

Forging the Future of Palliative Care in the Southeast

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Disclosures

No financial conflicts to disclose



Pre-1998



Why I came South...

For a better life ...in Palliative Care

The academic community was welcoming

The people were friendly

Everyone seemed to wave at you

Complete strangers spoke to you while walking down the street

For an adventure....



Key Themes to Explore

Access

Disparities

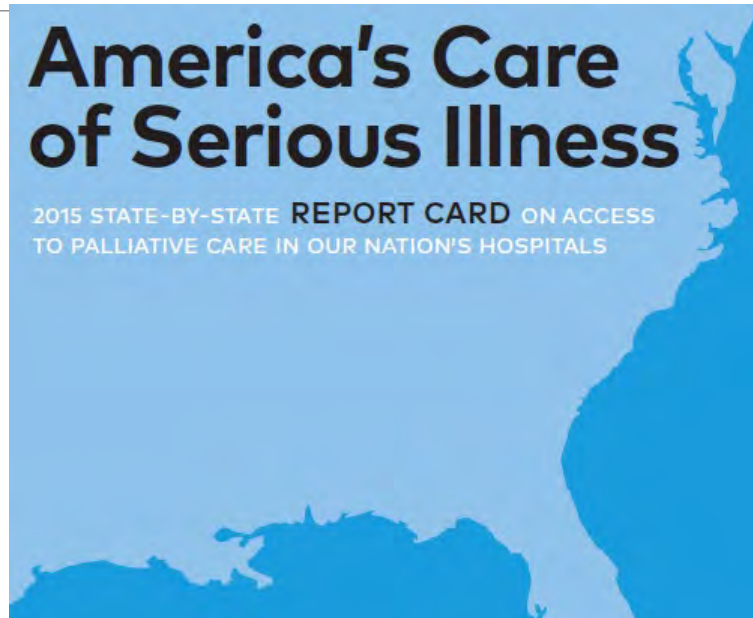
Quality

Advocacy



America's Care of Serious Illness

2015 STATE-BY-STATE REPORT CARD ON ACCESS TO PALLIATIVE CARE IN OUR NATION'S HOSPITALS



Graded Access to Palliative Care by State

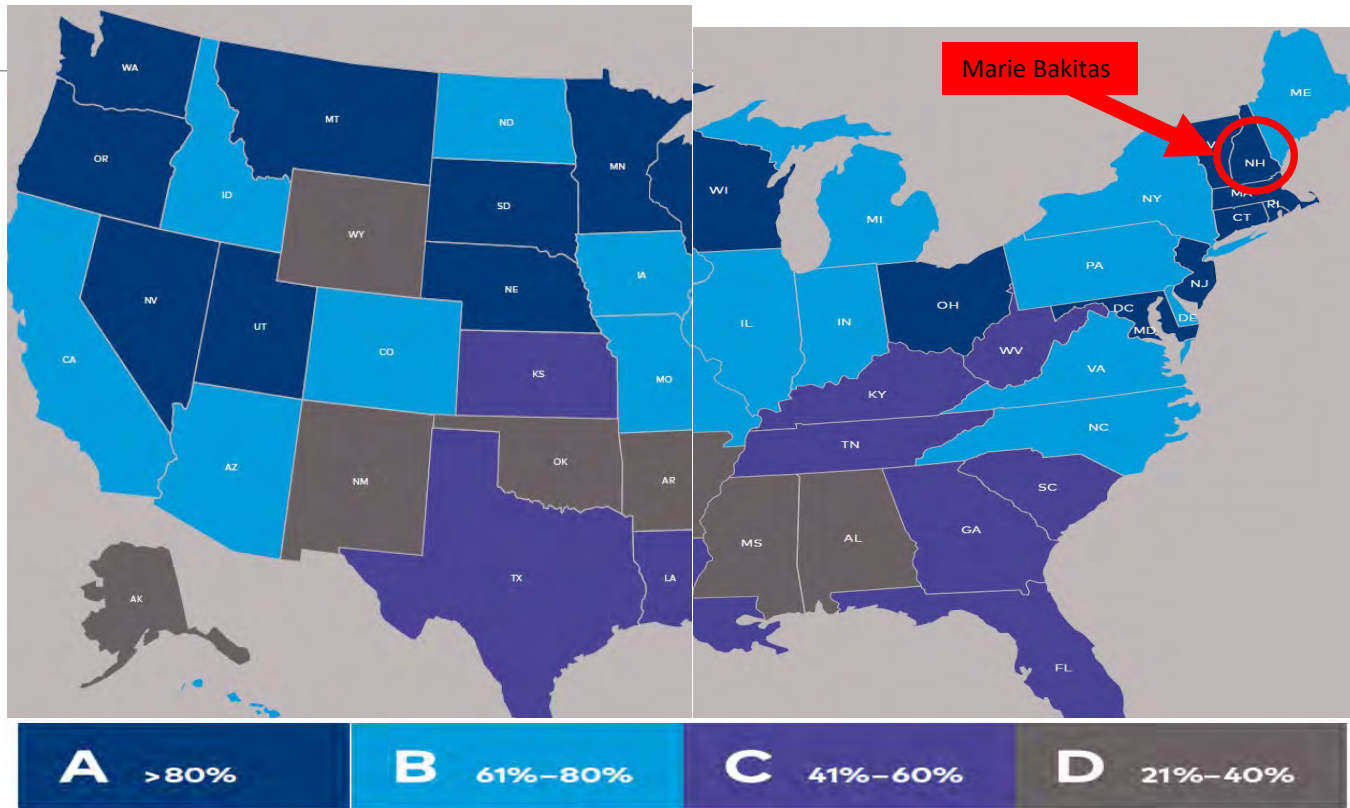
“What % of hospitals have access to a palliative care program?”

