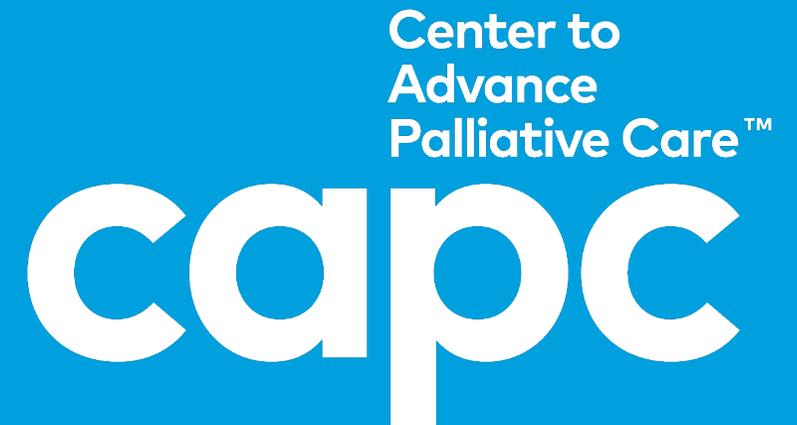


# The Current State and Future Vision of the Serious Illness Care Workforce

December 7, 2023



**The  
Backdrop**

# 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

# The Backdrop

FORBES > INNOVATION > HEALTHCARE

## Top 10 Healthcare Industry Predictions For 2024

Sachin H. Jain Contributor ©

*I cover transformation and innovation across the health care industry.*

Follow

🔖 1

Nov 28, 2023, 06:13am EST

**Forbes**

## 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 undervalued. 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?

