Creating Innovations to Address the Palliative Care Workforce Shortage

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The Center to Advance Palliative Care

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Atlanta Marriott Marquis

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  – BRIEFING: Key Findings on the Perceptions of Palliative Care
    Thursday, August 8 at 2:00pm ET
  – Latest Trends and Insights from the National Palliative Care Registry™
    Tuesday, August 13 at 1:00pm ET

→ 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

Register at www.capc.org/events/
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Disclosures

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➔ 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

<table>
<thead>
<tr>
<th>Year</th>
<th>% &gt; 65 years</th>
<th>% &gt; 85</th>
</tr>
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<tbody>
<tr>
<td>1960</td>
<td>9% (17 million)</td>
<td>0.5% (1 million)</td>
</tr>
<tr>
<td>2000</td>
<td>12% (35 million)</td>
<td>1.5% (4 million)</td>
</tr>
<tr>
<td>2030</td>
<td>22% (80 million)</td>
<td>2.5% (9 million)</td>
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US Census Bureau, The Older Population 2010
Geographic Variation
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

Future Projections

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

![Competency vs. Time-Based Training Graph]

- **TIME**
  - Fellow 1
  - Fellow 2
  - Fellow 3

- **MASTERY**

  Minimum acceptable competence
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

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

- Baseline Assessment
- Creation of Individualized Learning Plan (ILP)
- Implementation of ILP
- Formative Assessment
- Fellow Triggered Re-Assessment
- Revision of ILP or Graduation

[Diagram showing the flow of the process mentioned above]
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

g➔ Ensure availability at all 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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