

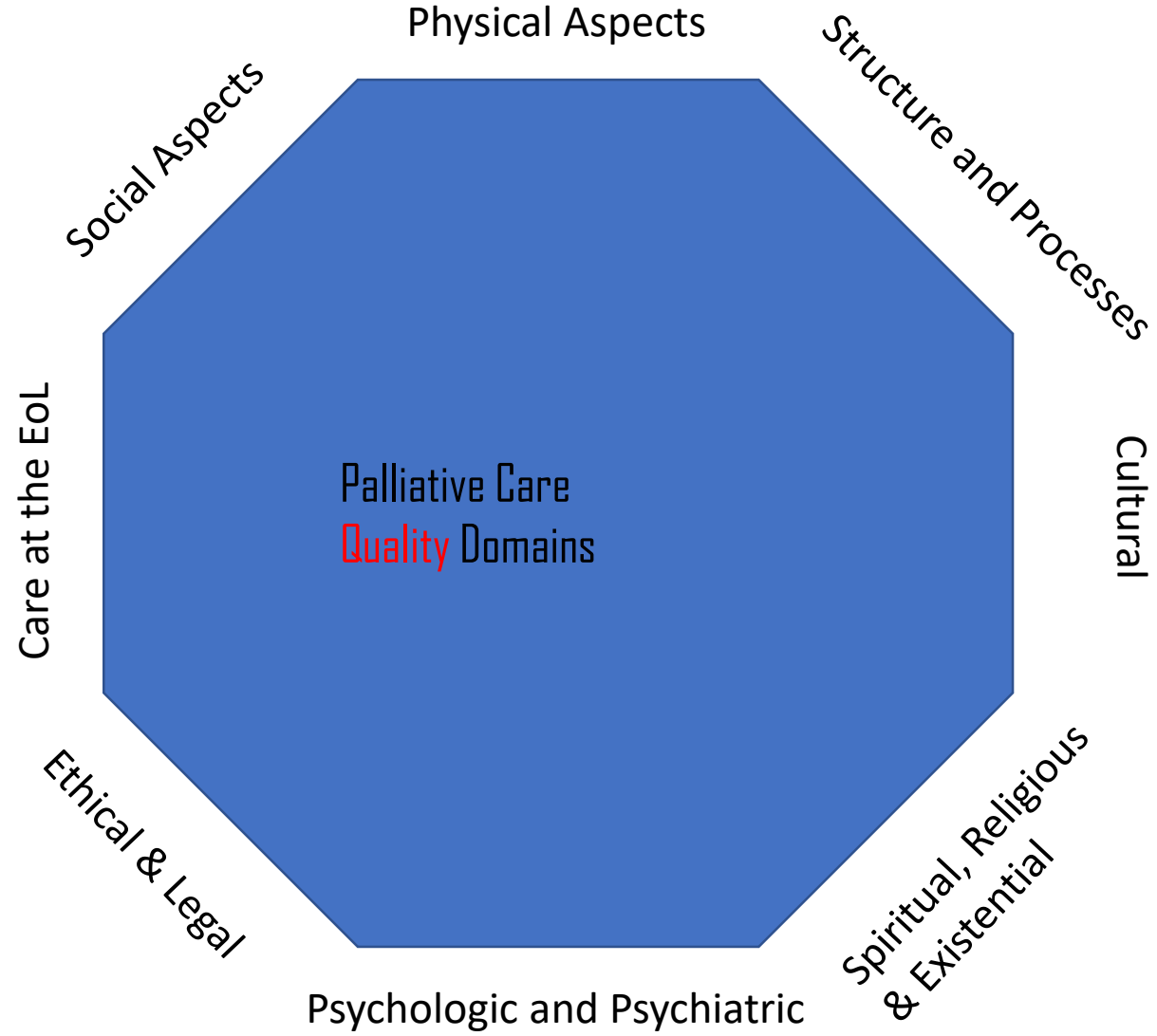
# The Serious Illness Specialty Workforce: Preview to a Crisis

