Briefing: Palliative Care State of the Field 2022

December 1, 2022
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
What evidence do we have that we’re changing culture?

“The secret of change is to focus all of your energy, not on fighting the old, but on building the new.”

— Socrates
Becoming the standard of care

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

- Percent of Hospitals with Palliative Care Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>2000</td>
<td>24.5</td>
</tr>
<tr>
<td>2004</td>
<td>44.8</td>
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<tr>
<td>2008</td>
<td>59.6</td>
</tr>
<tr>
<td>2012</td>
<td>69.6</td>
</tr>
<tr>
<td>2016</td>
<td>75.5</td>
</tr>
<tr>
<td>2020</td>
<td>83.4</td>
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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 community-based sites of care.

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

- 2008: 1,276
- 2010: 1,736
- 2012: 3,368
- 2014: 375
- 2016: 469
- 2018: 556
- 2020: 547
63% of palliative care team leaders reported increases in the perceived value of palliative care among their leadership during COVID.

72% reported increases in their perceived value among referring clinicians.

Medical students know they want training in palliative care skills

GAPS: STUDENT VIEW
BASIC KNOWLEDGE, ROLES & MANAGING CONFLICT

Students felt unprepared related to:

1. Differences between palliative care & hospice; managing care transitions
2. Approaching serious illness conversations/understanding student role
3. Navigating patient/family/team conflicts
4. Managing pain and opioids
5. Addressing spiritual and cultural issues and their impact on decisions

STUDENTS & FACULTY AGREE

50% of students are not prepared for serious illness conversations
“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

Since launch, 107k clinicians have taken 920k courses

Annual CAPC Course Completions

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*
Coronavirus has given doctors a new job: 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.

Researchers Test New Model for Enhancing Health Equity in Palliative Care

By Jim Parker | August 1, 2022

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.

A Call to Action

1. Review the models in CAPC’s Innovation (what is feasible in your context)
2. Download the Community Asset mapping activity
3. Review policy priorities for addressing disparities
4. Attend a CAPC Virtual Office Hour to discuss equity initiatives with peers
5. Join CAPC’s online discussion board 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

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

**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; 4,695 plans in CY 2023 are subject to this reinterpretation.
Special Needs Plans (SNPs) – what are they, and the opportunities

SNP Enrollment Continues to Grow at a Rapid Pace…
Activity is accelerating at the state level
Activity is accelerating at the state level

Palliative Care Law and Policy GPS
Palliative care leaders are health care leaders
Palliative care leaders are health care leaders

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

Changing How We Think About Palliative Care

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

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

1. Stakeholder Alignment
2. Program Financing
3. Operational Efficiency
4. Team Health

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:

→ Value-based care
→ Community-based care
→ Health equity
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...

Be a champion for health equity in your organization

1. Review the models in CAPC’s Innovation Hub (what is feasible in your context)
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Share your successes with the field

The John A. Hartford Foundation

Tipping Point CHALLENGE

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.

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.