# Creating Innovations to Address the Palliative Care Workforce Shortage

Laura Dingfield, MD, MSEd Director of Education, Penn Palliative Care Program Program Director, Hospice and Palliative Medicine Fellowship

July 31, 2019



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#### → Virtual Office Hours:

Making the Case for Palliative Care: Demonstrating Value to Stakeholders

Tuesday, August 6 at 2:00pm ET

Hospices Providing Palliative Care

Wednesday, August 7 at 12:30pm ET



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#### **Disclosures**

- → Funded in part by the Josiah Macy Jr. Foundation.
- → No conflicts of interest.



### **Objectives**

 Characterize the Hospice and Palliative Medicine (HPM) workforce

Describe an innovation in HPM training

Discuss strategies to implement innovations



### **HPM Workforce**

→ 7,618 board-certified HPM physicians

→ 115 HPM fellowship programs

→ 325 annual HPM fellowship graduates



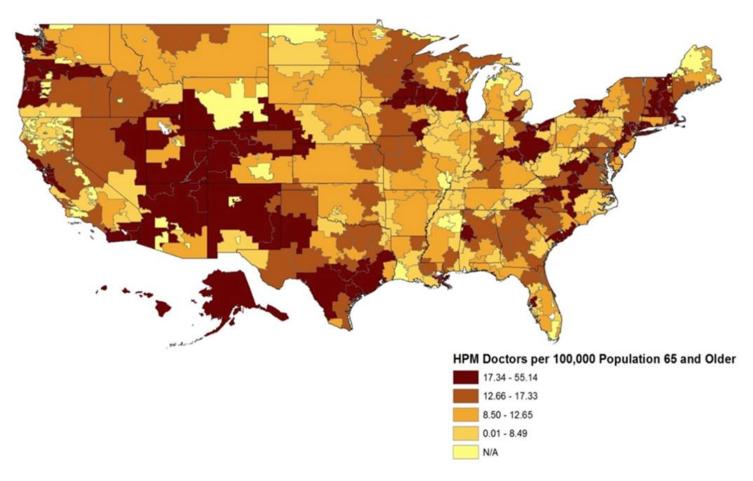
### **US Demographic changes**

Year	% > 65 years	% > 85
1960	9 % (17 million)	0.5 % (1 million)
2000	12% (35 million)	1.5% (4 million)
2030	22% (80 million)	2.5% (9 million)

US Census Bureau, The Older Population 2010



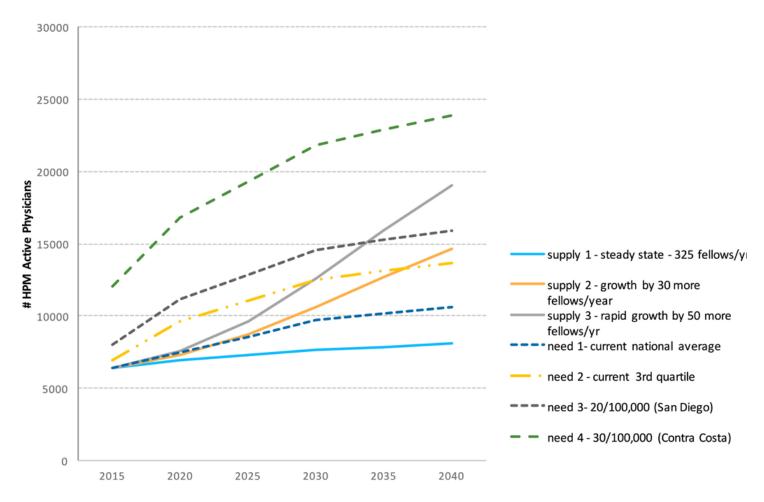
### **Geographic Variation**



Journal of Pain and Symptom Management 2018 55, 1216-1223DOI: (10.1016/j.jpainsymman.2018.01.011) Copyright © 2018 American Academy of Hospice and Palliative Medicine



