AAHPM

American Academy of Hospice and Palliative Medicine

IMPROVING HEALTH CARE

Expanding the Palliative Care Workforce

The National Priorities Partnership has highlighted palliative and end-of-life care as one of six national health priorities that have the potential to create lasting change across the healthcare system. Recent studies have demonstrated that high-quality palliative care and hospice care not only improve quality of life and patient and family satisfaction but can also prolong survival.[1-5] Furthermore, palliative care achieves these outcomes at a lower cost than usual care by helping patients to better understand and address their needs, choosing the most effective interventions, and avoiding unnecessary/unwanted hospitalizations and interventions. However, **delivery of high-quality palliative care cannot take place without sufficient numbers of healthcare professionals with appropriate training and skills.**

What Is Palliative Care?

Palliative care is an interdisciplinary model of care aimed at preventing and treating the debilitating effects of serious and chronic illness, including cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer's, AIDS, ALS, and MS. It is provided from the time of diagnosis and involves the **relief of pain and other symptoms** that cause discomfort, such as shortness of breath, unrelenting nausea, etc.

Palliative care is patient/family centered—it focuses on **matching treatment to achievable patient goals** to maximize quality of life. In practice, this involves detailed and skilled communication with patients and families to elicit goals and preferences; expert assessment and management of physical, psychological, and other sources of suffering; and **coordination of care** across the multiple settings (eg, hospital, postacute care, ambulatory clinics, home) that patients traverse throughout the course of a serious illness. **Palliative care can be offered simultaneously with life-prolonging and curative therapies for individuals living with serious, complex, and eventually terminal illness and includes hospice care.**

Why Is a Palliative Care and Hospice Education and Training Bill Needed?

Healthcare providers need better education about pain management and palliative care. Students graduating from medical school today have very little, if any, training in the core precepts of pain and symptom management, communication skills, and care coordination for patients with serious or life-threatening illness. A 2005 study at Michigan State University found formal training of US doctors in palliative care "grossly inadequate."[6] When the American Society of Clinical Oncology surveyed their members, 65% said they had received inadequate education in controlling symptoms associated with cancer, and 81% felt they had inadequate mentoring in discussing a poor prognosis with their patients and families.[7] Training in pediatric palliative care also is seriously lacking according to physicians, residents, and medical students responding to a survey presented at a meeting of the American Federation for Medical Research.[8] **This lack of healthcare provider knowledge results in too many seriously ill patients who are receiving painful or ineffective treatments that do nothing to prolong or enhance their lives.**

How Significant Is the Shortage of Palliative Medicine Physicians?

The current gap between those practicing in the field and the number of physicians required to meet current need is likely huge—possibly several thousand physicians. A 2010 article published in the *Journal of Pain and Symptom Management* provides the findings of an AAHPM task force established in 2008 to assess whether a physician shortage existed and to develop an estimate of the optimal number of HPM physicians needed to meet current and future needs.[9] It was determined that **an acute shortage of HPM physicians exists, with the current capacity of fellowship programs insufficient to fill the shortage.**

A moderate estimate calls for 6,000+ FTEs to serve current needs in hospice and palliative care programs. Because many HPM physicians only spend part of their time in hospice and palliative medicine, more than one physician is needed to fill each open FTE slot. At a moderate level of need, 8,000 to 10,000 physicians with HPM skills are needed to meet the current FTE need—double the number currently in practice in this specialty. The high need estimate calls for 10,810 FTEs, which translates to between 14,000 and 18,000 physicians (if all hospices and palliative care programs used exemplary staffing models). **These scenarios are for current need only and do not take into account future expansion of need due to population growth and aging** or increasing acceptance of the hospice and palliative approach to care among consumers and providers. In particular, these need scenarios only estimate workforce needs for hospice and hospital-based palliative care. Future expansion of palliative care into long-term care and home settings would only increase workforce needs.

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7 Preidt, R. "Doctors Lack Training for End-of-Life Care," November 23, 2005.

8 Johnson, JN., Poster Presentation, American Federation for Medical Research, July 2003

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