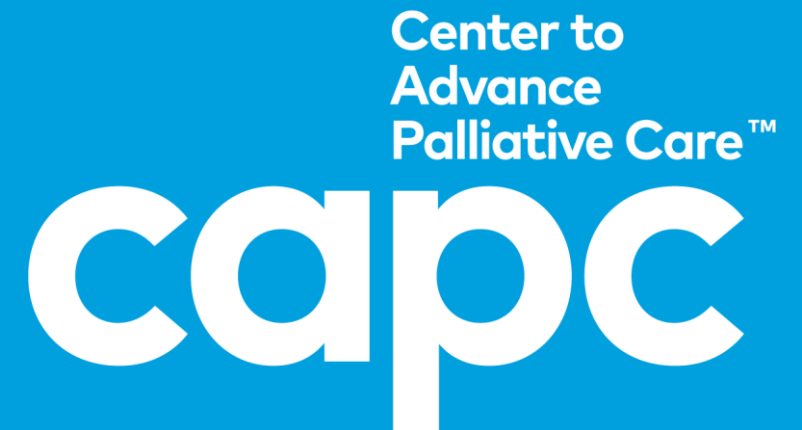


Voices from the Field – Findings from CAPC's First Annual *Palliative Pulse* Survey

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Save the Date

Center to Advance Palliative Care

National Seminar 2025



September 15-17, 2025 • Philadelphia, PA
capc.org/seminar

Raise your hand if you can relate to Pulse respondents' concerns...

“How do we support our various interdisciplinary team members without any one person or group feeling marginalized or less important?”

“Did I do my best? “

“Hospital staff introduce me as “pre-hospice.””

“Team members are becoming isolated from each other just to accommodate the increasing patient load.”

“Programs and individuals have been cut based on basic programmatic cost/revenue assessments that fail to account for palliative care's overall value to the organization.”

“Who will take over when I am gone?”

Raise your hand if you can relate to what brings Pulse respondents satisfaction...

“Watching any learner have a “lightbulb” moment when they see a conversation go well.”

“I really do love the people I work with.”

“Being a part of our team, which is collaborative in our approach with patients, and where all voices are equal.”

“Helping reduce human suffering is extremely rewarding because it helps me feel like I am making my part of the world a better place, even in small ways.”

“I love my job, all of it.”

What is the *Palliative Pulse* Survey?

CAPC's new, annual survey of the palliative care field

- How are you doing?
- What are you concerned about?
- What can we do to help?



Why the *Palliative Pulse* Survey?

For CAPC to be where we're needed – what we build, who and how we serve – we need to know what you're experiencing.

The Pulse isn't an academic exercise. It is CAPC's effort to hear from as many people in the field as possible, in as close to real time as possible.

Palliative Pulse Methodology

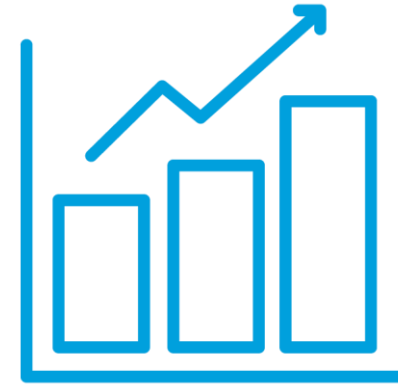
Questions were:

- Adapted from prior CAPC COVID-19 surveys
- Tested with members and non-members

The survey:

- Was open 3/18/24 – 5/6/24
- Contained 29 questions, the majority multiple-choice

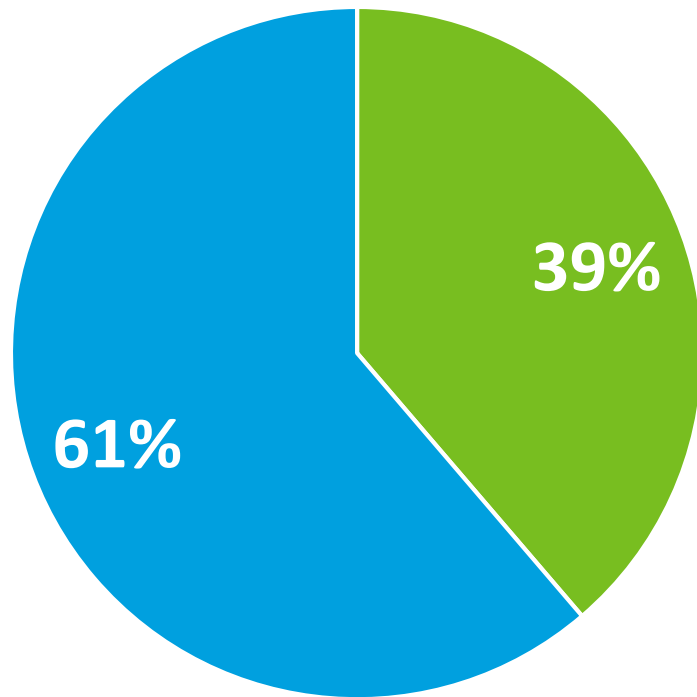
Any member of a specialty palliative care team could participate.