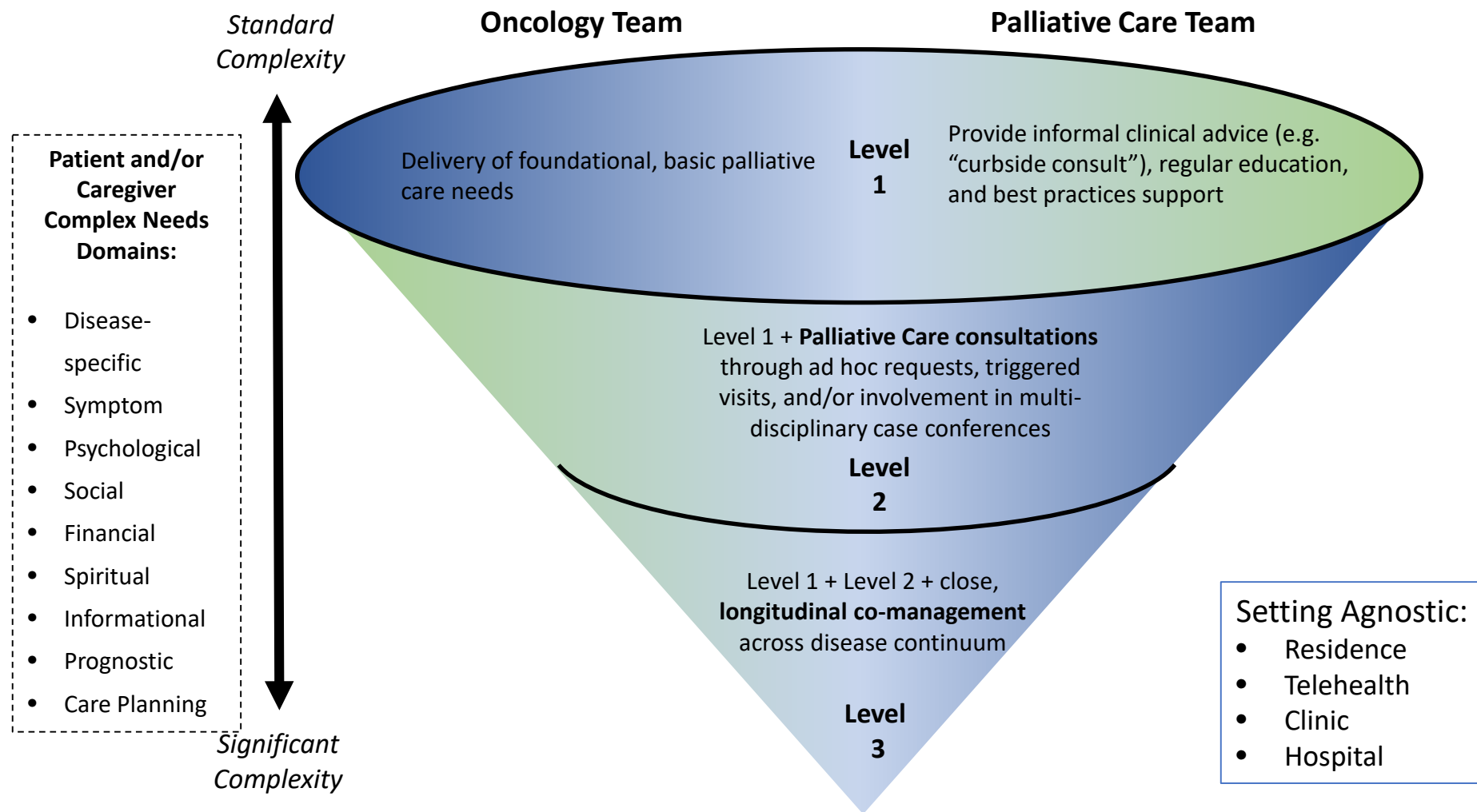
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ROUNDTABLE ON QUALITY CARE FOR PEOPLE WITH SERIOUS ILLNESS