Primary

Adult & Pediatric  
Specialists

NEARLY  
EVERYONE

Medical staff

Hospice

Family  
caregivers

LTC staff

# 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

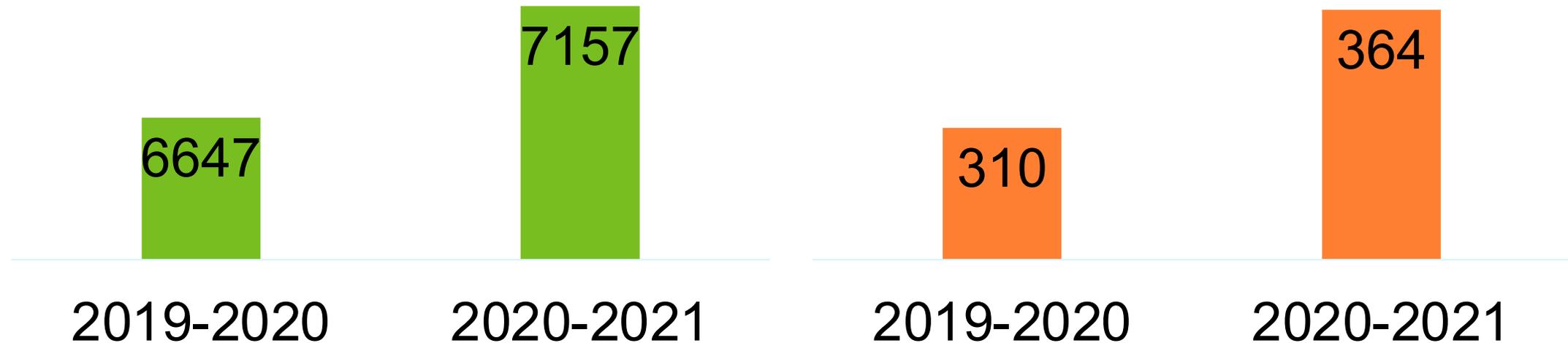
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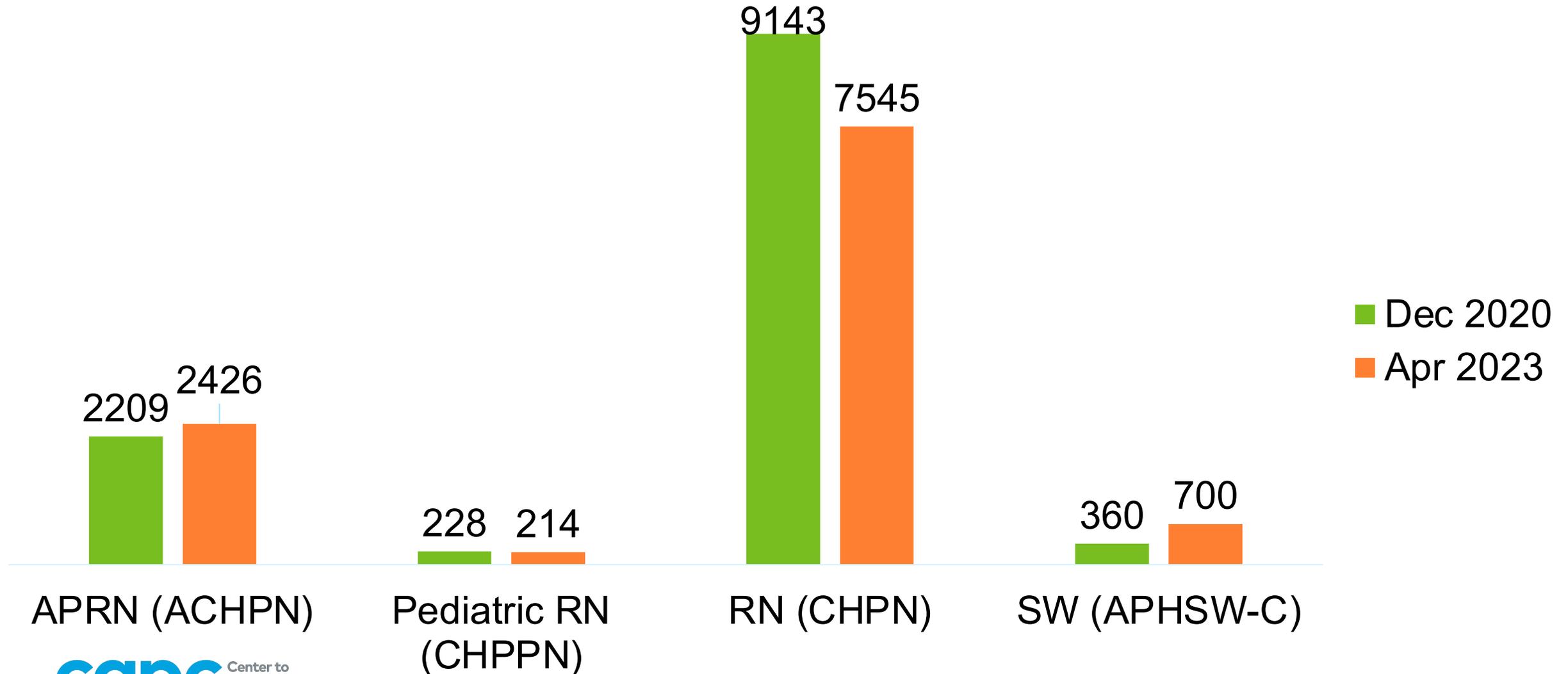
# Specialty Certified Hospice & Palliative Medicine Physicians

Non-Pediatric  
Physicians (MD)

Pediatric Physicians  
(MD)



# Palliative Care Specialty Certification



# Are palliative care teams adequately staffed?

(No).

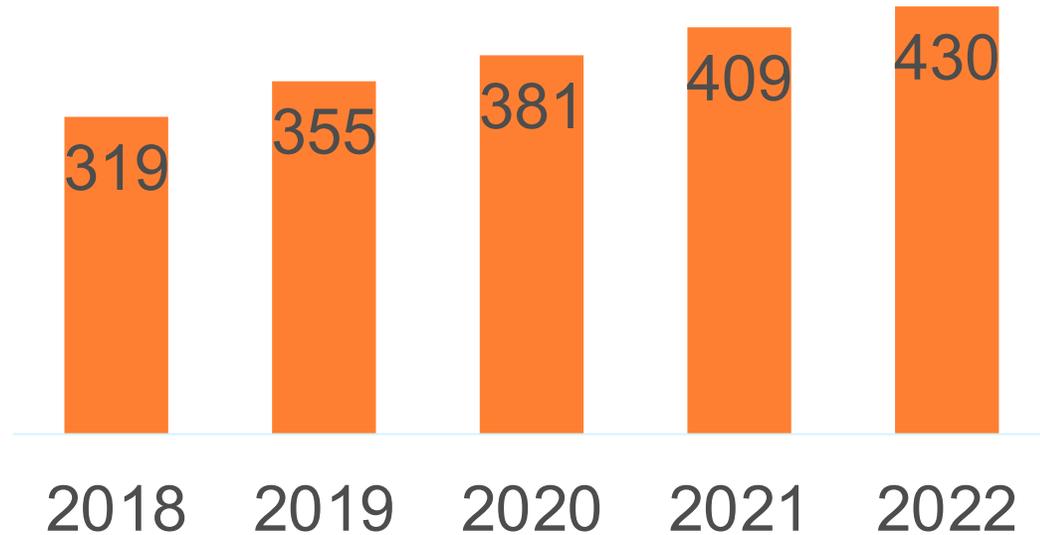
Per the National Palliative Care Registry:

- 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

<https://www.capc.org/events/recorded-webinars/latest-trends-and-insights-from-the-national-palliative-care-registry>

# Widening the pipeline of palliative care specialists

## HPM Fellowship Positions



Source: The Match: Results and Data (2022)



### EDUCATION AND TRAINING

## Addressing a Workforce Crisis: Innovations in Training for HPM Specialists

Updated January 16, 2020 By Laura Dingfield



Dr. Laura Dingfield shares the University of Pennsylvania's training model, which enables mid-career physicians to enter the HPM workforce.

The field of Hospice and Palliative Medicine (HPM) faces a critical workforce crisis. Despite rapid growth in the field, the number of graduates from accredited HPM fellowship programs over the past decade, the number of HPM specialists is still insufficient to meet the needs of an aging population.



# 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

## Palliative Care:

## How PCHETA Can Help

Palliative care is team-based medical care for those with serious illness. It improves quality of care by:



Improving patient experience and satisfaction<sup>1</sup>



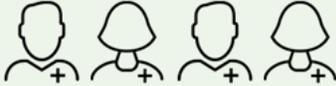
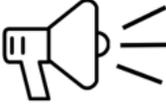
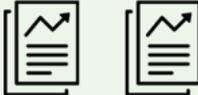
Increasing survival<sup>2</sup>



Reducing cost<sup>3</sup>

The Palliative Care and Hospice Education and Training Act (PCHETA) is a bipartisan bill that expands access to palliative care. Passing the bill could improve quality of life for millions of Americans.

## What does PCHETA do?

- 1 Establishes palliative care workforce training 
- 2 Launches national palliative care education and awareness campaign 
- 3 Enhances research in palliative care 

Support PCHETA (H.R. 647/S. 2080) to help patients live better.



# 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

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# 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

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# 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

Review > J Palliat Care. 2021;36(3):277-285.

Epub 2021 Mar 18.

## Leveraging Telehealth to Remote Communication

## Innovative Telemedicine Program Furthers Reach of Palliative Care

December 9, 2022  
By: Julia Baird

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

> J Palliat Med. 2022 Jul;25(7):7907-z.

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

patients

SPECIAL COVID ARTICLE

## 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

Journal of Hospice & Palliative Nursing 23(3):p 277-285, June 2021. | DOI: 10.1097/NJH.0000000000000753



# 4. Adequately Trained to Meet the Needs of Patients with Serious Illness

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# 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 (pallcare,  
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



<https://aquifer.org/wp-content/uploads/2022/02/Palliative-Care-Infographic.pdf>

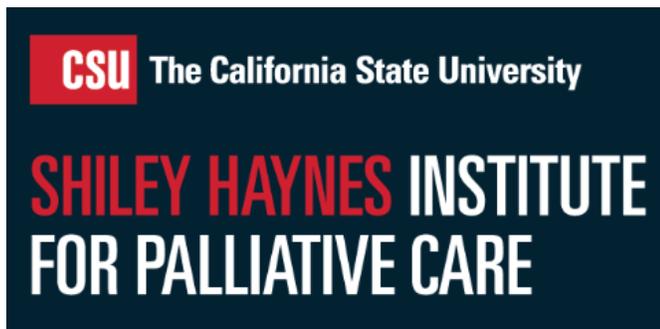
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## STUDENTS & FACULTY AGREE

**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

🏠 [Journal of Palliative Medicine](#) > [Vol. 26, No. 2](#) > [Original Articles](#)

## 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



# 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

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# “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

**WEBINARS**

## 2024 Billing and Coding for Palliative Care: Navigating New Opportunities

Thursday, February 15 at 1:30 p.m. ET  
Presented By



[REGISTER](#)

