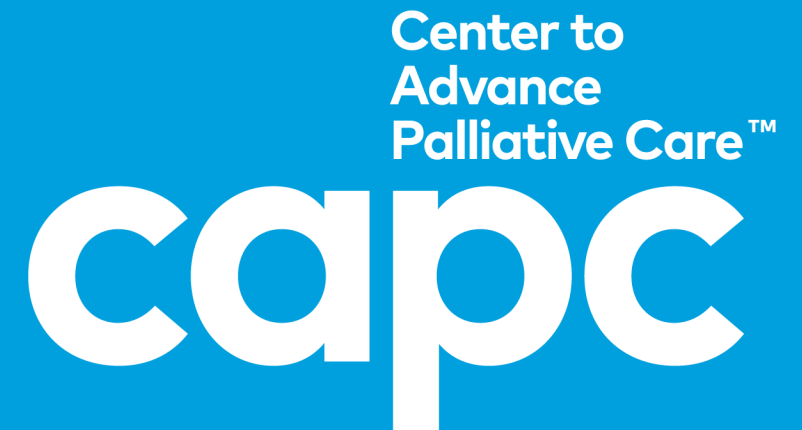


# Overview of the Current and Future State of the Workforce Caring for People with Serious Illness

Brynn Bowman, MPA  
CEO, Center to Advance Palliative Care  
[Brynn.bowman@mssm.edu](mailto:Brynn.bowman@mssm.edu)



# The Backdrop





# The Backdrop

# Addressing Health Worker Burnout

The U.S. Surgeon General's Advisory  
on Building a Thriving Health Workforce

# The Backdrop

NEWS RELEASE

## NCSBN Research Projects Significant Nursing Workforce Shortages and Crisis

POSTED 04/13/2023

The data reveals that 100,000 nurses left the workforce during the pandemic and by 2027, almost 900,000, or almost one-fifth of 4.5 million total registered nurses, intend to leave the workforce, threatening the national health care system at large if solutions are not enacted.

- 1/5 of nurses nationally are projected to leave the workforce in the next 5 years
- More than half of nurses report feeling ‘drained’ or ‘used up’ several days a week or every day
- Fatigue and burnout are most marked among newer nurses (<10 years)
- Nursing workloads are rising

# The Backdrop

BECKER'S  
**HEALTH IT**

## Physicians spending nearly 2 hours a day on EHR tasks outside work

Katie Adams - Tuesday, March 29th, 2022



U.S. physicians who use EHRs spend an average of 1.84 hours a day completing documentation outside work hours, according to a research published March 28 in *JAMA Internal Medicine*.

# The Backdrop

30 minute read • 15 November 2022

**Deloitte.**

## Addressing health care's talent emergency

Our survey reveals that fewer than half (45%) of frontline clinicians trust their organization's leadership to do what's right for its patients. Even fewer, 23%, trust their leadership to do what's right for workers. These two types of trust—to do right by patients and to do right by workers—are highly correlated and associated with significantly lower clinician burnout.

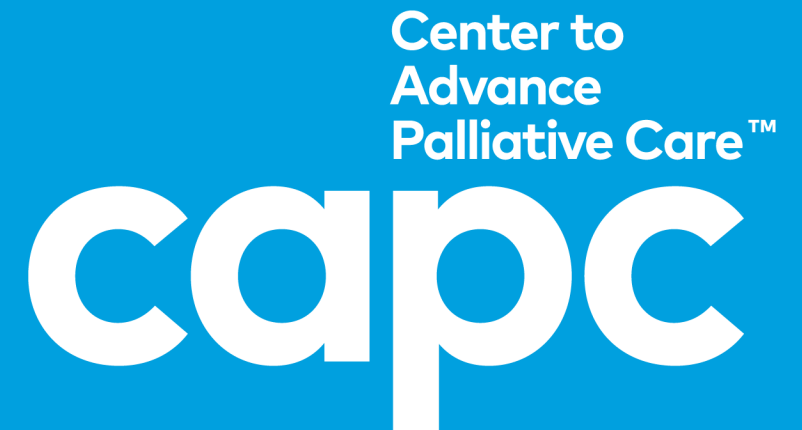
# What happens next?

