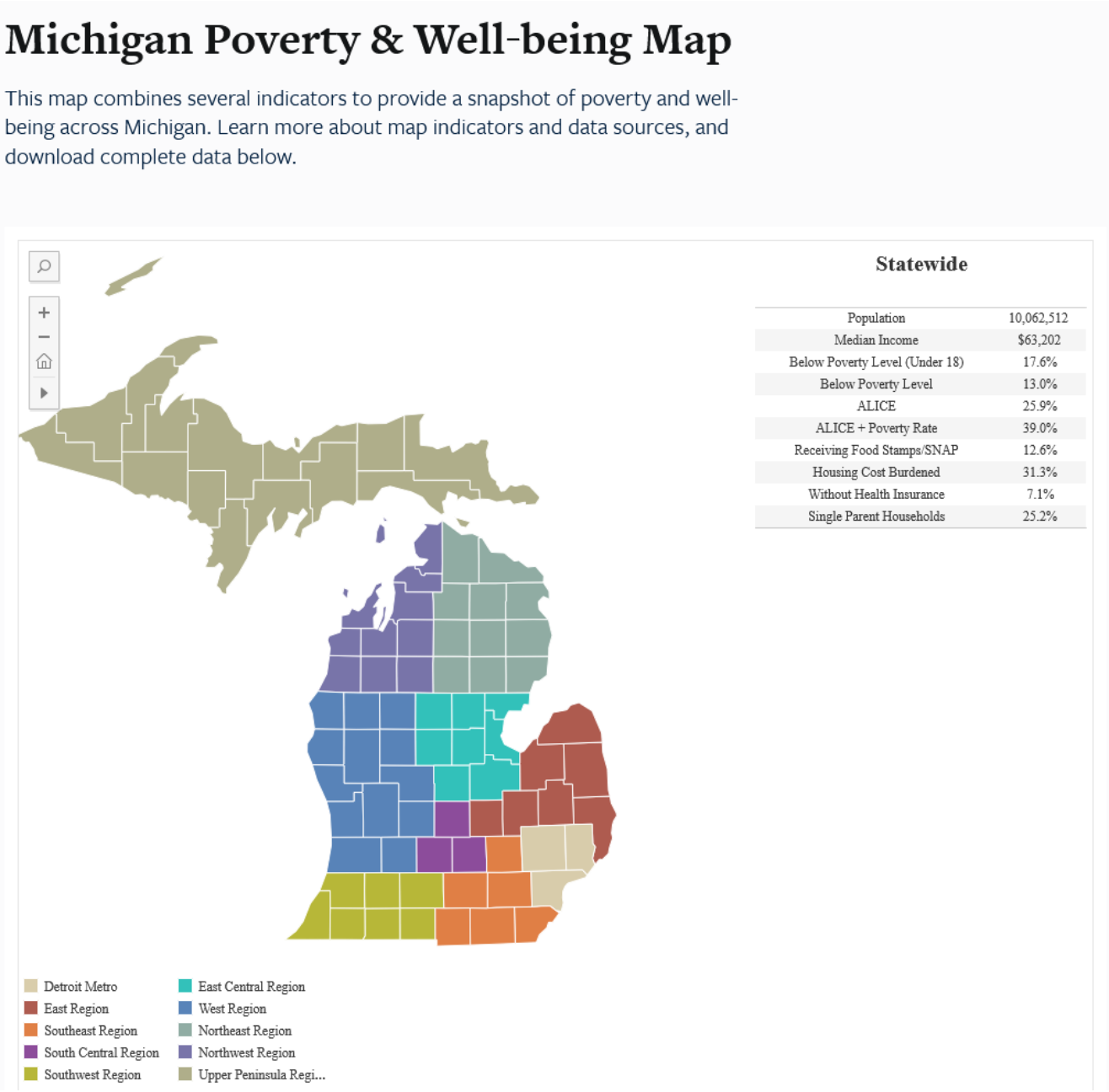
According to the Michigan Department of Labor & Economic Opportunity, Michigan continues to lag the nation in high-speed internet access with approximately 213,000 households without access. Major areas include the Thumb, northern lower peninsula, and the Upper Peninsula. Digital inequity remains a significant challenge in Michigan, impacting health, education, and economic opportunities for many residents. According to recent findings, approximately 1.24 million households (31.5%) lack a permanent, fixed internet connection, while nearly 35% of households with annual incomes below $20,000 do not have broadband access. This gap also disproportionately affects older residents, with over 22% of those aged 65 and older (395,000 people) without broadband at home.

Limited internet access has direct implications for community health outcomes, as broad connectivity enables access to vital healthcare resources, including internet-based counseling, health coaching, and educational materials. With broadband access, individuals are better equipped to make proactive and preventative healthcare choices, which can reduce hospitals and improve overall well-being. However, digital literacy remains a barrier, limiting many residents' ability to navigate online resources effectively, Addressing both digital access and literacy gaps is crucial to ensure that all Michigan residents can fully benefit from the health and educational resources the internet provides.



Source: https://www.michigan.gov/leo/-/media/Project/Websites/leo/Documents/MIHI/2021-Update-to-the-Michigan-Broadband-Roadmap.pdf..