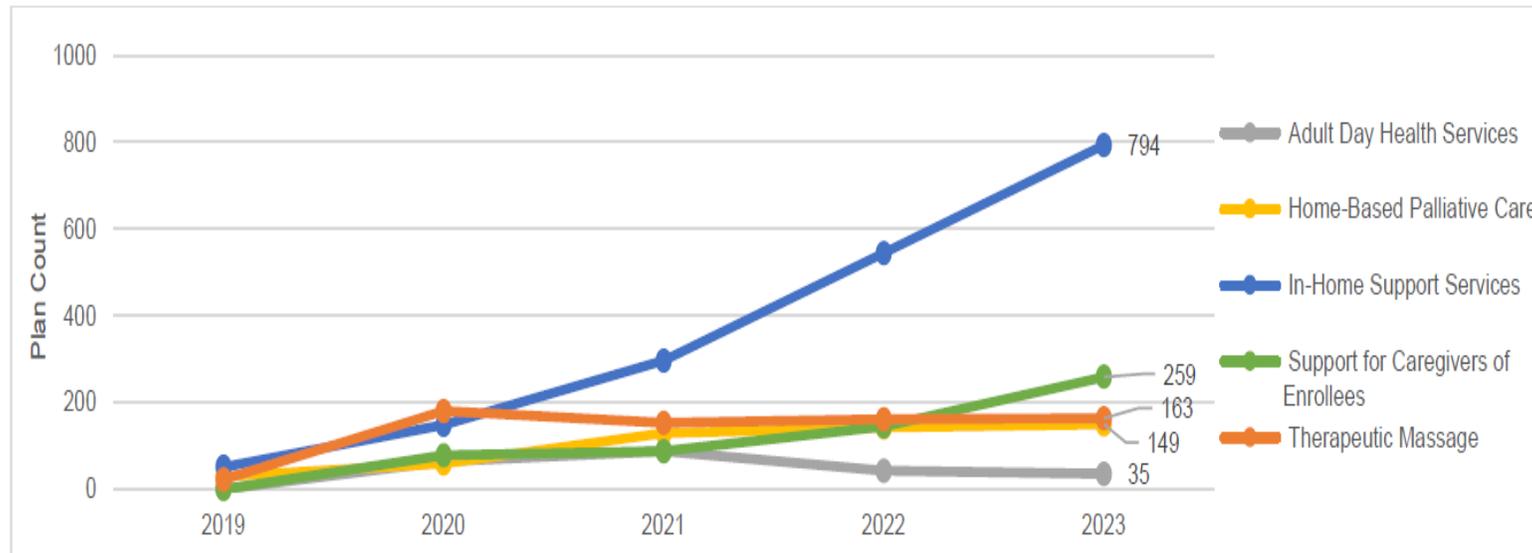
# (Some) Medicare Advantage plans are covering palliative care

MILLIMAN BRIEF

## 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\*



\* 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.

WEBINAR

### A Look at Medicare Advantage and Implications for Palliative Care

Recorded: January 11, 2023

WATCH

<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

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# 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

<https://www.capc.org/blog/palliative-care-leadership-during-the-pandemic-results-from-a-recent-survey>

