The future of palliative care: a leadership training roadmap

Cambia Foundation Sojourns Scholars Leadership Task force

Lynn Reinke and Elizabeth Lindenberger

Why invest in PC leadership?

PC leadership can positively transform healthcare

SSLP has demonstrated major impact

Yet most PC clinicians lack access to formal leadership training

The Case for Investment

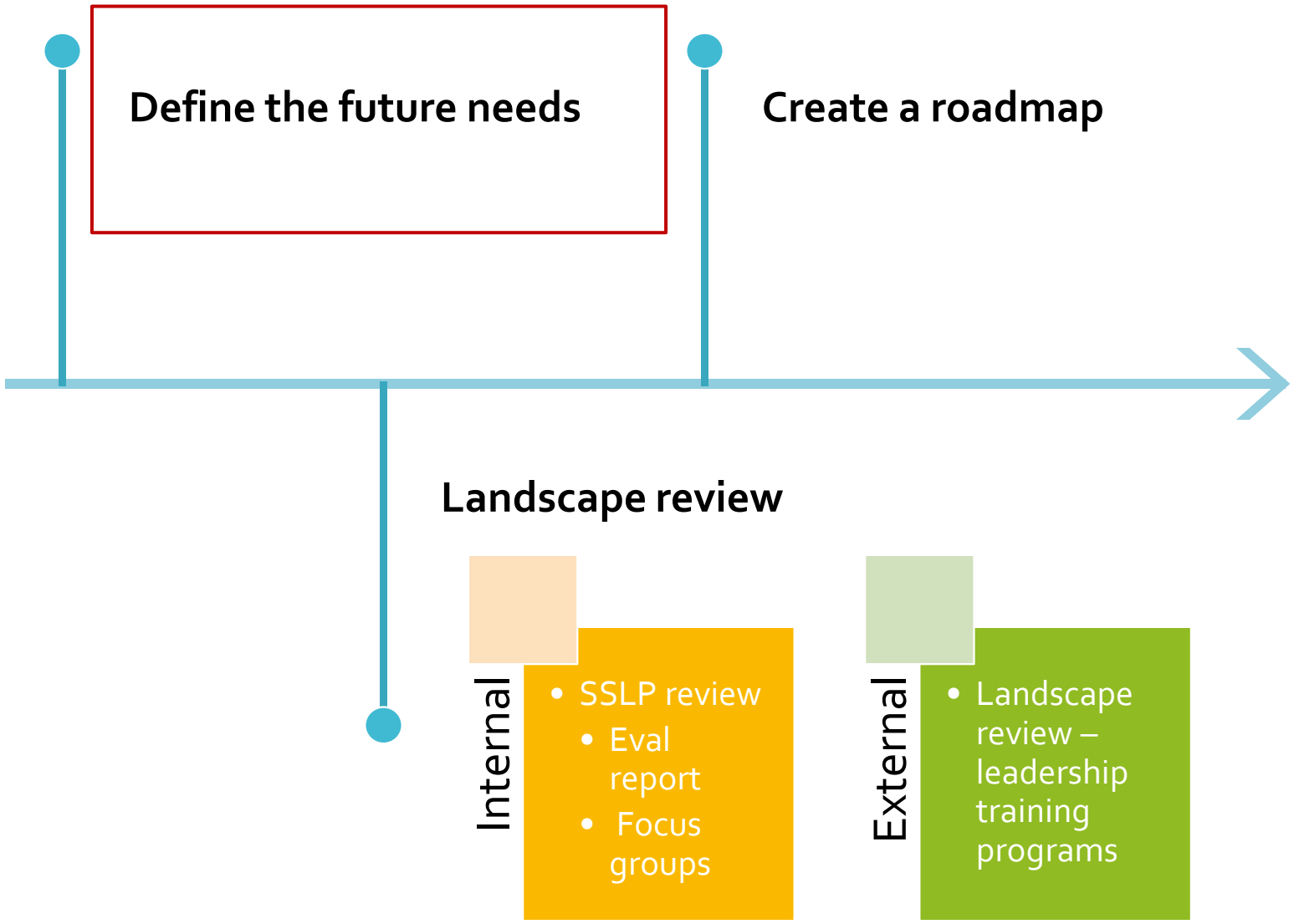
Future Vision for Serious Illness Care Leaders	Field-Level Priorities (FWD Report)
• Build leadership capacity at health system and policy levels • Restore humanity to healthcare • Advance equity and break down siloes • Develop skills in AI, data use, health economics, ROI, and policy	• Expand palliative care presence across health systems • Advance leaders with palliative care experience into institutional leadership • Identify, connect, and support champions within each discipline

Why form a task force?