A = > 80%

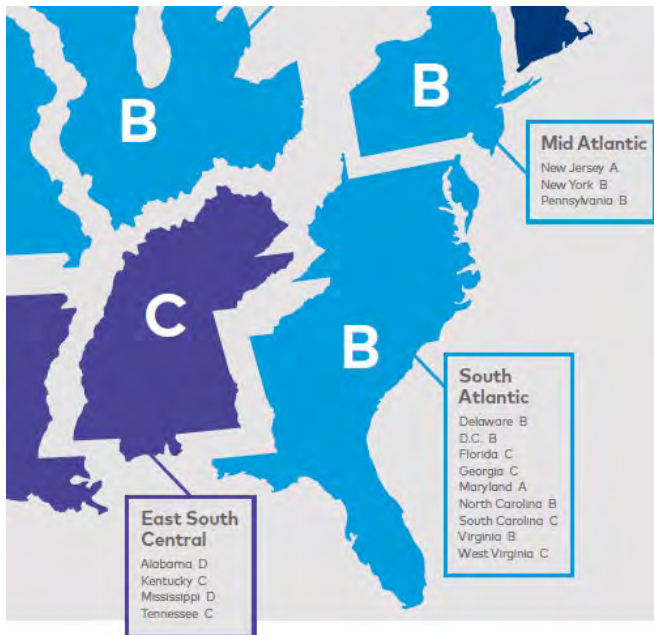


D = 21%–40%





Who is in the Southeast?



American Association of Geographers

- Alabama - D
- Florida - C
- Georgia - C
- Kentucky - C
- Mississippi - D
- North Carolina - B
- South Carolina - C
- Tennessee - C
- Maryland - A
- Virginia - B
- West Virginia - C

Lowest Scores in the Nation

Alaska – 25% (1/4)

Mississippi – 28.9% (13/45)

Alabama – 32% (16/50)

Arkansas – 31.6% (12/38)

Wyoming – 33.3% (2/6)

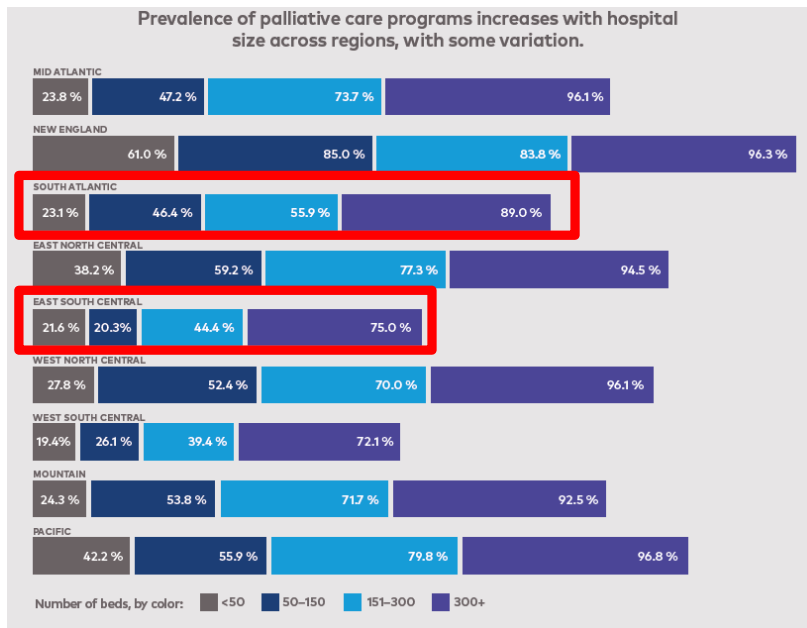
Oklahoma – 34.9% (15/43)