Serious  
Illness

US Health  
Care



# The Serious Illness Care Workforce





# Who is the workforce caring for people with serious illness?

Primary

Adult & Pediatric  
Specialists

NEARLY  
EVERYONE

Nursing staff

Hospice

Family  
caregivers

LTC staff

# What would it take to have an 'optimized' workforce caring for patients with serious illness?

Adequate size/  
mix of  
disciplines

Diversity that  
reflects patient  
demographics

Available when/  
where patients  
need

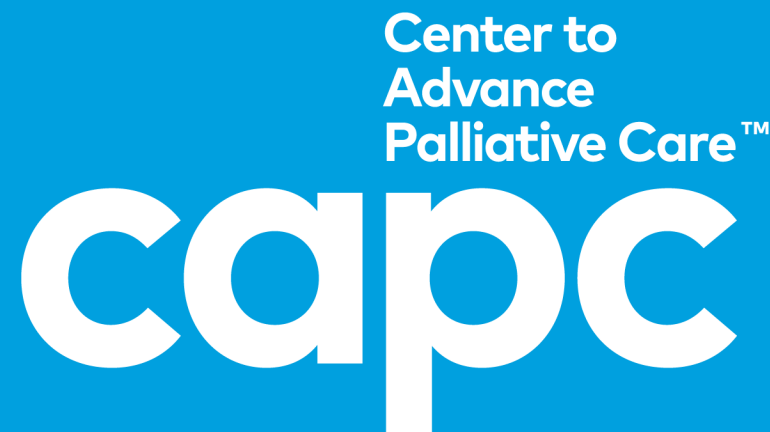
Appropriately  
trained to meet  
patient need