10-year completion mark of Cambia Foundation Sojourns Scholars Leadership Program (SSLP)

- 108 Scholars trained
- AAHPM approached Cambia Foundation leadership re future needs

Our process


Define the future needs
Create a roadmap
Landscape review
Internal
• SSLP review
• Eval report
• Focus groups
External
• Landscape review – leadership training programs

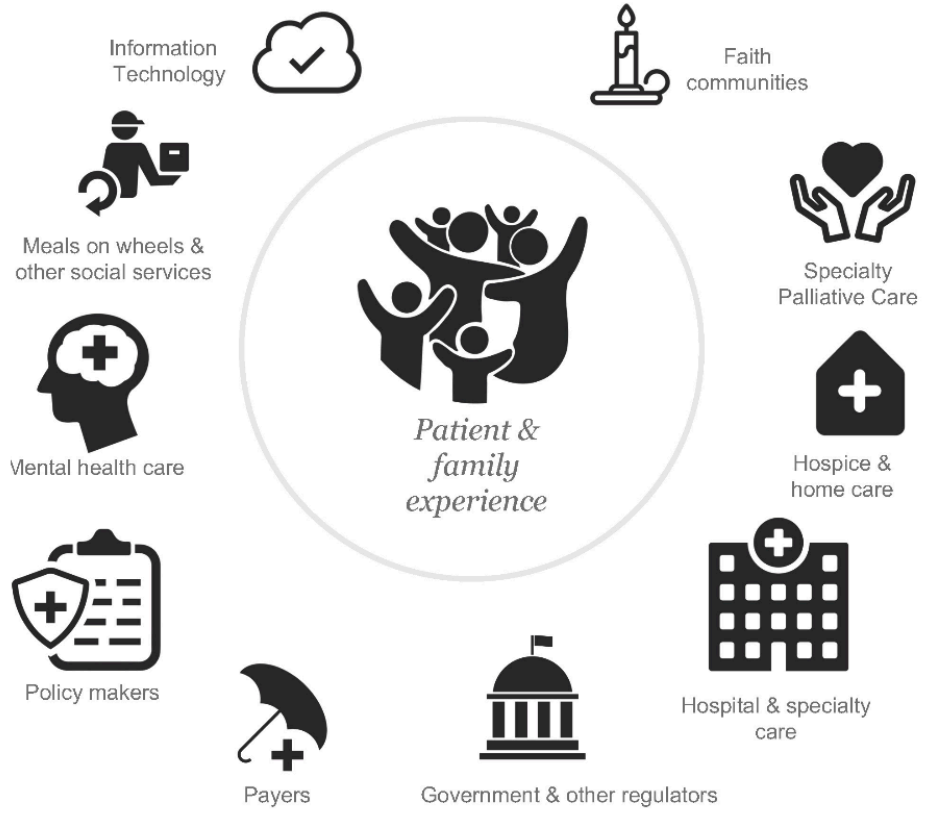
Defining the needs: themes

- Develop the builders (not the mops)
- Broad needs throughout the "serious illness care ecosystem"
- Transformative potential – bringing humanity into healthcare

