

# Latest Trends and Insights from the National Palliative Care Registry™

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National  
Palliative Care  
**Registry™**

The Center to Advance Palliative Care

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# Poll Question

Have you (or your organization) ever submitted data to the National Palliative Care Registry™?

→ Yes

→ No

# The National Palliative Care Registry™

- Annual survey on palliative care program's operations, service delivery, and processes
  - Programs participate once a year
  - No patient-level data or patient-reported outcomes

- Purpose:
  - Provide actionable data that programs can use to secure and retain resources
  - Promote standardization of structure and process
  - Support the establishment of new palliative care programs

**Free and open to all hospital and community programs**

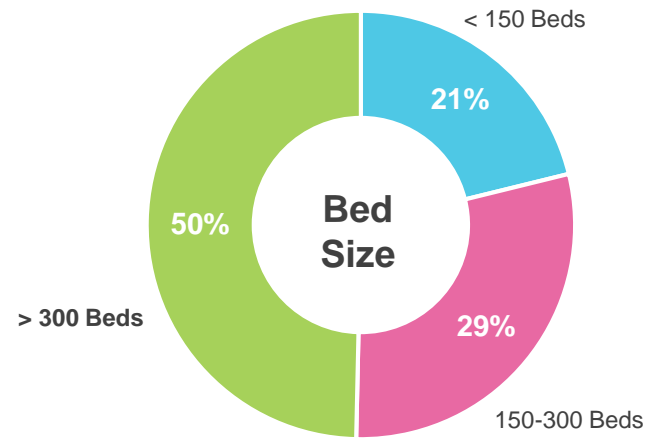
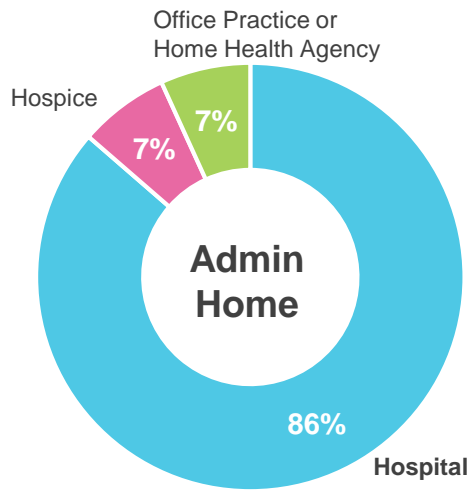
# 2018 Updates

- Focused Scope
- Survey Reorganization
- Length and Question Changes
- One of Many Data Resources

# Who Were Our 2018 Inpatient Participants?

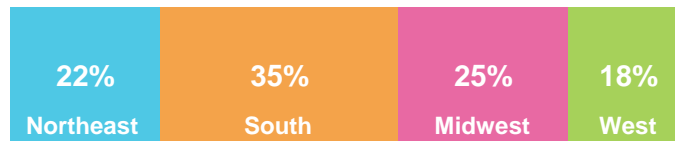
# 2018 Hospital Survey

## Adult Programs: 425 Participants



**92%** are  
Not-for-Profit  
Hospitals

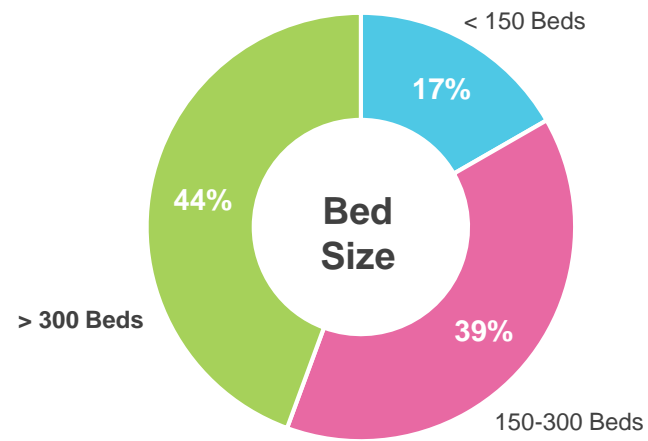
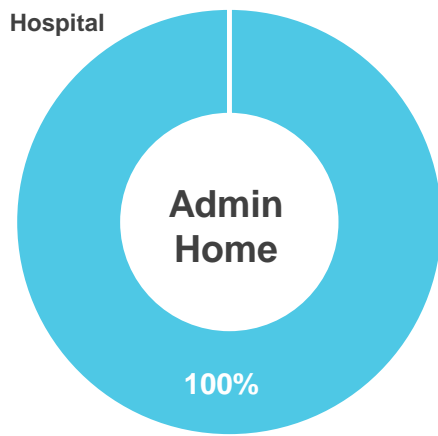
### Region