All data is based
on self-report

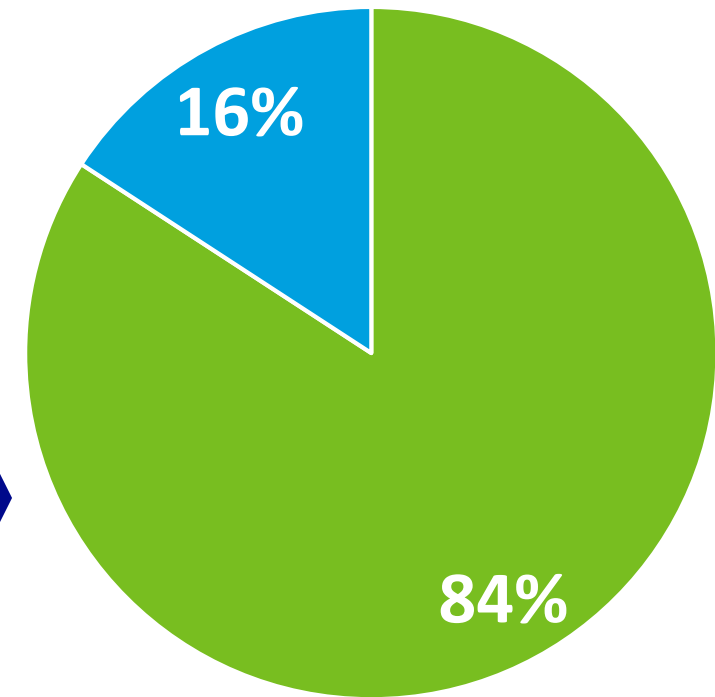
Participant Demographics

Total Respondents: 759



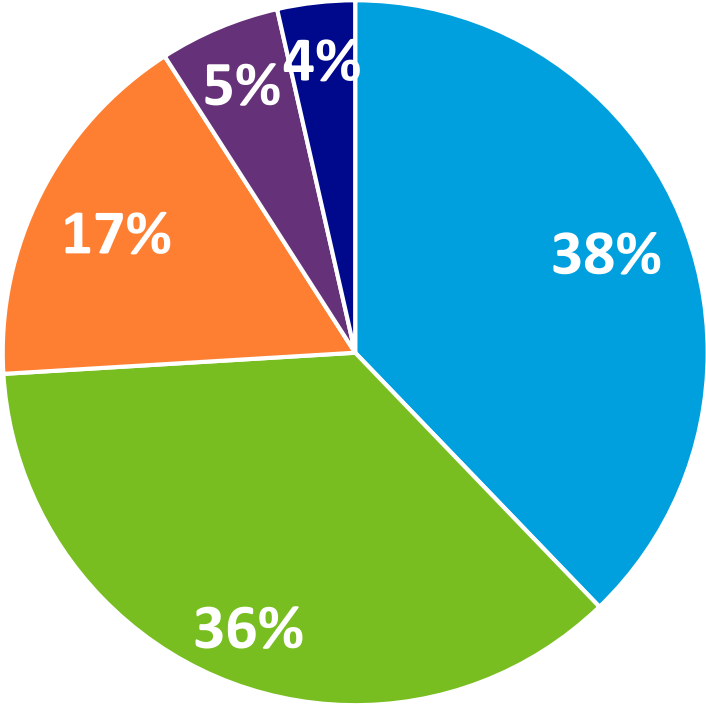
■ Team Leader ■ Team Member

4% of respondents were from pediatric-only programs

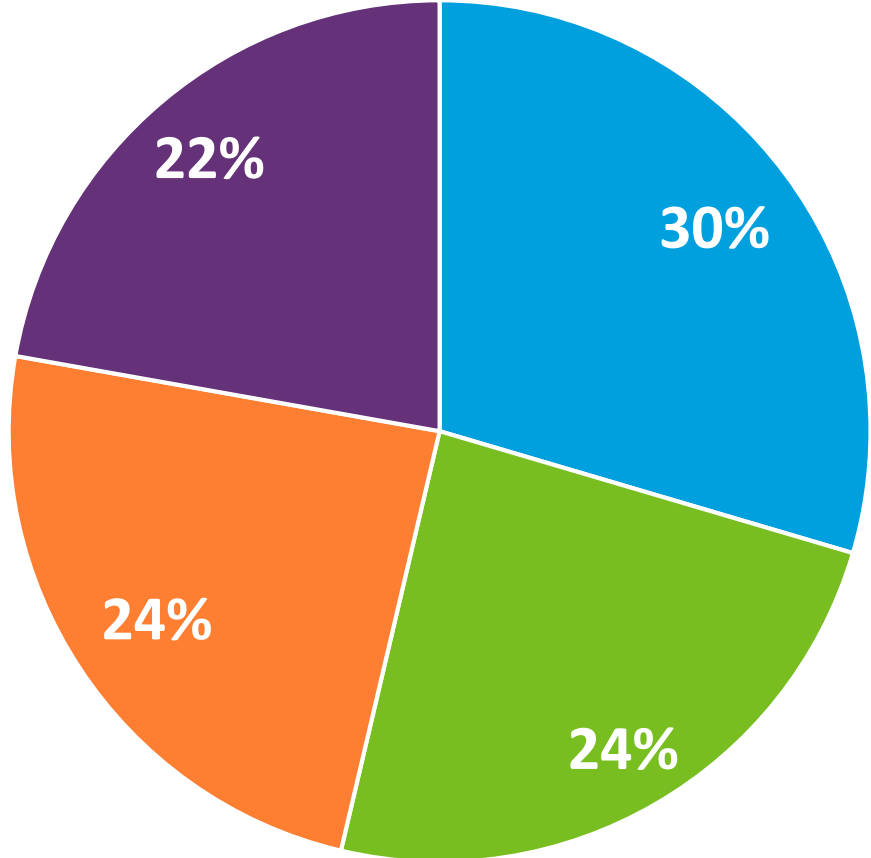


■ CAPC Member ■ Non-Member

Participant Demographics (n=759)