A NEW VISION OF CARE FOR SERIOUS ILLNESS

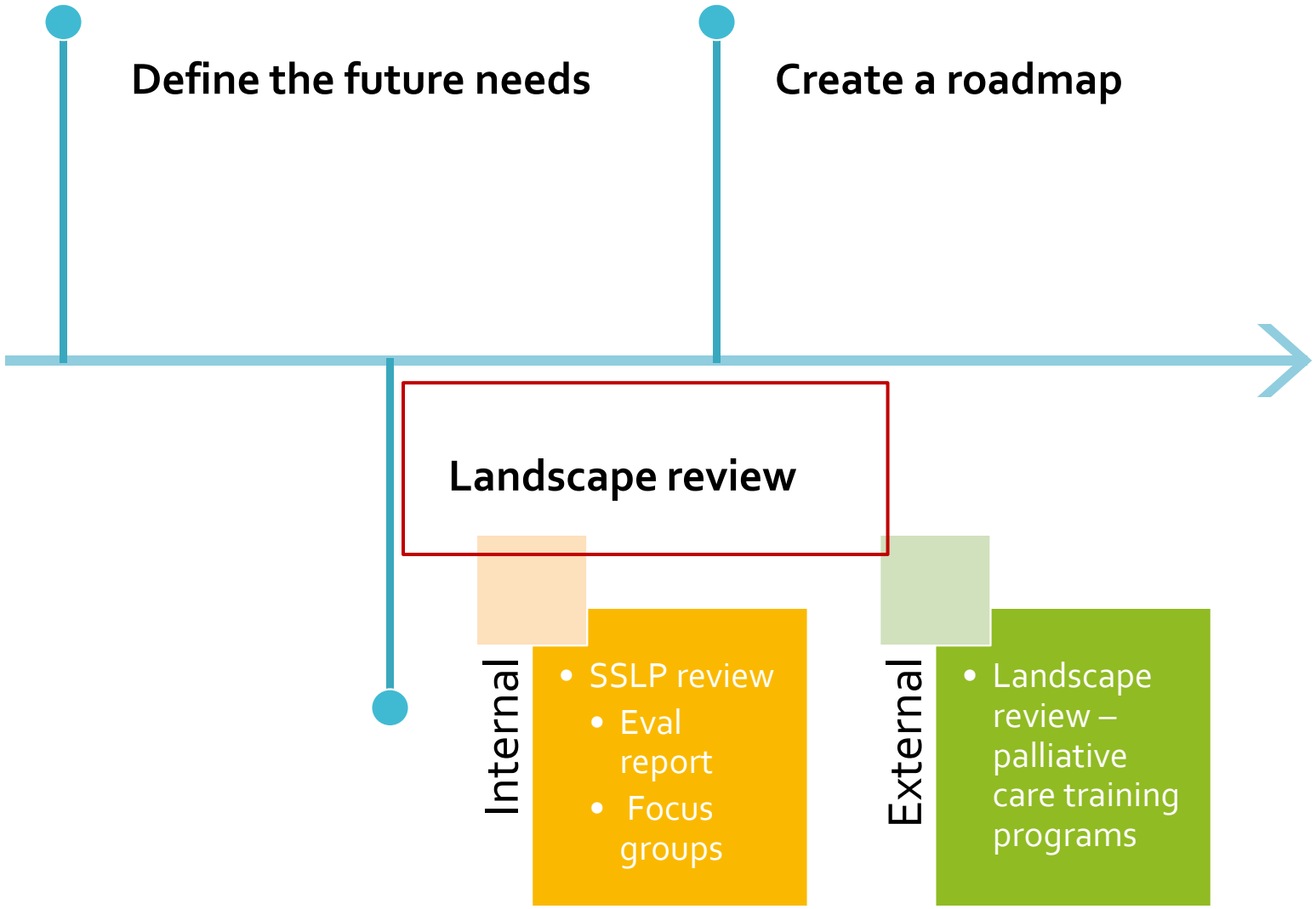
The serious illness care ecosystem – crossing silos

Could we design it around patient and family experience–not the institutions that deliver the expertise needed?



Tony Back and Peggy Maguire

Our process


Define the future needs
Create a roadmap
Landscape review
Internal
• SSLP review
• Eval report
• Focus groups
External
• Landscape review – palliative care training programs

SSLP Report findings: call to action

SOJOURNS COMMUNITY PERSPECTIVES

PALLIATIVE CARE LEADERSHIP DEVELOPMENT IS AT RISK

73% of the Sojourns community agree investment in palliative care leadership development is declining. One palliative care expert noted the need for "sustainable research and career development funding, given the sunsetting of Sojourns, NPCRC, and PCRC and NIH underfunding." While emerging efforts such as the ASCENT Palliative Care Consortium are providing important research support, the overall "supply" of leadership development opportunities continues to shrink even as the "demand" for them remains high.

"Funding cuts are threatening the pipeline of future palliative care researchers and practitioners. How do we continue to prepare the next generation of practitioners and providers if we're unable to find funding for them?"

PALLIATIVE CARE EXPERT

"We were a generation that realized that there would literally be no field if we were not worrying about it constantly. The next generation doesn't understand how fragile the whole thing is. It is not mandatory for accreditation for hospitals. It's not mandatory for pretty much anyone. There's no regulatory underpinning... [I'm worried the current generation of leaders will] be shocked when these cuts come as opposed to seeing them coming, preparing for them, fighting them strategically, coming together as a group to figure out strategies."