MAP #10: Michigan Poverty & Well-being

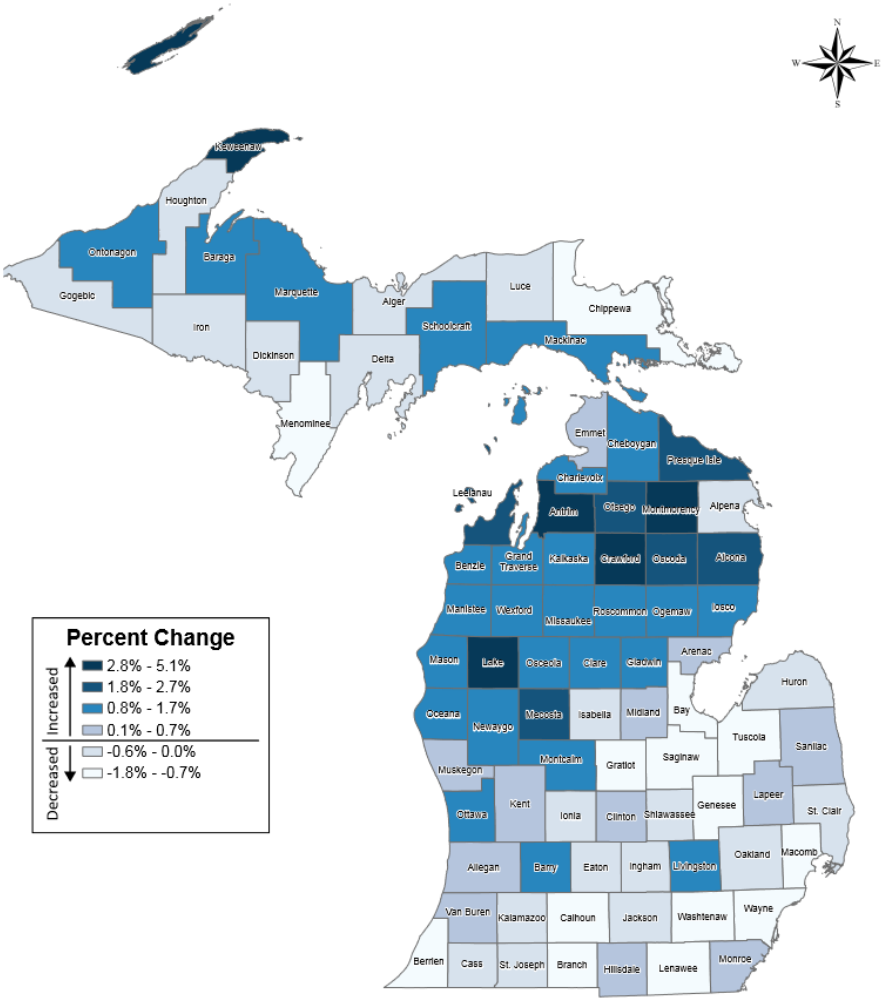


According to the *Michigan Roadmap to Prosperity*, four of the five counties with the highest percentages of residents living below the poverty line are rural. These counties are Isabella, Clare, Wayne, Mecosta, and Lake. The only non-rural county among them is Wayne.

Source: University of Michigan Poverty Solutions. https://poverty.umich.edu/research-funding-opportunities/data-tools/michigan-poverty-well-being-map/. Accessed Oct. 28, 2024

MAP #11: Michigan Population Changes

The map of Michigan Population Changes 2020-2022 was created by the Michigan Department of Agriculture and Rural Development and included in the *Michigan's Roadmap to Rural Property* report published by the Michigan Office of Rural Prosperity in the Michigan Department of Labor & Economic Opportunity in May 2023.



Additional data sources:

- Prevalence of Chronic Disease in Michigan, Michigan Department of Health and Human Services. Includes interactive data dashboards, fact sheets, infographics, and/or surveillance briefs for cardiovascular health, COPD, Diabetes, and other chronic diseases. https://www.michigan.gov/mdhhs/inside-mdhhs/statisticsreports/chronicinjury

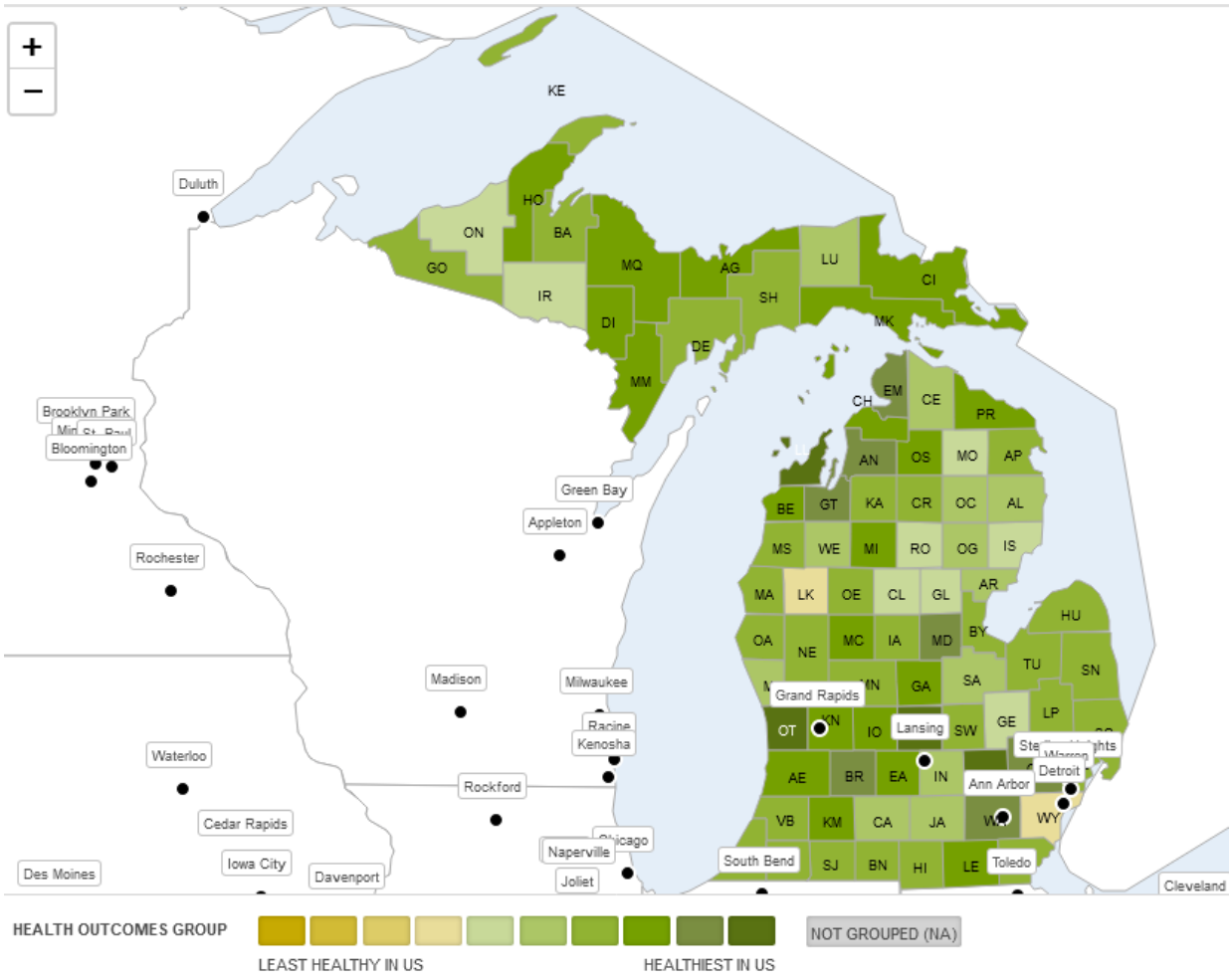
- Hospice Agencies and Residences Provider Directory, Michigan Department of Licensing and Regulatory Affairs (LARA), Bureau of Community and Health Systems. Although LARA does not