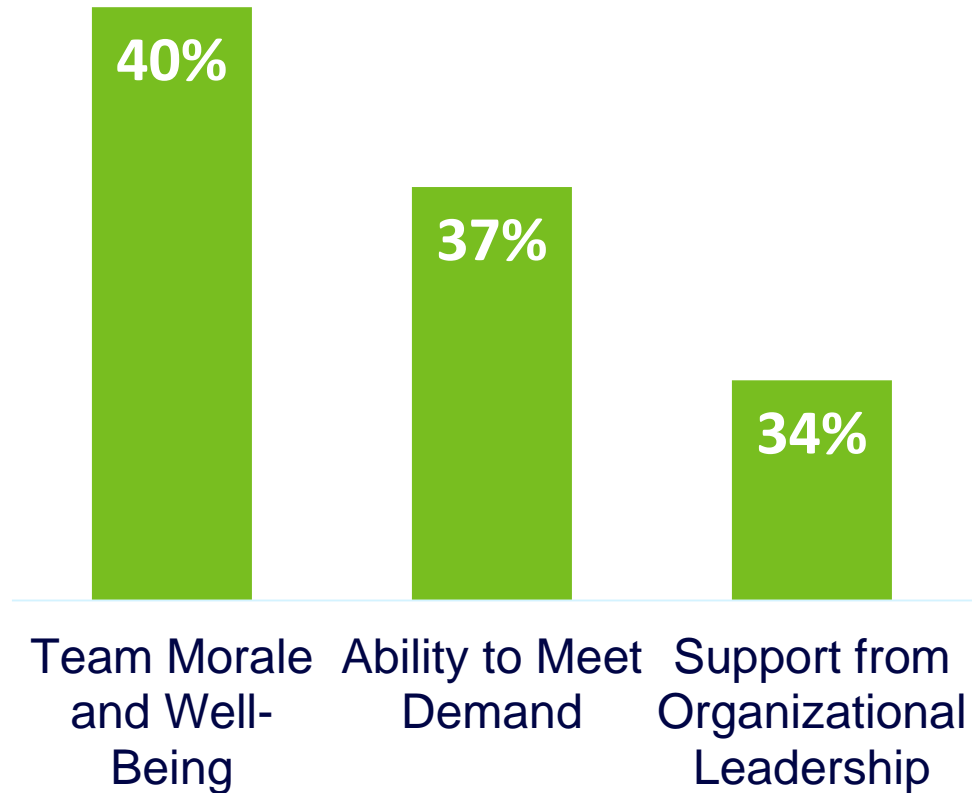
- Health System
- Hospital
- Hospice and HHA
- Physician Group
- Other



- South
- Midwest
- Northeast
- West

What did we find?