PALLIATIVE CARE EXPERT

LEADERS WITH PALLIATIVE CARE EXPERIENCE MAY INCREASINGLY BE SEEN AS STRONG CANDIDATES TO LEAD HEALTH CARE INSTITUTIONS

We heard anecdotally in interviews with palliative care experts that palliative care leaders are well-positioned to take on major leadership roles, modeling the values of inclusion and collaboration system-wide. However, only **54% agreed with the statement "Leaders with Palliative Care experience are increasingly seen as strong candidates to lead health care institutions."** Still, there is great optimism among many in the program.

"Palliative care leaders are the solution to today's health care problems"

PALLIATIVE CARE EXPERT

In conclusion, palliative care in the United States has fought successfully to establish itself as the standard of care, but this position is fragile.

SSLP findings: high impact

DEVELOPING THE NEXT GENERATION OF LEADERS

Achievements

Scholars reported attaining the following achievements since they became a Sojourns Scholar:

APPOINTMENT TO NATIONAL COMMITTEES, PROFESSIONAL SOCIETIES OR BOARDS

83% of scholars
reported receiving professional appointments since becoming a scholar

ADDITIONAL GRANTS

80% of scholars
reported receiving additional grants or awards since becoming a scholar

334
Total additional grants worth over half a billion dollars

$1.2M
Median grant total per scholar

3+ grants
60% of scholars received 3 or more

PROMOTIONS

78% of scholars
reported receiving at least one promotion since becoming a scholar

24% of promotions
were to an external role with national scope

85% of scholars
reported that the SSLP had a lot or a great deal of influence on their achievements

"The professional network has by far been the most powerful in linking me with like-minded people to partner and collaborate, creating opportunities for increased leadership. Examples have ranged from publication to speaking opportunities to serving on expert panels for guidelines."

