The Serious Illness Specialty Workforce: Preview to a Crisis

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Palliative Care Quality Domains

Physical Aspects

Social Aspects

Structure and Processes

Cultural

Care at the EoL

Ethical & Legal

Psychologic and Psychiatric

Spiritual, Religious & Existential

Palliative Care Quality Domains
“Funneled” Approach to Palliative Care Delivery in Patients with Serious Illness

Kaufmann & Kamal. JOP 2018
Domains of Geriatric Assessment

- General functioning
- Cognition
- Nutrition
- Comorbidities
- HROOL
- Social Support
Serious Illness Care

Geriatrics
- Well Older Adults
- Gait Disorders
- Preventive care
- Stable chronic dx
- Geriatric syndromes
- Peri-operative care
- Osteoporosis

Palliative Care
- AIDS
- Cancer (<65)
- Genetic/Developmental Disorders
- Pediatric Oncology
- Cystic Fibrosis
- TBI

Advanced Organ Failure
Chronic Critical Illness
Frailty
Dementia
Cancer
Stroke
Example: addition of ketamine or lidocaine infusion as adjunct to pain regimen

Example: family meeting with conflict management between decision-makers

Example: routine cancer-associated pain ameliorated by first line interventions
Geriatrics Projections
- Current State: 6952
- Projections: 49.2M
- Projections: ~16M

Palliative Care Projections
- Current State: 7618
- Projections: 133M
- Projections: ~12M
Projected Specialty PC Physician Workforce

Projected numbers of certified specialty palliative care physicians in alternative scenarios, 2018–58

- Fellowship growth and burnout reduction
- Fellowship growth
- Burnout reduction
- Base case

No policy change = workforce valley through 2045
Physician:Patient Ratio

Projected numbers of Medicare patients eligible for palliative care per certified specialty palliative care physician in alternative scenarios, 2018–58

- **Base case**: 1:1380
- **Burnout reduction**: 1:1380
- **Fellowship growth**: 1:1380
- **Fellowship growth and burnout reduction**: 1:1380

Kamal et al. Health Affairs 2019
Main Conclusions

• Without any policy change, because of a “workforce valley”, physician numbers will not return to their 2019 level until 2045.
• Without any policy change, the patient to physician ratio will worsen to 1:1380 (worsen by 71%) in 2038 compared to 2019.
• We recommend 5 policy changes:
  • Pass Palliative Care and Hospice Education and Training Act (PCHETA)
  • Expand opportunities for advanced training for all clinical disciplines (e.g. distance- and competency-based training)
  • Support further research on the specialty palliative care workforce
  • Pay for team-based care
  • Prevent worsening of burnout