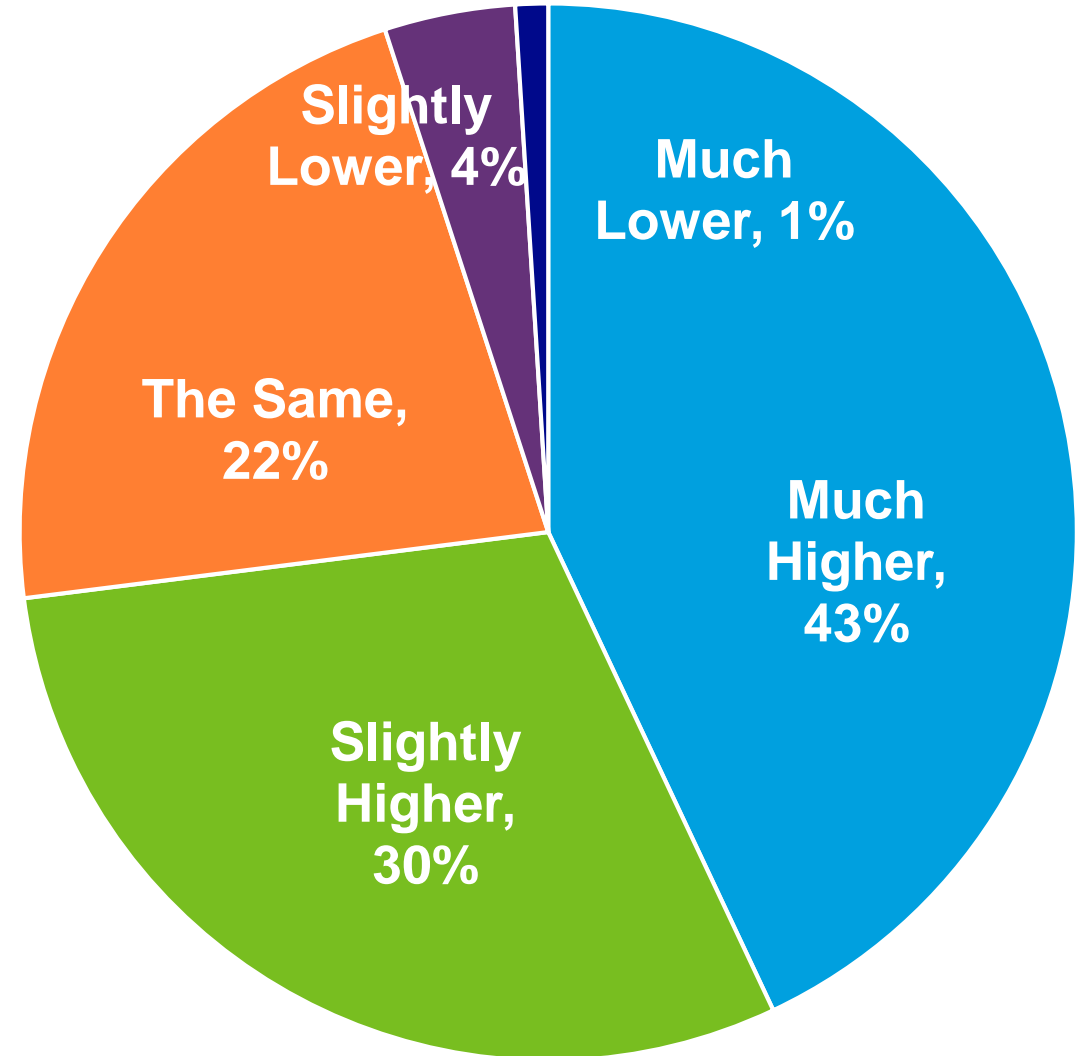
Top Three Concerns for the Next Year



- Team Leaders: Ability to Meet Demand (36%), Support from Organizational Leadership (36%), Access to Qualified Hires (34%)
- Team Members: Team Morale and Well-Being (44%), Ability to Meet Current Demand (38%), Support from Organizational Leadership (33%)
- Pediatric Programs: Expanding to New Patient Populations (43%), Access to Qualified Hires (39%), Team Morale and Well-Being (39%)
- Programs Operated by a Hospice/HHA: Billing and Documentation (39%), Ability to Meet Current Demand (38%), Alternative Payment Models (34%)

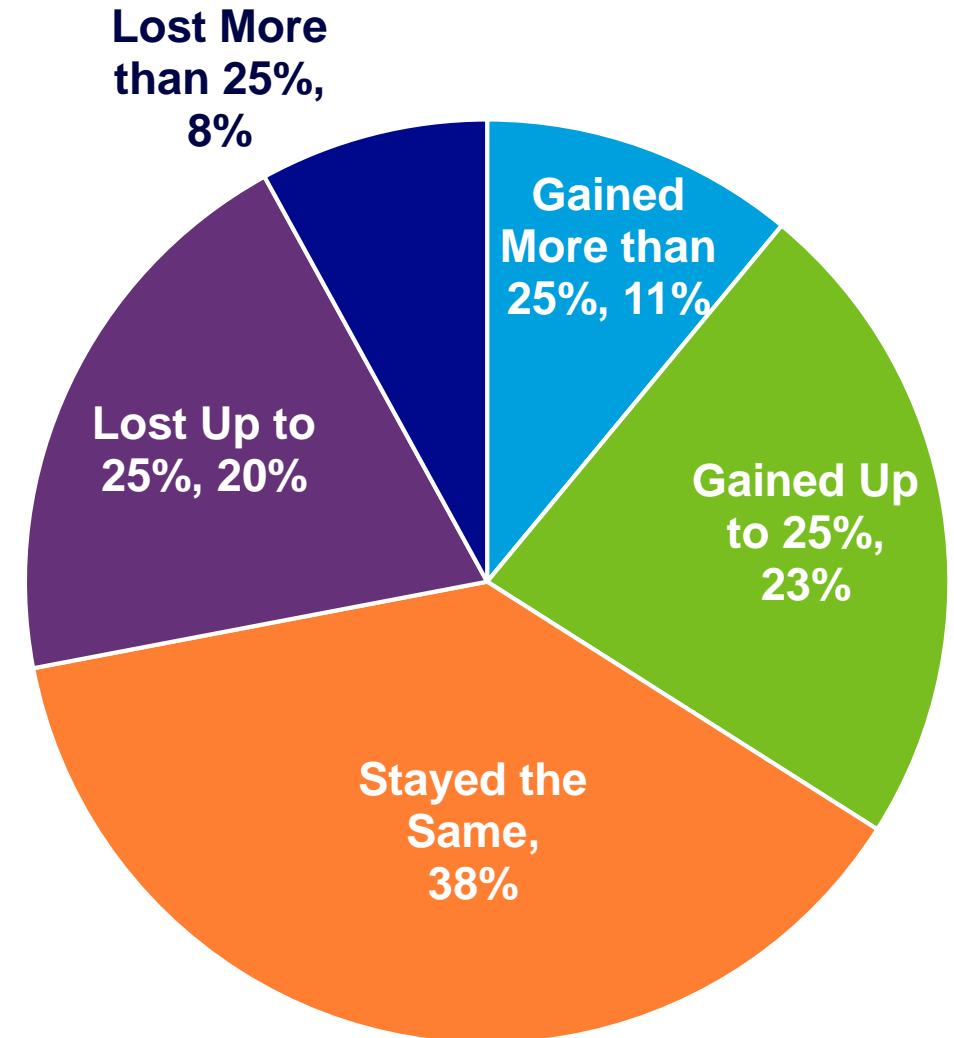
Consult Request Volumes

- Overall, almost 3/4 of respondents reported higher consult volumes compared to the previous year
- Age Groups:
 - Adult Only (71%)
 - Pediatric Only (64%)
 - Both (80%)
- There was little variation by US Region
 - South (76%) vs. Midwest (71%)



Staffing Levels

- Overall, about 1/3 of team leaders reported an increase and 1/4 reported a decrease in their staffing levels
 - 38% stayed the same size
- 27% of respondents from hospices and home health agencies reported a staffing increase compared to 20% of hospital respondents
- There was regional variation in staffing decreases:
 - 25% in the Midwest vs. 36% in the West