offer a searchable directory, they have a listing available on their website. However, the most current directory is from 2019.
https://www.michigan.gov/-/media/Project/Websites/lara/bchs/Folder2/State_Federal_-_Hospice_Agencies_Residences.pdf?rev=e876586bbed44b0a8f625730894ef823

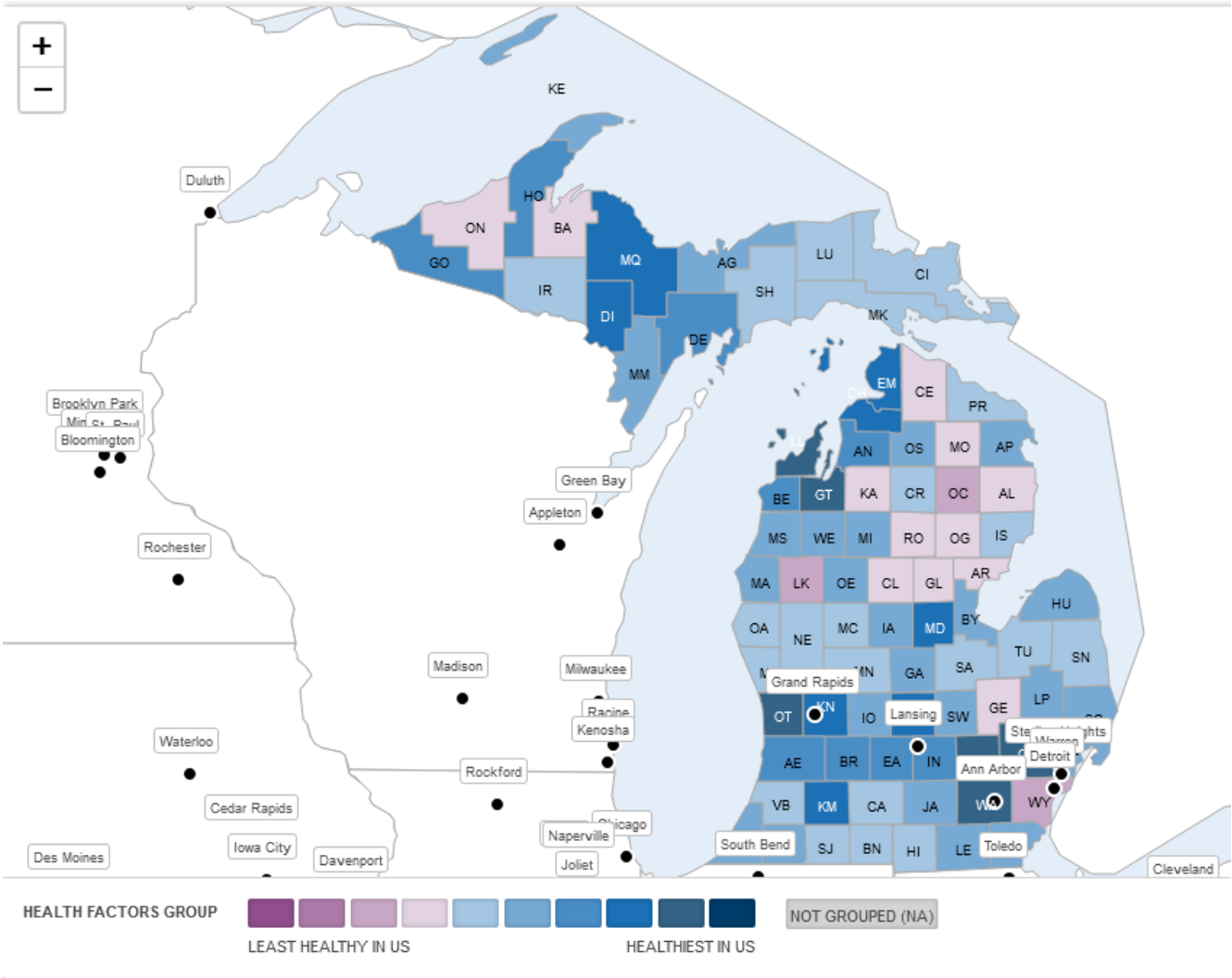
The website also includes the 2025 survey schedule for certified hospice agencies, covering approximately one-third of the hospice providers each year. https://www.michigan.gov/lara/-/media/Project/Websites/lara/bchs/Folder1/State-Licensing-Section-2025-Hospice-Survey-Schedule.pdf

MAP #12: Michigan County Health Rankings

The County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute, provides annual health data for each county. The 2024 measures include health outcomes and factors such as health behaviors, clinical care, social and economic factors, and physical environment. The first map focuses on overall health outcomes across Michigan's 83 counties, highlighting metrics such as longevity, and the extent to which residents experience physical and mental health.