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

BECKER'S \_\_\_\_\_  
**HOSPITAL REVIEW**

# 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

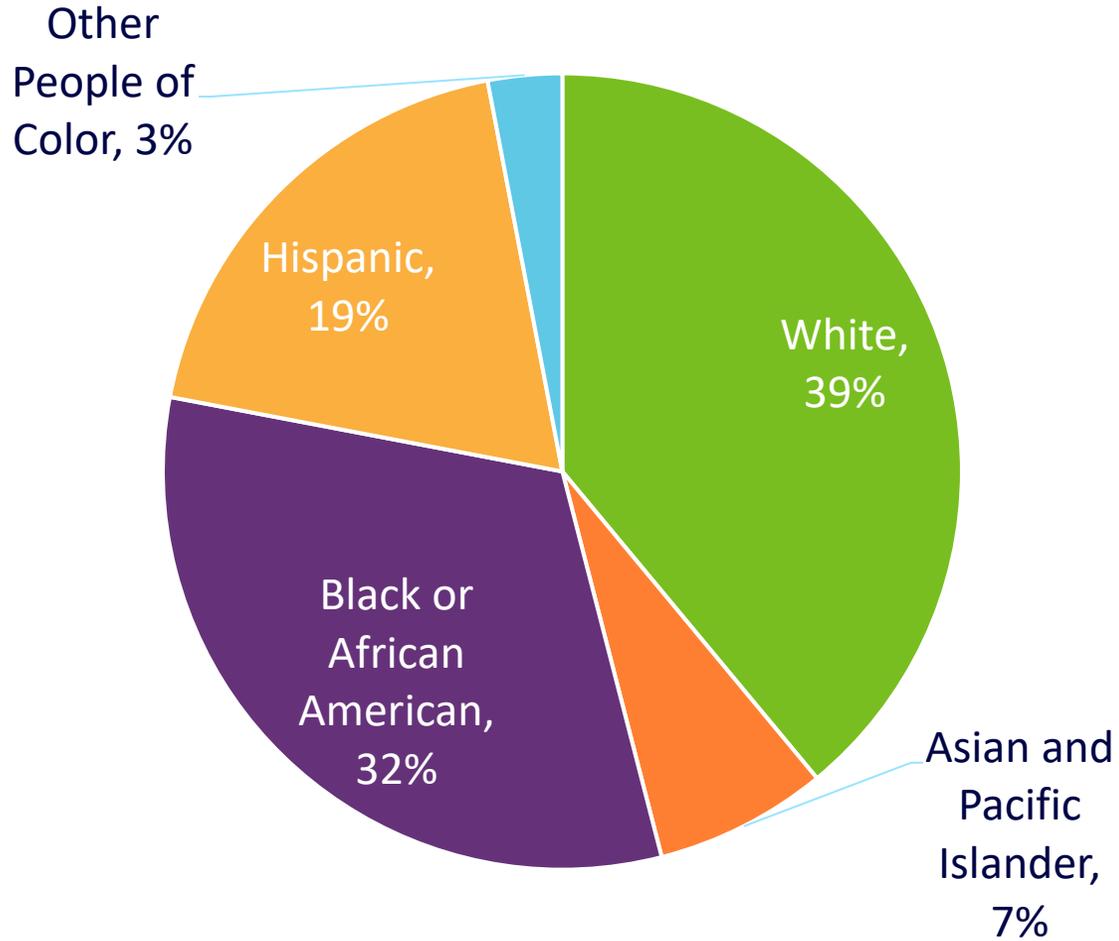
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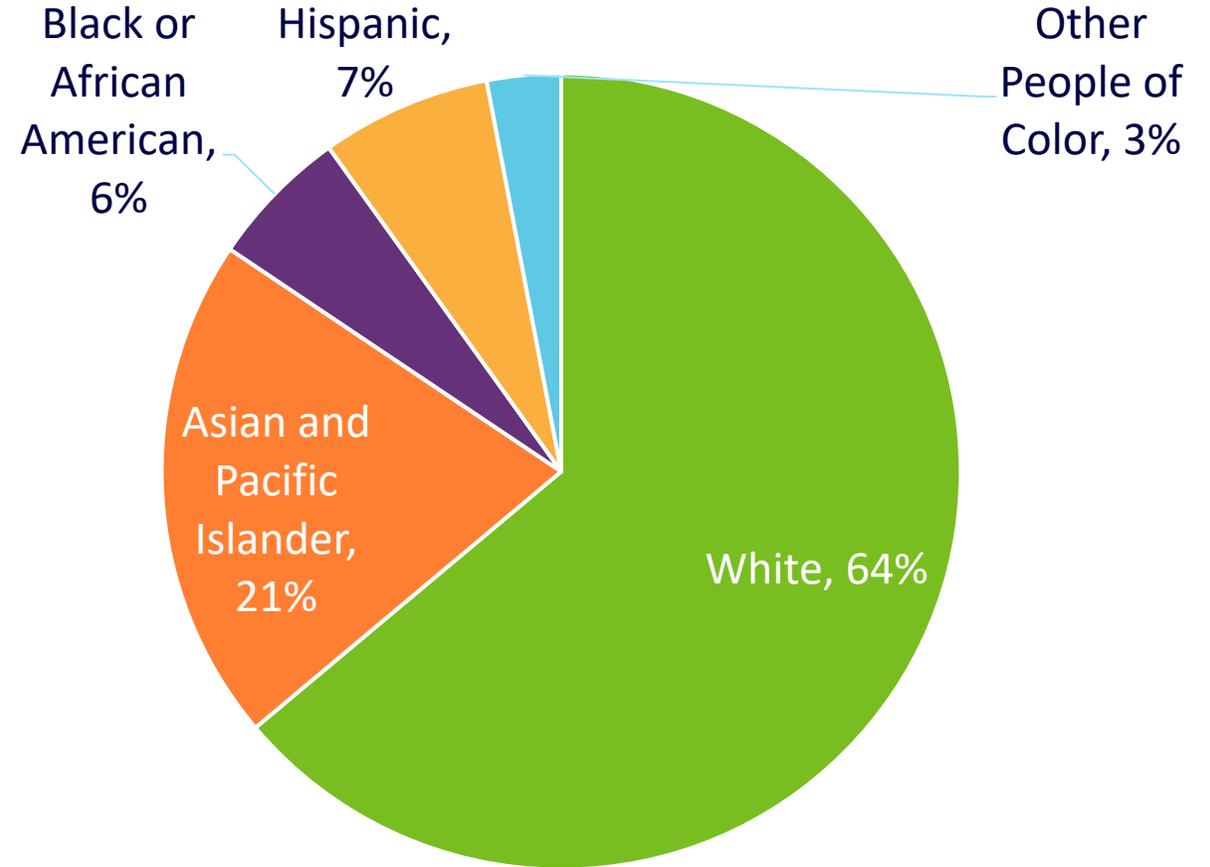
# Spotlight on Direct Care Workers