Structurally  
supported to  
provide services

Prioritization of  
professional  
well-being

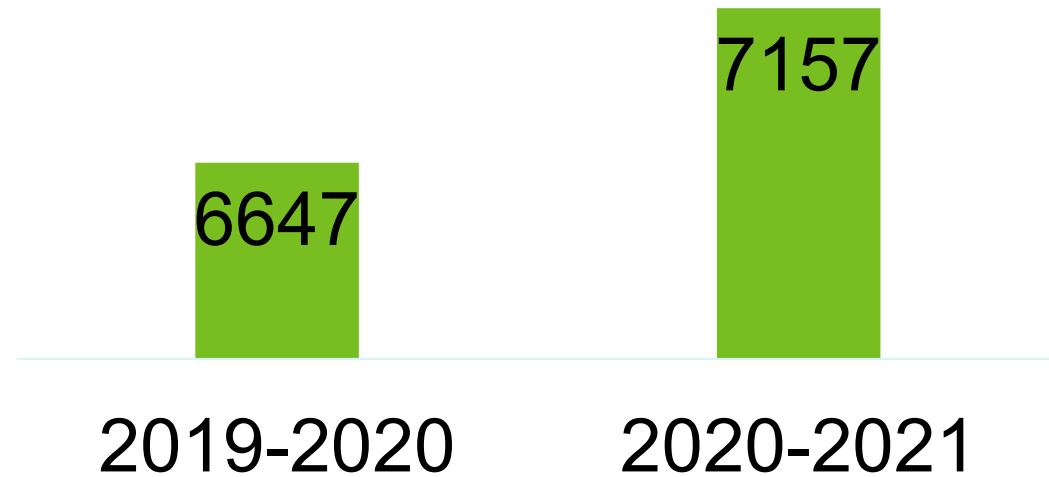
**Serious Illness  
Specialists:**

**Spotlight on the  
Palliative Care  
Workforce**

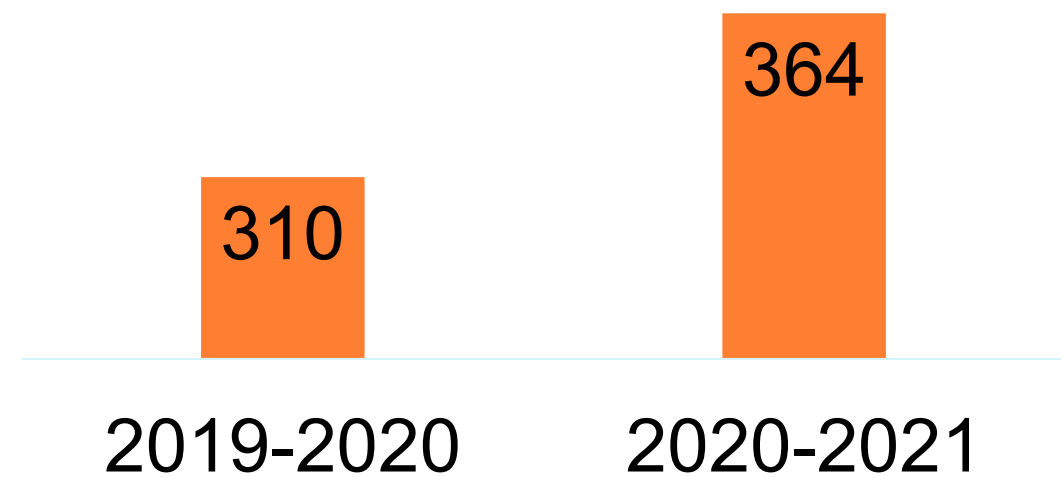


# Specialty Certified Hospice & Palliative Medicine Physicians

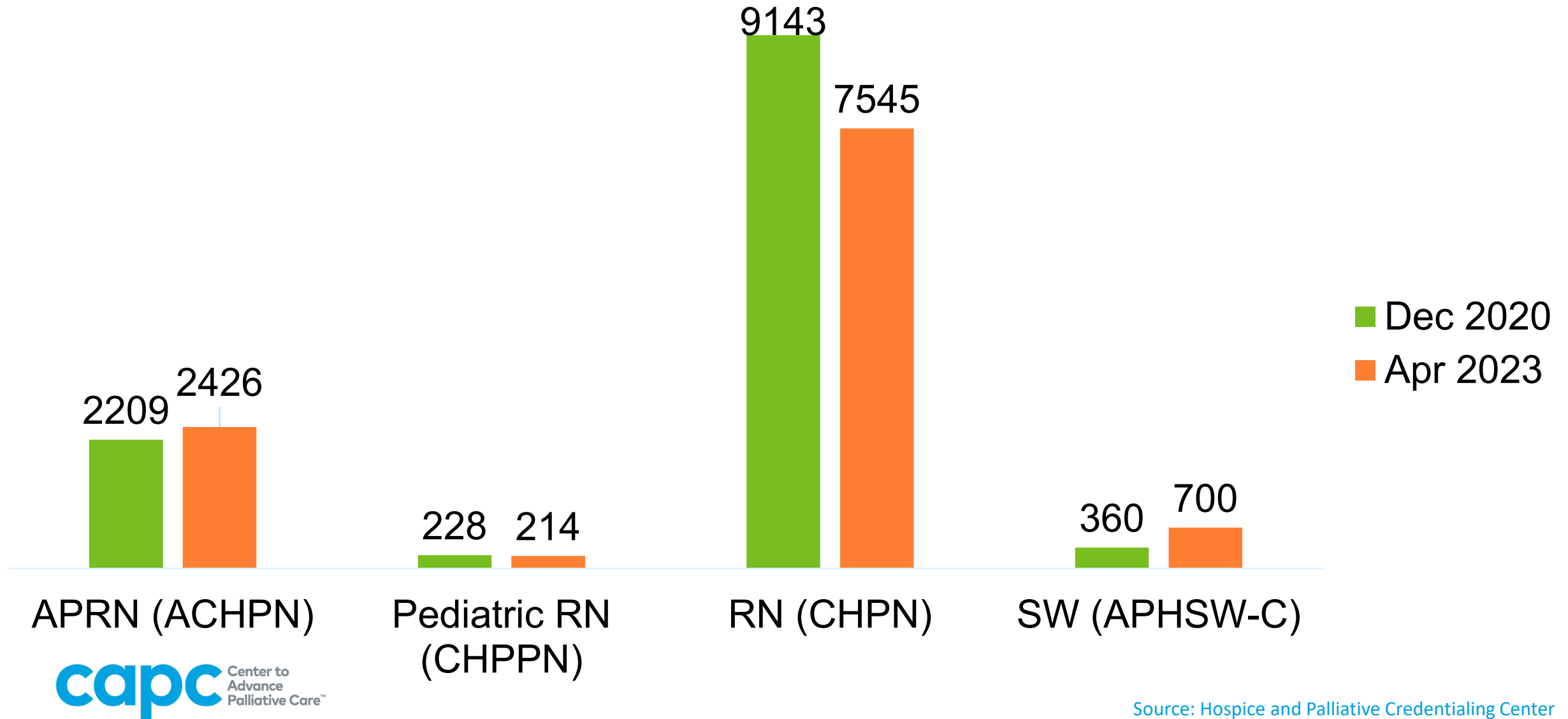
Non-Pediatric  
Physicians (MD)



Pediatric Physicians  
(MD)



# Palliative Care Specialty Certification



Source: Hospice and Palliative Credentialing Center



# Are palliative care teams adequately staffed? (No).

Per the National Palliative Care Registry:

- Only 41% of adult inpatient programs have a full interdisciplinary team
- 1 in 5 do not have dedicated MD FTE
- 3 in 10 do not have dedicated social work FTE
- Half do not have dedicated chaplaincy FTE

<https://www.capc.org/events/recorded-webinars/latest-trends-and-insights-from-the-national-palliative-care-registry>

# Are palliative care staff adequately trained? (No).

- Per a 2022 Palliative Care Quality Collaborative report, 21% of inpatient programs do not have *any* specialty-certified staff
- Per National Palliative Care Registry data:
  - **Nearly half** of RNs and APRNs on palliative care teams are not specialty-certified

# **Are palliative care staff as diverse as their patients?**

## **We don't know (but probably not).**

- Multiple research efforts underway to understand who makes up the palliative care workforce
- Multiple (local) initiatives to attract diverse clinicians to the specialty

# What do we know about the well-being of palliative care professionals?

- As of fall 2021, 43% of respondents to a national survey of program leaders were moderately or extremely concerned for the emotional well-being of their teams
- Interestingly...69% of respondents' programs had taken actions to support the well-being of non-palliative care colleagues