This map highlights the factors that influence both the quality and length of life. Health factors encompass areas where improvements can lead to longer, healthier lives, such as reducing smoking, increasing physical activity, and addressing obesity. It also includes clinical factors like access to primary care providers, preventable hospitalizations, and participation in preventative care, such as mammography screenings. Additionally, the map considers social and economic factors, including unemployment rates and the percentage of children living in poverty; as well as physical environment factors such as housing availability and air quality.



Complete data is available at https://www.countyhealthrankings.org/health-data/michigan?year=2024&measure=Health+Outcomes.

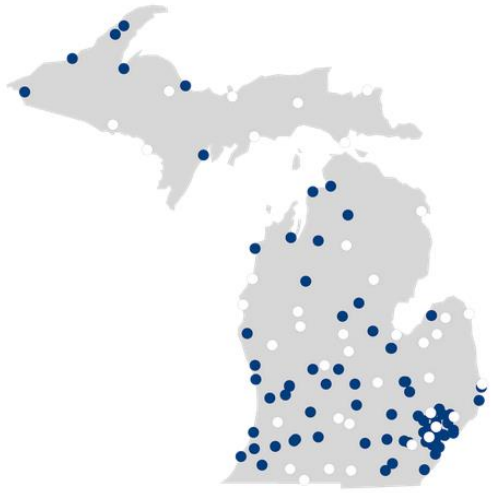
Section 5: Existing rural community-based palliative care programs

According to the Center to Advance Palliative Care's *2019 State-by-State Report Card on Access to Palliative Card on Access to Palliative Care in our Nation's Hospitals,* Michigan received a "B" with a score of 75.4 out of 100, ranking 29th out of 51 (includes the District of Columbia). It should be noted that this report did not include hospitals with fewer than 50 beds. In 2015, Michigan received a "B"

with a score of 66.7. At that time, there were 48 palliative care programs out of 72 hospitals. In 2011, there were 65 programs out of 85 hospitals. This trend highlights a gradual decline in the availability of palliative care programs from 2011 to 2019.

Availability of Hospital Palliative Care in Michigan

Blue dots – Hospital Palliative Care
White dots – No Hospital Palliative Care



Availability of Palliative Care Services	
Less than 50 beds	54.2%
50-150 beds	38.1%
151-299 beds	82.4%
300+ beds	96.8%

- - Accessed from https://reportcard.capc.org/state/michigan/

The availability of palliative care programs in Michigan varies widely by geographic location. In urban areas, 83% of hospitals offer palliative care programs, reflecting a higher concentration of healthcare resources in cities. In contrast, only 44% of suburban hospitals offer such programs while rural hospitals lag behind with just 41.7% providing access to palliative care. This disparity underscores the challenge of ensuring equitable access to palliative care across different regions of Michigan, particularly in less densely populated areas.

Beyond hospitals, the Michigan HomeCare & Hospice Association reports at least 25 community-based palliative care programs. These programs provide services through various settings, including office practices, clinics, nursing homes, and home-based care.

On a national level, the National Association for Home Care & Hospice and the National Hospice and Palliative Care Organization recently merged to form the National Alliance for Care at Home. According to the Alliance, there are 12 agencies in Michigan offering palliative care, largely through hospice organizations. These agencies are located in communities such as Muskegon (2) , Midland, Big Rapids, Charlevoix, Cadillac, Gaylord, Ludington, Traverse City, Marlette, Marquette, and Alpena.

The Center to Advance Palliative Care (CAPC) lists 14 in-home palliative care providers in Michigan, however, data is incomplete, as CAPC participation is voluntary. Among these, two providers report serving all Michigan counties, while the remaining 12 serve specific counties. Of the 14 providers, 12

provide adult services only, 1 provides adult and pediatrics and 2 did not specify the populations they serve.

County	# of Providers
Allegan	1
Antrim	1
Barry	1
Bay	1
Benzie	1
Berrien	1
Branch	1
Cass	1
Clinton	2
Eaton	3
Genessee	2
Grand Traverse	1
Gratiot	1
Hillsdale	2
Huron	1
Ingham	3
Isabella	1
Jackson	3
Kalamazoo	2
Kalkaska	1
Kent	1
Lapeer	1

County	# of Providers
Leelanau	1
Lenawee	2
Livingston	2
Macomb	4
Mason	1
Midland	1
Monroe	3
Muskegon	1
Newaygo	1
Oakland	3
Oceana	1
Ottawa	1
Saginaw	1
Sanilac	1
Shiawassee	1
St.. Clair	1
St. Joseph	1
Tuscola	1
Van Buren	1
Washtenaw	3
Wayne	4

Source: Center to Advance Palliative Care (CAPC). https://reportcard.capc.org.

While this list of palliative care programs is not exhaustive, it provides a sense of the variability in programs. As the Palliative Care Director at Memorial Healthcare aptly noted, "If you've seen one palliative care program, you've seen one palliative care program." This emphasizes that each program can differ significantly in its structure, services, and approach to care. Refer to the 2019 *State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals* for additional details on data sources and methods for hospital palliative care. https://reportcard.capc.org

Here are examples of palliative care programs available in Michigan. This information was primarily collected from online resources, and the level of detail varies considerably across sources.

