Let's Pause, Let's Think, Let's Talk

The Palliative Care Imperative for Alabama

Alabama Quality Forum - Panel Discussion April 12th, 2016

Palliative Care Report Card 2015

CENTER TO ADVANCE PALLIATIVE CARE
NATIONAL PALLIATIVE CARE RESEARCH CENTER
Report Card Details

- Updated from 2011 report
- Reports on access to Palliative Care
- Analyzes whether seriously ill patients in the U.S. are receiving equitable access
- Goal is to inform and increase the availability of palliative care for millions of Americans in need
- Collaboration between the Center to Advance Palliative Care (CAPC) and the National Palliative Care Research Center (NPCRC)

Background/Methodology

- Data obtained from American Hospital Association Annual Survey of Hospitals Database for FY 2012 and 2013 and supplemented by data from National Palliative Care Registry.
- Limited to nongovernmental, general med/surg, cancer and heart hospitals within the fifty states with 50 or more beds
Key Findings

- The nation gets a B
  - 67% of U.S. hospitals report PC teams
  - 1/3 of U.S. hospitals report no PC services
- Not enough workforce to meet the need
  - Estimated 3.4 percent of admissions receive PC services – estimated need is between 7.5 and 8 percent of hospital admissions
- Varies by region
  - The south central region of U.S. is most in need of improvement
- Most large hospitals offer PC services
  - 90% of hospitals with 300+ beds, but still variability by region
- For-profit hospitals report lower rates of PC services
  - Hospital tax status is the most significant predictor of access to hospital pc, after geography and hospital size
Where Are The Gaps?

- **Geography**: the South
- **Ownership**: For-Profits
  - All hospitals: 23% of for-profits vs. 67% of non-profits
  - 300 or more bed hospitals: 54% of for-profits vs. 94% of non-profits
- **Hospital Size**: Smaller Hospitals
  - <100 beds: 44% vs. >300 beds: 90%

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**East South Central Region**

**TABLE 1. Prevalence and Distribution of Palliative Care Programs in U.S. Hospitals by State and U.S. Census Region**

<table>
<thead>
<tr>
<th>State</th>
<th>Letter Grade</th>
<th>Grade</th>
<th>Total Programs/Hospitals</th>
<th>By Hospital Type (&gt;50 beds)</th>
<th>State Community Hospital (&lt;50 beds)</th>
<th>&lt;300 beds</th>
<th>&lt;50 beds*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>D</td>
<td>3.0</td>
<td>(14/50)</td>
<td>50% (5/10)</td>
<td>6% (1/16)</td>
<td>15% (1/4)</td>
<td>50% (3/10)</td>
</tr>
<tr>
<td>Kentucky</td>
<td>C</td>
<td>3.1</td>
<td>(26/50)</td>
<td>60% (24/40)</td>
<td>0% (0/7)</td>
<td>50% (3/6)</td>
<td>12% (1/10)</td>
</tr>
<tr>
<td>Mississippi</td>
<td>D</td>
<td>2.9</td>
<td>(10/50)</td>
<td>57% (8/14)</td>
<td>7% (1/13)</td>
<td>25% (4/16)</td>
<td>0% (0/10)</td>
</tr>
<tr>
<td>Tennessee</td>
<td>C</td>
<td>3.2</td>
<td>(26/50)</td>
<td>79% (22/28)</td>
<td>7% (2/14)</td>
<td>25% (3/10)</td>
<td>50% (1/2)</td>
</tr>
<tr>
<td>EAST SOUTH CENTRAL</td>
<td>C</td>
<td>4.2</td>
<td>60% (38/63)</td>
<td>10% (3/32)</td>
<td>35% (17/48)</td>
<td>28% (5/18)</td>
<td>75% (29/32)</td>
</tr>
</tbody>
</table>
Alabama’s Results

- Report Card Score = D
- 50 hospitals that qualify for analysis
- 16 of them report Palliative Care services
  - 16/50 = 32%
- Non-profit = 50% (7/14)
- For-profit = 6% (1/16)
- Public = 40% (8/20)

16 Hospitals with Palliative Care

- Baptist Medical Center South
- Baptist Medical Center East
- Cullman Regional Medical Center
- East AL Medical Center
- Eliza Coffee Memorial Hospital
- Huntsville Hospital
- Jackson Hospital & Clinic
- Mobile Infirmary Medical Center
- Northeast AL Regional Medical Center
- Prattville Baptist Hospital
- Princeton Baptist Medical Center
- Providence Hospital
- Shelby Baptist Medical Center
- South Baldwin Regional Medical Center
- St. Vincent’s Birmingham
- University of Alabama Hospital
Deficits that Need Addressing

- Infrastructure
- Workforce
- Evidence

Infrastructure

- Access even in hospitals with existing programs
- Most illness occurs outside hospitals – new model needed
- Quality metrics linked to payment incentives
- Regulatory and accreditation requirements
- Insurance Benefit
- System Redesign – checklists and pathways
Workforce

- Currently 1 PC MD for every 1,700 persons with serious illness
- Fellowship programs supported through philanthropy (Not GME)
- No mandatory training for front-line doctors and nurses
- Need training in core palliative medicine knowledge and skills for all clinicians

Evidence Base

- Research Funding
  - 0.2% of all NIH grants focus on palliative care
  - By institute:
    - NCI: 0.4% of all grants funded
    - NIA: 0.8% of all grants funded
Federal Policy

- HR3119: Palliative Care and Hospice Education and Training Act (PCHETA)
  - Sponsored by Engel and Reed
  - Expands federal research
  - Supports training for health professionals
  - Establishes a national public education and awareness campaign

Recommendations for State Policymakers

- Create a **multidisciplinary advisory board** and/or task force to conduct a landscape analysis of available PC services to determine state capacity and develop appropriate recommendations for improving access to quality palliative care.
- Direct the appropriate department to create **quality standards** for palliative care and insert these into the state’s general licensure standards.
- Appropriate funding to establish and/or expand **PC training institutes**
The Palliative Care Imperative

- Must increase the frequency of conversations and access to PC earlier in the course of illness trajectories through broader education on primary PC and goals of care
- Align health information systems to allow clear sharing of documents related to goals of care, advanced directives, living wills, etc.
- Transportable DNR

UAB Efforts

- Announcing in 2016 the launch of the Southeast Institute for Innovation in Palliative and Supportive Care at UAB

Funding to provide increased opportunities for education, training and research in the Southeastern US

For more information visit UAB Center for Palliative and Supportive care website or contact rtucker@uabmc.edu