Briefing: Palliative **Care State of** the Field 2022

December 1, 2022

Center to Advance Palliative Care™

What's on your mind?

What are you anxious about for 2023? What concerns do you have?



What's on your mind?

What is giving you strength or hope as you head into 2023?



Changing Care Culture

Or, Palliative Care as a Trojan Horse

Center to Advance Palliative Care™



"THE SECRET OF CHANGE IS TO FOCUS ALL OF YOUR ENERGY, NOT ON FIGHTING THE OLD, BUT ON BUILDING THE NEW."

- SOCRATES

What evidence do we have that we're changing culture?



Becoming the standard of care



Palliative Care Programs in U.S. Hospitals with 50 or more beds, 2000-2020



Since 2000, the percentage of hospitals (with 50 or more beds) with a palliative care program has more than tripled.

As of 2020, more than 83% of these hospitals had a palliative care team.



As of 2019, 890 palliative care programs reported serving 3,162 comunity-based sites of care.



A SNAPSHOT



https://www.capc.org/mapping-community-palliative-care/

Strengthening the national pediatric palliative care infrastructure





We are building a workforce pipeline...

New Subspecialty Certificates Issued by ABMS







of palliative care team leaders reported increases in the perceived value of palliative care among their leadership during COVID



reported increases in their perceived value among referring clinicians

https://www.capc.org/blog/palliative-care-leadershipduring-the-pandemic-results-from-a-recent-survey/



Medical students know they want training in palliative care skills

GAPS: STUDENT VIEW BASIC KNOWLEDGE, ROLES & MANAGING CONFLICT

Students felt unprepared related to:

Differences between palliative care & hospice; managing care transitions

2 Approaching serious illness conversations/ understanding student role

? Navigating patient/family/team conflicts

4 Managing pain and opiods

Addressing spiritual and cultural issues and their impact on decisions



STUDENTS & FACULTY AGREE



"If more students understand the role of palliative care, they will advocate for more patients to have it."

-Medical student feedback, Aquifer focus groups 2021 https://aquifer.org/primary-palliative-care-cases-coming-july-1/



Non-palliative care clinicians are getting more palliative care education Annual CAPC Course Completions

Since launch, 107k clinicians have taken 920k courses



CCDC Center to Advance Palliative Care

Palliative care is penetrating the literature outside of our field



*As of 11/29/22



*Excludes articles published in the *Journal of Palliative Medicine* and the *Journal of Pain & Symptom Management*

...and the popular press

Sections =	The Washington Post Democracy Dies in Darkness	Get 1 year for \$29	Gift Subscriptions 🏶
PostEverything • Perspective			
Coronavirus	has given doctors a	new jo	b :

Palliative care

It's not just about treatment. We also need to make sure that our patients feel seen.





Palliative care professionals are demonstrating thought leadership in health equity

Improving Health Equity for People with Serious Illness



https://www.capc.org/project-equity-improving-health-equity-for-people-with-serious-illness/

Palliative care professionals are demonstrating thought leadership in health equity



Hospice News

DIVERSITY AND INCLUSION

Researchers Test New Model for Enhancing Health Equity in Palliative Care

By **Jim Parker** | August 1, 2022

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Four academic institutions are collaborating to test the ways community health workers could enhance palliative care for African American cancer patients.

The National Institutes of Health is financing the research, which includes the University of Alabama at Birmingham, Johns Hopkins Kimmel Cancer Center, the University of Colorado Anschutz Medical Campus, and Maryland-based TidalHealth Peninsula Regional. Three of these

Palliative care professionals are demonstrating thought **leadership** in health equity





- Review the models in CAPC's <u>Innovation Kimberly John</u> (what is feasible in your context)
- 2. Download the Community Asset mapping activity

capc

- 3. Review policy priorities for addressing disparities
- 4. Attend a <u>CAPC Virtual Office Hour</u> to discuss equity initiatives with peers
- 5. Join CAPC's <u>online discussion board</u> for equity champions
- 6. Review FAIR Health Consumer materials (tools to plan for costs of care/make healthcare decisions)
- 7. Stay tuned for 2023 CAPC resources:
 - a. Roundtable discussions on key strategies to address racial disparities
 - b. Comprehensive tools and training on how to replicate equity initiatives





Demonstrating thought leadership to policymakers re: health equity



What Goes Wrong/ Disparity to be Addressed ⁱ	Domain	Recommendation	Payers	CMS/CMMI	States
Pain and symptom assessment and management	Workforce	Support pipeline programs to diversify the clinician workforce (and improve racial concordance)		Legislative and other federal	x
	Standards/ Quality <i>All boatsⁱⁱ</i>	Standardize the use of distress assessments, particularly in Medicare Advantage, with care plan to address distress	x	x	
	Standards/ Quality <i>All boats</i>	Utilize the "Desired Help for Pain" measure in quality incentive and accountability programs, with analysis by race	x	x	
	Standards/ Quality	Incentivize (or mandate) ⁱⁱⁱ completion of anti-racist pain and symptom management training for prescribers	x		X (CME; grants)
	Payment All boats	Expand access to non-pharmacological treatments (through supplemental benefits and Medicaid benefits)	x		x
	Other All boats	Enable exceptions to opioid restrictions, utilization controls, pill limits, etc. for people with serious illness	x		x

CCIPC Center to Advance Palliative Care https://www.capc.org/documents/download/1064/

Palliative care principles are embedded in Medicare strategy

Integrating Whole-Person Care

Person-centered care integrates individuals' clinical needs across providers and settings, as well as addressing their social needs. For instance, areas that can be explored for greater integration with primary care include behavioral health, palliative care, and care for beneficiaries with complex needs and serious illness, where there is significant opportunity to improve care and outcomes while reducing overall costs.