New Mexico – 35.7% (5/14)



Hospital Bed Size

Palliative Care Programs are at the Large Hospitals



South Atlantic

- 89% of large hospitals; 92% mid to medium sized hospitals

East South Central (AL, MS, KY, TN)

- 75% of large; 65% mid-med



NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION



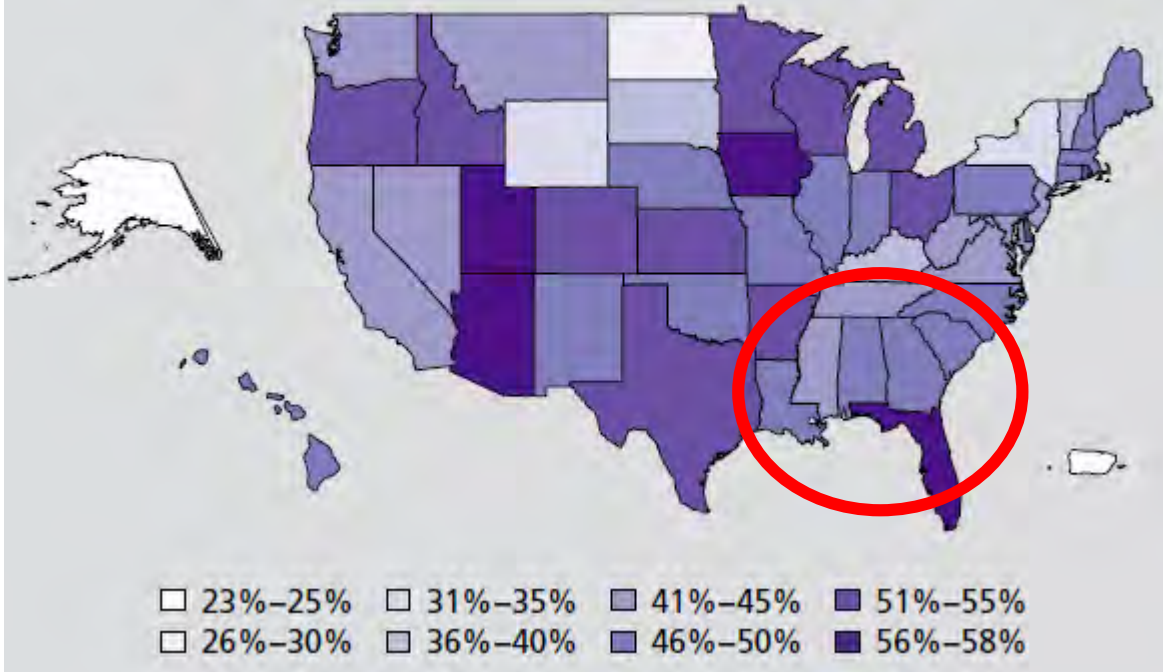
FACTS AND FIGURES

HOSPICE CARE IN AMERICA

2017 EDITION
(REVISED APRIL 2018)



FIGURE 2. GEOGRAPHIC VARIATION IN THE PROPORTION OF MEDICARE DECEDENTS WHO DIED WHILE RECEIVING HOSPICE CARE IN 2016



Thinking Deeper about the Report Card

Why are some states getting an A and other states getting a D?

- How did that happen?
- What factors were at play in each state that allowed for palliative care to grow more in hospitals than other states?
- What unique factors might be at play in the south (or other states) with low marks?