### Supply vs. Demand



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### **Future Projections**

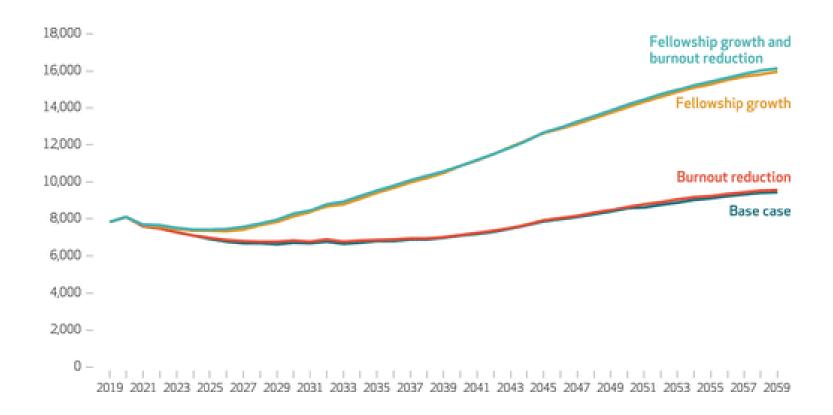
### → Workforce numbers declining

- → Burnout increases likelihood of early exit
- New fellowship graduates do not replace workforce attrition

Kamal et. al., Health Affairs 2019 38 (https://doi.org/10.1377/hlthaff.2019.00018)



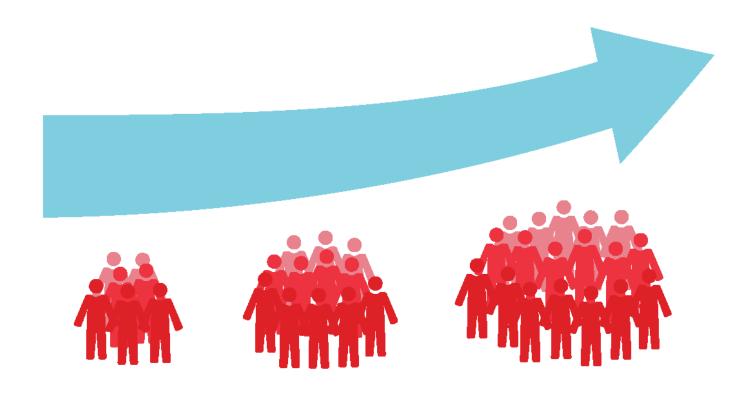
### **Future Projections**



Kamal et. al., *Health Affairs* 2019 38 (https://doi.org/10.1377/hlthaff.2019.00018)



### **More HPM Graduates Needed**





### **Existing Training Models**

→ One-year HPM fellowship

→ Part-time/shared position exception

→ Masters and Certificate Programs

→ Other Possibilities



### **Barriers to Workforce Growth**

→ Recruiting residents

CMS residency cap

Funding for fellowship positions

→ Educational capacity



### Thinking Outside the Box...





### **Mid-Career Physicians**

→ Potential source of workforce growth

→ Train in place

Expand to under-represented specialties

→ Lead education, research, QI



### **Barriers for Mid-Career Physicians**

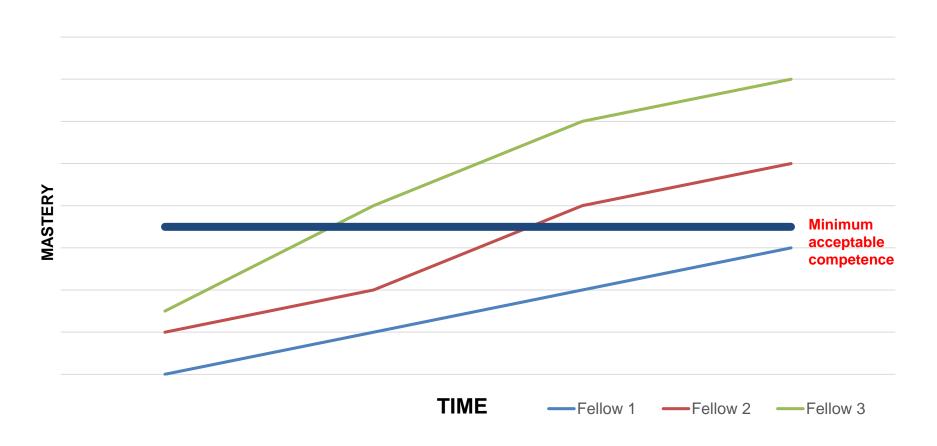
→ Professional responsibilities

Personal considerations

Transition back to trainee role



## Competency vs. Time-Based Training





### Foundations of CBME in HPM

- → HPM competencies (2009)
- → HPM assessment toolkit (2010)
- → Entrustable professional activities (2015)
- → Curricular milestones (2018)
- → ACGME HPM Reporting Milestones (2019)



