The Current State and Future Vision of the Serious Illness Care Workforce

December 7, 2023
Addressing Health Worker Burnout

The U.S. Surgeon General’s Advisory on Building a Thriving Health Workforce
The Backdrop

NEWS RELEASE

NCSBN Research Projects Significant Nursing Workforce Shortages and Crisis

POSTED 04/13/2023

The data reveals that 100,000 nurses left the workforce during the pandemic and by 2027, almost 900,000, or almost one-fifth of 4.5 million total registered nurses, intend to leave the workforce, threatening the national health care system at large if solutions are not enacted.

• 1/5 of nurses nationally are projected to leave the workforce in the next 5 years
• More than half of nurses report feeling ‘drained’ or ‘used up’ several days a week or every day
• Fatigue and burnout are most marked among newer nurses (<10 years)
• Nursing workloads are rising
The Backdrop

Nursing schools are turning away thousands of applicants during a major nursing shortage. Here’s why

By Tami Luhby, CNN

6 minute read  ·  Updated 1:55 PM EDT, Thu October 5, 2023
6. Clinician Morale Will Continue to Suffer

Physician suicide is up. Nurses and doctors are retiring. Front-line healthcare workers are switching professions. Academic medical centers are in full-on workforce crisis mode. In response, too many healthcare organizations have embraced feel-good summits, yoga classes, mindfulness, and meditation to address morale issues. Instead, they should address the underlying issues that are hurting their employees. Healthcare workers feel invisible and under-valued. Documentation requirements have been substituted for patient care. Tone-deaf administrators are unresponsive to frontline realities.

We need a revolution in the management and leadership of most healthcare organizations. But 2024 won’t be the year that we see it. Too many organizations are getting by just fine with business as usual, so they’ll delay making fundamental and necessary changes to their strategies and operations.
Who is the workforce caring for people with serious illness?

Nearly everyone

- Primary care
- Palliative care
- Adult & Pediatric specialists
- Hospice
- LTC staff
- Family caregivers
- Hospital staff
- Home health
- Geriatrics
What would it take to have an ‘optimized’ workforce caring for patients with serious illness?

- Adequate size/mix of disciplines
- Diversity that reflects patient demographics
- Available when/where patients need
- Appropriately trained to meet patient need
- Structurally supported to provide services
- Prioritization of professional well-being
1. Workforce Size and Mix of Disciplines
Specialty Certified Hospice & Palliative Medicine Physicians

Non-Pediatric Physicians (MD)

- 2019-2020: 6647
- 2020-2021: 7157

Pediatric Physicians (MD)

- 2019-2020: 310
- 2020-2021: 364

Source: ABMS Board Certification Report
Are palliative care teams adequately staffed? (No).

Per the National Palliative Care Registry:

→ Only 41% of adult inpatient programs have a full interdisciplinary team

→ 1 in 5 do not have dedicated MD FTE

→ 3 in 10 do not have dedicated social work FTE

→ Half do not have dedicated chaplaincy FTE

Widening the pipeline of palliative care specialists

HPM Fellowship Positions

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<th>Year</th>
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<tr>
<td>2018</td>
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<td>2019</td>
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Source: The Match: Results and Data (2022)
PCHETA: The Palliative Care Hospice Education and Training Act

- Would establish infrastructure for expanding the pipeline of hospice and palliative care clinicians
- First introduced 2012 with 6 co-sponsoring senators, reintroduced multiple times
- Currently included in the proposed reauthorization of the SUPPORT Act
Uniting America’s Healthcare Community to Address the Workforce Crisis
State Legislation to Support the Serious Illness Care Workforce

→ Illinois HB3571 creates the Community-based hospice and palliative care professional loan repayment program

→ Minnesota SF2786 provides workforce grants for people working in LTC
2. Workforce Diversity
Are palliative care staff as diverse as their patients?

We don’t know (but probably not).

→ Multiple research efforts underway to understand who makes up the palliative care workforce

→ Multiple (local) initiatives to attract and support diverse clinicians to the specialty
National Trends in Workforce Diversity

“AAMC data found that medical school enrollment for the 2022-23 school year increased by 3 percent. The number of Black matriculants grew by 9 percent and the number of first-year Black men increased by 5 percent. Additionally, the number of matriculants who are Hispanic, Latino, or of Spanish origin rose by 4 percent and accounted for 12 percent of total matriculants.”

