

**Reforming States Group**

**Minneapolis, MN**

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Helen B. McNeal  
Executive Director  
CSU Institute  
for Palliative Care



**CSU** The California  
State University  
Institute for Palliative Care

# PALLIATIVE CARE AND THE HEALTH CARE WORKFORCE



90% of those over the age of 65 have at least one serious or chronic condition ...

and the number of those over 65 is growing...

ALL suffer from a sexually-transmitted terminal illness ...



## Palliative Care - CMS Definition

*“**Palliative care**” means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.*

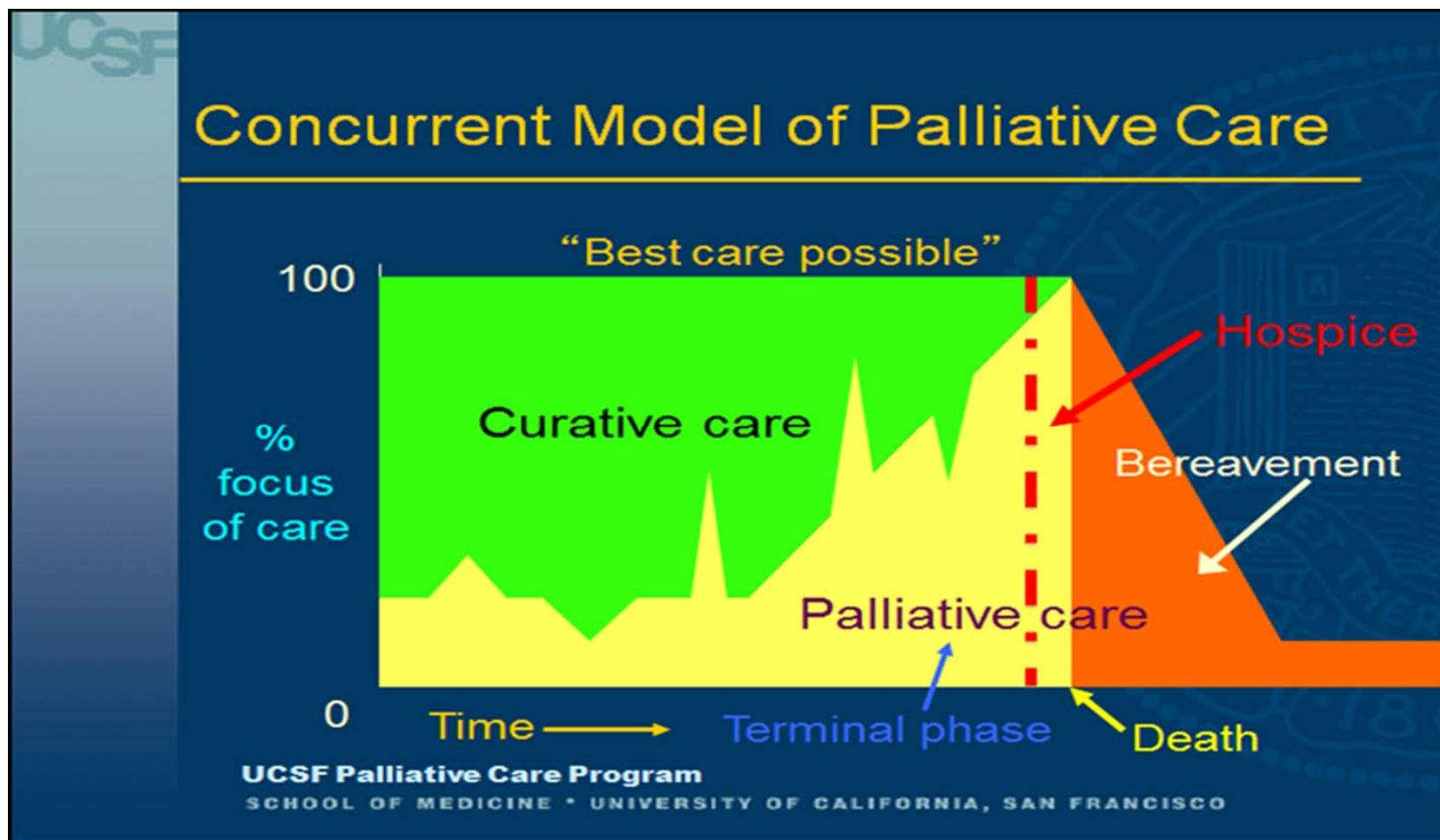


# What is Palliative Care?

## *What is Palliative Care?*

- “An extra layer of support for people with serious or chronic illness that enhances quality of life.”
- “Care that is focused on relief from symptoms, pain and the stress of serious illness, from point of diagnosis onwards.”
- “Care for the patient and his or her family.”
- “Care that is provided by a team focused on the patient and his or her family’s physical, emotional, and spiritual wellbeing.”

***“The best care possible.”***





# Palliative Care vs. Hospice

- **Palliative Care**

- Palliative care philosophy
- Appropriate from diagnosis onwards
- Enhances curative treatment
- Medicare reimbursement for MD/NP and limited LCSW, few health plans

- **Hospice**

- Palliative care philosophy
- Appropriate when <6 months to live
- Curative treatment ends
- Reimbursed by Medicare and insurance for all hospice care



# The Impact of Palliative Care

- Improves patient care
- Increases longevity
- Improves patient and family satisfaction
- Improves health care resource utilization
- Reduces health care costs





# The Challenge of Access

**Center to Advance Palliative Care Report Card ([www.capc.org](http://www.capc.org))**

- One-third of states got a C or D

**California HealthCare Foundation - Uneven Terrain**  
([www.chcf.org](http://www.chcf.org))

- The Need – 78% in last year of life need palliative care
- The Capacity –
  - Inpatient – 39% of needed capacity
  - Community - 29% of needed capacity