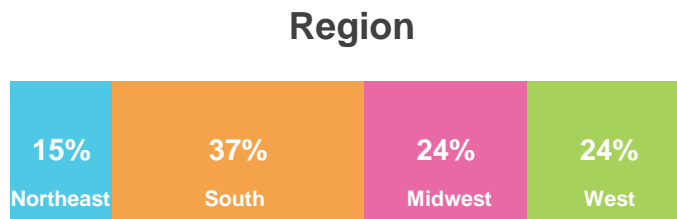
**51%** are  
Teaching  
Hospitals



# 2018 Hospital Survey Pediatric Programs: 54 Participants



**85%** are  
Not-for-Profit  
Hospitals



**100%** are  
Teaching  
Hospitals

# Patient Encounters

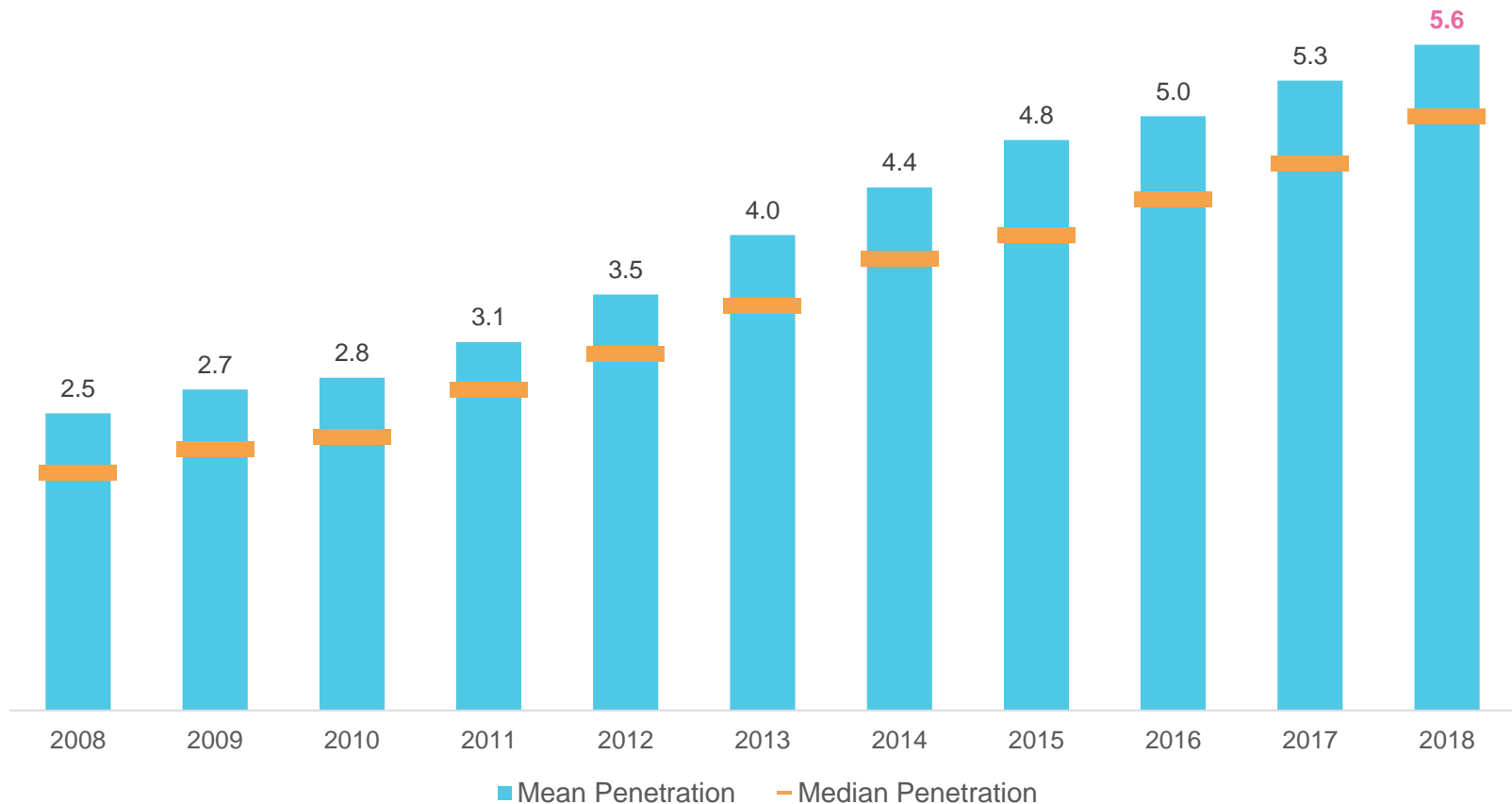
# Palliative Care Service Penetration

Palliative care service penetration is the percentage of annual hospital admissions seen by the palliative care team. Penetration is used to determine how well palliative care programs are reaching patients in need.



**100 initial consults** / 3,500 hospital admissions = 2.9% penetration

# Penetration has increased 124% since 2008 (Adult Programs)



# Differences in Penetration Rates, Adults (2018)

- **Bed Size:** Hospitals with more than 300 beds see an average of **4.7% compared to 6.4%** in hospitals with less than 300 beds
- **Teaching Status:** Teaching hospitals see an average of **5.2% compared to 6.0%** of programs in non-teaching hospitals

# Differences in Penetration Rates, Adults (2018)

- **Consult Triggers:** Hospitals with automatic screening criteria see an average of **6.2% compared to 5.1%** for hospitals without it in place
- **Program Maturity:** programs who are three years old or less see an average of **4.4% compared to 5.7%** for programs who are four years old or older

# Patient Encounters, Adults (2018)

## Initial Consults 892

- Larger hospitals provide a larger number of initial consults
- 1,223 for large hospitals with 300+ beds compared to 358 for small hospitals with <150 beds

## Follow-Up Visits 1,761

- Larger hospitals provide a larger number of follow-up visits
- 2,499 for large hospitals with 300+ beds compared to 474 for small hospitals with <150 beds

## Visits per Patient 2.8

- 1 initial consult + 1.8 follow-up visits per patient during a single admission
- 3.0 for large hospitals with 300+ beds compared to 2.4 for small hospitals with <150 beds

# Patient Encounters, Pediatrics (2018)

**Penetration  
Rate  
3.1%**

- Based on the hospital's pediatric admissions

**Initial Consults  
293**

- Larger hospitals provide a larger number of initial consults

**Follow-up Visits  
1,253**

- Larger hospitals provide a larger number of follow-up visits

**Visits per  
Patient  
5.3**

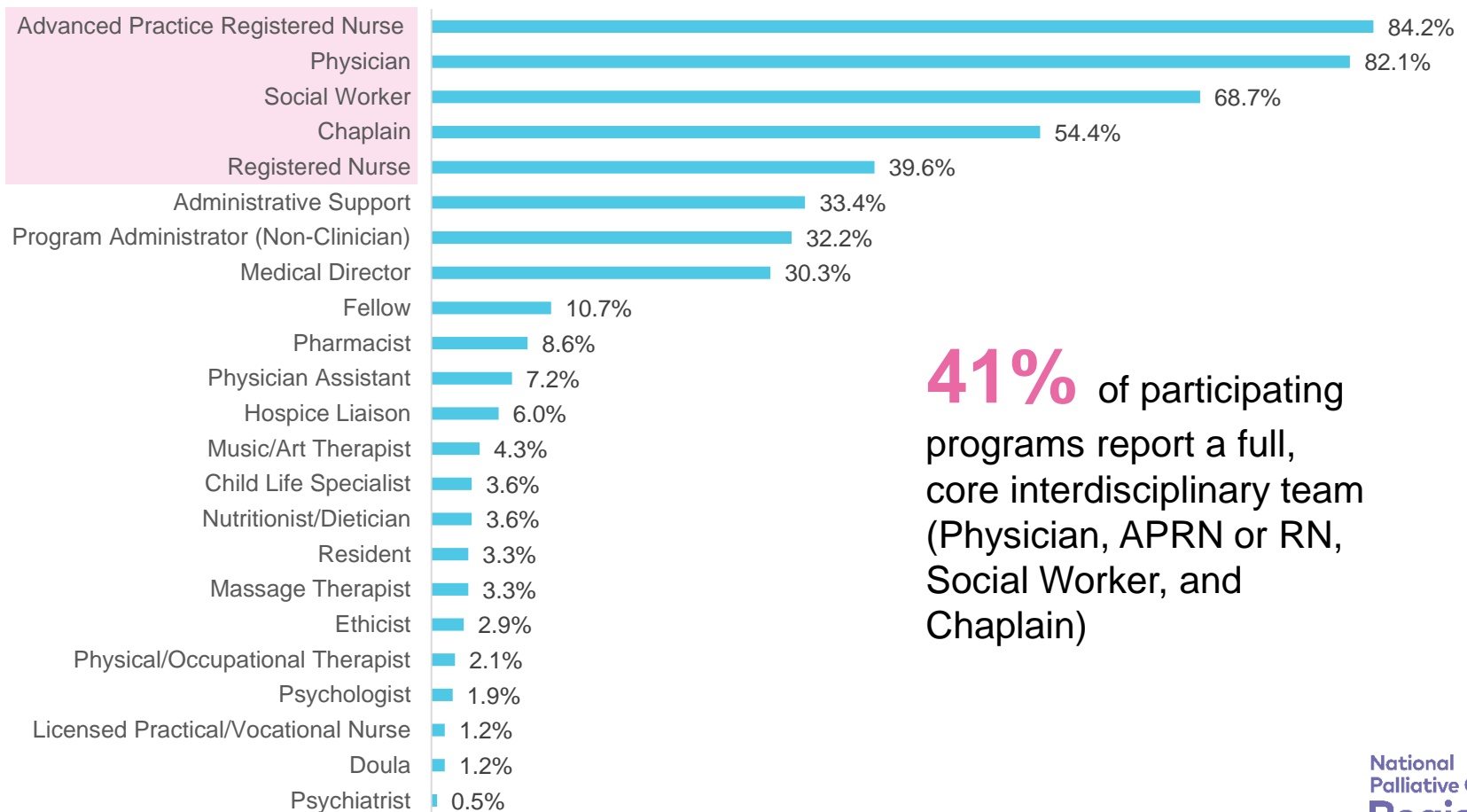
- 1 initial consult + 4.3 follow-up visits per patient during a single admission