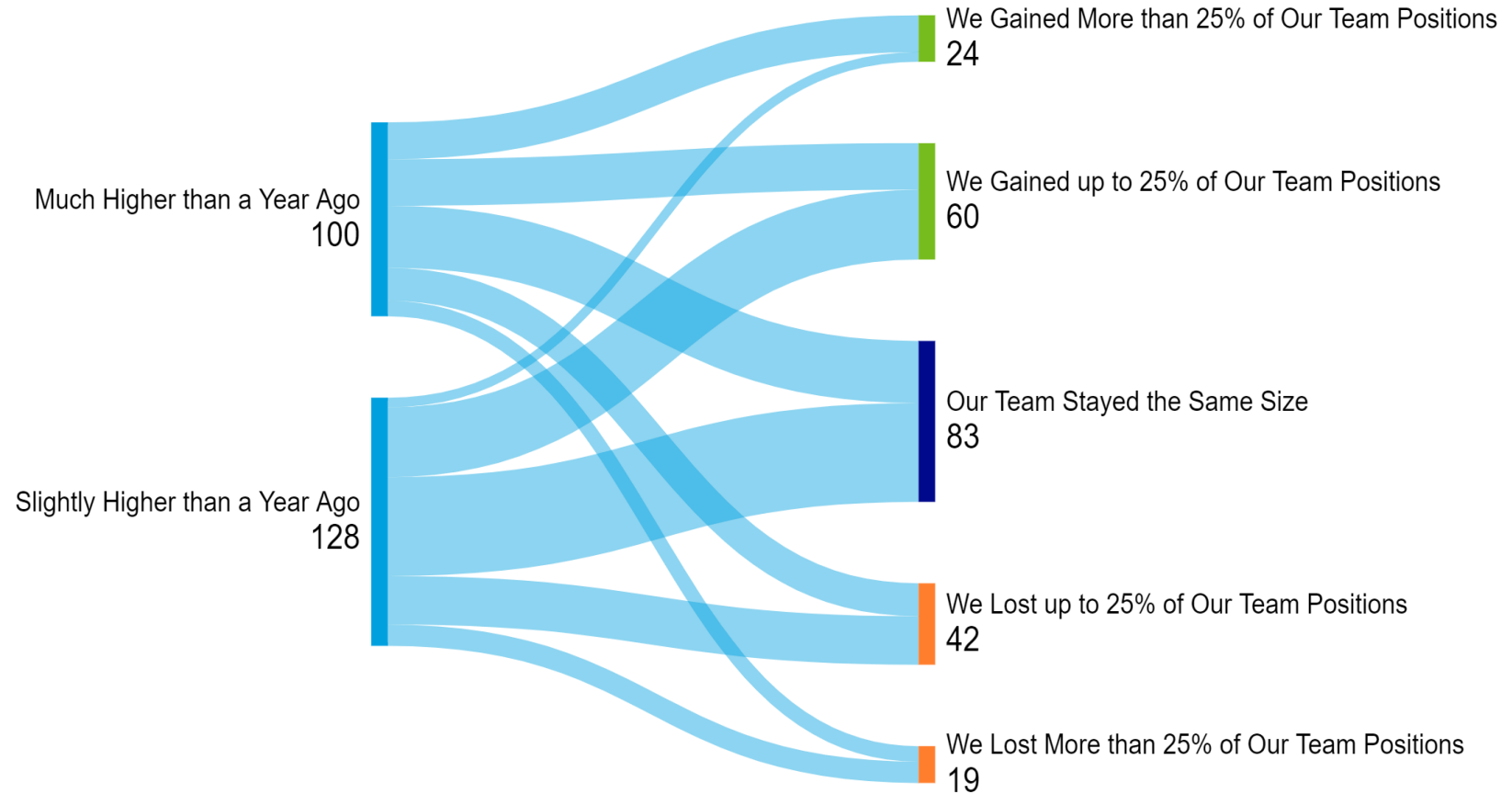


Consult Volume vs. Staffing Levels

Of the team leaders who reported an increase in consult volumes:

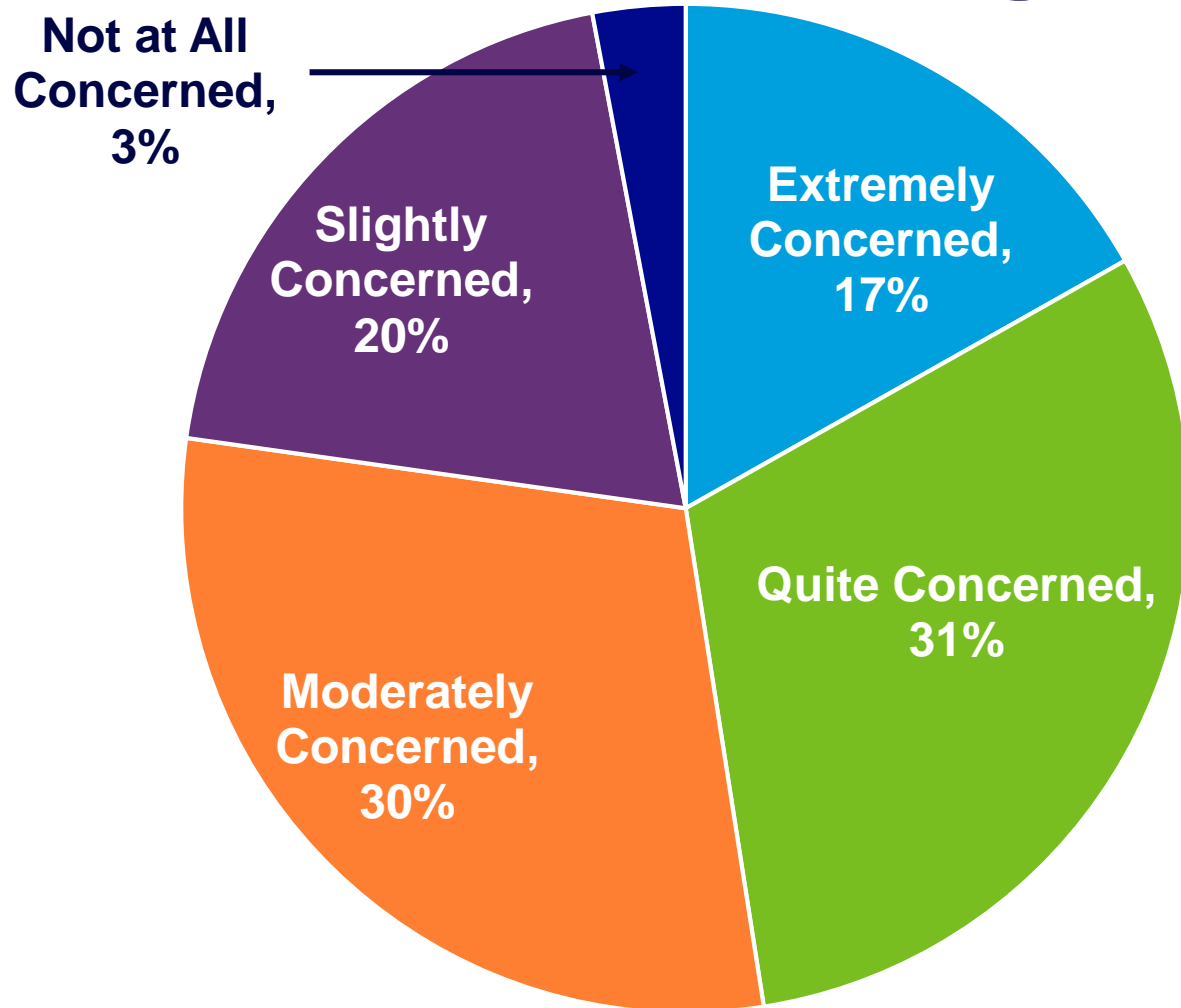
- 36% of their teams stayed the same size
- 27% of their teams lost staffing

→ People are doing more with less



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Team Well-Being



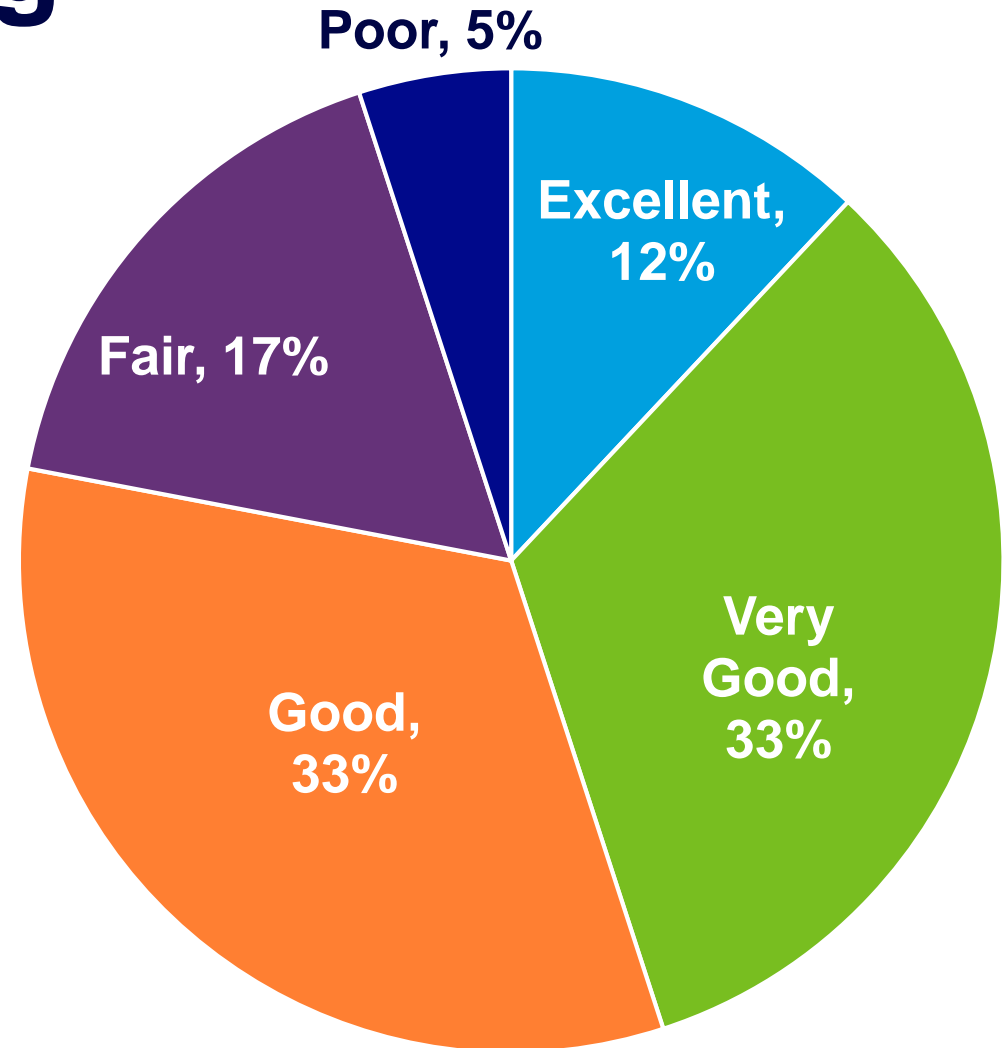
- Almost all **team leaders** (97%) were concerned about their team's well-being to some extent
- Team leaders for programs operated by hospices/home health agencies and independent palliative organizations were slightly less concerned (94% and 91%, respectively)
- Leaders of pediatric programs were slightly less concerned (92%) than those of adult or mixed age programs
- 100% of respondents from the West Coast were concerned

In Your Own Words...