  - 21 counties with no palliative care services







# The Barriers to Palliative Care

- **Lack of reimbursement**
- **Lack of a skilled workforce**



# MISSION

## CSU INSTITUTE FOR PALLIATIVE CARE

- Increasing access to and awareness of palliative care through workforce development, by:
  - ☐ Educating current professionals
  - ☐ Educating the future workforce
  - ☐ Building community awareness and advocacy
- Creating a model at Cal State San Marcos, replicating it at interested campuses across California ... and the U.S.



# YOUR Credentialed Palliative Care Workforce

State	Population		Pal Care Subspecialty Physicians	ACHPN Advanced Practice Nurses	CHPN Registered Nurses	CHPNA Certified Nursing Assistants	NASW PC Designated Social Workers
California	38,802,500	<b>B</b>	903	94	941	122	71
Hawaii	1,419,561	<b>B</b>	50	3	50	1	3
Illinois	12,880,580	<b>B</b>	181	43	412	146	34
Iowa	3,107,126	<b>B</b>	58	13	251	94	20
Louisiana	4,649,676	<b>C</b>	76	9	78	3	10
Massachusetts	6,745,408	<b>A</b>	176	53	311	126	37
Michigan	9,909,877	<b>B</b>	200	55	371	232	22
Minnesota	5,457,173	<b>A</b>	147	25	247	27	11
Nebraska	1,881,503	<b>A</b>	28	7	83	9	4
North Dakota	739,482	<b>B</b>	14	3	26	6	0
South Carolina	4,832,482	<b>C</b>	101	12	232	114	25
Virginia	8,326,289	<b>B</b>	151	39	307	87	23



# California Palliative Care Workforce

Discipline	Certified/Designated 2012	Certified/Designated 2015
Physicians	914	903 <sup>1</sup>
Advance Practice Nurses	89	94 <sup>2</sup>
Nurses	975	941 <sup>2</sup>
Certified Nursing Assistants	146	122 <sup>2</sup>
Social Workers	43	71 <sup>3</sup>

- 1 – American Board of Medical Specialties  
 2 – Hospice and Palliative Nurses Association  
 3 – National Association of Social Workers



# The Health Care Workforce Issues...

- Increasing number of patients
- Aging health care workforce
- Rural health shortages
- Scope of Practice issues
- Increasing regulation
- Generational differences
- The economic benefit of specialization
- Academic vs. real world needs
- Discipline “fiefdoms”

**A overall reluctance to innovate ...**





# A Momentary Diversion ...

... Into Change Theory (and practice!)