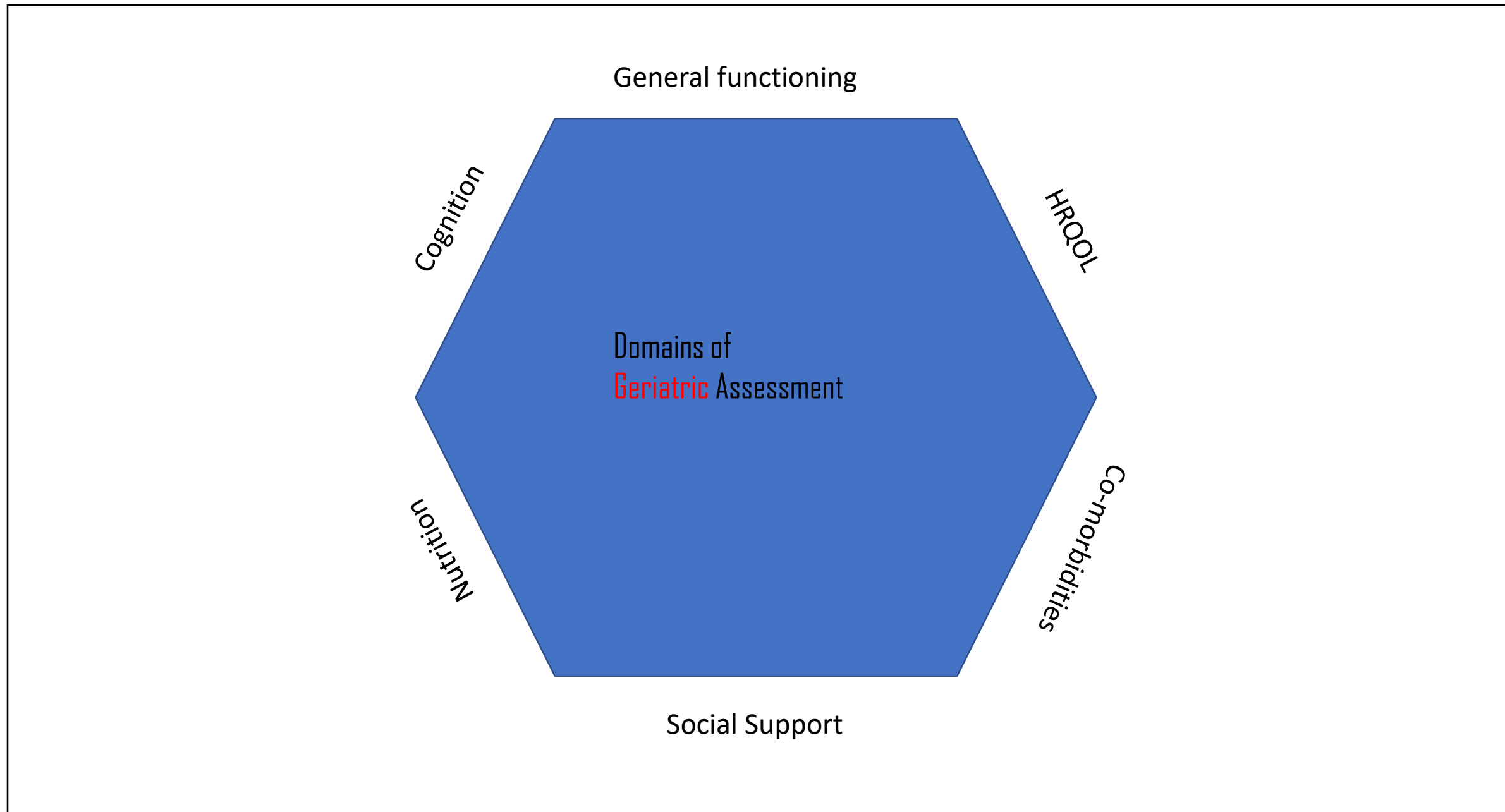
*Building the Workforce We Need to Care for People with Serious Illness: A Workshop. #SeriousIllnessCareNAEM*

