MARYLAND
Health Care
Commission

Palliative Care Work Group Meeting
MHCC Palliative Care Survey

Maryland Health Care Commission

SEA Healthcare

May 23, 2023

Overview of Survey Administration

- Retooled the existing telephone survey to a web-based survey utilizing Survey Monkey
- Beta testing of the Survey with volunteers from Maryland healthcare associations, groups and professionals
- Provided a list of contacts for hospitals, nursing homes, hospices and home health with support from WG members and relevant associations to update contact lists as needed.
- Survey initially sent to:
  - Hospitals – 46 after removing duplicates and missing hospital (43 original list)
  - Nursing Homes – 229 after removing duplicates, closed programs and adding additional programs (227 original list)
  - Hospices – 27 after removing duplicates and closed programs (26 original list)
  - Home Health – 57 after removing duplicates and adding missing programs (56 original list)

Overview of Survey Administration

- Data Collection Methodology
  - Initial Outreach for Survey Monkey emails to each organization
  - Follow up emails to each contact at each organization-multiple
  - Follow up phone calls to non-responder organizations- multiple

- Data Collection Period
  - Initial – February 22, 2023 to March 24, 2023
  - Extended to April 14, 2023 with a couple final surveys submitted for manual data entry on April 30, 2023.

SWOT-Strengths

- Strengths
  - Comprehensive mixed-methods data collection process for quantitative and qualitative data to identify patterns and trends that can provide valuable insights into the effectiveness of palliative care services in Maryland
  - (51%) overall response rate is considered relatively high for surveys, which can increase the representativeness of the data collected.
  - Ability to analyze by organization type, jurisdiction and region
  - Raised awareness about the importance of palliative care services through outreaches to hundreds of Maryland organizations
  - Strong team that supported data collection and collaboration with stakeholders from the Work Group and Maryland associations and groups
  - Feedback from survey responders that they felt the survey was valuable

SWOT-Weaknesses/Barriers

- Weaknesses/Barriers
  - Incorrect POCs, phone numbers, emails and programs
  - Email bounce backs due to IT security issues
  - Lack of response from identified contacts
  - Difficulty in reaching contacts via phone notably for hospitals and nursing homes
  - Length of survey was overwhelming-too long and several partial surveys completed
  - Staff contacts had limited information to complete the full survey
  - Possible non-responder, selection and recall bias

SWOT-Opportunities

- Opportunities
  - Difficulty in obtaining POCs at each organization demonstrates an opportunity to create a regularly updated provider and contact list for each organization
  - Data collected can be used by healthcare providers and policymakers to identify areas for quality improvement in palliative care services in Maryland, monitor progress overtime if survey is repeated and inform the development of polices that support the provision of high-quality palliative care services in Maryland.
  - Optimize the survey design in future iterations to make it shorter and more concise, narrowly focused

SWOT- Threats

- Threats
  - Resource constraints for additional survey data collection, analysis and dissemination of the data may require additional resources thus limiting its feasibility or impact.
  - Limited availability of POCs at each organization to complete survey due to competing priorities for providing clinical care or administrative support for each organization.
  - High turnover rate of staff, notably at nursing homes, and adequate staffing issues at all organizations that will continue to impede data collection

RFP/Legislation Data Analysis Questions

Data Analysis:

a. Conduct analysis of the data collected to provide clear and concise responses by provider type, jurisdiction, and statewide.

b. Identify provider type and jurisdictional geographic areas where gaps exist in providing palliative care services.

c. Identify other gaps in services by race, ethnicity, financial access to palliative care services, staffing resources, or other factors (if accurate race and ethnicity information can be obtained from the survey).

d. Identify issues and challenges/obstacles to the statewide provision of adequate palliative care.

e. Identify issues and challenges/obstacles by jurisdiction.

f. Identify recommended strategies for moving towards the goals of the legislation.