Program name: Aspirus Health Palliative Care
Provides palliative care services through its facilities in Wisconsin. According to the website, palliative care services are currently not available in Michigan. However, there are providers located in Rhinelander, Wisconsin, which is just over an hour from Ironwood, home to Aspirus Iron River Hospital. There are two additional hospitals in Michigan in Laurium and Ironwood. Aspirus operated three *Aspirus At Home - Home Care & Hospice* locations in Michigan: Crystal Falls, Hancock, and Ironwood. The website lists several serious illnesses that could benefit from palliative care service, including heart disease, kidney failure, cancer, respiratory disease, ALS, multiple sclerosis

Program Name: Betzy's Place
Betzy's Place is a 6-bed home-based palliative care facility providing compassion care. It operates on a private-pay model but accepts residents with long term care insurance. Most residents are over 80 years old and have chronic disease including dementia, although patients with mental illness are not admitted. Approximately half their patients are at end-of-life, while the other half are dealing with chronic illnesses. Residents are cared for by their personal physician and receive additional medical and spiritual support from community providers. Through CareYaYa, a technology solution connecting healthcare students interested in elder care with caregiving roles, Betzy's Place recruits nursing and medical students from the University of Michigan to assist in providing direct care services

Program name: Bronson Palliative Care Services, Kalamazoo
Focuses on palliative care for adults, with inpatient services and a robust outpatient program, including home visits and telemedicine options.

Program name: Corewell Health Spectrum Palliative Care, Grand Rapids
Provides inpatient and outpatient palliative care, including home-based services, for adults and pediatric patients in the West Michigan area.

Program name: Geriatric Palliative Medicine, Memorial Healthcare, Owosso (On-site visit)
Launched in 2019, the palliative care program serves older adults in Owosso and nearby areas who have serious chronic illnesses, multiple co-morbidities and/or dementia and other cognitive disorders. Care is provided through inpatient, outpatient, and telemedicine services. Outpatient referrals come from primary care physicians, direct patient contacts, caregiver outreach, and hospice discharges. Dr. Larson, the program director, coordinates care with all providers, ensuring primary care physicians are involved at every step. She sees an average of 4-7 patients a day, occasionally up to 12, and also takes calls from families. Emphasizing the importance of community connections to address patients' needs, Dr. Larson highlighted efforts to support caregivers, such as partnering with a local nonprofit respite service and an assisted living facility that offers a 2-week respite program. She also noted that while attaching a palliative care program to a home care or hospice organization can sometimes create confusion, this approach may be the most effective for serving a rural community.

Program name: Harbor Palliative Care
Program features an interdisciplinary team that includes physicians, nurse practitioners, registered nurses, and social workers to provide clinical evaluations and facilitate care discussions. The focus is on pain and symptom management, along with care coordination with the patient' current physician. Additionally, the program assists with the completion of advance directives. The program does not treat chronic pain or provide primary care services. Most visits are conducted in the client's home or in settings where they reside, such as assisted living facilities rehabilitation centers, or skilled nursing facilities. The program partners with the Cancer and Hematology Centers of West Michigan to deliver services directly at their Muskegon cancer center. Harbor Tele-Health is also available, offering flexibility in location and scheduling for client visits.

Program name: Henry Ford Health System Palliative Medicine, Detroit
Delivers a range of palliative care services for patients in both hospital and home settings, focusing on symptom management and support for patients with chronic and advanced illnesses.

Program Name: Landmark Health
While not specifically a palliative care program, **Landmark Health** provides chronic care management services to BCBSM members with Medicare Advantage plans, specifically Medicare Blue or Blue Care Network Advantage members in the Lower Peninsula. Landmark offers in-home Medicare care for patients with chronic conditions, including those with complex conditions, including house calls, telemedicine and social services. Landmark was founded in 2013 to address a problem where many people with chronic health conditions use hospital emergency departments as their primary source of care. Outcomes include reduced emergency department visits, unnecessary hospital admissions, mortality rates and cost. They provide high-intensity care that complements office-based primary care. Home-based care includes an interdisciplinary team, care management, medication management, patient and caregiver education and care coordination. Office locations include Southfield, Lansing, Traverse City, Grand Rapids and Saginaw. Their "Complexivist" team (physician, nurse practitioner, physician assistant, social worker, care coordinators, health care ambassadors, pharmacist, dietitian and behavioral health provider) is trained in caring for older adults with multiple chronic conditions and in end of life conversations and management.

Program name: McLaren Palliative Care
Program is a Community Health Accreditation Partner (CHAP) accredited provider. Provides palliative care to people living with serious, complex and chronic illnesses such as Alzheimer's, ALS, Cancer, Cardiac Disease, COPD, Kidney Failure and Parkinson's. Care can be provided at home, in an assisted living facility, skilled nursing facility or adult foster care home. The palliative care team includes a physician and nurse practitioner trained in pain and symptom management and may also include a medical social worker and volunteers. Service area includes Genesee, Lapeer, St. Clair, Macomb, Oakland and Wayne counties.

Program name: Munson Healthcare Palliative Care, Traverse City
Provides palliative care services across northern Michigan, including in-home and clinic-based support for adults, with a focus on symptom control and quality of life.

Program name: MyMichigan Health
Offers a home- and clinic-based palliative care program serving patients in the Clare, Gladwin, Gratiot, Isabella, Midland, Montcalm and parts of Arenac, Bay, Mecosta, Ogemaw, Roscommon, and Saginaw counties.

Program name: NPalliative, Traverse City
This local care provider serves Northern Michigan with the goal of improving patients' quality of life. Specializing in chronic illness management, transitional care, and support for individuals with life-limiting diseases, the organization is a member of the American Academy of Home Care Medicine and Center to Advance Palliative Care. In addition to palliative care, NPalliative offers a range of services, including home-based diagnosis and treatment, chronic illness management, medication monitoring, prevention of hospitalization, and symptom management through an interdisciplinary team that includes practitioners, counselors, dietitians, nurses and massage therapists. They also provide decision-making assistance, including Medical Durable Power of Attorney (MDPOA) & MI-POST, caregiver support, and remote patient monitoring. This for-profit organization accepts a variety of insurance plans, including Medicare, BCBSM, BCN, Tricare, and Priority Health.