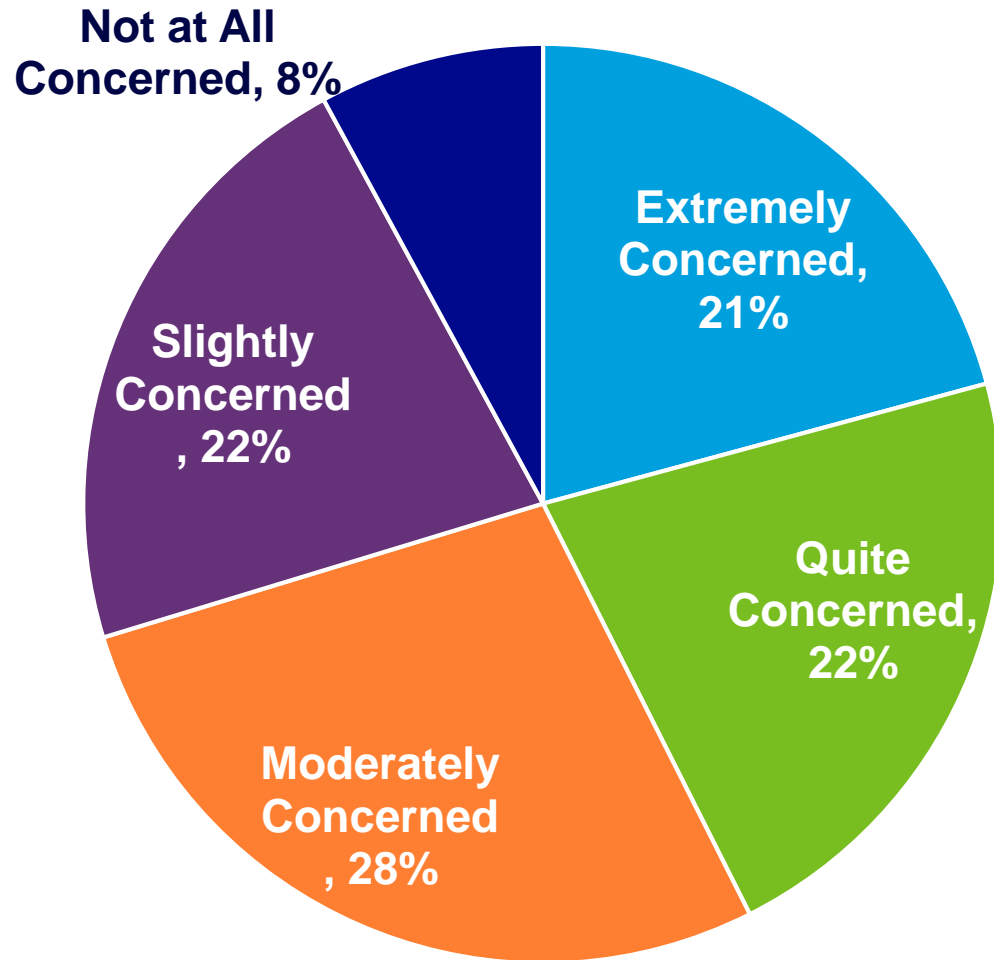
“I’m concerned that I’m not doing enough to keep the team's morale up and this may result in people leaving their positions. The high clinical demand makes the thought of losing team members nerve-racking.”

Individual Well-Being

- 45% of all respondents reported their **own** well-being as “Excellent” or “Very Good”
- 37% for team leaders vs. 50% for team members
- Responses were similar based on patient age group
- This percentage was highest in the Northeast (48%) and lowest in the Midwest (40%)



Program Sustainability



- Almost all (92%) team leaders were worried to some extent about the continued viability of their palliative care programs
- Concern was slightly lower in pediatric programs (92%) than in adult-only programs (97%) or those that treat all ages (99%)
- There was regional variation: the Northeast had the highest concern (96%) and the South had the lowest (89%)

Palliative Care Teams Working Toward Health Equity

Category	Count	Category	Count
People in Rural Areas	39	Veterans	22
Black or African American	30	People who Identify as LGBTQ+	18
People without Health Insurance	27	People who are Incarcerated	12
People with Unstable Housing	25	People who are Undocumented	12
Hispanic or Latino	23	American Indian or Alaska Native	11
People with Developmental Disabilities	23	Asian American or Pacific Islander	11

In addition to initiatives focused on specific populations, 38% of team leaders said they were involved in general work to improve health equity