# Program Staffing

# Core interdisciplinary team disciplines are the most prevalent.

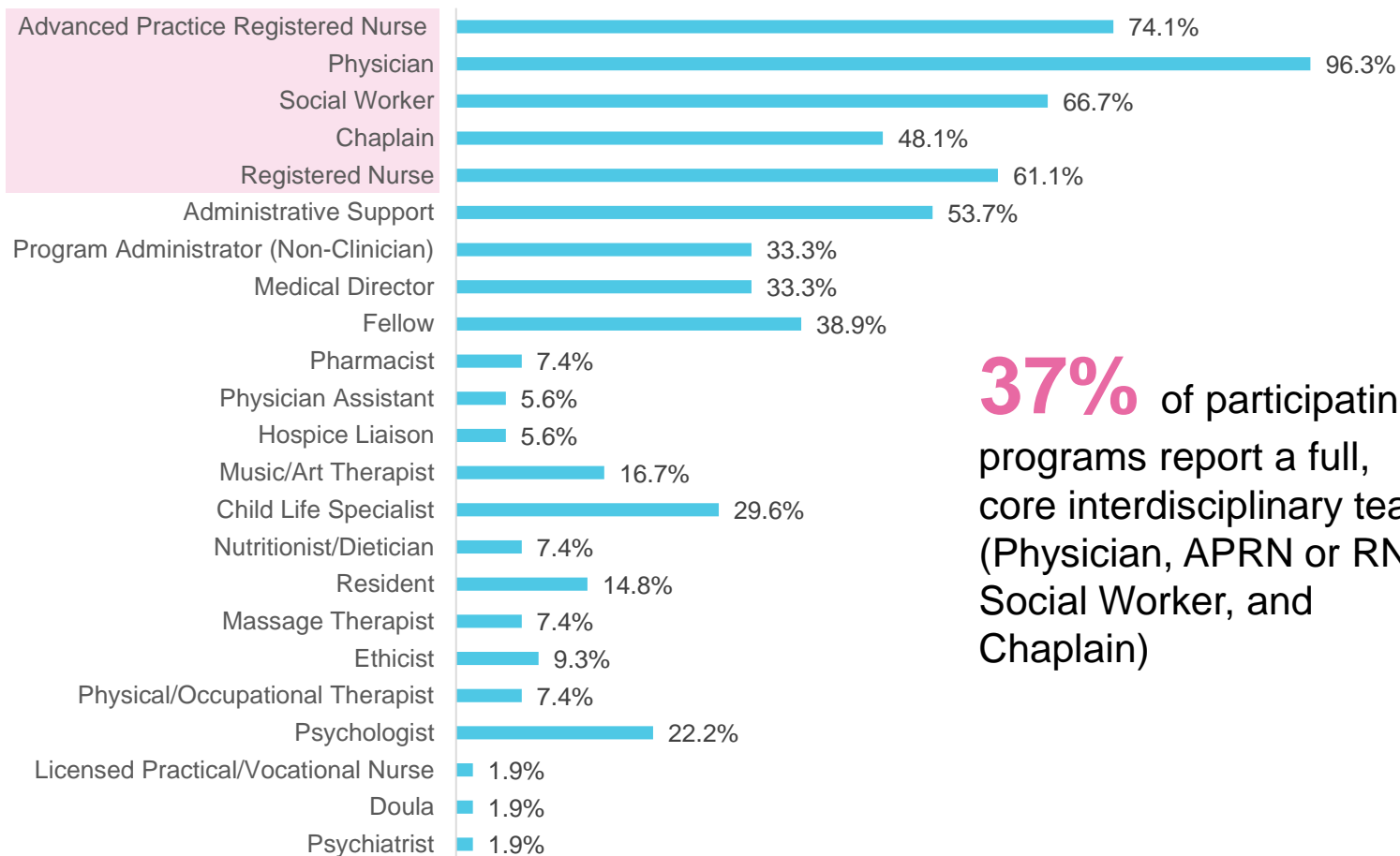
## Percent of Programs Reporting Specific Staff Disciplines, Adults (2018)



**41%** of participating programs report a full, core interdisciplinary team (Physician, APRN or RN, Social Worker, and Chaplain)

# Pediatric programs have different staffing models than adult programs.

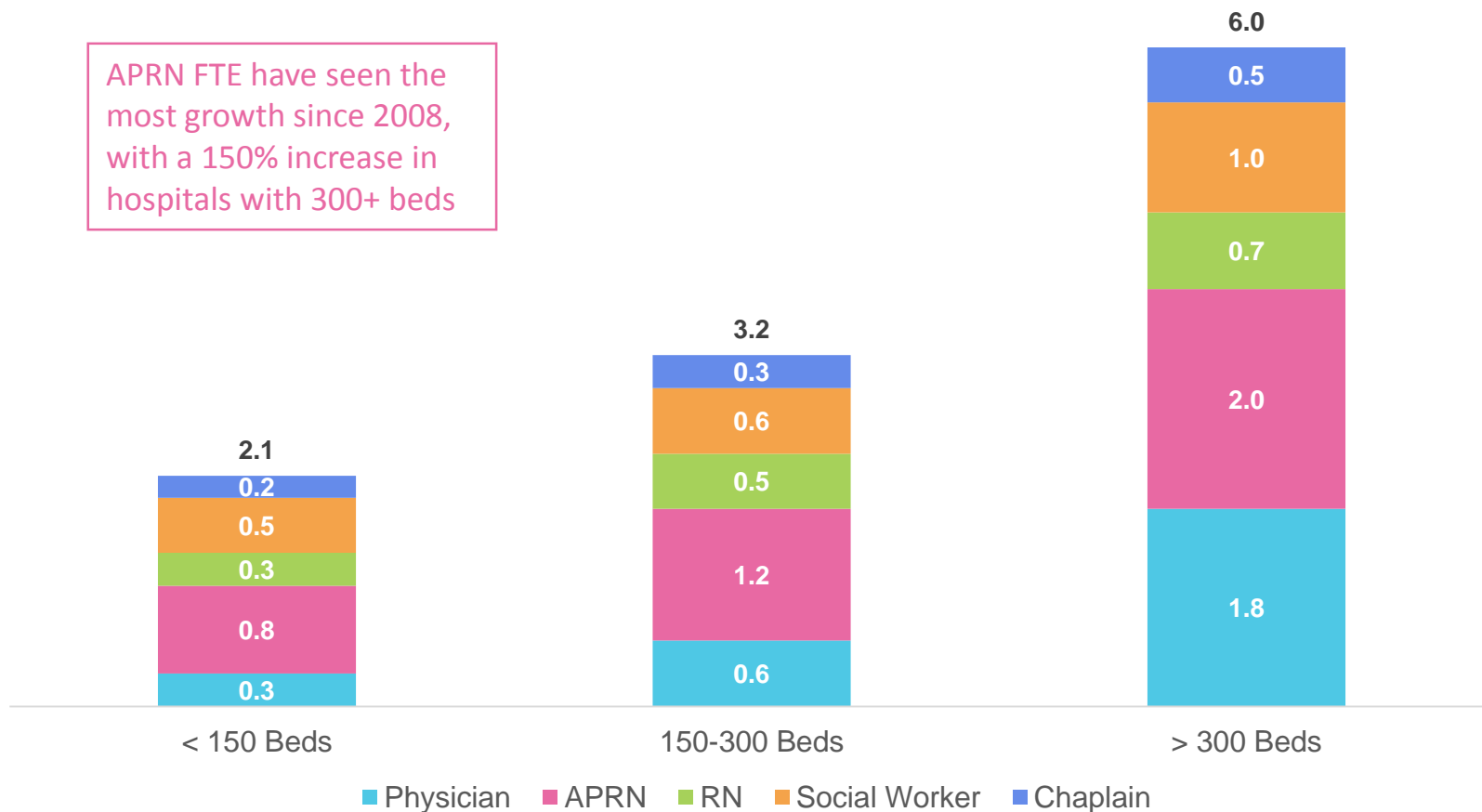
## Percent of Programs Reporting Specific Staff Disciplines, Pediatrics (2018)



