

## Reallocation of Organizational Resources to Improve Access to Palliative Care for Black Patients in Maryland

Submitted by: Hospice of the Chesapeake Supportive Care Service

### Overview

[Hospice of the Chesapeake Supportive Care Service](#) recognized that Black communities within its service region had disproportionately less access to its services compared to other racial/ethnic communities. In response, the service reallocated resources to ensure racially concordant care is available and better partnership with the Black community. Since January of 2017, its Hospice and Supportive Care service line has remained committed to increasing access to care for Black people living with serious illness in the community. This commitment also included an increase in staff who identify as Black, e.g., 37% of their Nurse Practitioners, 50% Registered Nurses, and 50% of the Coordinators/Managers. Ensuring racially concordant care helps meet the needs of this typically underserved population.

### Impact/Data Outcomes

Due to resource reallocation and increased staffing, Hospice of the Chesapeake saw a significant increase in palliative care patients who identify as Black or African American. The organization performs a monthly Strengths, Weaknesses, Opportunities, and Threats (SWOT analysis) of census by county to ensure they are allocating organizational resources equitably and appropriately. Through intentional and strategic outreach efforts (such as community education events), it has also enhanced relationships and partnerships with trusted community leaders and organizations. These relationships have resulted in an improved understanding of both palliative care and end-of-life care within these communities. One method of accountability for Hospice of the Chesapeake's efforts is the distribution of care quality surveys to patients, which track whether patients feel their concerns are heard and addressed. Team members present results from these surveys to a monthly internal Quality Group for recommendations on addressing disparities and ensuring program improvements. Hospice of the Chesapeake has also been able to demonstrate impact on hospital readmissions for their Black/African American palliative care patients.

### Feasibility

Hospice of the Chesapeake was able to implement this initiative due to several key factors:

- Prioritization: Organizational leadership stand behind the mission to address disparities in access to its services (as demonstrated by internal funding provided), paired with external philanthropy
- Continuous analysis of demographic and additional data in order to assess the best tailoring of its services within various communities
- Prioritized recruitment and retention of Black staff that reflect the Black community it serves

- The implementation of a new Electronic Health Record (EHR) system provided a patient portal and ambulatory palliative care services within two campuses, allowing the Supportive Care team to expand its service and better meet the needs of its target population (Note: Hospice of the Chesapeake secured philanthropic funding to implement the new EHR)

## Scalability

The Supportive Care service's staffing model is designed to use staffing resources efficiently. It relies upon advanced practice provider (APP) leadership, with nursing, social work, and coordinators rounding out teams. During the pandemic, the Supportive Care program incorporated telehealth into their palliative care services to increase both access and efficiency.

To build bridges in its communities, Hospice of the Chesapeake created a team of ambassadors tasked with building key community relationships such as faith leaders, community based organizations, etc.

## Sustainability

Hospice of the Chesapeake aims to develop financial partnerships with payers and health systems to care for high-need patients in the communities they serve. Strategies that have been key to their effectiveness—and to delivering on metrics important to financial stakeholders—include the recruitment and retention of a diverse team, as well as targeted outreach and relationship building with key community leaders/organizations (including various faith-based institutions).

## Key Advice

- Put yourself in your patients' shoes. Be intentional about assessing community/patient demographics and needs, and tailor your services accordingly.
- Do not simply replicate staffing models for all locations. Staffing and services should reflect the communities you serve.
- Support your staff when they are courageous and involved in community activism. Example: <https://www.hospicechesapeake.org/2021/01/28/nurse-practitioner-rachel-sherman-honored-for-community-activism/>

## Project Team

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