3. Available When and Where Patients Need Care
Are palliative care teams available everywhere patients need them?

(No – but a lot of progress has been made).

→ More than 80% of hospitals with 50+ beds have palcare (& more than 90% of admissions)

→ More than 85% of freestanding children’s hospitals have palcare

→ 55% of US counties and >4k service sites for community-based palcare

→ Notable gaps in access:
  → Small/rural hospitals
  → For-profit hospitals
  → Nursing homes
Telehealth: Bridging Gaps in Access to Palliative Care

Innovative Telemedicine Program Furthers Reach of Palliative Care

Leveraging Telehealth to Remote Community

December 9, 2022
By: Julia Baird

UPMC’s Inpatient TelePali Program, spearheaded by Dr. Karl B. Bezak, medical director of Inpatient Palliative Care, is possibly the only program of its kind able to bring specialty level palliative care to inpatients and their loved ones.

Experiences with Telehealth for Outpatient Palliative Care: Findings from a Mixed-Methods Study of

Best Practices for Using Telehealth in Hospice and Palliative Care

Webb, Michelle DNP, RN, BC-CHPCA; Hurley, Susan Lysaght PhD, GNP-BC; Gentry, Jennifer DNP, ANP-BC, GNP, ACHPN; Brown, Melanie LCSW; Ayoub, Cynthia BSN, RN, BC-CHPCA

Author Information

4. Adequately Trained to Meet the Needs of Patients with Serious Illness
Do palliative care staff have adequate training? (No).

→ Per a 2022 Palliative Care Quality Collaborative report, 21% of inpatient programs do not have any specialty-certified staff.

→ Per National Palliative Care Registry data:

→ Nearly half of RNs and APRNs on palliative care teams are not specialty-certified.
Equipping All Clinicians to Improve Care

Access to palliative care specialists

Skills-building for all clinicians
Continuing Medical Education (CME)
State Requirements

- 32 state-specific opioid prescribing reqs
- 20 general pain mgmt. reqs
- 12 states with relevant (palcare, Alzheimer’s, end of life) reqs

New federal requirement for all prescribers to complete 8 hours of training on the treatment and management of patients with opioid or other substance use disorders prior to renewing their DEA registration (MATE Act).
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

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**STUDENTS & FACULTY AGREE**

50% of students are **not prepared for serious illness conversations**
Ample Resources for Basic Palliative Care Education

- 18 palliative care certificate programs available across disciplines (CAPC audit, 2022)
- 1 palliative care PhD program (University of Maryland)
- Continuing ed opportunities in communication, symptom management, and other palliative care skills
Building the case for palliative care education

Outcomes of a National Training Curriculum to Advance Generalist Level Palliative Care

Betty R. Ferrell, Judith A. Paice, Patrick J. Coyne, Denice Economou, Cheryl Ann Thaxton, Dorothy Wholihan, Vanessa Battista, and Amy Haskamp

Published Online: 27 Jan 2023

Settings: Five training courses included 430 APRNs from 46 U.S states including both pediatric and adult oncology settings. The project included 25% minority participants.

Measurement: Measures included participant goal implementation, course evaluations, and surveys to assess implementation and palliative care practices (precourse, 6 and 12 months postcourse).

Results: The ELNEC oncology APRN training course resulted in changes in practice across domains, improved perceived effectiveness in clinical practice, and valuable insight regarding the challenges in generalist level palliative care implementation.
Non-palliative care clinicians are getting more palliative care education

CAPC Course Completions

- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023 (projected)
Does it make a difference?

91% → 84% → 96% → 1.2M

- CAPC learners who report practice change 3 months post-Communication Designation
- Report practice change 3 months post-Pain Management Designation
- Report practice change 3 months post-Dementia Care Designation
- Total palliative care courses completed from CAPC curriculum
More students and mid-career clinicians are getting education in core skills to care for patients with serious illness – the next step is standardization and accountability.
5. Structural Support to Provide High-Quality Care
“What does she mean by structural support??”