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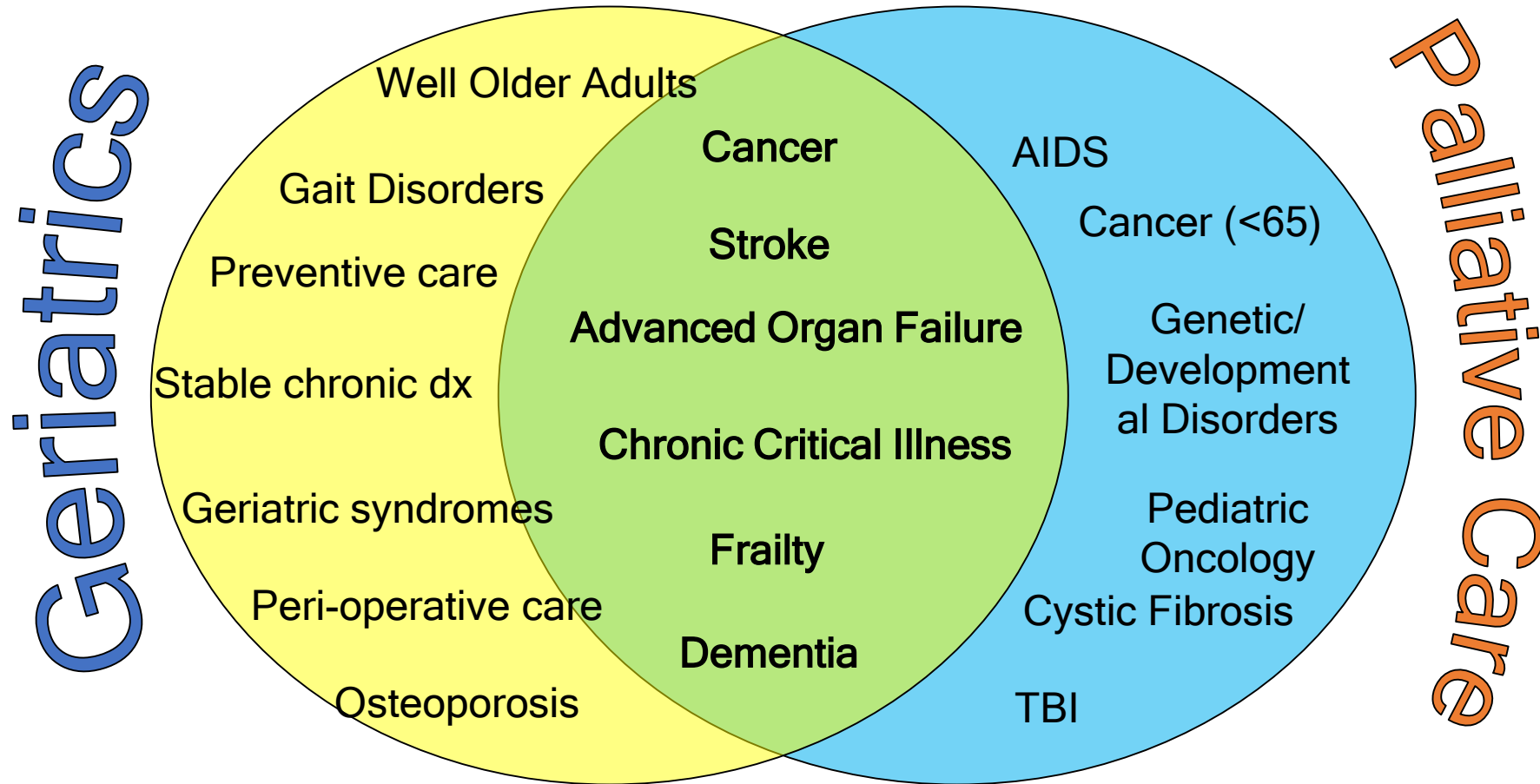