Program name: University of Michigan – Sparrow Transitions Home Palliative Care Service
Program is designed to support individuals facing the challenges of living with a life-limiting illness. Established in 2002, it aims to assist patients who need symptom management, as well as psychological and social support. Care is provided by registered nurses and medical social workers and is directed by the individuals' physician. Eligible participants include individuals with a life-limiting illness who are actively receiving treatment, have a life expectancy of a year or less, and whose physician is willing to collaborate with UM Health-Sparrow.

Program name: University of Michigan Health System Palliative Care Program, Ann Arbor
Offers a comprehensive palliative care program, including inpatient, outpatient, and home-based services, with specialized teams for both adult and pediatric care.

Program Name: Wings of Hope
Wings of Hope provides comprehensive hospice and palliative care services to residents in Allegan, Barry, Kalamazoo and Van Buren Counties and surrounding areas. Patients receive care in various settings, including their home, hospital, nursing home, assisted living facility, or adult foster care facility. Journeys Palliative Care supports individuals with serious or chronic illnesses such as CHF, COPD, Cancer, Age-related frailty, Parkinson's Disease, Advanced dementia, Kidney failure, ALS, and long-term effects of stroke with disability. Services include initial assessments by a nurse practitioner or nurse, symptom and medication management, emotional support for patients and their caregivers, regular follow-ups with a nurse, and referrals to community resources. The program staff collaborate with the patient's physician or other healthcare providers to coordinate care.

Section 6: Workforce Development

The shortage of healthcare professionals has reached a critical point, driving healthcare organizations to prioritize workforce development initiatives. The Michigan Health & Hospital Association, for example, has made recruitment and retention of healthcare workers a strategic focus, recognizing the urgent need to address the growing crisis. Reflecting this concern, nearly every healthcare-related conference now features sessions dedicated to workforce challenges, underscoring a widespread collaborative effort to fill vacancies and ensure workforce stability.

According to the *2024 Michigan Healthcare Workforce Index: Ranking the Health of Michigan's Healthcare Occupations*, published by the Michigan Health Council, nearly all of the 36 healthcare occupations analyzed are projected to experience workforce shortages through 2033. While the projected shortage of physicians appears relatively small, certain specialties are facing more acute shortages. Professions requiring a Master of Social Work degree are expected to see particularly significant shortages, a trend with potential implications for palliative care delivery. The Index can be found at https://www.mhc.org/_files/ugd/71b12d_79987a2745ab4999b25e9ffa4fabf744.pdf. In addition to the statewide report, data is also available by prosperity region.

In the 2016 report *Michigan's Palliative Care Climate,* workforce development was identified as the most critical area requiring attention, highlighting a significant shortage of palliative care providers in the state. At the time, there were only 20 fellowships for palliative care training available in Michigan, which was insufficient to meet the growing demand for services. The report also noted a lack of resources and financial support dedicated to training healthcare providers in this field.

The authors emphasized the necessity for all healthcare providers to be trained in generalist palliative care services, which should include foundational knowledge and skills in basic pain and symptom management, advance care planning, and referral resources for advanced palliative care. They advocated for integrating this education into the curricula of all healthcare training programs. This recommendation was also shared by members of the MCRH Rural Palliative Care Advisory Council.

The End-of-Life Nursing Education Consortium (ELNEC) is a national initiative aimed at providing palliative care training for nurses and other healthcare professions. This program supports undergraduate and graduate nursing faculty, continuing education providers, staff development educators, specialty nurses in pediatrics, oncology, critical care and geriatrics, and others by equipping them with the necessary training to each nursing students and practicing nurses. Oakland University School of Nursing has two ELNEC-certified trainers, and while there may be additional trainers in Michigan, specific data on them has not been accessible. Additionally, there is an ELNEC Specialist in core curriculum at Hospice Care of Southwest Michigan and an ELNEC Specialist in Pediatrics at Sparrow Hospital, both listed on the ELNEC website.

Section 7: Additional Information

Michigan Palliative Care Climate Report

The report, published in August 2023, focused on four key areas: workforce development, palliative care and the family, home care and access to medication. Major findings highlighted a lack of adequately trained palliative care providers, lack of a coordinated effort to increase education and awareness of available resources for family, and inadequate reimbursement for in-home palliative care services. Additionally, at the time, Michigan's use of telemedicine was trailing behind other states, and there were concerns that potential regulation of opioids might restrict access for patients receiving palliative care.

To address these issues, the report included several recommendations:

1. Create a Michigan Palliative Care Commission
2. Appoint palliative care providers to Michigan's Prescription Drug & Opioid Abuse Commission
3. Develop a legislative task force to review healthcare decision-making tools and MI-POST laws
4. Secure funding for palliative care provider training
5. Update insurance code to provide coverage for palliative care teams
6. Fund a pilot project for palliative care team reimbursement

To date, most of the recommendations to improve access to and delivery of palliative care in Michigan have not been acted upon.

Michigan HomeCare and Hospice Association (MHHA) Palliative Care Survey

The Michigan HomeCare and Hospice Association (MHHA) conducted a survey in 2022 to better understand the current palliative care environment. The results of the survey were presented at MHHA's annual conference in May 2024. Key points from the survey include:

- Hospice organizations are Michigan's primary providers of palliative care followed by home health services and hospitals
- Program models vary widely across providers
- Over half of organizations responding to the survey neither offer no plan to offer palliative care services
- Key referrals for palliative care services come from hospitals, primary care providers, and hospice organizations
- Most palliative care is provided at home or in the community, with hospitals and outpatient clinics following
- About half of programs use an MD/NP model, while others operate with a hospice team (physician, nurse, social worker, spiritual care)
- Medicare B is the primary reimbursement source, yet 70% of programs offer services without coverage. Social work services, in particular, are often unfunded
- Three-quarters of programs do not participate in merit-based incentive payment systems
- Most programs have incorporated telehealth, with 40% of clinic-based care delivered remotely
- Michigan's few clinic-based palliative care programs are mainly in high-density areas