# What has to Change?

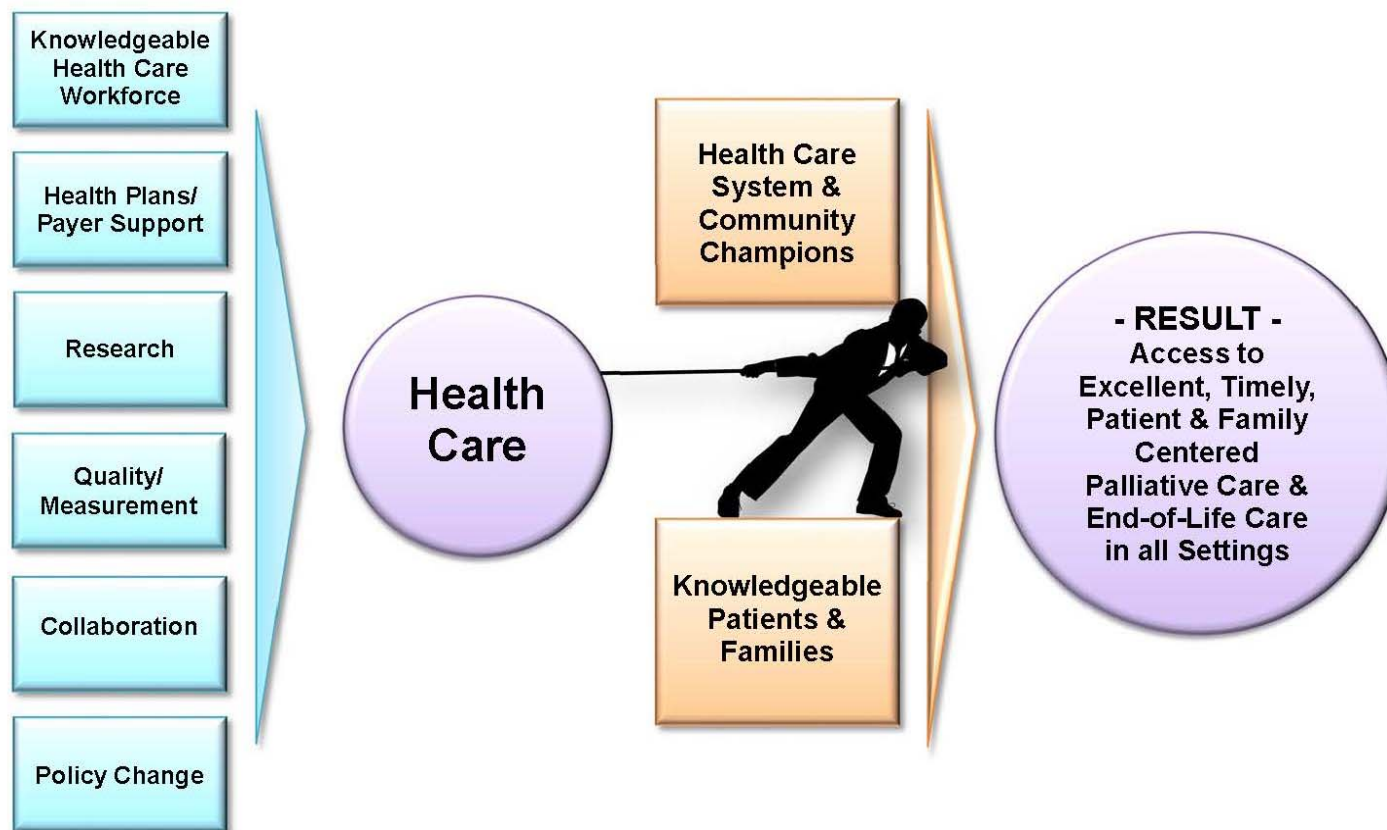
These are not answers ... but ideas upon which to build:

- In the domain of policy and practice
  - National Scope of Practice
  - Room for innovation in workforce development
  - Investment in workforce development
  - Consumer empowerment (informed choice not litigation)





# The Model for Health Care Change







# Institute for Palliative Care

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