### “Funneled” Approach to Palliative Care Delivery in Patients with Serious Illness



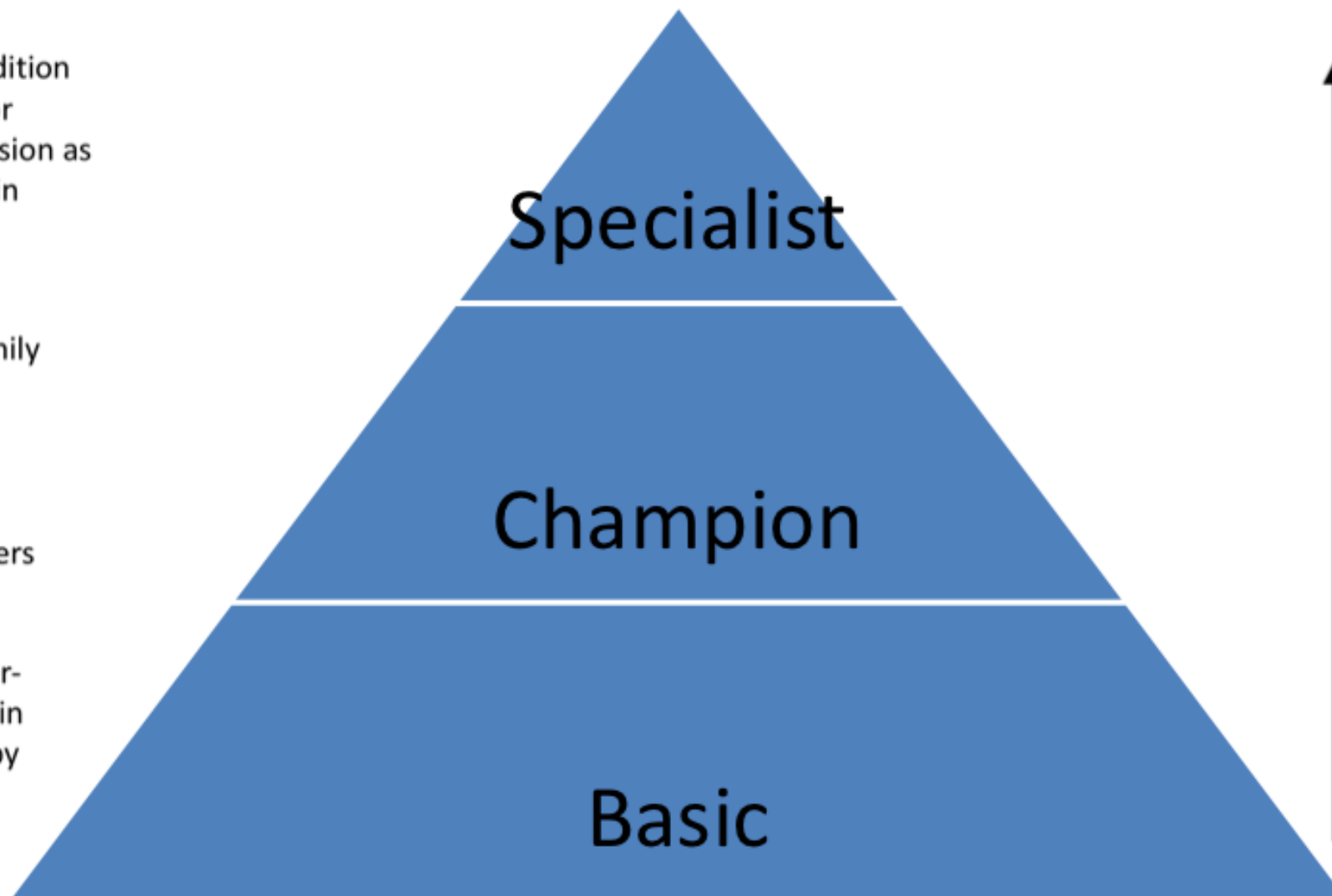
# Serious Illness Care



