

The Serious Illness Specialty Workforce: Preview to a Crisis

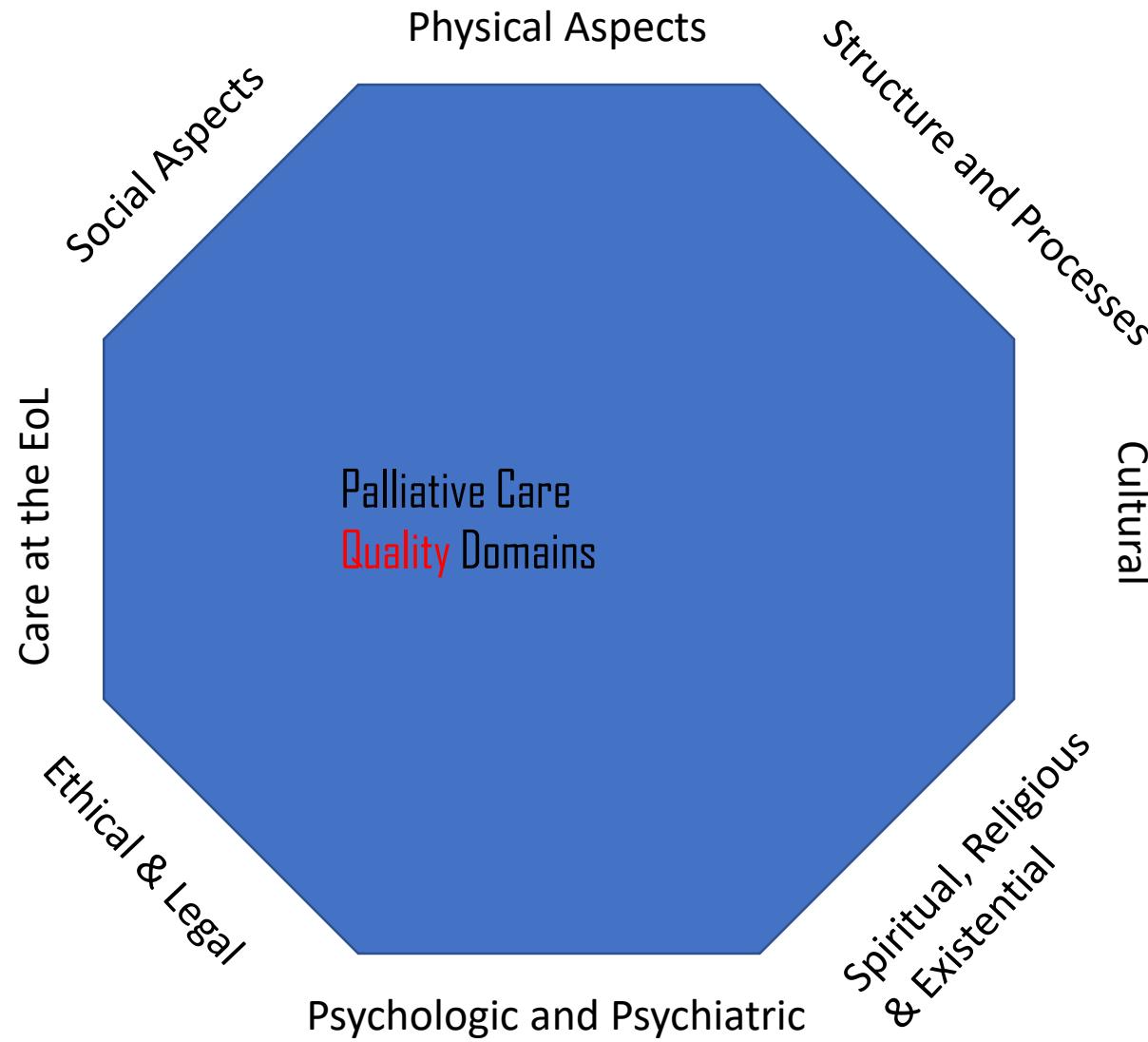