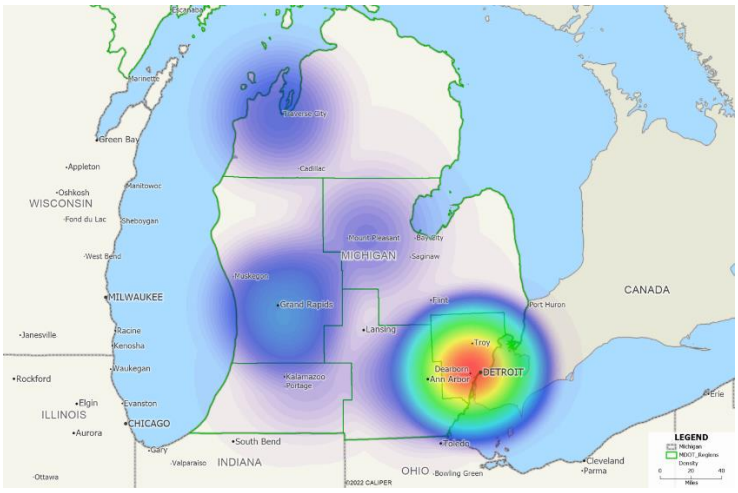
University of Michigan Palliative Care Survey

In 2023, Dr Andrew Russell, an Integrated Fellow in Geriatrics & Palliative Medicine at the University of Michigan, conducted a survey to examine current access to clinic-based palliative care and assess how Michigan oncology practices use referrals to palliative care clinics. The study included two distinct surveys – one targeting palliative care clinics and the other focused on Michigan Oncology Quality Consortium practices. Notably, the survey excluded home health and hospice agencies, focusing solely on clinic-based providers. Responses were collected from June 2022 through August 2023, identifying 17 non-home health palliative care programs, of which 16 operated as clinic-based, with a total of 33 sites.

Organizations offering non-home palliative care services included Ascension Borgess, Ascension Genesys, Ascension St. John, Centracare (Bronson Health), Children's Hospital of Michigan, Corewell Health Spectrum, DeVos Children's Hospital, Henry Ford Health, Karmanos, Michigan Medicine, Munson Healthcare, MyMichigan, Trillium (Holland Home), Trinity IHA, and University of Michigan.

Key findings from the survey include:

- 40.6% of clinics accepted only patients with cancer diagnoses
- 77.4% of clinics accepted patients from outside their health system
- 40.6% of clinics accepted patients under 18
- On average, 39.8% of visits were conducted via telehealth
- 80% of clinics employed at least one physician, 60% had at least one advanced practice provider, 55% had a social worker and approximately 18% had access to at least one chaplain
- A heat map revealed areas with higher clinic density, reflecting distribution patterns across the state



These findings highlight that Michigan's clinic-based palliative care programs are concentrated in high-density regions, with telehealth serving as a significant method of care delivery to extend access.

A survey of 55 Michigan Oncology Quality Consortium (MOQC) practices yielded a 56% response rate, with 31 respondents. Of these, 26 were hematology-oncology practices and 5 were gynecology-oncology practices. Key findings include:

- 55% of practices lack a co-located or embedded palliative care clinic, with 70% relying on referrals to home-based palliative care
- Common reasons for referrals include advance care planning, managing acute or chronic pain, addressing home care needs, treating non-pain symptoms, and supporting mental health.
- Identified obstacles to palliative care include limited provider availability, patient awareness and perceptions, geographic and transportation challenges, insurance limitations, communication and collaboration gaps, technology barriers, and the perceived burden on patients
- Technology issues include compatibility across electronic health records, credentialing across health systems, establishing payment structures and barriers for patient lacking sufficient internet bandwidth, computer access, or digital literacy.
- Issues working with home-based palliative care include limited communication back to oncologists, seeing patients fewer than twice per month, and restrictions on prescribing opioids.

In conclusion, most MOQC practices lack access to palliative care within their health systems or group practices, with significant geographic disparities further limiting availability. Additionally, 43% of practices indicated they would not utilize e-consults, highlighting a gap in virtual support options for palliative care.

Public Awareness

Members of the Rural Palliative Care Advisory Council identified two significant gaps in public awareness regarding palliative care. First, there is a widespread lack of understanding about what palliative care encompasses and the benefits it provides. Second, many people confuse palliative care with hospice care, a misconception that often prevents timely and appropriate utilization of palliative services.

This perspective aligns with insights from Memorial Healthcare's Palliative Care Director, who noted that a primary focus when launching new palliative care programs is educating both healthcare providers and the community. Public health departments often lead awareness efforts, but their campaigns generally frame palliative care under broader social health services, which can obscure its distinct role.

Health literacy also plays a crucial role in understanding and accessing palliative care services, especially in rural areas where residents face lower literacy rates, limited educational opportunities, and higher poverty rates. To address these awareness gaps, the Northern Michigan University Center for Rural Health offers a monthly virtual webinar series, The U.P. Community Health Town Hall, which brings together experts to discuss critical community health issues. A dedicated session on palliative care could serve as a valuable opportunity to educate the public, increase awareness, and improve overall health outcomes in the region.

Appendix A: Rural Palliative Care Advisory Council

Melanie Brim, Melanie Brim Consulting LLC, Advisory Council Chair

Elise Bur, Director, Northern Michigan University Center for Rural Health

Karen Cheeseman, Chief Executive Officer, Mackinac Straits Health System

Jennifer Conlin, Representative for 48th House District, Michigan House of Representatives

Heidi Gustine, Executive Director, Area Agency on Aging of Northwest Michigan

Laura Haynes, President & CEO, Michigan HomeCare and Hospice Association

Norm Hess, Executive Director, Michigan Association for Local Public Health

John Mulder, MD, Executive Director, Trillium Institute

Hunter Nostrant, Chief Executive Officer, MyMichigan Alpena

Jeff Nyquist, Founder and Chief Science Officer, NeuroTrainer Inc.