Final Report Requirements

1. Background and purpose of study
2. Survey approach and methodology
3. Data and Results
4. Provider Directory
5. Results and Findings
6. Caveats with data
7. Summary of other states' activities
8. Recommendations for further study

Data Cleaning Process

- Finished cleaning process 4/30/23
- Deduping responses from the same individual and/or organization
- Adding zip codes, jurisdictions and regions to each organization
- Adding unique IDs for each organization
- Simplifying response formats
- Other items

Palliative Care Provider Directory

- Palliative Care Provider Directory will include:
  - Organizations that indicated on the Survey that they provide palliative care services
  - Organizations that the research team can confirm have a palliative program with publicly available data (e.g., hospitals are required by law if they have 50 or more beds to have a palliative care program)

- Directory will include:
  - Organization Name, Type, Primary Contact Phone Number, Email Address

Palliative Care Provider Organization Contacts

- Survey initially sent to:
  - Hospitals – 46 after removing duplicates and missing hospital
  - Nursing Homes – 229 after removing duplicates, closed programs and adding additional programs
  - Hospices – 27 after removing duplicates and closed programs
  - Home Health – 57 after removing duplicates and adding missing programs

Survey Response Rates

(Total 359 Invited)

Survey Response Rates

	# Respondents	% of Respondents
Facilities that Responded	182	51%
Facilities that respondent and were ineligible (responder not authorized to answer questions or did not meet CAPC definition for palliative care program)	117	64%
Total Respondents with Palliative Care Programs	72	41%
Eligible facilities to be included in data analysis (-7 or did not complete survey beyond inclusion eligibility questions)	65	36%

Data Review and Participation Overview

Data Analysis Inclusion by Facility Type							
	Total Invited	**Response Rate (of total invited)**		**Responses Included (of total invited)**		**Responses Excluded (of total invited)**	
Facility Type	#	#	%	#	%	#	%
Home Health	57	30	53%	1	2%	29	51%
Hospice Program	27	24	89%	12	44%	12	44%
Hospital	46	26	57%	22	48%	4	9%
Nursing Home or Skilled Rehabilitation Facility	229	102	45%	30	13%	72	31%
Grand Total	**359**	**182**	**-**	**65**	**-**	**117**	**-**

Organizational Types by Region

Organization Types	Capital	Central	Eastern Shore	Southern	Western	Grand Total
Home Health	0	1	0	0	0	1
Hospice Program	2	5	3	1	1	12
Hospital	7	12	0	1	2	22
Nursing Home or Skilled Rehabilitation Facility	9	18	1	1	1	30
Grand Total	**18**	**36**	**4**	**3**	**4**	**65**

Management of Palliative Care Services

- Corresponding Question: Do you oversee and run your palliative care program with internal program staff or do you contract out the management of your palliative care program to another organization?

	Management Disposition			
Organizational Type	**Contracted Out**	**Independently**	**No Response**	**Grand Total**
Home Health	0	1	0	1
Hospice Program	3	5	4	12
Hospital	5	9	8	22
Nursing Home or Skilled Rehabilitation Facility	14	1	15	30
Grand Total	**22**	**16**	**27**	**65**

Years of Providing Palliative Care Services

- Corresponding Question: How many years has your organization been providing palliative care services?