**37%** of participating programs report a full, core interdisciplinary team (Physician, APRN or RN, Social Worker, and Chaplain)

# Program Staff FTEs, Adults (2018)

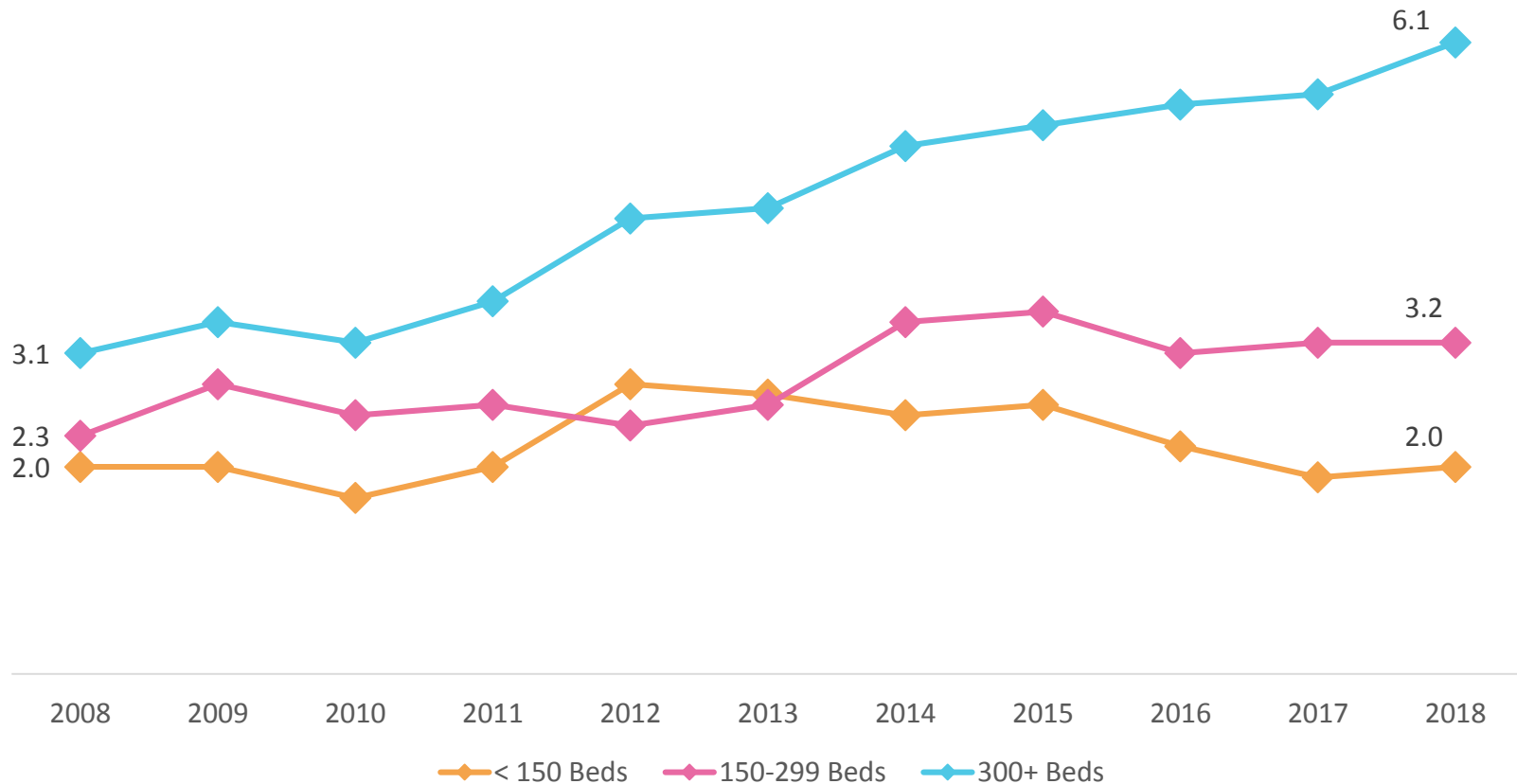
APRN FTE have seen the most growth since 2008, with a 150% increase in hospitals with 300+ beds



FTE: Full-Time Equivalent

# The largest growth in staff FTEs has been in large hospitals.

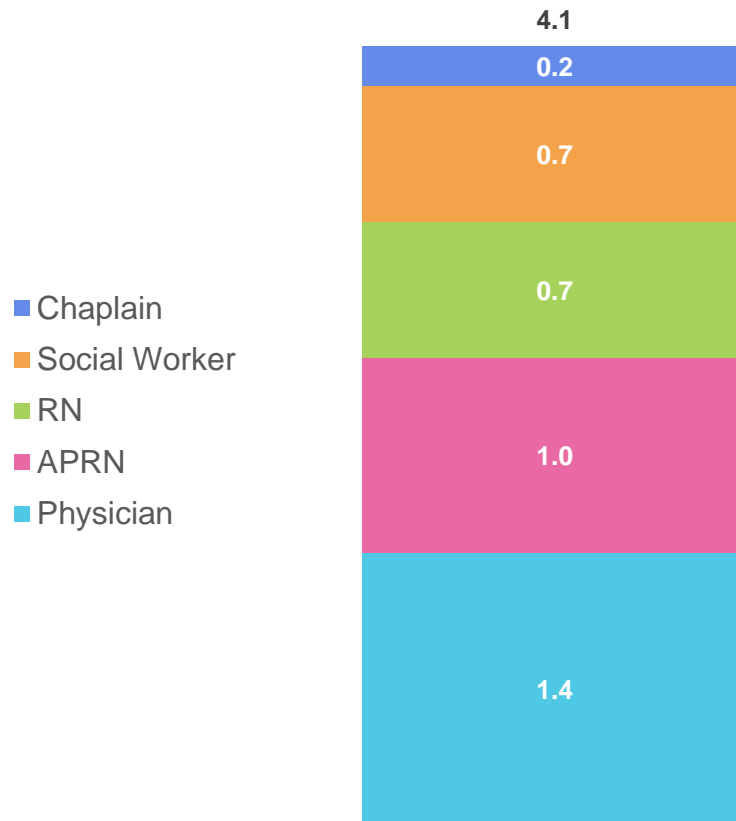
Growth in Staffing FTE in the Interdisciplinary Team, Adults (2018)



FTE: Full-Time Equivalent

Interdisciplinary Team: Physician, APRN, RN, SW, Chaplain

# Program Staff FTEs, Pediatrics (2018)



Over time comparisons are unavailable, as there is not enough historical data

FTE: Full-Time Equivalent

# HPM-Certified Clinicians (2018)

Of the programs that reported (at least one) Hospice and Palliative Medicine-certified staff members:

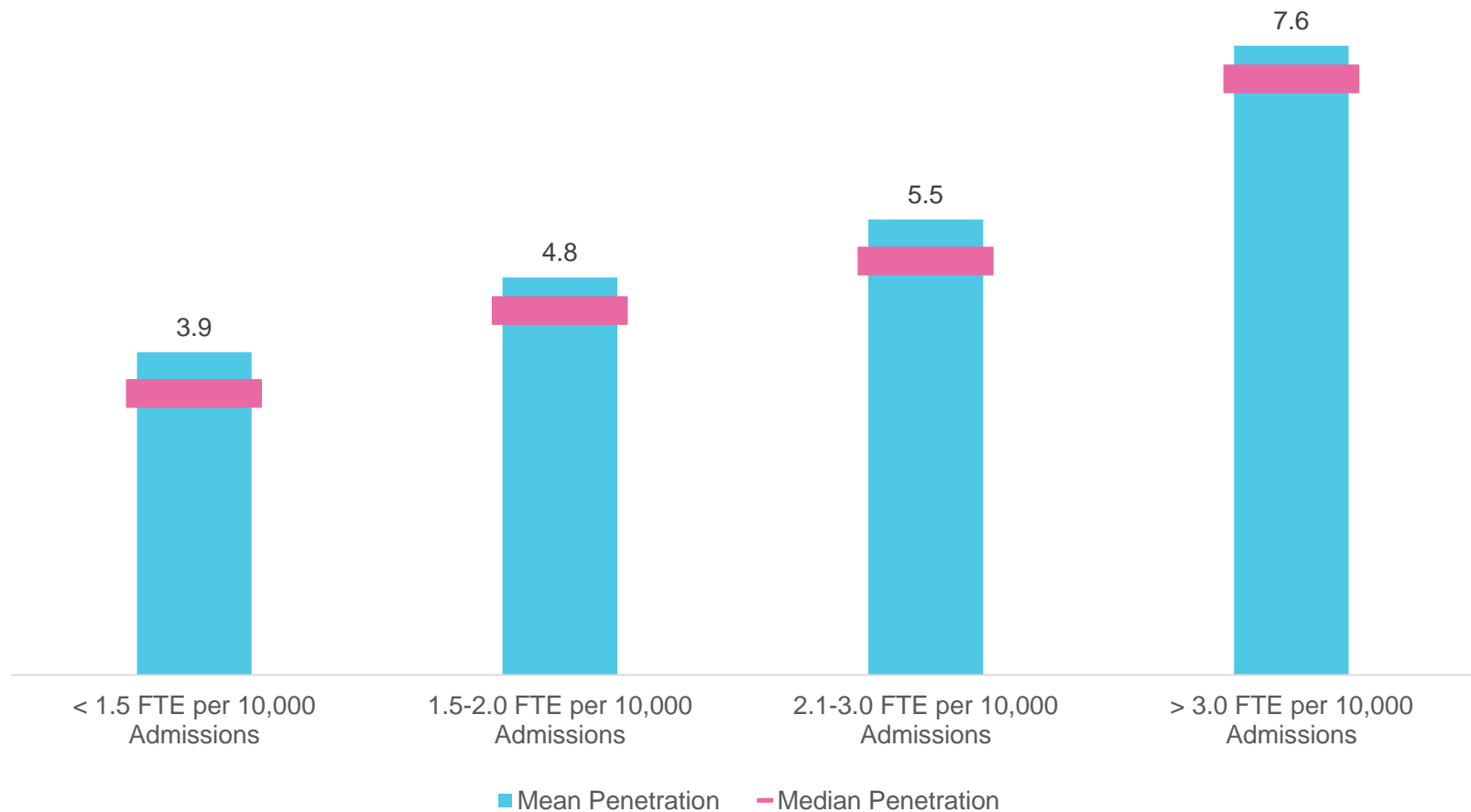
## Adults

- **83%** had a certified physician
- **61%** had a certified APRN
- **25%** had a certified RN
- **24%** had a certified social worker
- **8%** had a certified chaplain

## Pediatrics

- **92%** had a certified physician
- **38%** had a certified APRN
- **24%** had a certified RN
- **7%** had a certified social worker
- **9%** had a certified chaplain

# More adequately staffed programs see a larger percentage of annual hospital admissions, Adults (2018)

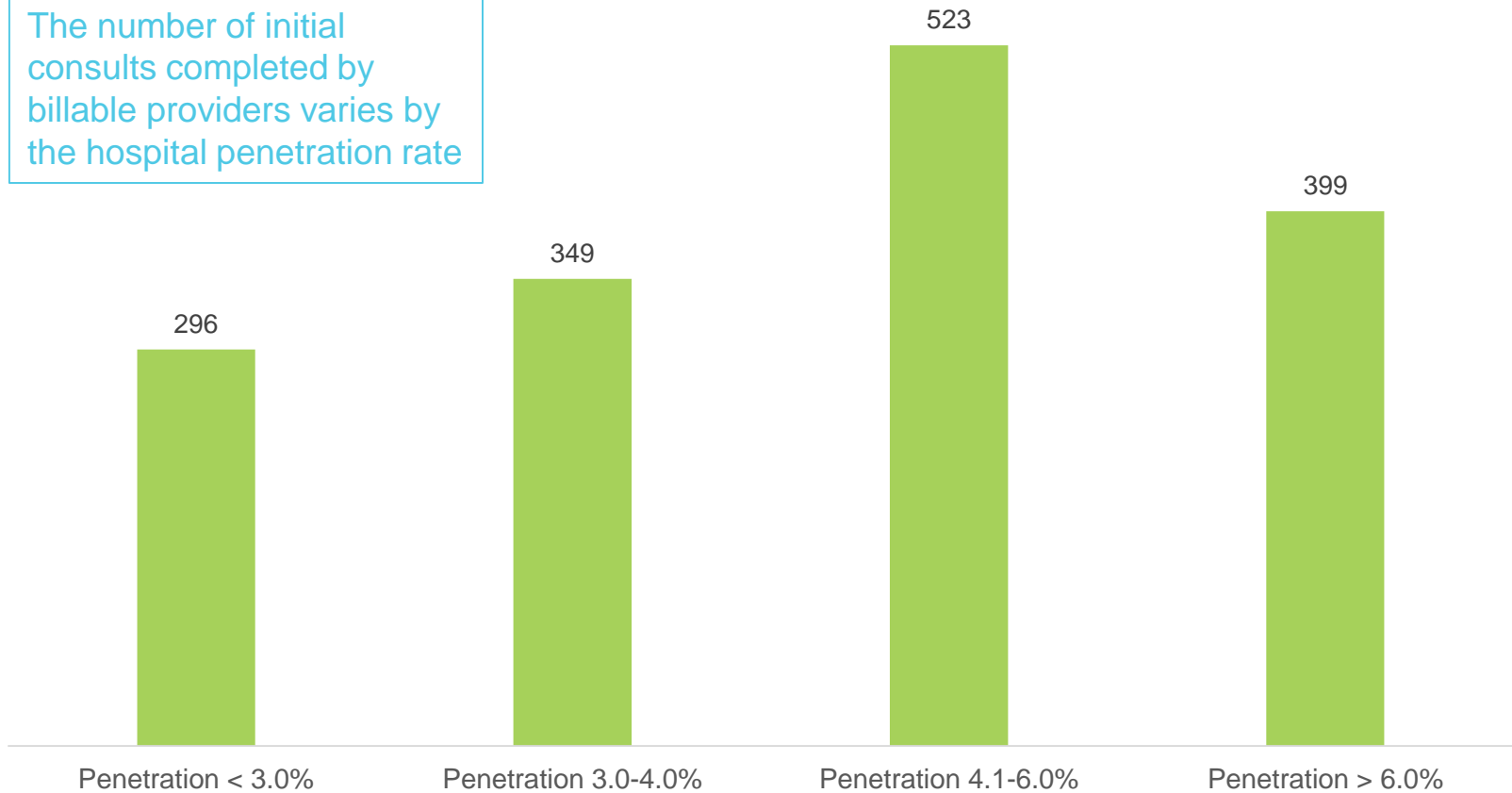


Based on: Interdisciplinary Palliative Care Team FTE per 10,000 Hospital Admissions



