

Good afternoon, my name is Dr. Bridget Hiller, MD, HMDC, FAAHPM and I am the Chief Medical Officer for VIA HealthPartners based out of Charlotte NC. VIA Health Partners, started as Hospice at Charlotte, has been providing hospice care in North Carolina since 1979 when we were the second hospice in the state to admit a hospice patient. We are a large non-profit organization and have a proud history of serving all in our community who need hospice care regardless of their ability to pay for services or medical complexity. We also built the first free standing hospice house in Mecklenburg County, and we now operate three facilities, one of which was strategically placed in East Charlotte, close to many economically underserved residents.

Regarding hospice services, I have an extensive background in Hospice and palliative care, and I am a certified hospice medical director and a fellow for the American Academy of Hospice and palliative medicine. As chief medical officer with VIA HealthPartners, I direct the clinical, strategic, innovative delivery of hospice and palliative care.

I am aware of the concerns expressed in previous public hearings regarding the delivery of culturally competent hospice care in Mecklenburg County. I would like to share with you today some specific examples of the exceptional clinical culturally competent hospice and palliative care that is being delivered in Mecklenburg County. My background and clinical and operational experience, including most recently being chosen as a Women's Wellness Through Equity and Leadership scholar for the American Hospital Association from 2021 to 2022, allows me to speak confidently about concerns about culturally competent hospice care.

One of the key pillars of our organization is to address cultural competency and provide culturally competent care enhancing and impacting the quality of life of residents within North Carolina. And we clearly define care delivery as recommended by the institute of medicine's 6 domains of quality health care which are safety, efficiency, patient centered, timely, efficient and equitable. As VIA now moves into its 46 years of operation, the case for equitable care delivery HAS always and WILL always remain a priority.

Today, I would like to focus on the clinical strategic approaches we have taken over the years to address this:

1. Clinical Initiatives: There are three examples of our efforts I would like to expand on.
  - a. **Palliative Care:** For over 20 years, VIA HP has had a robust palliative care program established out of the need in Mecklenburg County. Palliative Care is enhancement of quality of life for patients living with a serious illness with a key focus on social determinants of health and equitable care. The importance of palliative care is caring for patients and families before hospice so that they have a seamless transition when the time is right for hospice care. This longitudinal approach gives us the ability to create trust, address and support cultural beliefs and socioeconomic factors in the AA population. We currently care for 800

palliative care patients in Mecklenburg County. We also deliver care in the poorest zip codes within Mecklenburg County. In 2021, the center to advance palliative care(CAPC) convened leaders for project Equity and released key finding which included that black patients have higher rates of hospitalization, ED visits an ICU admissions then white counterparts at the end of life and blacks patients are more likely to die in the hospital then a facility. And most recently, this month additional disparities were found in the journal of American geriatric Society, Black patients were less likely than non-Hispanic White patients to have documented end-of-life care. We have long existing relationships with Atrium Health palliative care teams to ensure care is not fragmented. This makes our initiatives in palliative a clear priority to start sooner and our longitudinal care approach is clear priority

- b. **Direct Emergency Department to Hospice Program:** In early 2022, VIAHP partnered with Atrium Health to launch this program to help with hospital capacity, health care utilization and most importantly to enhance patient and family centered care in the Emergency Department (ED). The hospital we initially launched the program was in Mecklenburg County, the largest hospital within the Atrium Footprint. With care delivery opportunities in the ED and that 37% of hospital deaths are black, we saw an opportunity to affect clinical outcomes to improve care. In this program, patients were identified as hospice eligible and after support from the ED and our staff; were then transferred to one of our 6 hospice houses. What it showed was an average age of 85 years old with 21% being black. With Atrium's commitment to health equity our combined efforts allowed us to scale this program to now over three hospitals and in progress to do more by 2025. Our next hospital ED is in the University area with two of our hospices houses close by.
  
- c. **Heart Failure Program:** in 2024, we received the American Heart Association Post acute palliative and hospice certification. In order to achieve this certification, we had to demonstrate the ability to deliver equitable care and each patient has a special focus on social determinants of health. The mortality rate for African Americans with heart failure is significantly higher compared to other racial and ethnic groups. Most recently, on June 18<sup>th</sup>, 2024, the Journal of American College of Cardiology published a study that noted "Black Americans suffered nearly 800,000 excess age-adjusted deaths and 24 million excess years of potential life lost due to cardiovascular disease from 2000 to 2022, compared with their White counterparts. And in a review article from Circulation, understanding the complexity of heart failure risk and treatment in Blacks in 2020, the rate of HF hospitalization for Black men and women is nearly 2.5-fold

higher when compared with Whites. Since VIAHP is a non-profit entity and operated by a board, we can provide assistance to care which is limited by for profit organizations. Holding this certification recognized by the American heart association distinguishes us from other hospice and palliative agencies for this public health intervention to help people of color.

In conclusion, we are aware of the concerns regarding culturally competent hospice care in Mecklenburg County and a possible petition for a new hospice home care agency in the county. I and other VIA Health Partners team members will share our own experiences in today's public hearing to powerfully demonstrate that Mecklenburg County already has a progressive, culturally competent provider who is delivering an extremely high level of quality and compassion care, across all demographics. I believe our effectiveness is demonstrated in my report and VIA is committed to increasing hospice utilization in the future. Addressing these disparities effectively requires a multifaceted approach that includes improving access to care, addressing social determinants of health, enhancing patient education, and implementing targeted public health interventions. VIA HP is a trailblazer in hospice and palliative care and our 46 years of experience, a culturally diverse leadership team and our commitment to high quality care allows us to stand alone and I look forward to see how we will make even more inroads in the future.

Thank you for having me!