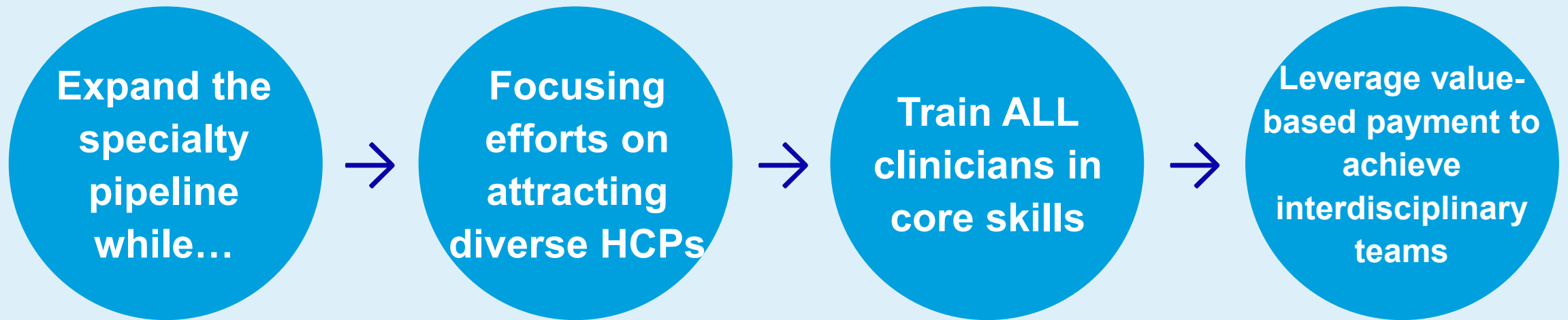
<https://www.capc.org/blog/palliative-care-leadership-during-the-pandemic-results-from-a-recent-survey>

# Net/Net

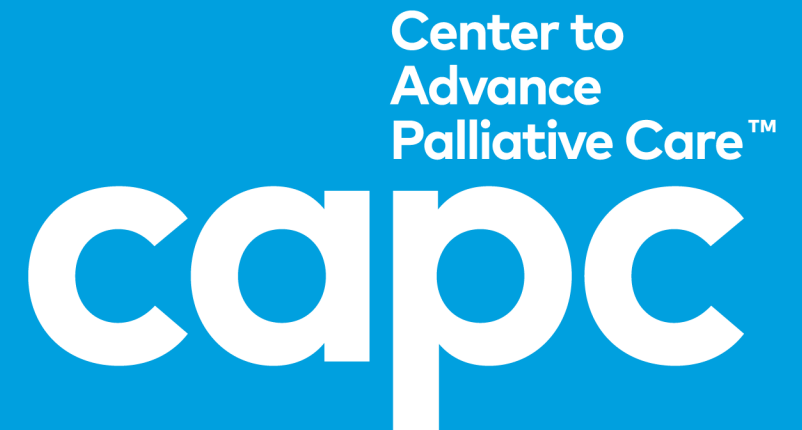
Despite gains over the last decade, the palliative care workforce is currently not large enough, well-trained or well-supported enough to meet the need – and demand is growing.



# A National Palliative Care Workforce Strategy



**What about all of  
the other people  
taking care of  
patients with  
serious illness?**



# Equipping All Clinicians to Improve Care



Access to  
palliative care  
specialists

Skills-building for  
all clinicians

# Medical students know they want training in palliative care skills

<https://aquifer.org/wp-content/uploads/2022/02/Palliative-Care-Infographic.pdf>

GAPS: STUDENT VIEW

## BASIC KNOWLEDGE, ROLES & MANAGING CONFLICT

Students felt unprepared related to:

- 1 Differences between palliative care & hospice; managing care transitions
- 2 Approaching serious illness conversations/ understanding student role
- 3 Navigating patient/family/team conflicts
- 4 Managing pain and opioids
- 5 Addressing spiritual and cultural issues and their impact on decisions



---

## STUDENTS & FACULTY AGREE

**50%** of students are **not prepared for serious illness conversations**

---

# Ample Resources for Basic Palliative Care Education







- 18 palliative care certificate programs available across disciplines (CAPC audit, 2022)
- 1 palliative care PhD program (University of Maryland)
- Variety of continuing education opportunities in communication, symptom management, and other palliative care skills

# The Case

for Improving Communication and  
Symptom Management Skills

# Non-palliative care clinicians are getting more palliative care education

## CAPC Course Completions



More students and mid-career clinicians are getting education in core skills to care for patients with serious illness – but this education is not required or standardized.