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

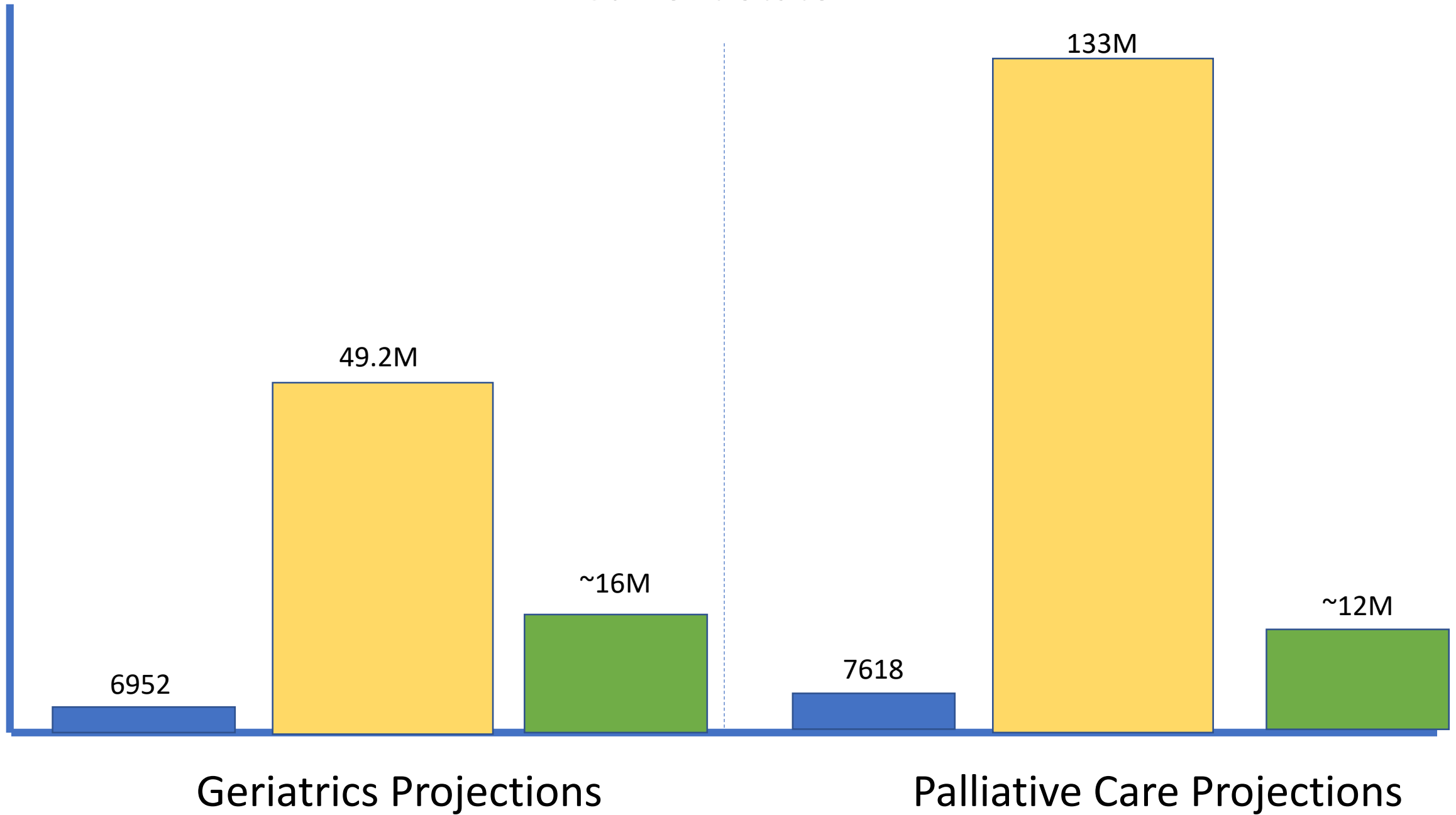
**Example:** family meeting with conflict management between decision-makers