## Competency vs. Time-Based Training

	Time-Based	Competency-Based
Curriculum	Standardized	Individualized, iterative
Assessment	Indirect, often summative, variable frequency	Direct, frequent, embedded in program, multimodal
Feedback	Structured feedback at least twice per year	Frequent, individualized feedback
Graduation	Occurs after specified time frame	Occurs when competencies are mastered

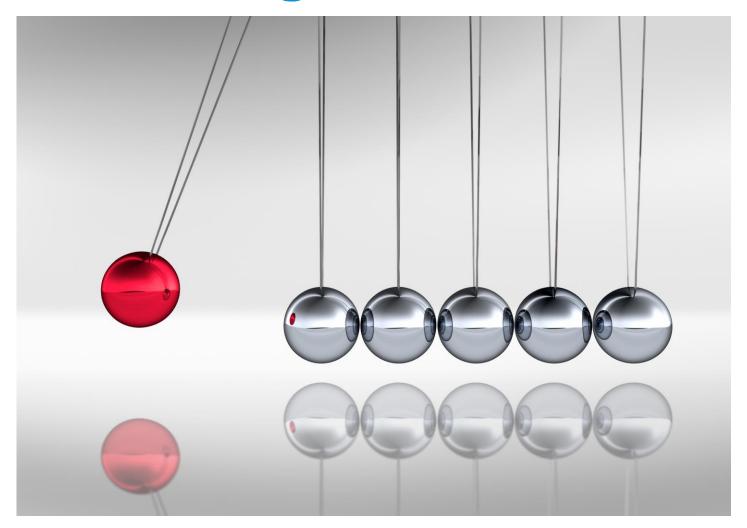


### **Prior CBME Innovations**





### **Penn Program Creation**





### **Building Blocks**

- → Faculty interest
- → Institutional support
- → ACGME
  - Advancing Innovation in Residency Education
- → ABIM review and approval



### Features of Penn Program

- Competency-based advancement
- → Part-time, interrupted schedule
- Continue faculty responsibilities & Maintain Salary
- Integrated Practice Rotation
- Asynchronous education



### First Steps

Identify mid-career candidates

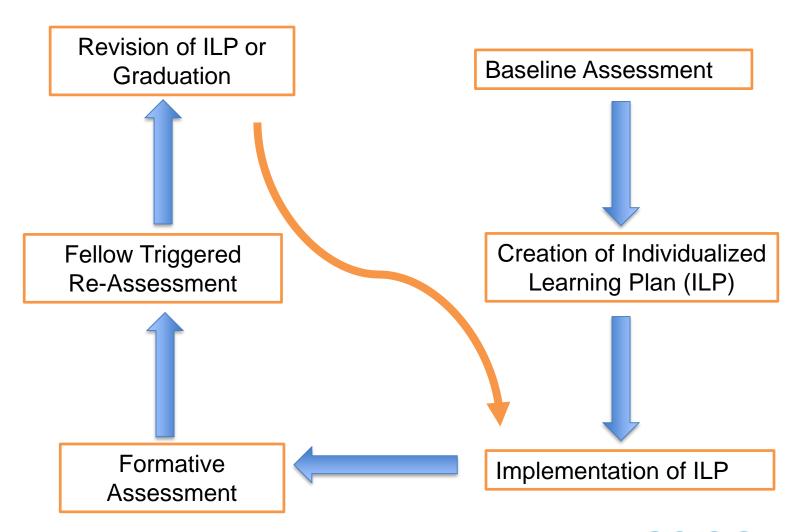
Identify core faculty

Identify assessment tools and plan

→ Create evaluation program



### **Overview**





### **Programmatic Assessment**

- → Direct observation
- → OSCE
- Multiple choice exam
- → Evidence-based case log
- Chart-stimulated recall
- Multisource evaluation
- → Narrative self-reflection



### **Data Collection**

→ Number of patients

→ Time on rotations

→ Assessments

→ Costs



### **Challenges and Opportunities**

→ Faculty time to participate

→ Resource intensive

→ Faculty development in assessment

 Unknown impact on faculty, interdisciplinary team, existing programs



### **Next Steps**

Develop partnerships at expansion sites

Ensure availability at <u>all</u> programs with accredited fellowships

Pilot program with other disciplines



### Can I do this too?

- → Yes!
- → Submit a proposal to ACGME
- → Consider serving as an expansion site for the Mid-Career Fellowship!







### Conclusions

→ There is a need to develop innovative solutions to expand the HPM workforce.

→ Competency-based education for mid-career physicians and other interprofessional team members could grow the workforce.



### **Questions?**

Please type your question into the questions pane on your WebEx control panel.

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