# The Direct Care Workforce

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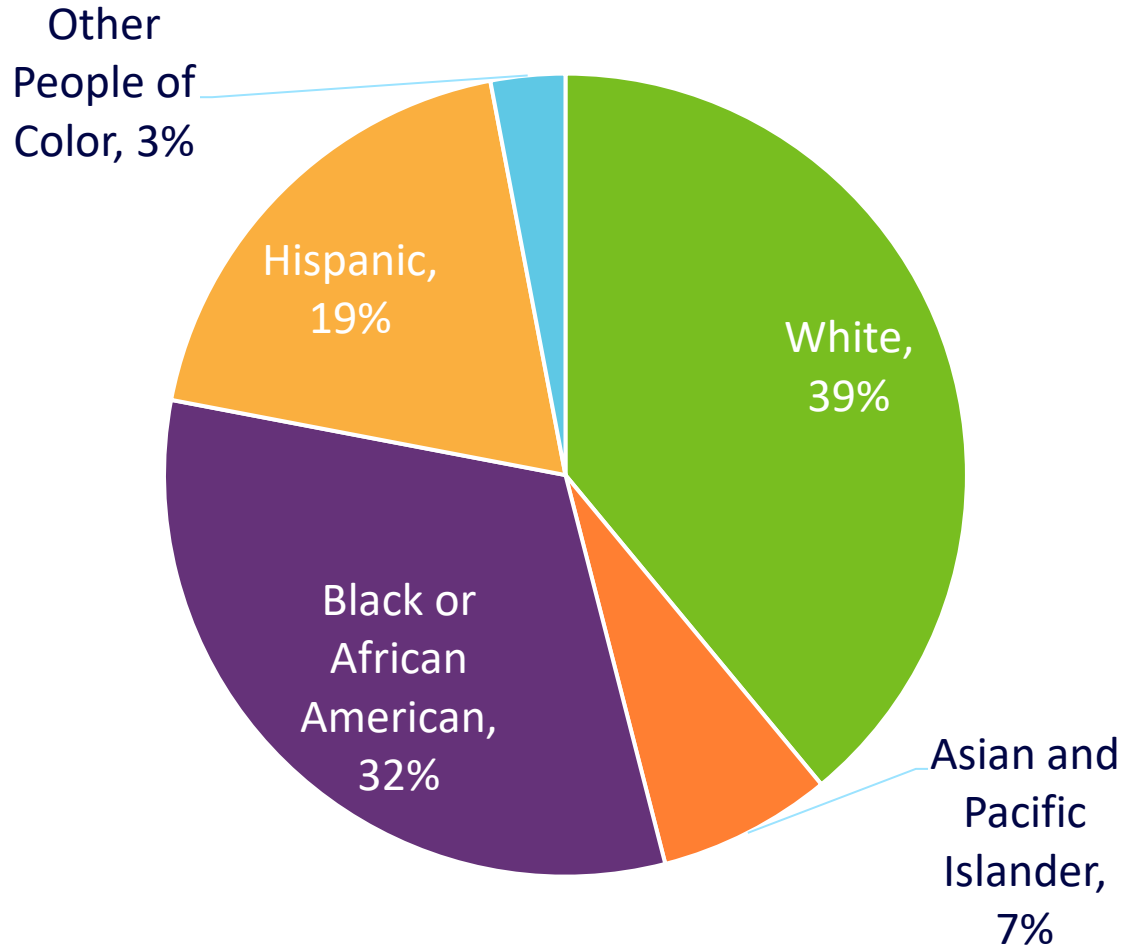
capc