→ TIME to spend with very sick patients
→ Interprofessional teams
→ Access to patient resources (e.g. to address SDOH or caregiver burden)
→ Access to clinical information/seamless communication (EHR technologies)
→ Systems support to align with patients’ care goals
Incremental But Important Change

2024 Physician Fee Schedule changes include payment for:

- Time spent training family caregivers
- Navigation services
- Social determinants of health risk assessments
- Services by qualified therapists & mental health counselors

https://www.capc.org/events/webinars/
(Some) Medicare Advantage plans are covering palliative care

Review of Contract Year 2023 Medicare Advantage expanded supplemental healthcare benefit offerings

Commissioned by Better Medicare Alliance

Figure 1: Number of Plans Offering Expanded Supplemental Benefits

WEBINAR
A Look at Medicare Advantage and Implications for Palliative Care
Recorded: January 11, 2023

https://www.capc.org/events/recorded-webinars/
We STILL have a foot in both canoes…

So we have a bifurcated system of traditional health care, and ‘disruptors’ aggressively pursuing value.
6. Prioritization of the Well-Being of Health Professionals
What do we know about the well-being of palliative care professionals?

→ As of fall 2021, 43% of respondents to a national survey of program leaders were moderately or extremely concerned for the emotional well-being of their teams.

→ Interestingly...69% of respondents’ programs had taken actions to support the well-being of non-palliative care colleagues.

CAPC’s Position: It is the responsibility of organization, state, and federal leaders to create a more supportive and sustainable environment for health professionals.
Health professionals are starting to demand better

US healthcare workers walk off the job: 27 strikes in 2023

Kelly Gooch - Updated Tuesday, November 28th, 2023
What Can WE Do to Support Clinician Well-Being?

- Create safe spaces and take DEIB best practices seriously
- Acknowledge moral distress
- Use CAPC’s ‘Emotional PPE’ resources: https://www.capc.org/toolkits/emotional-ppe/ (including virtual debriefing sessions)
- Build well-being into your team’s infrastructure
Spotlight on the Direct Care Workforce
Spotlight on Direct Care Workers

• Personal care aides, home health aides, nursing assistants in nursing homes

• Making median annual earnings of $21,700

• Relying on public assistance to make ends meet (43%)

• Disproportionately women and non-white
Direct Care Workforce

- Hispanic, 19%
- Black or African American, 32%
- Asian and Pacific Islander, 7%
- White, 39%
- Other People of Color, 3%

Physician Workforce

- Black or African American, 6%
- Hispanic, 7%
- Asian and Pacific Islander, 21%
- White, 64%
- Other People of Color, 3%

“Direct Care Worker Disparities: Key Trends and Challenges”, PHI, 2022
“Gender and Racial Diversity On the Rise in US Physician Workforce”, AAMC, 2023
Under-valuing direct care workers has consequences

Home Care Turnover Rate Jumps to 77% - Resources to Help HCAOA Members

The 2023 HCP Benchmarking Report was released last month, and the biggest headline is that the median turnover rate jumped from 65% in 2021 to 77% in 2022. This comes as no surprise to most agencies, who are struggling with caregiver recruitment and retention amidst the ongoing workforce crisis.
We don’t have the workforce to make good on new care models

The Home Care Workforce Has Not Kept Pace With Growth In Home And Community-Based Services

Amanda R. Kreider and Rachel M. Werner

https://doi.org/10.1377/hlthaff.2022.01351
But...some states and localities are improving wages for direct care workers

→ Los Angeles set a $25/hr minimum wage for select health care workers

→ North Carolina appropriated $210M in FY 22 to increase DCW wages

→ Washington state raising wages for DCWs and others (e.g. dietary staff, housekeeping)

→ Illinois setting a new payscale for DCWs based on years of experience

https://leadingage.org/states-legislatures-taking-steps-to-address-direct-care-wages/
Outlook for the Future
A National Palliative Care Workforce Strategy

- Expand the specialty pipeline while…
- Focusing efforts on attracting diverse HCPs
- Train ALL clinicians in core skills
- Leverage value-based payment to achieve interdisciplinary teams
Are you following these strategies in your team/org/state?

Write it in the chat box!
Reflections

We are now **naming the problems**.

Change happens excruciatingly slowly...but there are positive indicators.

Our workforce is struggling to keep up with our growth, so expanding the pipeline (and definition of workforce) is key.

Newly trained clinicians expect palliative care. That means culture change over the long term.

Mid-career entrants make the switch because “This is why I went into health care.”

capc Center to Advance Palliative Care™
CAPC RESOURCES

• CAPC Leadership Resources (don’t miss this recent webinar)
• Emotional PPE Toolkit
• Debriefing Sessions (and facilitator training)
• Clinical Training
• Upcoming Billing and ‘Payment & Policy Mailbag’ Webinars
• Job Board