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



↑  
Patient  
Complexity  
Time Intensity

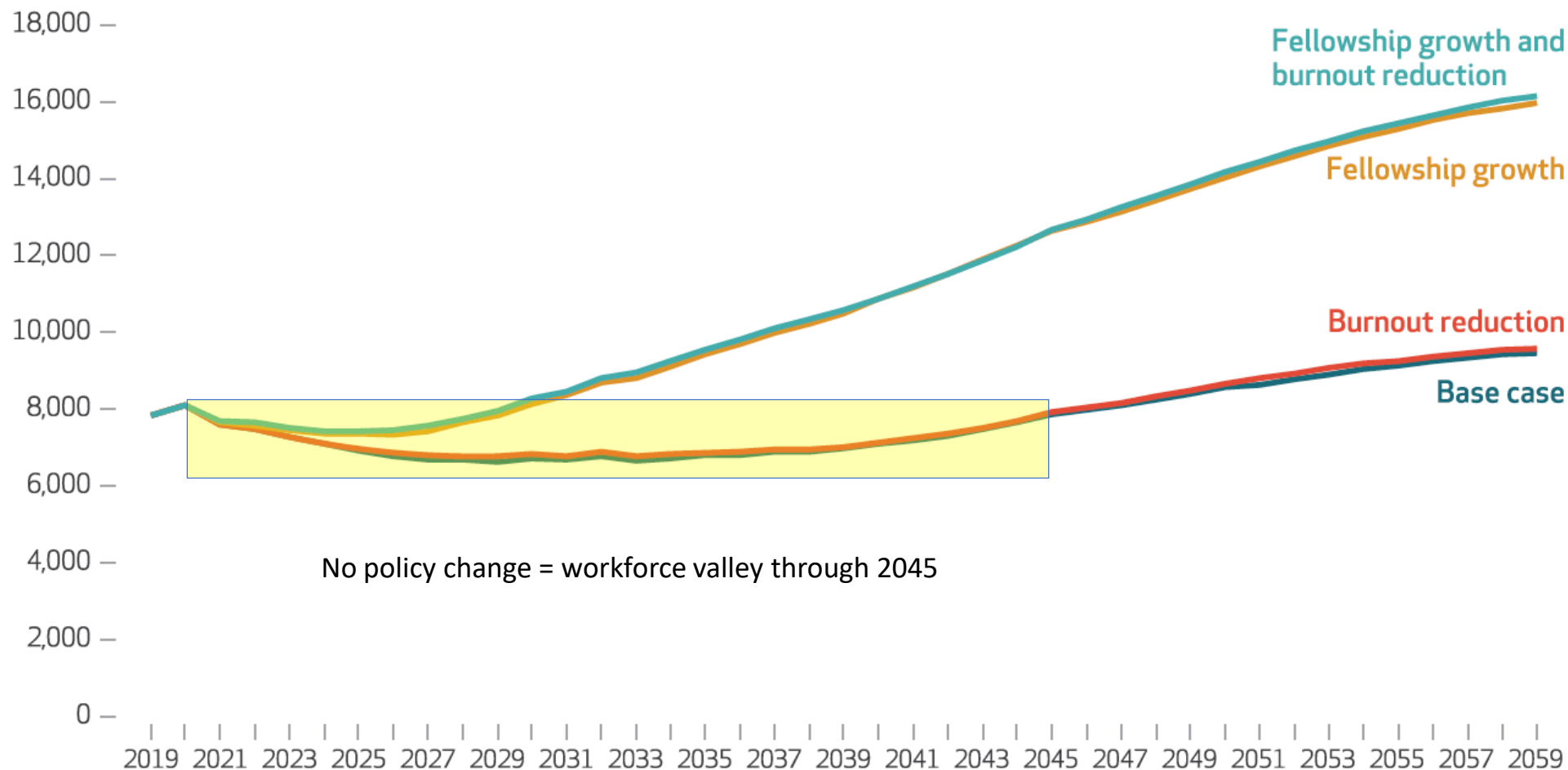
# Current State



# Projected Specialty PC Physician Workforce

## EXHIBIT 3