# Direct care workers are:

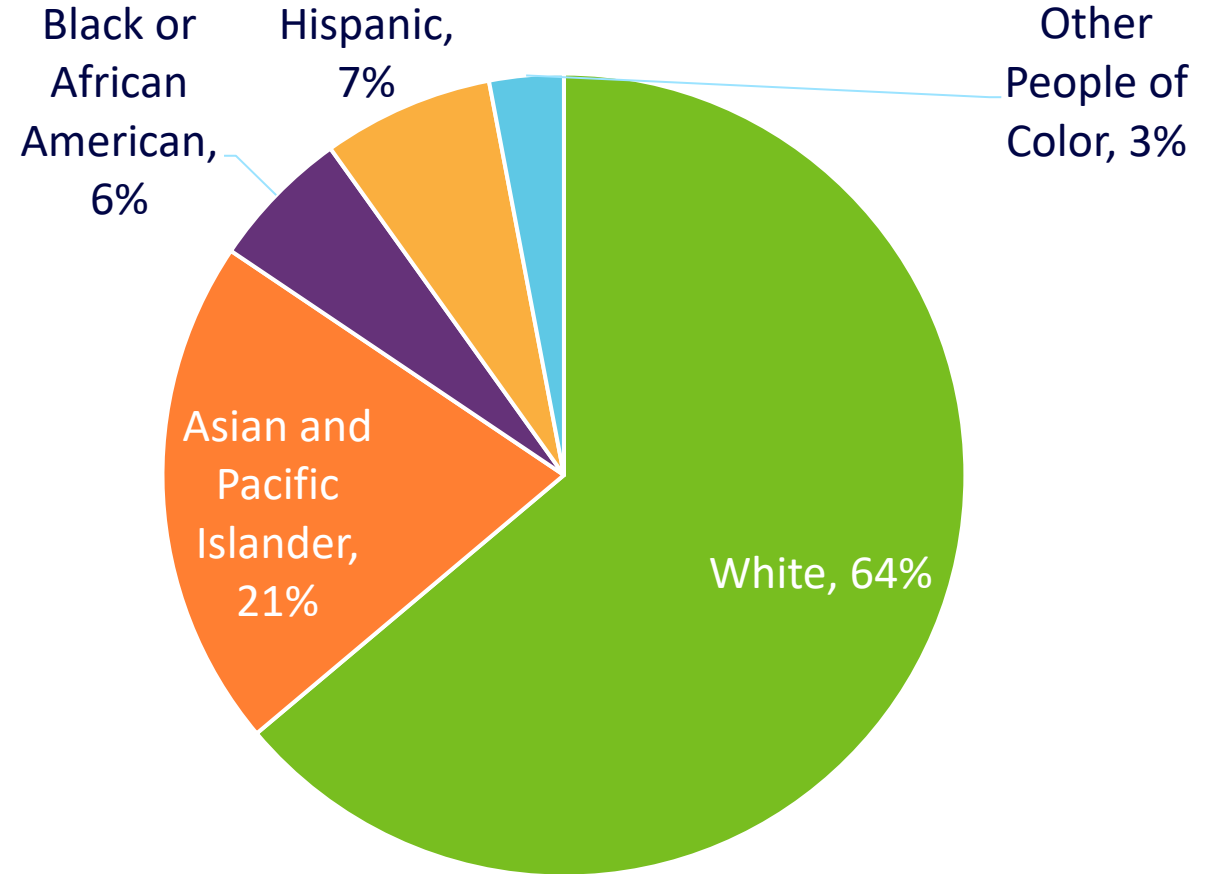
- Personal care aides, home health aides, nursing assistants in nursing homes
- Making median annual earnings of \$21,700
- Relying on public assistance to make ends meet (43%)
- Disproportionately women and non-white



# Direct Care Workforce



# Physician Workforce



# Under-valuing direct care workers has consequences



STAFFING

## ‘A Huge Victory’: Home Care Turnover Remains Stable at 65.2%

By Robert Holly | May 19, 2021

# We don't have the workforce to make good on new care models

[HEALTH AFFAIRS](#) > [AHEAD OF PRINT](#)

## The Home Care Workforce Has Not Kept Pace With Growth Community-Based

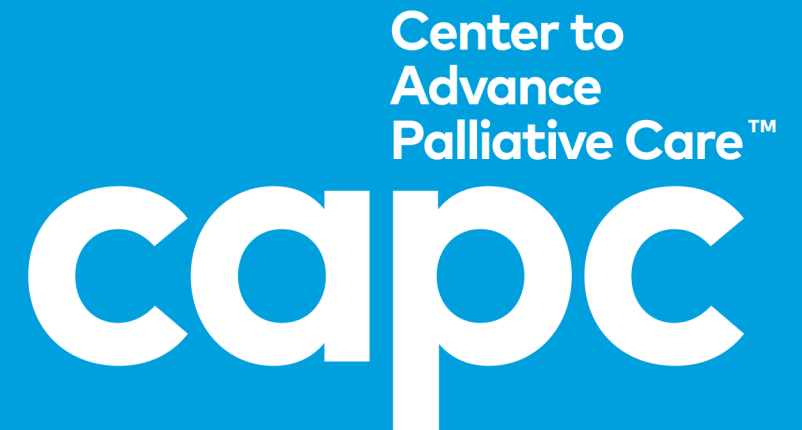
[Amanda R. Kreider](#) and [Rachel M. Werner](#)

[AFFILIATIONS](#) ✓

PUBLISHED: APRIL 19, 2023 **No Access**

“The number of home care workers per 100 [home and community-based services] participants declined by 11.6 percent between 2013 and 2019, with preliminary estimates suggesting that further declines occurred in 2020.”

# The Impact of Payment on Workforce



# Fee-For-Service Payment

Prioritizes the work of billable clinicians.

Limits access to in-home services.

Limits access to non-medical services (e.g. personal care, support for social needs) that improve quality of life for patients with serious illness.

*Is largely how we organize medicine, despite a more than decade-long push toward value-based care.*

# Value-Based Payment

Allows for staffing flexibility to better meet patients' social and spiritual needs.