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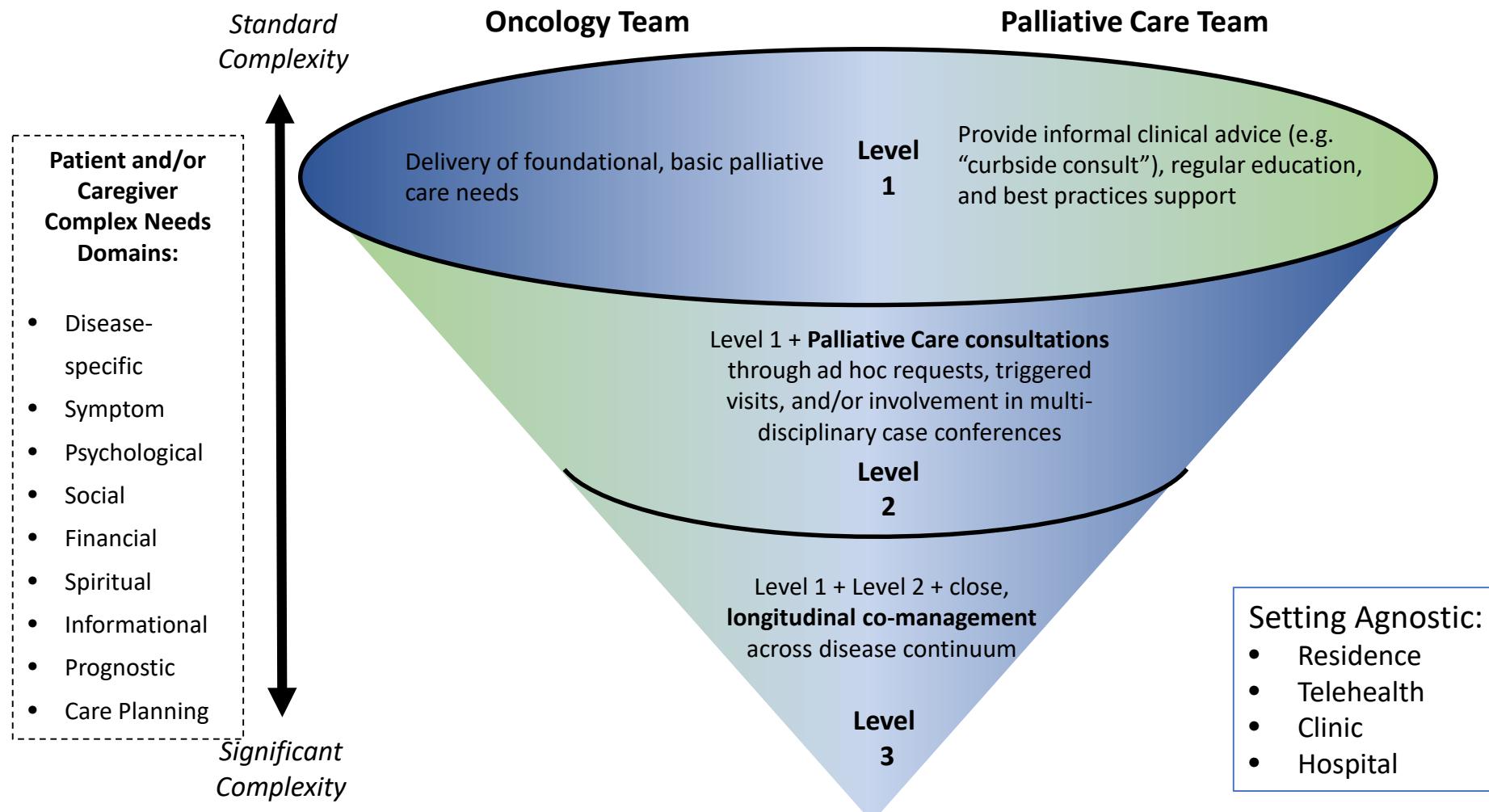
ROUNDTABLE ON QUALITY CARE FOR PEOPLE WITH SERIOUS ILLNESS