...and Medicare Advantage plans are beginning to cover palliative care

MILLIMAN BRIEF

FIGURE 1: NUMBER OF PLANS OFFERING EXPANDED SUPPLEMENTAL BENEFITS*



* Excludes EGWPs, Cost plans, MSA plans, MMPs, Part B only plans, and dual-eligible special needs plans (D-SNPs); D-SNPs are excluded as these benefits were previously allowable benefits for D-SNP beneficiaries; 4,859 plans in CY 2023 are subject to this reinterpretation.



Special Needs Plans (SNPs) - what are they, and the opportunities

Dual-Eligible

Chronic or

Institutional

Disabling-Condition

SNP Enrollment Continues to Grow at a Rapid Pace...





Activity is accelerating at the state level



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STATE RESOURCES

HOME ABOUT US PUBLICATIONS POLICY EVENTS CAREERS CONTACT Q



REIMBURSEMENT STRATEGIES

BUILDING

INFRASTRUCTURE

GATHERING SUPPORT

Activity is accelerating at the state level Palliative Care Law and Policy GPS

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Palliative care leaders are health care leaders



Jean Kutner, MD, MPH/MSPH Internal Medicine

Board Certified

🛗 Schedule Appointment

TITLE(S)

Professor of Medicine, Chief Medical Officer, University of Colorado Hospital

SPECIALTY

Hospice and Palliative Medicine, Internal Medicine, Geriatric Medicine



Palliative care leaders are health care leaders



NATIONAL ACADEMY OF MEDICINE



Marie-Carmelle Elie, MD, FACEP, FCCM, endowed professor and chair, department of emergency medicine, University of Alabama at Birmingham Heersink School of Medicine, Birmingham. *For being the first African American woman to chair an academic emergency department in the nation, representing the first scholar at the crossroads of the emergency medicine, critical care, and palliative care disciplines to achieve such recognition in North America.*



Stakeholders are taking notice



Today's palliative care strategies help patients living with serious illnesses not only manage their symptoms and pain, but also set health goals, stay on track to meet those goals and live their best lives. That's good for the patient and good for health care providers.

As hospital and health system leaders, we know you're focused on quality measures, new payment delivery models and operational efficiencies. Yet, palliative care can't wait.

It impacts what matters to you -- such as quality of care, reduced spending and less staff burden. And, it addresses what matters to your seriously ill patients and their families. It improves the quality of life for those at any age and at any stage of serious illnesses.

AHA is partnering with the Center to Advance Palliative Care (CAPC) asking hospital and health system leaders to



Stakeholders are taking notice

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Using Palliative Care to Improve Quality of Life and Financial Performance

June 23, 2021



What do we make of these examples?



Where do we focus our efforts in 2023?



2023 Sustainability & Growth Strategies

Flawless Program Basics

Stakeholder Engagement

Thought Leadership

Our Community



"Keeping the House in Order" –

Optimizing Program Operations

Practicing Flawless Basics: Palliative Care Sustainability in the COVID Era

Taking actions in areas the team has control over creates certainty during uncertain times. Focusing on the fundamentals of **program management and operational effectiveness** help stabilize the team, and demonstrate program responsiveness and accountability to the organization.

Four Places to Start

+
+
+
+



capc.org/practicing-flawless-basics-palliative-care-sustainability-covid-era/

Leverage your expertise while strengthening stakeholder relationships Be a thought partner with your leadership re: \rightarrow <u>Value-based care</u>

 \rightarrow <u>Community-based care</u>

 \rightarrow <u>Health equity</u>



Understand what the rise in Medicare Advantage means for palliative care



Nearly half of Medicare beneficiaries are now enrolled in MA plans



Of beneficiaries are projected to be in MA by 2030 (growth is happening fast)



For an orientation to all things MA and palliative care...

WEBINARS

2 p.m. - 3 p.m. ET

A Look at Medicare Advantage and Implications for Palliative Care

WHEN

Wednesday, January 11 REGISTER Private Medicare Advantage plans are covering greater numbers of Medicare beneficiaries, including many of those living with serious illness.

Join CAPC's Allison Silvers, MBA, and Maggie Rogers, MPH, for a webinar as they explore the regional variations in Medicare Advantage, the growth of supplemental benefits, and the implications for palliative care programs. Attendees will learn about the key trends in the Medicare Advantage market and understand how both inpatient and community-based palliative care services can add value to these organizations.

Presented By



Allison Silvers, MBA Chief Health Care Transformation Officer

Maggie Rogers, MPH Director, Research and Analytics



https://www.capc.org/events/webinars/a-look-at-medicare-advantage-and-implicationsfor-palliative-care/

Be a champion for health equity in your organization



- 1. Review the models in CAPC's <u>Innovation Hub</u> (what is feasible in your context)
- 2. Download the <u>Community Asset mapping activity</u> Review <u>policy priorities</u> for addressing disparities
- 3. Attend a <u>CAPC Virtual Office Hour</u> to discuss equity initiatives with peers
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Share your successes with the field

The John A. Hartford Foundation



CAPC's third John A. Hartford Foundation Tipping Point Challenge focuses on two categories of competition: 1) clinical training, and 2) innovative initiatives that will improve the delivery and quality of care for people living with a serious illness, and their families.



https://tippingpointchallenge.capc.org/guidelines-faqs/#eligibility

STAY CONNECTED.



EVENTS CALENDAR

Virtual Office Hours

VIRTUAL OFFICE HOURS

Breaking Point: Debriefing to Address the Challenges of Our Work

Thursday, December 1 at 10 a.m. ET Tuesday, December 6 at 11:30 a.m. ET Wednesday, December 7 at 10 a.m. ET FREE AND OPEN TO ALL

Presented By



REGISTER



We've come a long way.



Center to Advance Palliative Care™

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