Kelsey Ostergren, Director, Health Policy Initiatives, Michigan Health & Hospital Association

Dominick Pallone, Executive Director, Michigan Association of Health Plans

Scott Wamsley, Director, Bureau of Aging, Community Living, and Supports, Michigan Department of Health and Human Services

Jill Wehner, Chief Executive Officer, Harbor Beach Community Hospital

Michigan Center for Rural Health Staff

John Barnas, Executive Director

Crystal Barter, Director of Programs & Services

Amanda Saint Martin, Hospital Programs Manager

Aleah Huse, Rural Health Projects Assistant

Appendix B: Stakeholder Interviews and Information Requests

Arora, Laurie, Vice President- Public Affairs, Philanthropy, and Organizational Development, PACE Southeast Michigan, Email correspondence, November 18, 2024

Bur, Elise, Director Center for Rural Health, Northern Michigan University, Personal interview, October 11, 2024

Frankman, Emily, Long-Term Care Policy Analyst, and Curt Korten, Hospice Operations Specialist, Michigan Department of Health & Human Services, personal interview, August 30, 2024

Haynes, Laura, President & CEO, Michigan HomeCare & Hospice Association, Personal interview, August 5, 2024

Glover, Toni, PhD, GNP-BC, ACHPN, Associate Professor and Olga Ehrlich, PhD, RN, CHPN, Assistant Professor, Oakland University School of Nursing, Personal interview, October 16, 2024

Harti-Kilcherman, Julie, MSN, FNP-C, Chief Executive & Financial Officer, NPalliative, email communication, August 8, 2024

Johnson, Than, Certified Death Midwife and Spiritual Caregiver, Corso Care Hospice, Personal interview, July 29, 2024

Larson, Lynn, DO, Geriatric Palliative Medicine, and Brigitte Gurden, Director of Strategic Initiatives, Memorial Healthcare, Personal interview, October 10, 2024

Larson, Lynn, DO, Geriatric Palliative Medicine, Memorial Healthcare, Personal Interview, November 19, 2024

Little, Lisa, MPH, BSHA, Palliative Care Coordinator, Angela Palliative Care, Personal interview, November 8, 2024

Medenblik, Molly, Michigan Government Relations Director, Michigan Cancer Action Center, email correspondence, October 19, 2024

Mulder, John, MD, Medical Director, Trillium Institute, Personal interview, October 14, 2024

Ostergren, Kelsey, Director, Health Policy Initiatives, Michigan Health & Hospital Association, email correspondence, August 25, 2024, and October 18, 2024

Patano, Arienne, BSN, CHPN, PhD Student & Graduate Research Assistant, Michigan State University College of Nursing, Personal interview, October 14, 2024

Russell, Andrew, MD, Geriatrics and Palliative Medicine Physician, Michigan Medicine, University of Michigan, email communication, October 18, 2024

Scott, Anne, Health Center Operations Officer, Michigan Primary Care Association, email communication, October 8, 2024

Seavolt, Rose, RN, Advance Care Planning Consultant & Educator, Choreographed Health Solutions, Personal interview, August 5, 2024

Werner, Jody, Health Director, Little Traverse Bay Bands of Odawa Indians, Personal interview, October 8, 2024

Appendix C: Resources

1. *2019 State-by-State Report Card on Access to Palliative Care in our Nation's Hospitals*, Center to Advance Palliative Care. https://www.capc.org/documents/download/2/

2. 2021 Update to the Michigan Broadband Roadmap, Michigan Office of High-Speed Internet, Michigan Department of Labor & Economic Opportunity, November 2021 https://www.michigan.gov/leo/-/media/Project/Websites/leo/Documents/MIHI/2021-Update-to-the-Michigan-Broadband-Roadmap.pdf

3. *2024 Michigan Healthcare Workforce Index: Ranking the Health of Michigan's Healthcare Occupations*. Michigan Health Council. https://www.mhc.org/_files/ugd/71b12d_79987a2745ab4999b25e9ffa4fabf744.pdf

4. *County Health Rankings & Roadmap,* University of Wisconsin Population Health Institute, https://www.countyhealthrankings.org/findings-and-insights/2024-national-findings-report,

5. *Find a Home Care or Hospice Agency,* National Alliance for Care at Home, https://allianceforcareathome.org/find-a-provider/?_agency_type=palliative&_google_map=43.092606%2C-87.865125%2C46.773398%2C-82.635632. Accessed October 24, 2024.

6. LaLonde, J. and Little L. *Legislative Efforts for Palliative Care Services,* [PowerPoint slides]. Michigan HomeCare & Hospice Association. https://www.mhha.org/wp-content/uploads/MHHA-PC-Committee-Presentation-Final-Copy.pdf, May 9, 2024,

7. *Medicare Monthly Enrollment,* Centers for Medicare and Medicaid Services. *https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment*. Accessed October 24, 2024.

8. *Meeting the Needs of Alder Adults Living in Rural Communities: The Roles of Area Agencies on Aging. A Data Brief of the 2020 National Survey of Area Agencies on Aging.* National Association of Area Agencies on Aging. https://www.usaging.org/Files/AAA-DB-Rural-508.pdf. March 2021

9. *Michigan's Palliative Care Climate: A Report on Quality of Life and Patient-focused Healthcare In Michigan.* American Cancer Society Cancer Action Network. https://www.mhha.org/wp-content/uploads/Michigan-Palliative-Care-Summit-Report-February-2017.pdf, 2015.

10. *Michigan's Roadmap to Rural Prosperity*, Michigan Office of Rural Prosperity, Michigan Department of Labor & Economic Opportunity, January 2024.

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