- 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



# Physician Workforce



# Under-valuing direct care workers has consequences



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

6/14/2023 0 Comments

The 2023 HCP Benchmarking Report was released last month week, 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

[HEALTH AFFAIRS](#) > [AHEAD OF PRINT](#)

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

[Amanda R. Kreider](#) and [Rachel M. Werner](#)

[AFFILIATIONS](#) ✓

PUBLISHED: APRIL 19, 2023 **No Access**

<https://doi.org/10.1377/hlthaff.2022.01351>

# But...some states and localities are improving wages for direct care workers

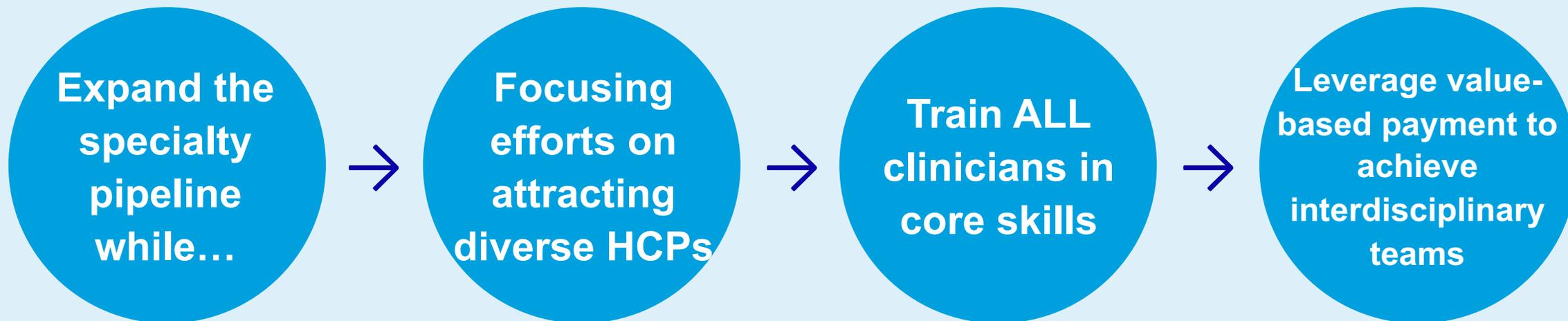
- Los Angeles set a \$25/hr minimum wage for select health care workers
- North Carolina appropriated \$210M in FY 22 to increase DCW wages
- Washington state raising wages for DCWs and others (e.g. dietary staff, housekeeping)
- Illinois setting a new payscale for DCWs based on years of experience

# Outlook for the Future

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# A National Palliative Care Workforce Strategy



**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 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](#)

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capc

55 West 125<sup>th</sup> Street

13th Floor

New York, NY 10027

347-802-6231

[capc.org](http://capc.org)