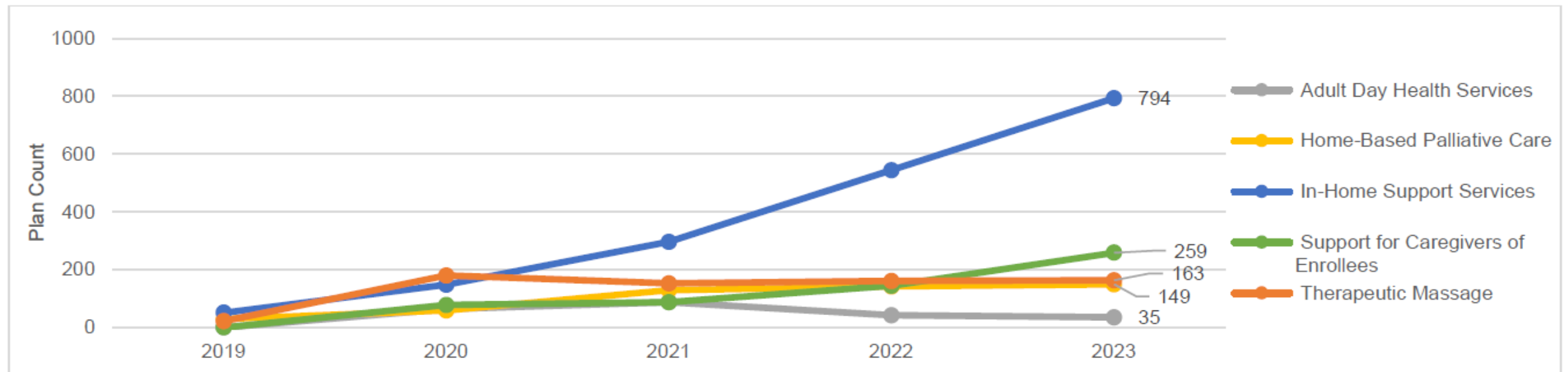
Has pushed care out of the hospital and into the home/community.

Has led to the proliferation of independent provider organizations focused on meeting patient need at home and avoiding hospitalizations.

# Medicare Advantage plans are beginning to cover palliative care

MILLIMAN BRIEF

FIGURE 1: NUMBER OF PLANS OFFERING EXPANDED SUPPLEMENTAL BENEFITS\*



\* Excludes EGWPs, Cost plans, MSA plans, MMPs, Part B only plans, and dual-eligible special needs plans (D-SNPs); D-SNPs are excluded as these benefits were previously allowable benefits for D-SNP beneficiaries; 4,859 plans in CY 2023 are subject to this reinterpretation.

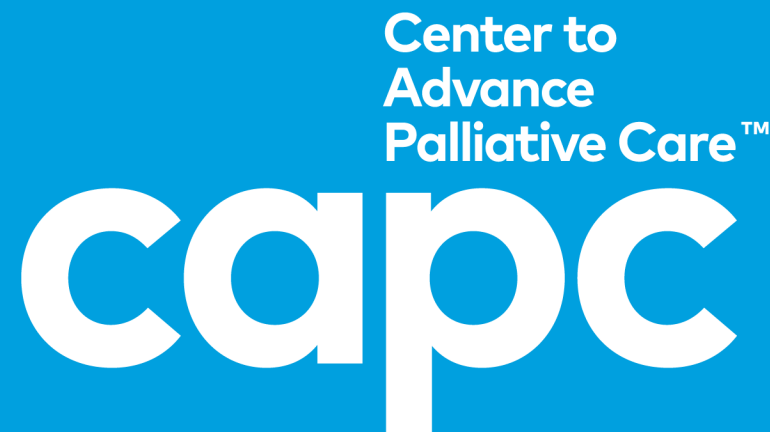
**We have a foot in both canoes...**



**So we have a  
bifurcated system of  
traditional health  
care, and ‘disruptors’  
aggressively  
pursuing value.**



# The Health Care Policy Landscape and Workforce



# PCHETA: The Palliative Care Hospice Education and Training Act

- Would establish infrastructure for expanding the pipeline of hospice and palliative care clinicians
- First introduced 2012 with 6 co-sponsoring senators, 39 co-sponsoring representatives
- Reintroduced 6 times
- In 2019-2020 Congress, 58 Senate co-sponsors, 295 House co-sponsors

## Palliative Care:

## How PCHETA Can Help

Palliative care is team-based medical care for those with serious illness. It improves quality of care by:



Improving patient experience and satisfaction<sup>1</sup>




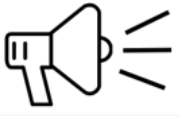

Increasing survival<sup>2</sup>



Reducing cost<sup>3</sup>

The Palliative Care and Hospice Education and Training Act (PCHETA) is a bipartisan bill that expands access to palliative care. Passing the bill could improve quality of life for millions of Americans.