# Billable Provider Workload, Adults (2018)

The number of initial consults completed by billable providers varies by the hospital penetration rate



Billable Provider Workload: Number of Initial Consults per 1 FTE of Physician, APRN, and PA

# Program Features

# What are the top three reasons for the palliative care consult requests you receive? (2018)

## Adults

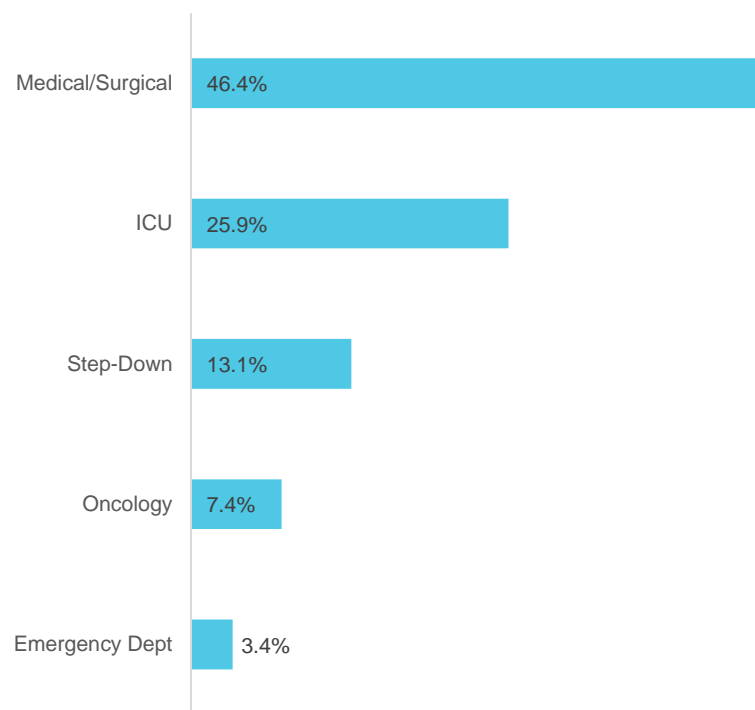
1. Establishing Goals of Care **91%**
2. Pain Symptoms **55%**
3. End-of-Life/Hospice Referral **46%**
4. Advance Care Planning **42%**
5. Family Support and Counseling **18%**

## Pediatrics

1. Establishing Goals of Care **83%**
2. Pain Symptoms **43%**
3. Family Support and Counseling **43%**
4. Advance Care Planning **33%**
5. Coordination of Care **32%**

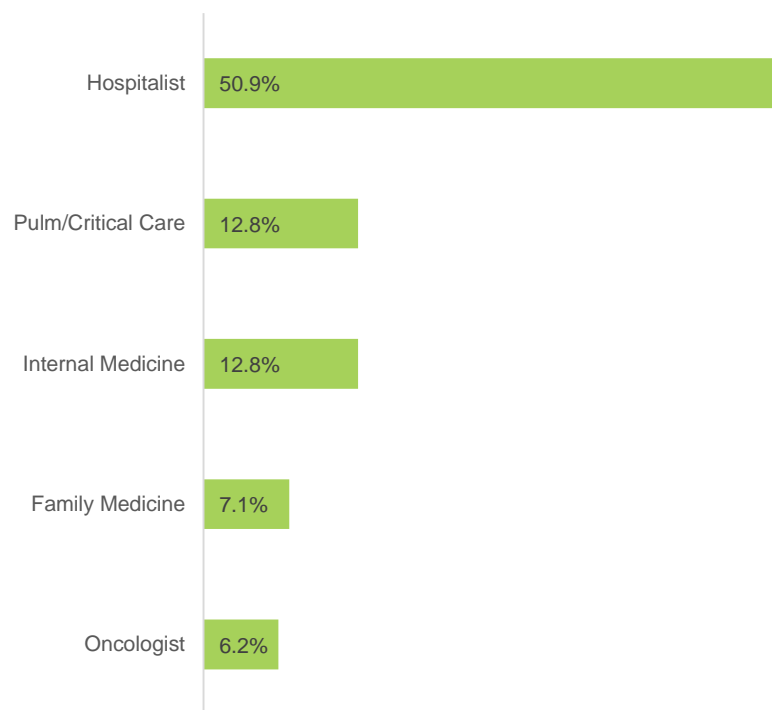
# Top Referral Sources, Adults (2018)

## Referring Locations



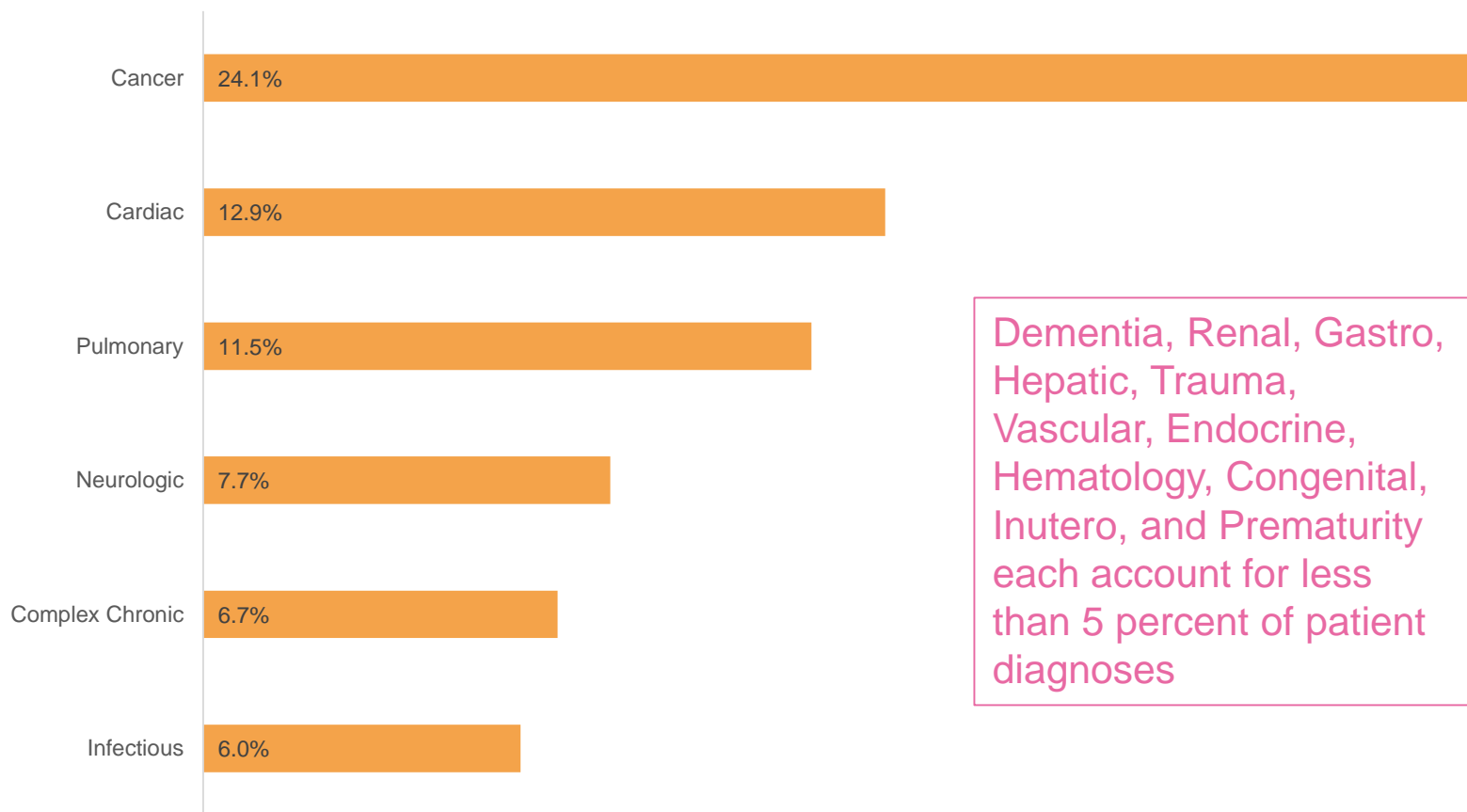
Less than 1% came from Geriatrics, Gastroenterology, Direct Admission, Hospice, Pediatrics, Maternal Medicine, and Neonatology (each)