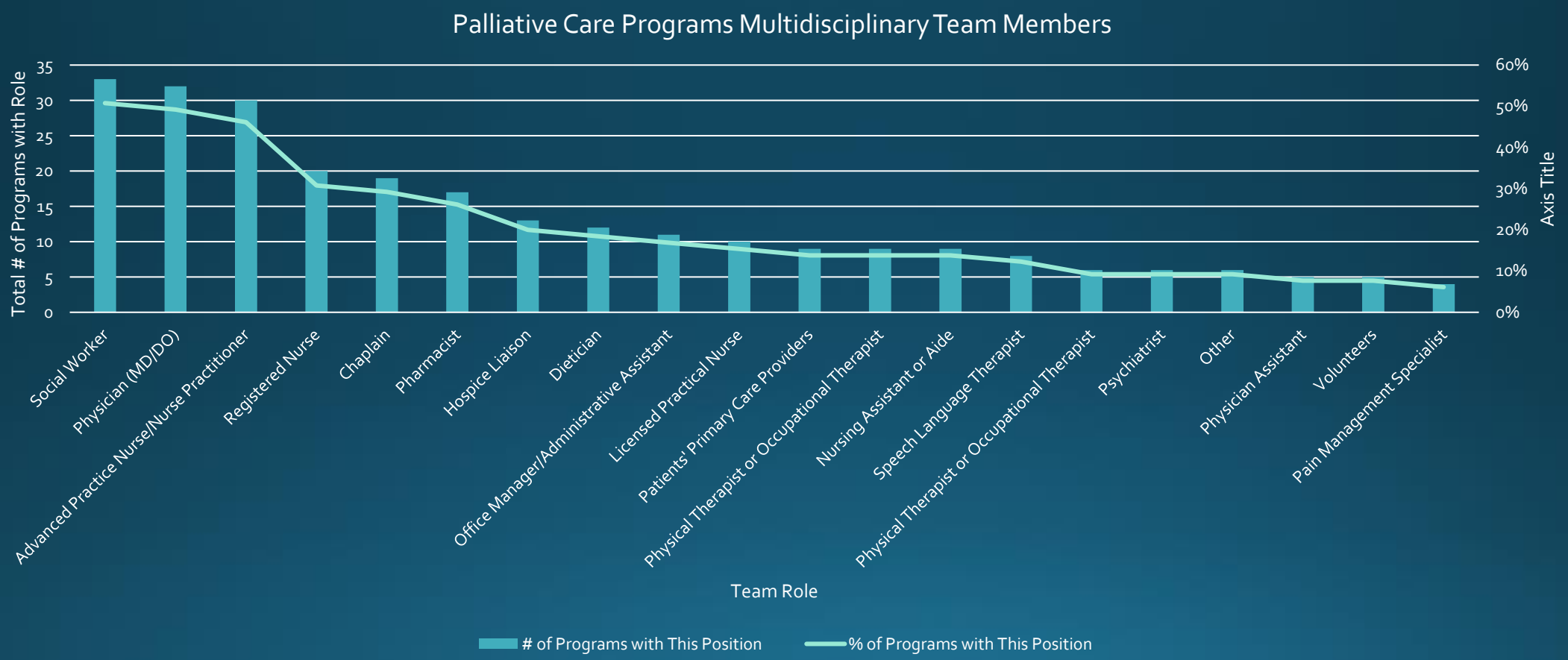
Years of Time	Home Health	Hospice Program	Hospital	Nursing Home or Skilled Rehabilitation Facility	Grand Total
Less than 1 year	0	0	1	0	1
Between 1-2 years	0	1	0	5	6
Between 2-5 years	0	2	4	2	8
Between 5-10 years	0	1	5	1	7
10 years or longer	1	4	4	7	16
No Response	0	0	8	15	27
Grand Total	**1**	**12**	**22**	**30**	**65**

Multi-Disciplinary Palliative Care Teams

Of the programs who completed the Palliative Care Survey:

- Approximately **50%** include physicians, social workers and APN/NPs in their Teams.
- Approximately **30%** include RN, Chaplains and Pharmacists
- Less than **25%** included hospice liaisons, administrative assistants, LPN, primary care providers, PT/OT, SLP, psychiatrist, PAs, pain management, volunteers or other

Multi-Disciplinary Palliative Care Teams



Palliative Program Staff Roles

For organizations that responded to the Survey:

- Programs with these Full Time Staff Roles:
  - Advanced Practice Nurse/Nurse Practitioner (23 programs),
  - Social Worker (21 programs),
  - Physician (18 programs),
  - Registered Nurse (11 programs), and
  - Office Manager/Administrative Support (7 programs).
- More FT nurse aides (average 8) than any other role in a palliative care program.
- Programs with these Part time Roles:
  - Dietician (10 programs),
  - hospice liaison (9 programs),
  - social worker (8 programs),
  - physician (6 programs), and
  - office manager/administrator (5 programs).
- However Advanced Practice Nurse/Nurse Practitioner had the highest average number of PT positions.

Palliative Program Staff Roles

Staff Discipline	# of Facilities with FTE Staff in the Role	Average FTE (FTE sum/ Count of Responded Organization)	# of Facilities with PT in the Role	Average PTE (PTE sum/ Count of Responded Organization)
Advanced Practice Nurse/Nurse Practitioner	23	3	3	8.00
Nursing Assistant or Aide	5	8	2	3.50
Registered Nurse	11	2	2	2.50
Physician	18	1	6	1.00
Social Worker	21	1	8	0.95
Licensed Practical Nurse	6	3	4	0.69
Office Manager/Administrative Assistant	7	2	5	0.65
Hospice Liaison	5	1	9	0.64
Pharmacist	6	1	2	0.63
Chaplain	5	1	2	0.63
Dietician	4	1	10	0.51
Psychologist/Counselor	2	2	1	0.50
Physical Therapist	3	1	1	0.25
Occupational Therapist	3	1	1	0.25
Unknown (We contract out our palliative care services through an outside organization.)	3	1	1	0.25
Physician Assistant	2	1	1	0.25
Speech Language Therapist	2	1	0	0.00
Psychiatrist	2	1	0	0.00
Pain Management Specialist	1	1	0	0.00

Palliative Care Programs with Certified or Credentialed Staff

Certified Staff, by Facility	# of Programs
Has Certified Staff	27
Has No Certified Staff	6
Unknown if Staff are Certified	1
Total Responded	34

- Attrition from the initial participating organizations (n=65) meaning some organizations did not complete the full survey answering every question.
- Hospitals and Hospice Programs only noted to have certified or credentialed staff.