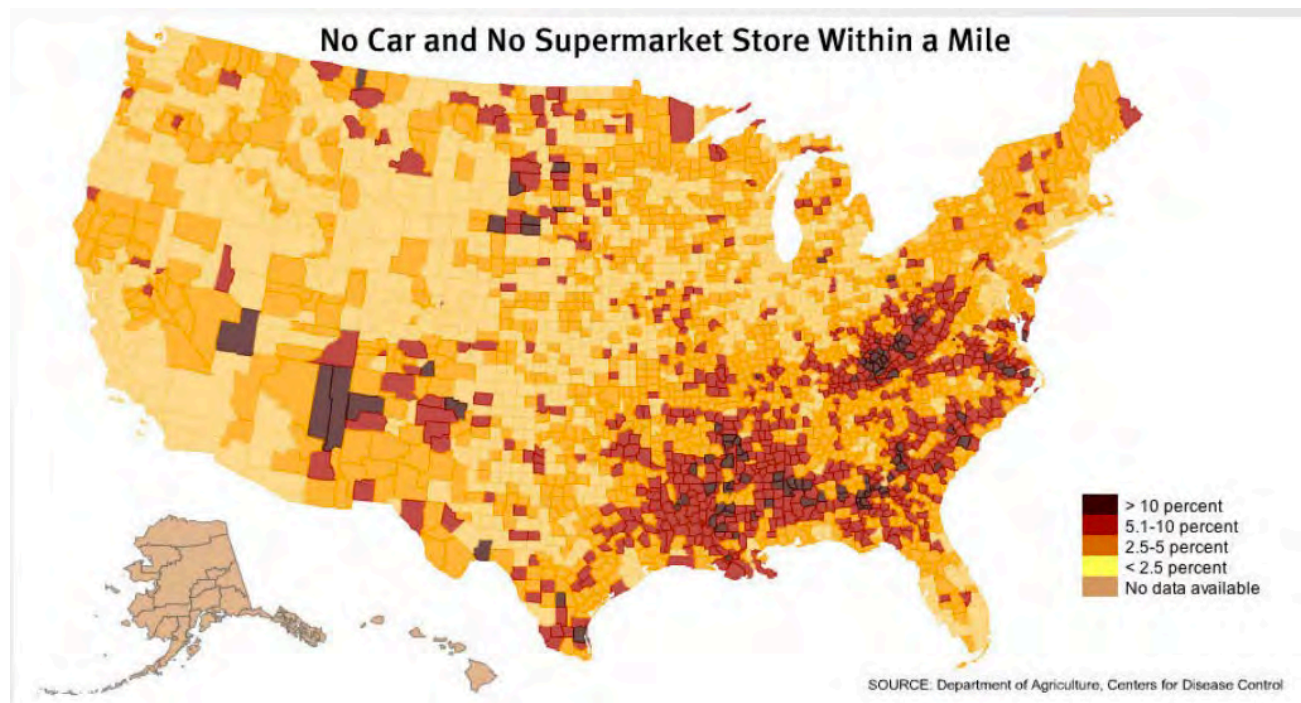
Health Care Quality



Factors of Quality: “Southern” Considerations



Food and Palliative Care



Factors of Quality: “Southern” Considerations

Cultural Differences When Communicating



Factors of Quality: “Southern” Considerations



Health Care Disparities Exist

People of Color

Older adults

Rural Populations

Low Socioeconomic Status

The Impact of the “Food Desert”

what are other
words for
disparity?



discrepancy, difference,
dissimilarity, inequality,
incongruity, divergence,
disproportion, imbalance



Thesaurus .plus



Barriers to Progress in Community Based Palliative Care

- Workforce Numbers
- Workforce Skills
- Payment and Reimbursement
- Quality/Safety



Moving Forward

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"Well, it's not the worst I've seen."

National Horizons in Palliative Care



Palliative Care and Hospice Education Training Act (PCHETA)

Overview

Created by the Patient Quality of Life Coalition (PQLC) with over 40 organizations sponsoring

- Establishes palliative care workforce programs (*modeled after current geriatric programs*)
 - **Education Centers** – interdisciplinary training
 - **Physician Training** – trains physicians to teach
 - **Academic Career Awards** – career development for HPM junior faculty
 - **Workforce Development** – fellowships to encourage re-training for mid-level physicians
 - **Career Incentive Awards** – grants/contracts for those agreeing to teach in PC for 5 years



Palliative Care and Hospice Education Training Act (PCHETA)

New provisions last Congress:

- **Nurse Education** -- provides preference for existing programs that include education and training for hospice and palliative nursing
- **Education & Awareness** – directs AHRQ to establish a National Palliative Care Education and Awareness Campaign
- **Research** -- directs NIH to develop a strategy to expand national research in palliative care



Palliative Care and Hospice Education Training Act (PCHETA)

WHAT DOES IT COST?