## Referring Specialties



3% or less came from Surgeons, Cardiologists, Neurologists, Nephrologists, Gastroenterologists, Maternal Medicine, or Neonatologists

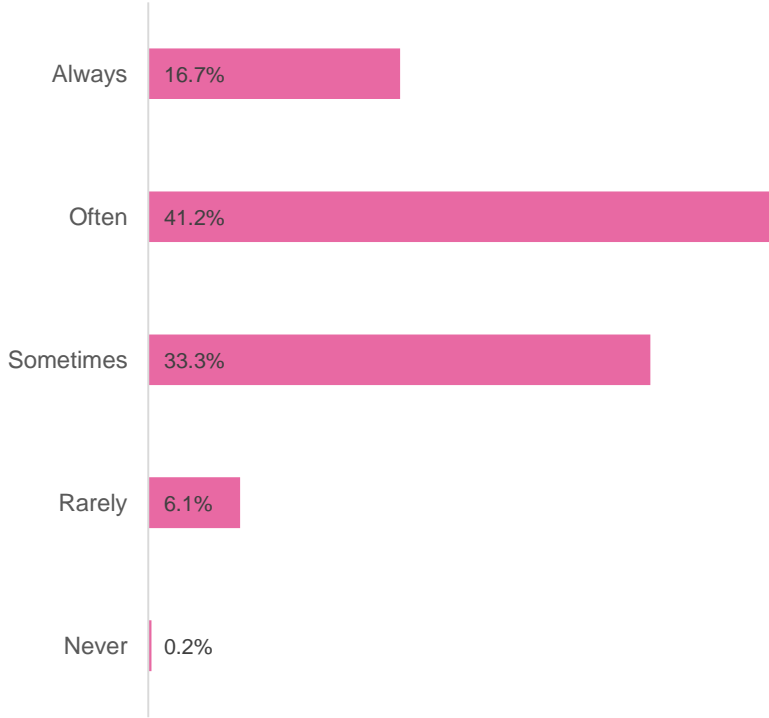
# Primary Diagnoses, Adults (2018)



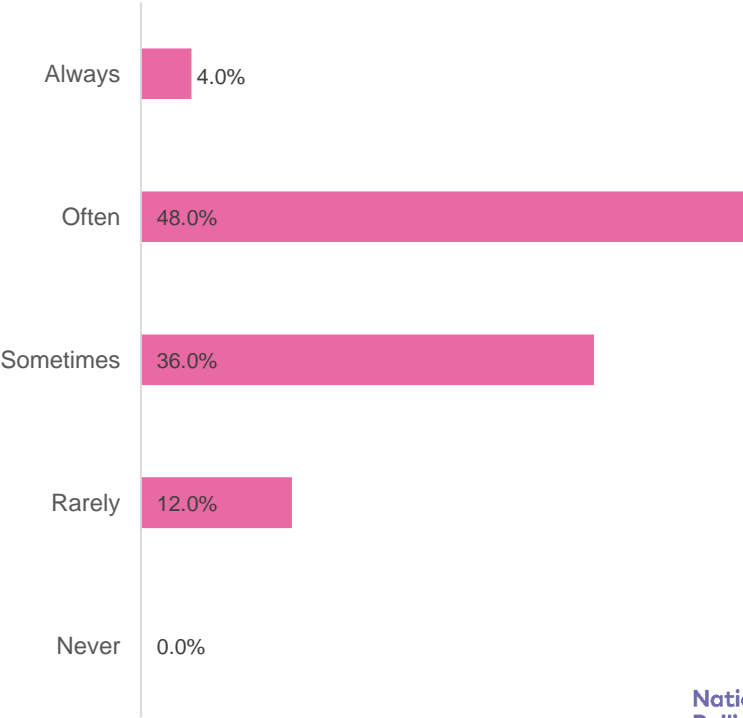
# Palliative care programs frequently complete consults early during a patient's admission.

Consult Timing: How often are consults completed within 48 hours of admission? (2018)