Payers of Palliative Care Services – Overview

- Palliative care services are supported by direct care billing.
- Services are supported by multiple payer groups including Medicare, Medicaid, Commercial/Private Insurers, Veteran's Administration, Patients/Family, and other sources.
- Many palliative care programs participate in value-based contracts.

Payers of Palliative Care Services – Financial Summary

	% of Expenses were paid for by direct care billing (Q51)		Payer Groups (Q46)						
Facility Type	**# of Facilities**	**Average %**	**Medicare**	**Medicaid**	**Commercial/ Private Insurance Payers**	**Veteran's Administration**	**Patients or Family Members**	**Other**	**Totals**
Home Health	0	0	1	1	1	0	0	0	3
Hospice Program	4	79	4	5	4	1	2	0	16
Hospital	8	63	10	9	10	3	4	3	39
Nursing Home or Skilled Rehabilitation Facility	2	93	6	6	3	3	4	2	24
Totals	14	-	21	21	18	7	10	5	82

Payers of Palliative Care Services – Financial Summary

	Other Financial Support or Funding (Q52)						Facilities with Palliative Care Services Associated with a Value-Based Contract (Q47)		
Facility Type	Donations/ Philanthropy	Grants	Research Programs	Academic Institution Support	Other	Totals	Yes	No	Totals
Home Health	0	1	0	0	0	1	1	0	1
Hospice Program	2	1	1	0	3	7	5	0	5
Hospital	1	0	0	0	11	12	7	5	12
Nursing Home or Skilled Rehabilitation Facility	1	0	0	0	7	8	8	0	8
Totals	4	2	1	0	21	28	21	5	26

Billing for Palliative Care

- Top Sources of Palliative Care Program Support:
- 1). Provider Time Services (18)
- 2). Medicare Part A (9)
- 3). Inpatient Billing (7).

Revenue Sources	Frequency
Provider Time Services (e.g., Physician time for Medicare Part B or Medicare Fee for Service)	18
Medicare Part A (Inpatient or facility billing)	9
Inpatient Billing-Other	7
Outpatient Billing - E/M Codes	6
Outpatient billing - Time Based Billing	4
Outpatient Billing - Medical Decision Making	3
Telehealth Billing	6
Hospital or Health Systems RVUs	1
Non-facility payments for codes for community-based palliative care programs	1
Value-based health care programs (e.g., ACO participation, CMMI APM participation, other)	0
Other	5
Unknown	4

Survey & Data Collection Recommendations

1. Update and refine survey questions: Improve the survey by updating questions to better evaluate gaps in staffing and identify areas of improvement in palliative care services. This will provide more targeted and actionable insights for future initiatives.
2. Expand stakeholder engagement: Conduct a needs assessment to identify additional stakeholders who should be involved in the survey process. Target other stakeholders, such as patients, families, and caregivers, to gather a comprehensive understanding of their perspectives on palliative care.
3. Evaluate different payer types: Assess the top three payers to understand their reimbursement policies and determine which payer type pays best for palliative care services. This information will help in developing funding strategies and identifying opportunities for financial sustainability.
4. Enhance survey focus and brevity: Future iterations of the survey should be shorter, more focused, and succinct to reduce the burden on participants and improve response rates. By streamlining the survey, valuable data can still be collected while making it easier for participants to complete.
5. Address gaps in staffing: We identified the low numbers of professionals in pain management and psychiatry through the survey data. Develop strategies to increase the number of professionals in these fields to ensure better care for patients. This could involve promoting beneficial roles and providing incentives to attract more professionals in these areas.

Next Steps

1. Continue data analyses for other questions/themes

2. Finalize environmental scan and summaries other state palliative care programs and initiatives.

3. Draft recommendations for report based on work group feedback, stakeholder input and quantitative and qualitative survey data