- The bill authorizes funds, subject to annual appropriation.
- \$15 M/year for physician and interdisciplinary team education (Title VII Public Health Service Act)
- \$5 M/year for nursing education (Title VII Public Health Service Act)



Legislative 115th Session Progress

House of Representatives

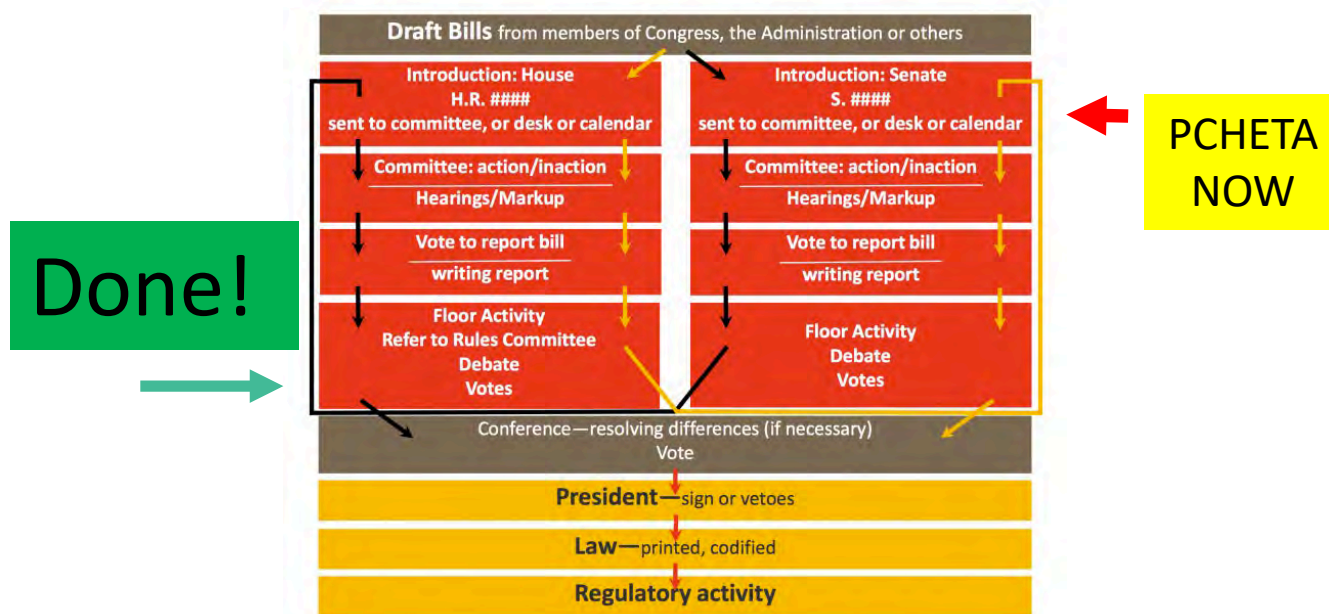
- Congressman Engel (D-NY) is the sponsor
- Total Current House of Representatives Sponsors: 251 (H.R. 1676) - Bipartisan
- <https://www.congress.gov/bill/115th-congress/house-bill/1676>
- Committee: House - Energy and Commerce - Supported by more than half of the members of the E & C Committee

Senate

- Senator Tammy Baldwin (D-WI)
- Total current Senate Sponsors: 28 (S. 693) - Bipartisan
- <https://www.congress.gov/bill/115th-congress/senate-bill/693>
- Senate - Health, Education, Labor, and Pensions



Legislative Process



Call Your Senator Support PCHETA!



Alternative Payment Model is Coming

Recommendation to CMS to form Alternative Payment Models for Palliative Care

- Model needs to meet specific criteria
- CMS currently in deliberation
- Focuses on care OUTSIDE of the hospital/ home based palliative care models



I not only use all the brains that I have, but all that I can borrow.

-Woodrow Wilson



Forging Ahead

Culturally sensitive care

- Community based
- Spiritual aspects of care

Care delivery models for rural areas

- Telehealth
- Phone interventions

Partnering with Community Based Hospice Care

- Palliative Care Models

Workforce Development

- Focus on small to medium size hospitals

Academic/Research

- Workforce training and development
- Testing Models of care on disparities and resourced areas
- Rural health/vulnerable populations rotations/training
- Testing Communication Tools and Healthcare deliver

Advocacy/Policy

- State, Regional, National
- PCHETA
- Alternative Payment Models



Questions