## Adults



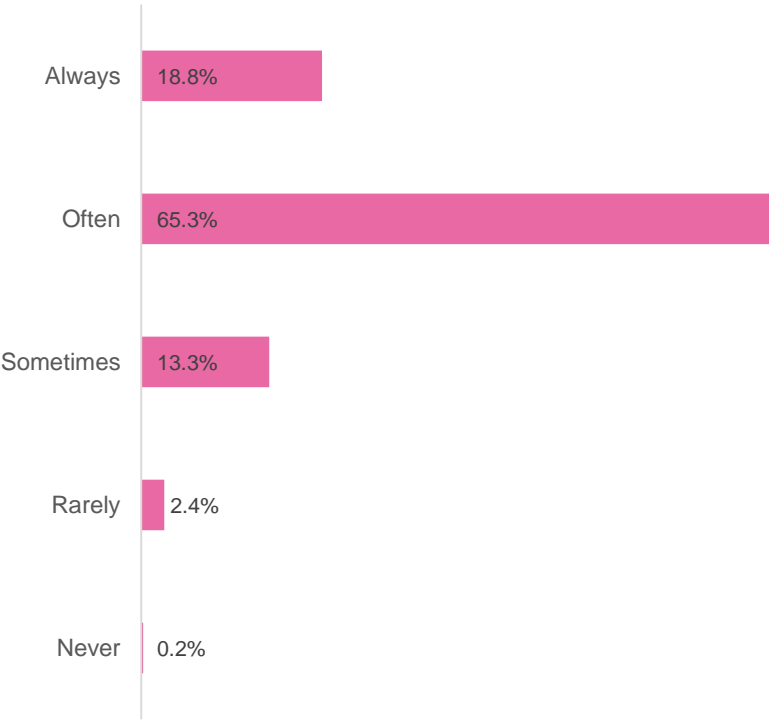
## Pediatrics



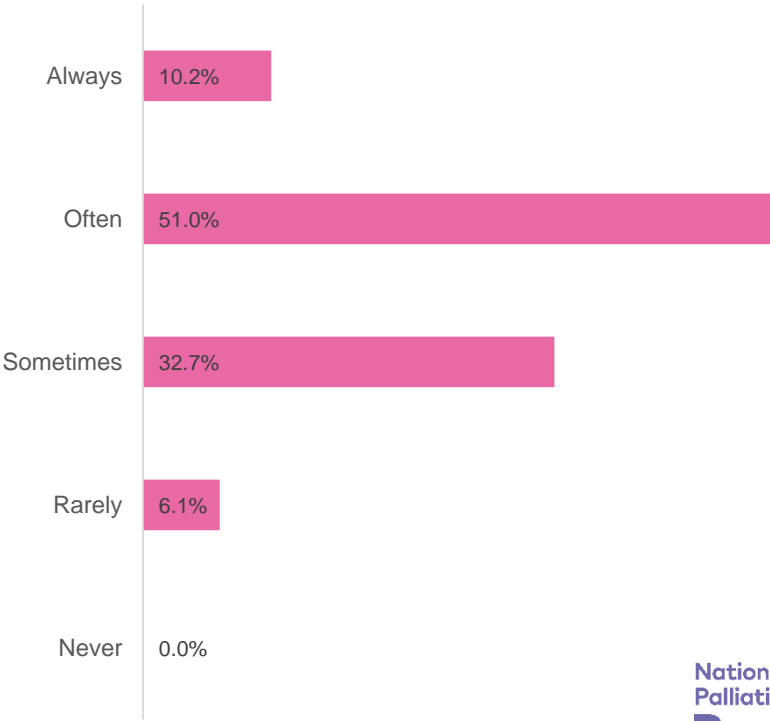
# Palliative care programs strive to respond to consults requests quickly.

Consult Timing: How often are consults completed within 24 hours of referral? (2018)

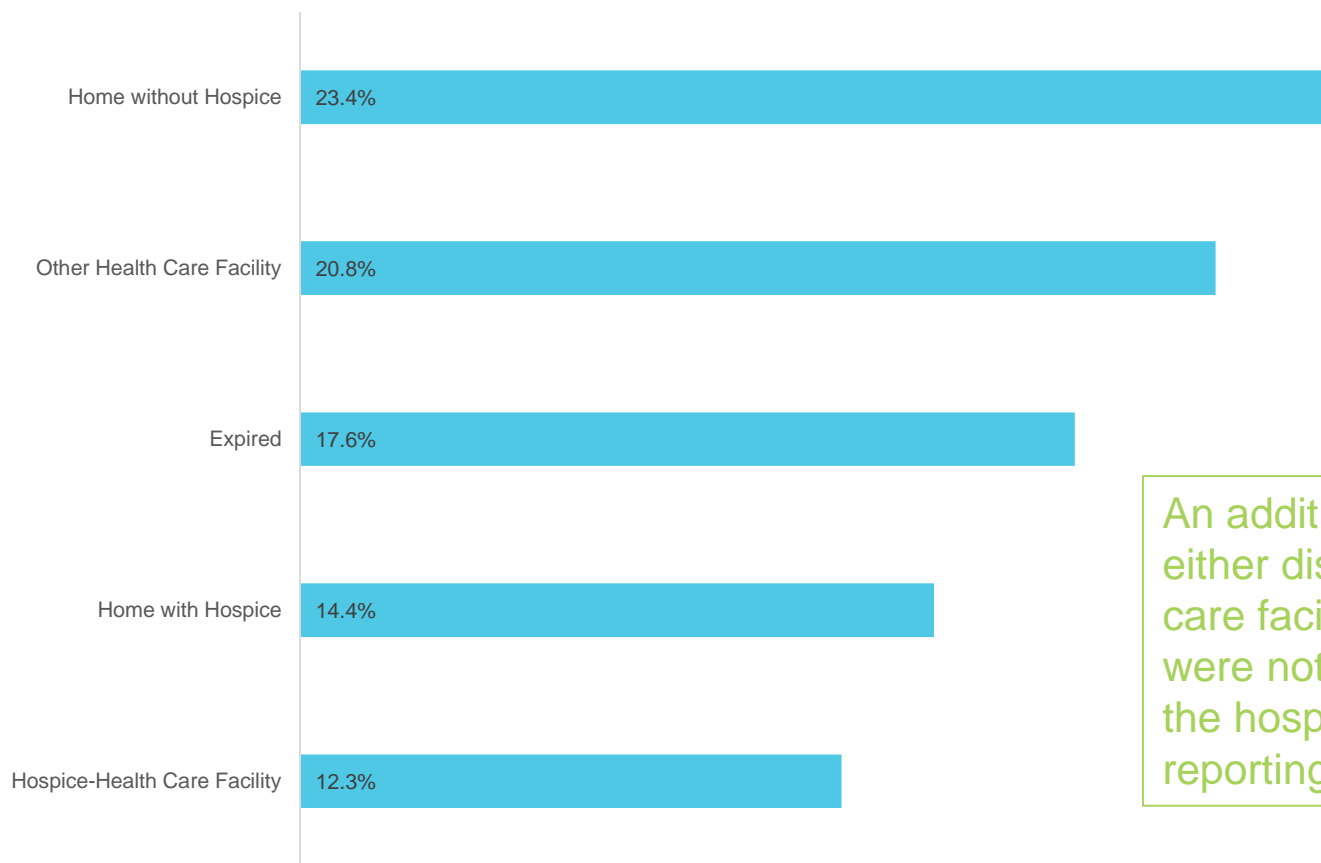
## Adults



## Pediatrics



# Patient Disposition, Adults (2018)



An additional 7% were either discharged to acute care facility, left AMA, or were not discharged from the hospital during the reporting period



# **National Guidelines & Recommendations**

# Does your program follow any national recommendations or guidelines? (2018)

	<u>Adults</u>	<u>Pediatrics</u>
National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care	76.2%	51.9%
The Joint Commission Advanced Certification for Palliative Care	35.8%	20.4%
DNV-GL Healthcare Palliative Care Program Certification	4.5%	3.7%

# Adherence to NCP Guidelines (2018)

Recommendation	Adult Programs	Pediatric Programs
24/7 Availability to Patients	46.1%	59.3%
Team Wellness Plan	57.1%	69.2%
Quality Improvement (QI) Plan	61.2%	44.4%
Physician on Team	82.1%	96.3%
Social Worker on Team	68.7%	66.7%
Chaplain on Team	54.4%	48.1%
(At Least One) HPM-Certified Clinician	83.8%	84.9%

# Program Funding

# What are your Top Three Program Funding Sources? (2018)

## Adults

1. Hospital/Parent Organization Financial Support **86%**
2. Fee-for-Service Clinician Billing **75%**
3. Philanthropy **19%**

## Pediatrics

1. Hospital/Parent Organization Financial Support **85%**
2. Fee-for-Service Clinician Billing **65%**
3. Philanthropy **63%**

# National Palliative Care Registry™

**Website:** registry.capc.org

**Email:** registryhelpdesk@capc.org

**Phone:** 212-201-2689

→ The Registry is **free** and open to all palliative care programs

→ CAPC Membership is **not** required to participate

**Questions?**