Building the Workforce We Need to Care for People with Serious Illness: A Workshop. #SeriousIllnessCare

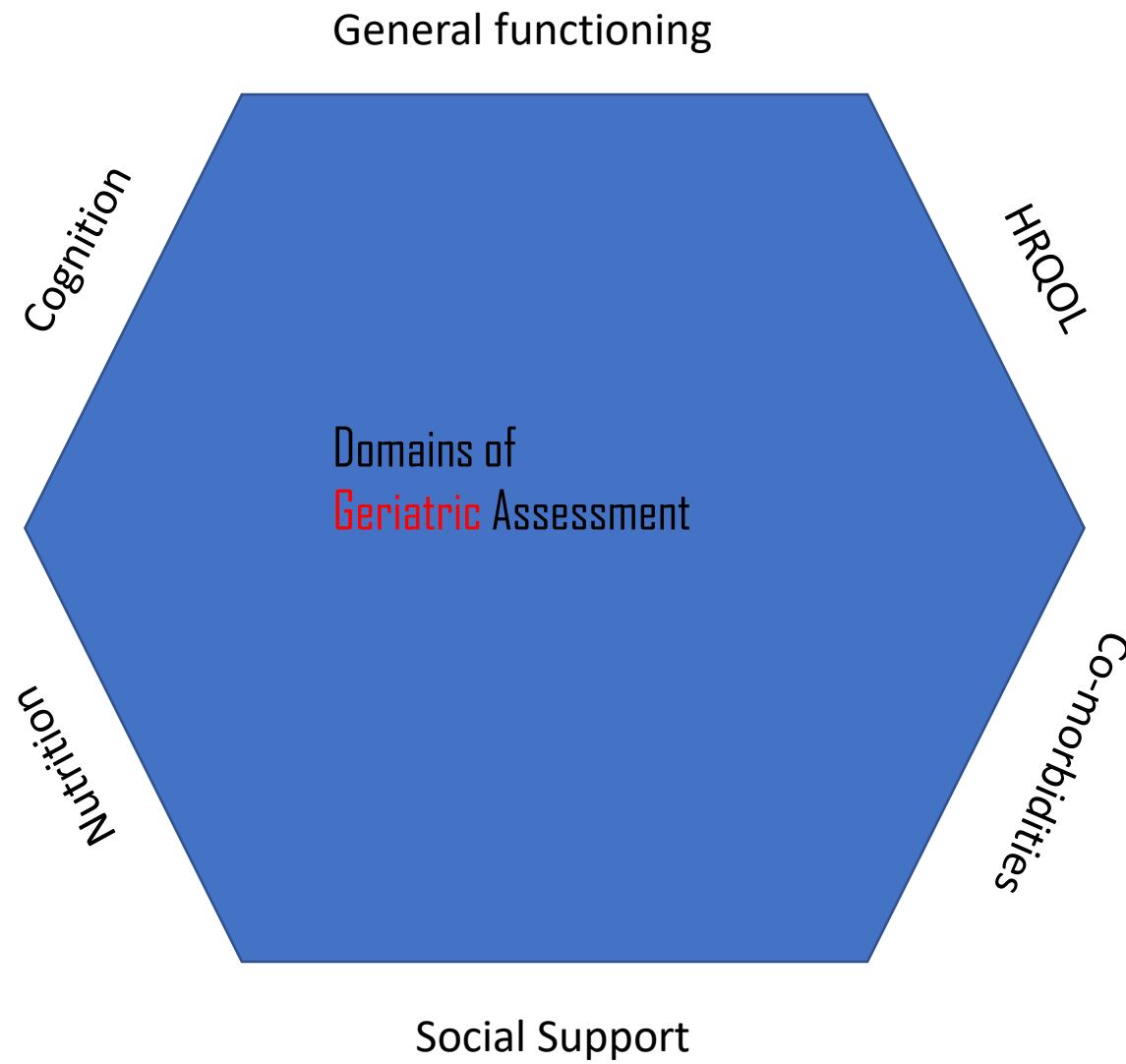
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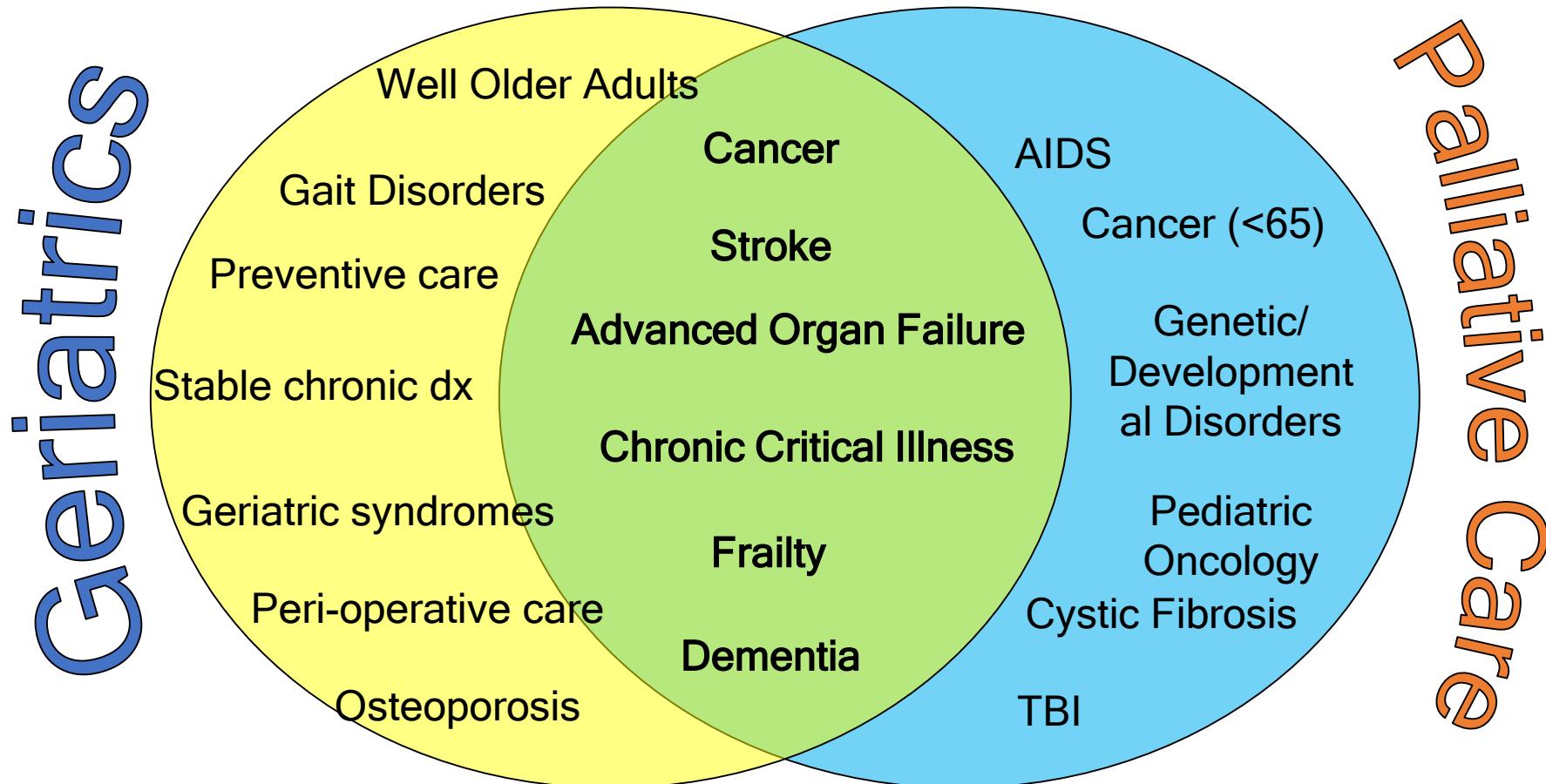


