AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

IMPROVING HEALTH CARE

Expanding the Palliative Care Workforce

The American Academy of Hospice and Palliative Medicine (AAHPM) believes policymakers can help build a health care workforce more closely aligned with the nation's evolving healthcare needs through efforts to close the large gap between the number of health professionals with palliative care training and the number required to meet the needs of the expanding population of patients with serious illness or multiple chronic conditions.

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. In fact, 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, choose the most effective interventions, and avoid unnecessary or unwanted hospitalizations and interventions. However, **the 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, such as cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer's, AIDS, ALS, and MS. It can be 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- and 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 (e.g., hospital, post-acute care, ambulatory clinics, home) that patients traverse throughout the course of a serious illness. **Palliative care can be offered alongside 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 and nursing 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. The Institute of Medicine report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* noted that "major gains have been made in the knowledge base of palliative care." The report documented, however, that "these knowledge gains have not necessarily been matched by the transfer of knowledge to most clinicians caring for people with advanced serious illnesses." Moreover, studies show an "overall pattern of inattention to palliative and end-of-life care … still appears to predominate in the pediatric world."[6] **This lack of healthcare provider knowledge results in too many patients with serious illness receiving painful or ineffective treatments that do nothing to prolong or enhance their lives.**

How Significant is the Shortage of Palliative Medicine Specialists?

There is a large gap between the number of healthcare professionals with palliative care training and the number required to meet the needs of the growing population of individuals with serious illness or multiple chronic conditions. National Palliative Care Registry data show that in 2015 only 44% of hospital programs met national staffing standards set by the Joint Commission, even when including unfunded positions. Looking at just physician specialists, the George Washington University Health Workforce Institute found that current training capacity for Hospice and Palliative Medicine is insufficient to provide hospital-based care and keep pace with growth in the population of adults over 65 years old.[7] The shortages are exacerbated when considering the current rapid expansion of community-based palliative care, such as in outpatient and home-based settings. A separate survey of physicians in the field found that, if the rate of those entering and leaving Hospice and Palliative Medicine maintains, there will be no more than 1% absolute growth in this physician workforce in 20 years, during which time the number of persons eligible for palliative care will grow by over 20%. The study's authors project this will result in a ratio of one palliative medicine physician for every 26,000 seriously ill patients by 2030.

Indeed, noting that "hospice and palliative medicine specialists will never be sufficient in number to provide regular face-to-face treatment of every person with an advanced serious illness,**" the IOM report recommends expanding training opportunities to ensure clinicians across disciplines and specialties who care for people with serious illness are competent in "basic palliative care,"** including communication skills, interprofessional collaboration, and symptom management.

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