Future Content Needs



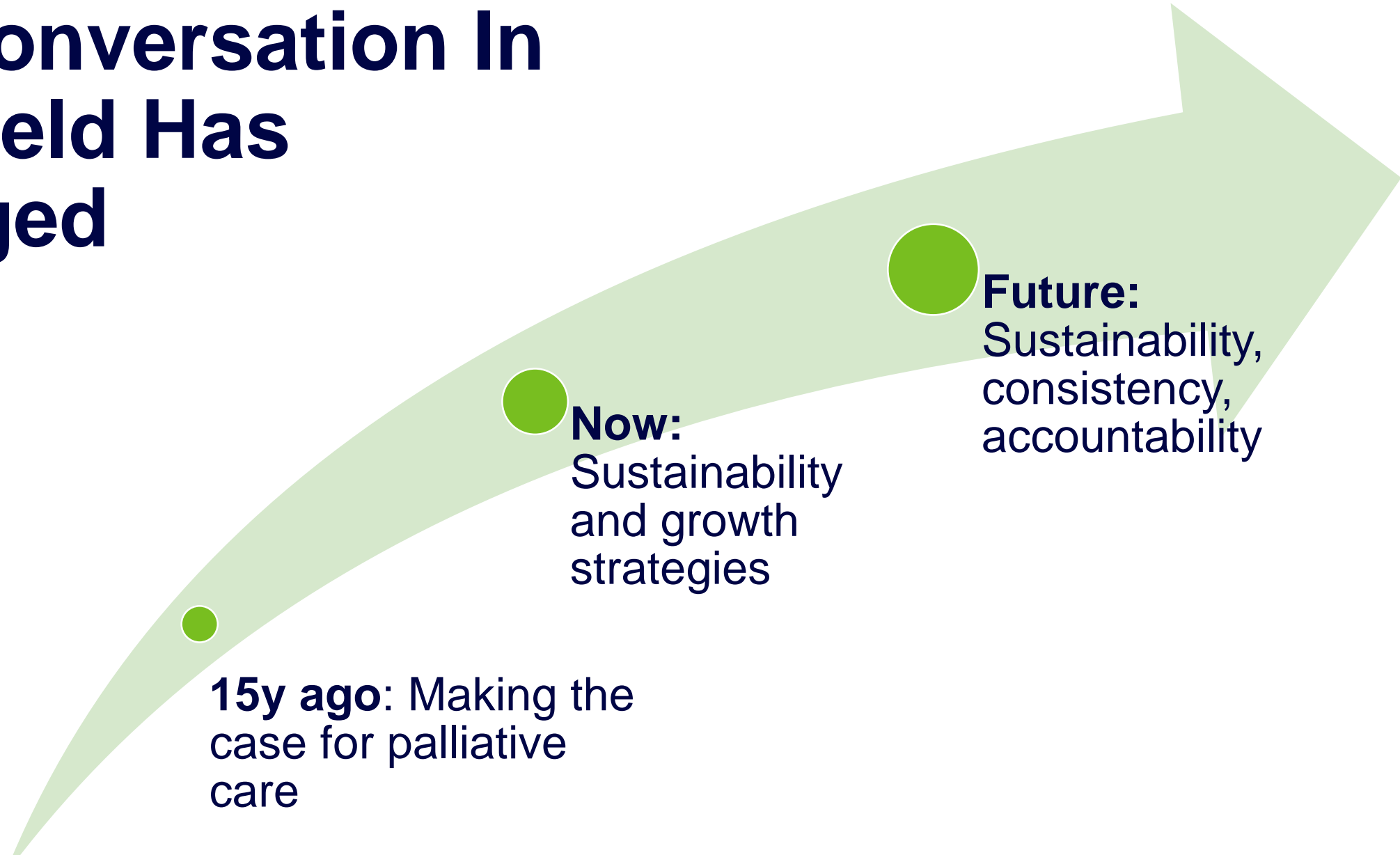
Poll Question (select all that apply):

If you want **clinical training**, are you looking for:

- A. Continuing education for palcare team
- B. Education for palcare team members who are not specialty certified?
- C. Clinical education for colleagues outside of specialty palliative care?

Where do we go from here?

The Conversation In Our Field Has Changed



15y ago: Making the case for palliative care

Now: Sustainability and growth strategies

Future: Sustainability, consistency, accountability

How Far We Have Come

Top Topics Seminar 2015

1. Targeting and Identifying Patients
2. Discussing Prognosis
3. Strengthening your Program
4. Advance Care Planning: A Central Component of Palliative Care...

Pulse Results 2024

1. Team Morale and Well Being
2. Ability to Meet Demand
3. Support From Organizational Leadership
4. Team Well Being

Too Much Demand? Or a Symptom of Success?

In any field or industry, growth creates new leadership challenges and opportunities.

Our problems are not specific to palliative care.

The question is how we navigate growing ~~pains~~ realities.

Top Challenges Facing Healthcare Workers 2024

1. **Worker Burnout and Stress**
2. **High Turnover Rates**
3. **Long Work Hours**
4. **Workforce Shortages**
5. **School Loan Debt**
6. **Financial Pressures**
7. **Too Little Patient-Provider Time**

The options for programs with high volumes

Increase revenue (optimized billing, renegotiated contracts...)

Make a new case to leadership about the implications of too-scarce resources
– “We can do X with Y, tell me where you want me to put this resource”

Analyze service and staffing design tradeoffs (e-consults/telehealth, eligibility requirements, length of stay)

Key Takeaway: Every growth strategy requires tradeoffs – and the highest goal is to sustain the program and team members. Without that, you can't serve patients.

What are your national organizations doing to support this curve?



15y ago: Making the case for palliative care



Now: Sustainability and growth strategies



Future: Sustainability, consistency, accountability

- Policy advocacy re: payment and accountability for high-quality palcare
- Focus on workforce development strategies
- **MAKING THE CASE** to all audiences

Today, CAPC is using your Pulse responses to:

- Design Seminar
- Plan for 2025 webinars and blogs
- Inform partnership work
- Identify health equity innovators
- Support leaders
- Work with you to solve problems by building tools and convening peer groups

We're not at basecamp anymore.

Passion and strategy
have brought us halfway
up the mountain.

Now, our challenge is to
figure out how to apply
scarce resources in the
most high-impact way
possible for patients.



The Values that Guide Us

A
Commitment
to Quality

Lifelong
Leadership
Development

Equity

Center to
Advance
Palliative Care™

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