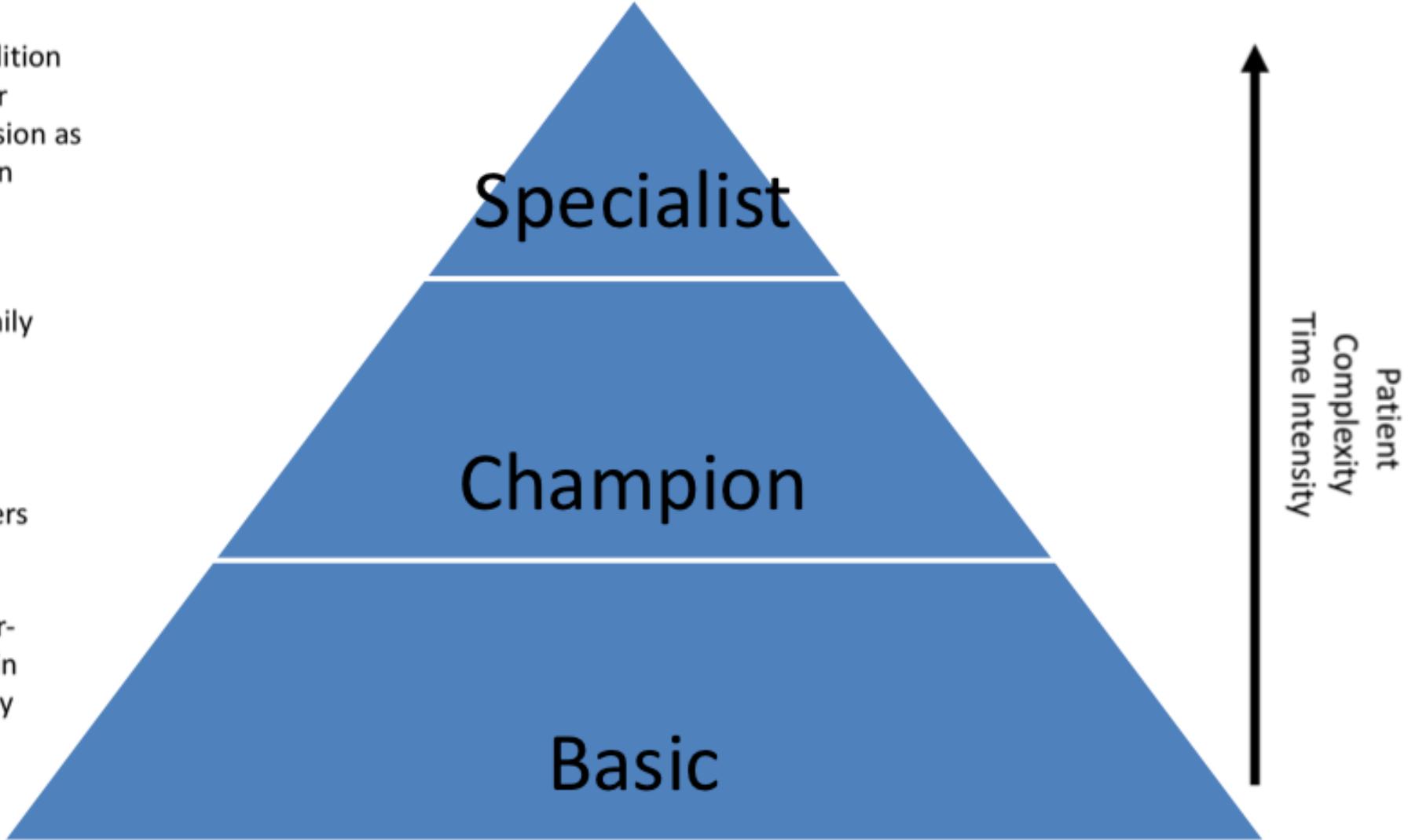


“Funneled” Approach to Palliative Care Delivery in Patients with Serious Illness



Serious Illness Care



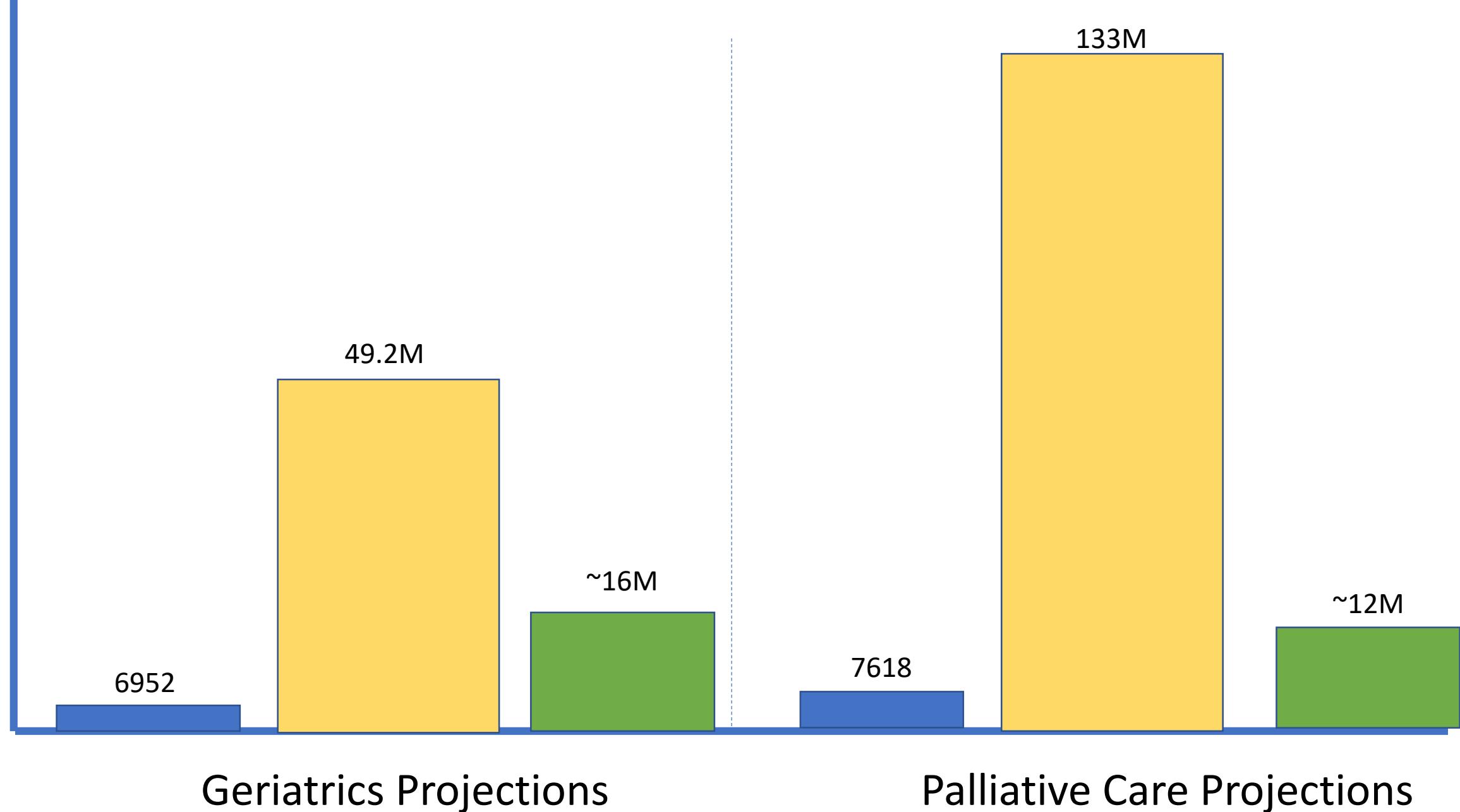