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

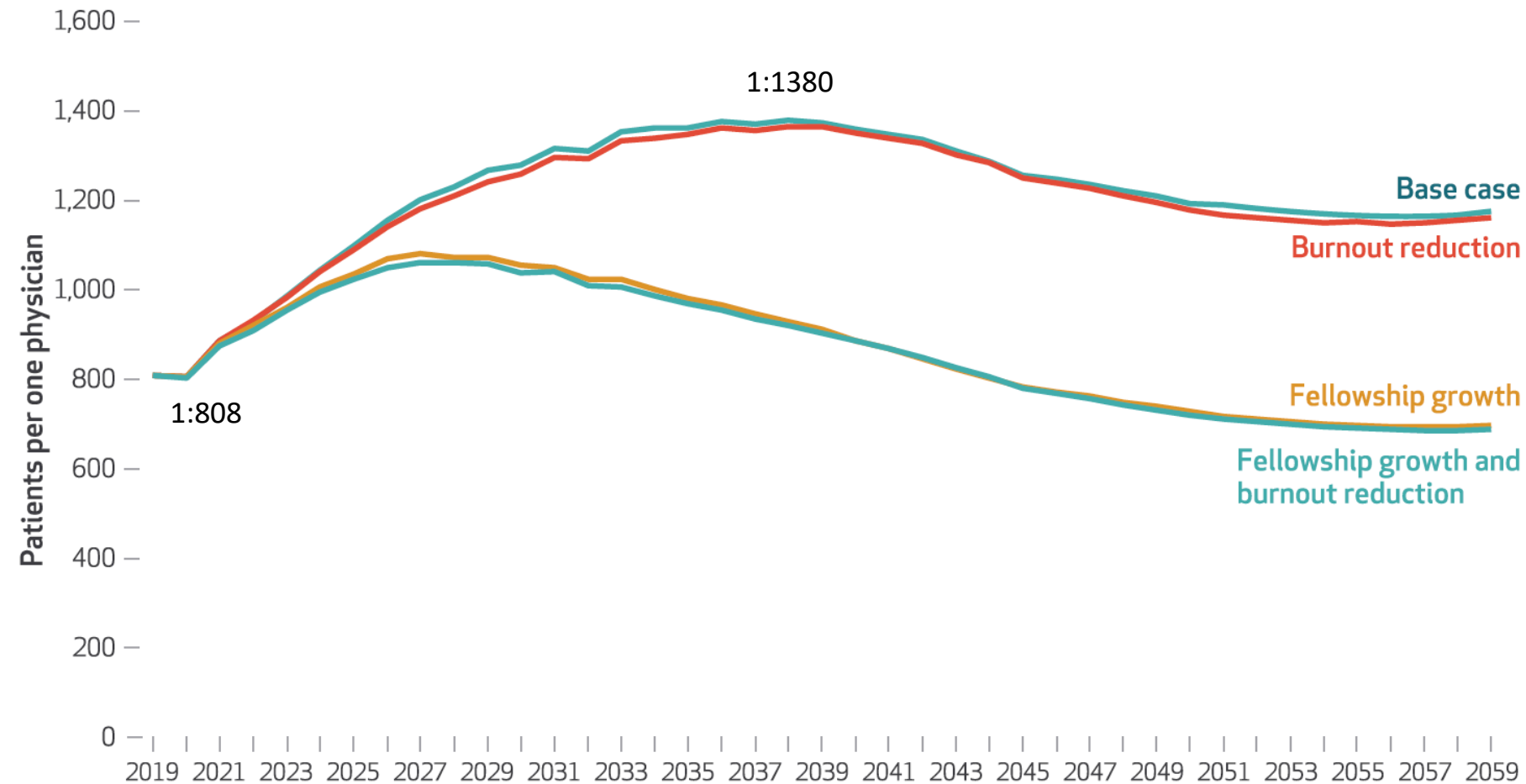




# Physician:Patient Ratio

## 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 (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