## What does PCHETA do?

- 1 Establishes palliative care workforce training 
- 2 Launches national palliative care education and awareness campaign 
- 3 Enhances research in palliative care 

**Support PCHETA (H.R. 647/S. 2080) to help patients live better.**

To learn more about PCHETA and palliative care, visit [patientqualityoflife.org](https://patientqualityoflife.org).

<sup>1</sup> Casarett DS, Shreve C, Luhrs K, et al. Measuring families' perceptions of care across a health care system: preliminary experience with the family assessment of treatment and end-of-life short form (EAT-EL-SF). *J Pain Symptom Manage*. 2014;48:1-8.

# State Legislation to Support the Serious Illness Care Workforce

- Illinois HB3571 creates the Community-based hospice and palliative care professional loan repayment program
- Minnesota SF2786 provides workforce grants for people working in LTC

# Continuing Medical Education (CME) State Requirements

32 state-specific  
opioid prescribing  
reqs

20 general pain  
mgmt. reqs

12 states with  
relevant (pallcare,  
Alzheimer's, end  
of life) reqs

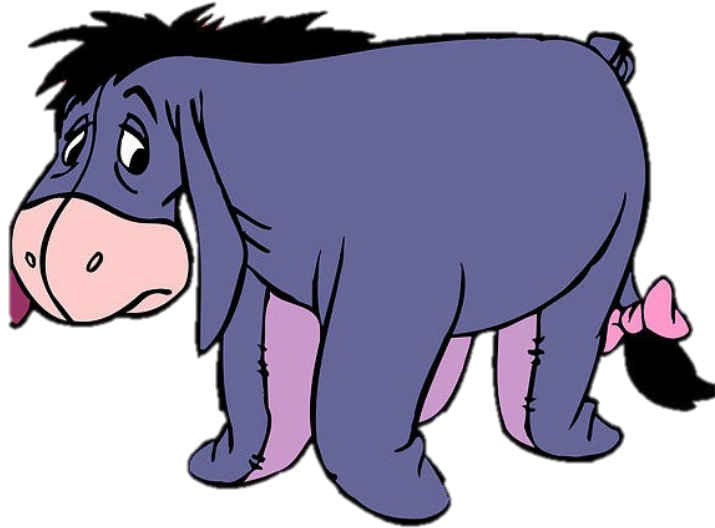
New federal requirement for all prescribers to complete 8 hours of training on the treatment and management of patients with opioid or other substance use disorders prior to renewing their DEA registration (MATE Act).

# Points of Light

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# What is the outlook for the serious illness care workforce?



OR



???

# Biden administration urges CMS to tie Medicare rates to turnover

President Joe Biden signed a massive executive order Tuesday morning that includes several measures intended to improve access to long-term care and bolster job protections for those who work in skilled nursing. Among them are calls to expand on an as-yet undisclosed staffing mandate and tie Medicare payments to retention.

-McKnights, 4/18/23

# States and localities are improving wages for direct care workers

- Los Angeles set a \$25/hr minimum wage for select health care workers
- North Carolina appropriated \$210M in FY 22 to increase DCW wages
- Washington state raising wages for DCWs and others (e.g. dietary staff, housekeeping)
- Illinois setting a new payscale for DCWs based on years of experience



# Expanding the Mid-Career Palliative Care Pipeline

EDUCATION AND TRAINING

## Addressing a Workforce Crisis: Innovations in Training for HPM Specialists

Updated January 16, 2020 | By Laura Dingfield



# US Workforce Diversity

“AAMC [data](#) found that medical school enrollment for the 2022-23 school year increased by 3 percent. The number of Black matriculants grew by 9 percent and the number of first-year Black men increased by 5 percent. Additionally, the number of matriculants who are Hispanic, Latino, or of Spanish origin rose by 4 percent and accounted for 12 percent of total matriculants.”

# Health professionals are starting to demand better



## Viewpoint

July 28, 2022

## The Rise and Potential of Physician Unions

Daniel Bowling III, JD, MAPP<sup>1</sup>; Barak D. Richman, JD, PhD<sup>1,2</sup>; Kevin A. Schulman, MD<sup>2,3</sup>

[□ Author Affiliations](#) | [Article Information](#)

JAMA. 2022;328(7):617-618. doi:10.1001/jama.2022.12835

# State of the Union

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# What would it take to have an 'optimized' workforce caring for patients with serious illness?

Adequate size/  
mix of  
disciplines

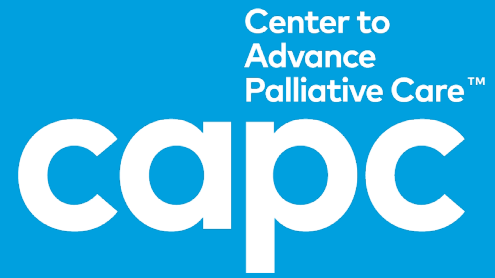
Diversity that  
reflects patient  
demographics

Available when/  
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Structurally  
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Prioritization of  
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