Example: addition of ketamine or lidocaine infusion as adjunct to pain regimen

Example: family meeting with conflict management between decision-makers

Example: routine cancer-associated pain ameliorated by first line interventions

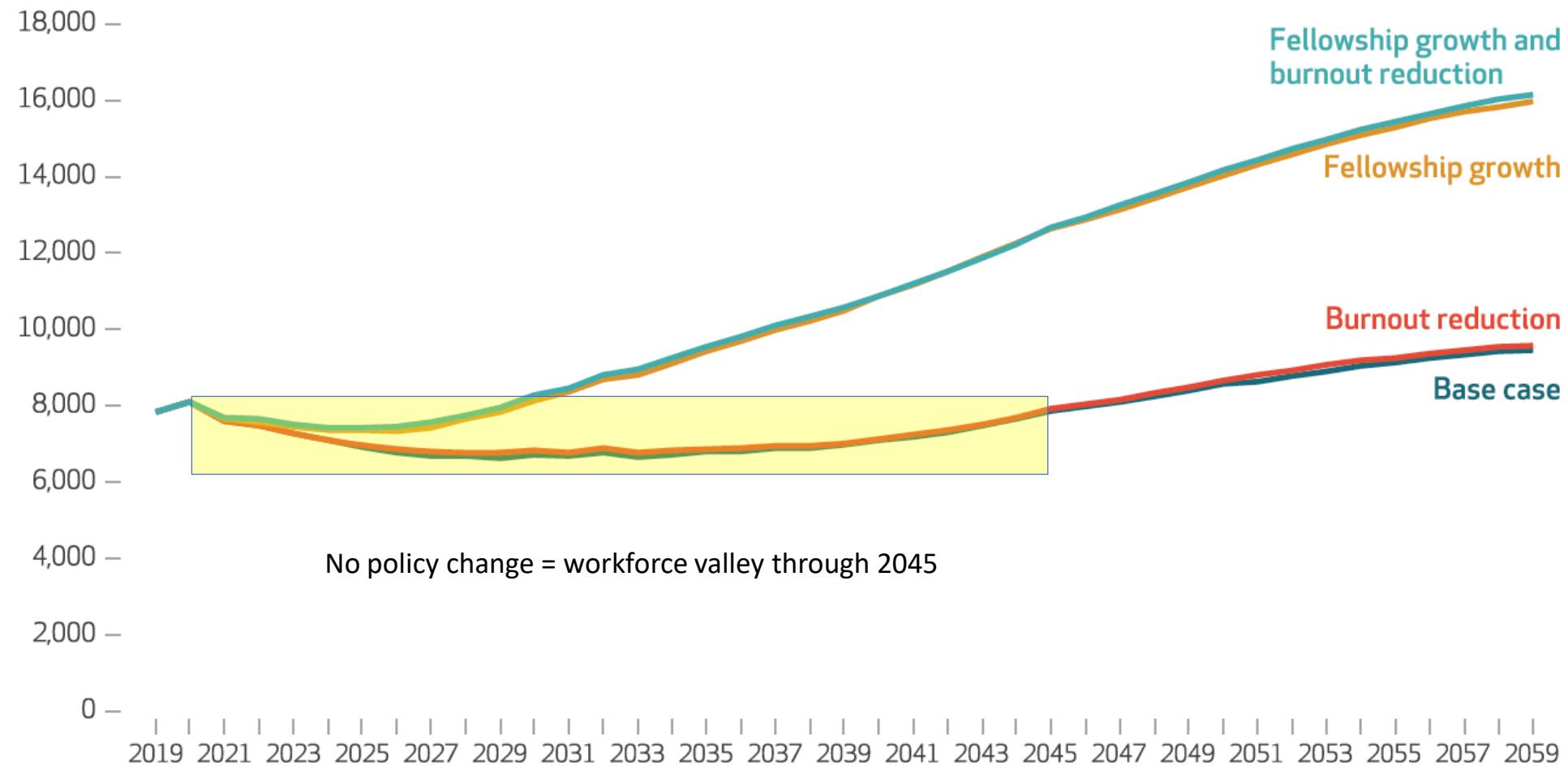
Current State



Projected Specialty PC Physician Workforce

EXHIBIT 3

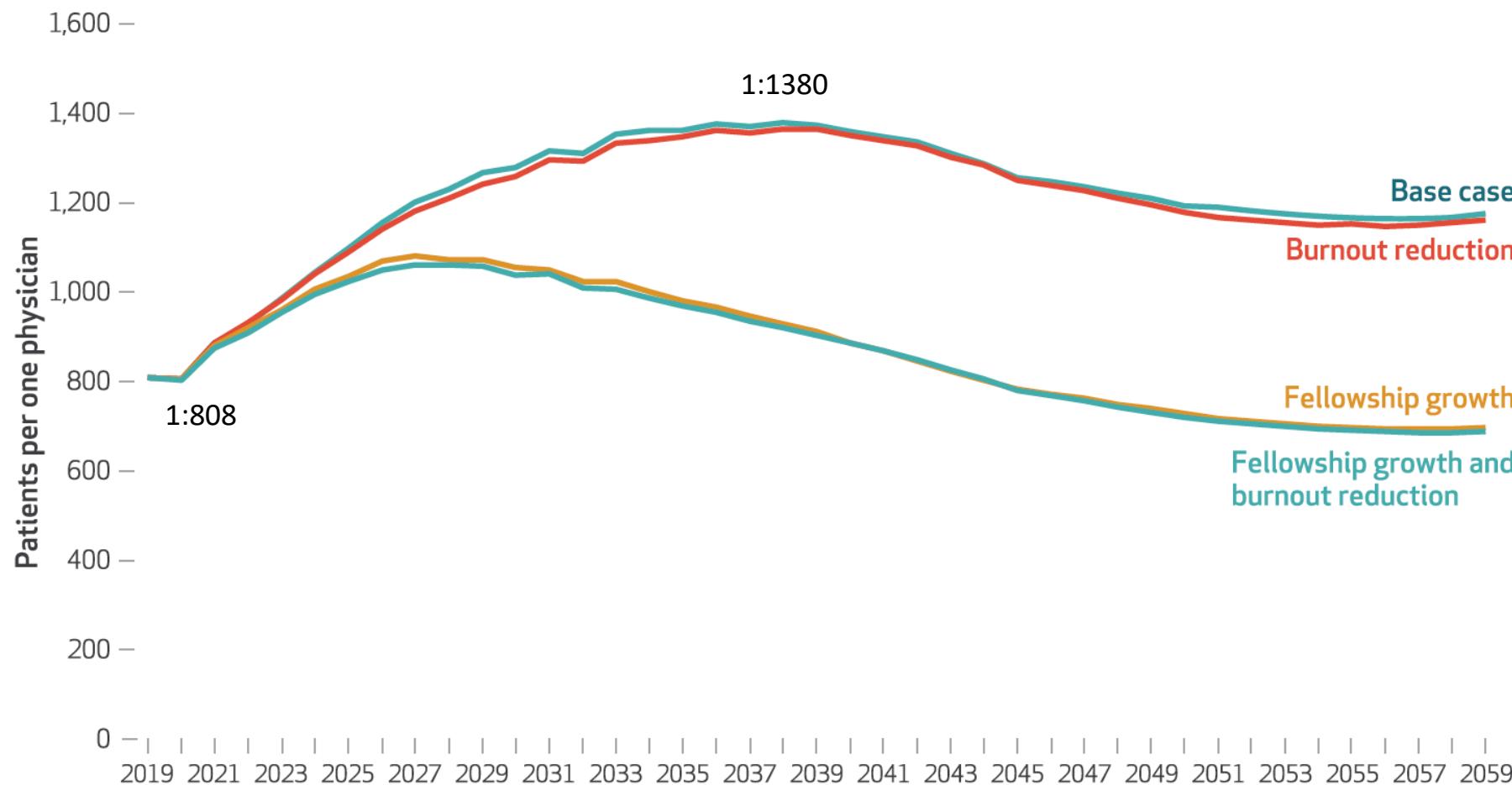
Projected numbers of certified specialty palliative care physicians in alternative scenarios, 2018-58



Physician:Patient Ratio

EXHIBIT 4

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



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 (PCHEA)
 - 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