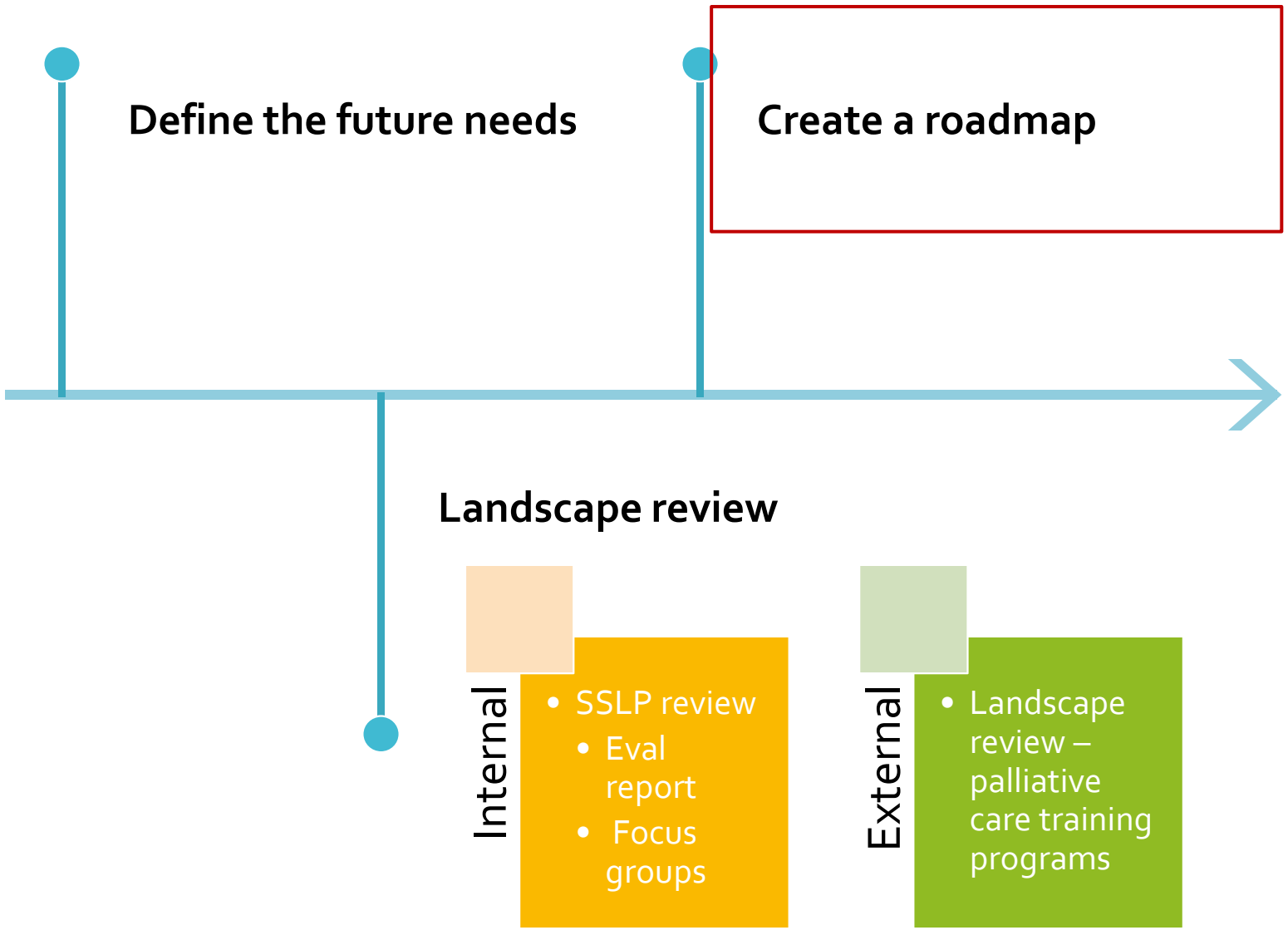
2021 Scholar

Networking and interprofessional collaborations were key

We reviewed the broader training landscape

- We identified 17 national leadership training programs
  - Only 4 focused on palliative care
  - Most geared to academic leaders
  - Most are expensive
  - Few are interdisciplinary

We outlined a roadmap for future leadership training



	Track 1: Local Program Leadership	Track 2: System-Level Leadership
Who	Early-career clinicians and interprofessionals building or leading local/regional programs	Later-career leaders in or advancing to C-suite, policy, and cross-system roles
Scale	Broadly accessible; designed for reach and inclusion across disciplines	Intensive cohort; fewer participants; builds on the Cambia/Sojourns model
Focus	Building and sustaining a local program; leading interprofessional teams with limited resources	Influencing health systems, policy, and models of care beyond the specialty
Examples	APRN-led models, community-based programs with minimal resources, new hospital PC programs	CMOs, VPs of Quality/Strategy, health policy leaders, national program directors

We defined 2 levels of leadership training needed

Track 1: Local Leadership

Track 1: Local Program Leadership — Skills

Core Skills (All Local Program Leaders)

Required regardless of care setting or organizational context.

Skill Area	What It Includes
Ethical judgment & professionalism	Conflict-of-interest awareness, transparency, just culture
Effective communication	Clear, calm communication with clinicians, staff, patients/families, boards, and funders; managing up and down formal and informal power structures
Change leadership	Setting strategy, mission, and vision; leading transformation, adoption, and sustainment; managing resistance
Team leadership & talent management	Hiring, coaching, performance management, succession planning, mentorship, conflict resolution
Interprofessional collaboration	Bridging clinical, administrative, finance, IT, and other services
Financial stewardship	Budgeting, cost containment, revenue-cycle awareness, value-based care and fee-for-service fundamentals across hospital and community settings
Data-informed decision making	Integrating dashboards/KPIs and clinical/operational metrics with interpersonal and institutional judgment
Equity, advocacy & patient-centered care	Reducing disparities, culturally responsive care, patient and family experience
Fundraising & philanthropy	Donor relations, foundation partnerships

Track 2: System-level leadership

Track 2: System-Level Leadership — Skills

Core Skills

For leaders in or advancing toward C-suite, policy, and cross-system roles

Domain	Skills
Organizational leadership	Operational management (quality, safety, efficiency); financial acumen and resource allocation; leading large-scale initiatives
People leadership	Team building, interprofessional collaboration, conflict management and negotiation, mentorship/sponsorship, succession planning
Communication & influence	Executive presence, stakeholder engagement (clinical, administrative, external), influencing without direct authority
Health system navigation	Policy, regulation, and reimbursement fluency; working across institutions (matrix environments); navigating competing priorities
Equity & organizational culture	Advancing diversity, equity, and inclusion; shaping organizational culture; addressing systemic disparities in care delivery

Connecting the two tracks is essential to building a robust pipeline and a coherent field-wide leadership ecosystem and comprehensive strategy. That requires deliberate design across three dimensions: pipeline readiness, cross-track relationships, and shared community

Questions?