



MHCC Palliative Care Survey: Additional Findings

PALLIATIVE CARE WORK GROUP MEETING

JUNE 28, 2023

Data Analysis Inclusion by Facility Type

Facility Type	Total Invited	Response Rate (of total invited)		Responses Included (of total invited)		Responses Excluded (of total invited)	
		#	%	#	%	#	%
Home Health	56	30	54%	1	2%	29	51%
Hospice	27	24	89%	12	44%	12	44%
Hospital	46	26	57%	22	48%	4	9%
Nursing Home/ Skilled Rehabilitation	227	102	45%	30	13%	72	31%
Grand Total	356	182	51%	65	18%	117	33%

Palliative Care Survey Responses

Duration of Palliative Care Provision

- ▶ Various durations of operation, ranging from less than 1 year to 10 years or longer.
- ▶ Significance of organizations operating for 10 years or longer:
 - ▶ Presence of 16 such organizations in palliative care.
- ▶ Longevity demonstrates:
 - ▶ Ability to navigate challenges and sustain operations over time.
 - ▶ Inspires confidence in service quality and reliability.



Board Certified Palliative Care Team Members

Based on the survey responses, the following observations were made regarding board certified palliative care team members (n=34):

- Facilities with certified staff members:
 - 27 facilities reported having staff members who were board certified, fellowship trained, or specialty certified in hospice and palliative care.
- Other facilities without certified staff members:
 - 6 facilities reported not having any certified staff members, 1 was uncertain of their status,

Importance of certified staff members:

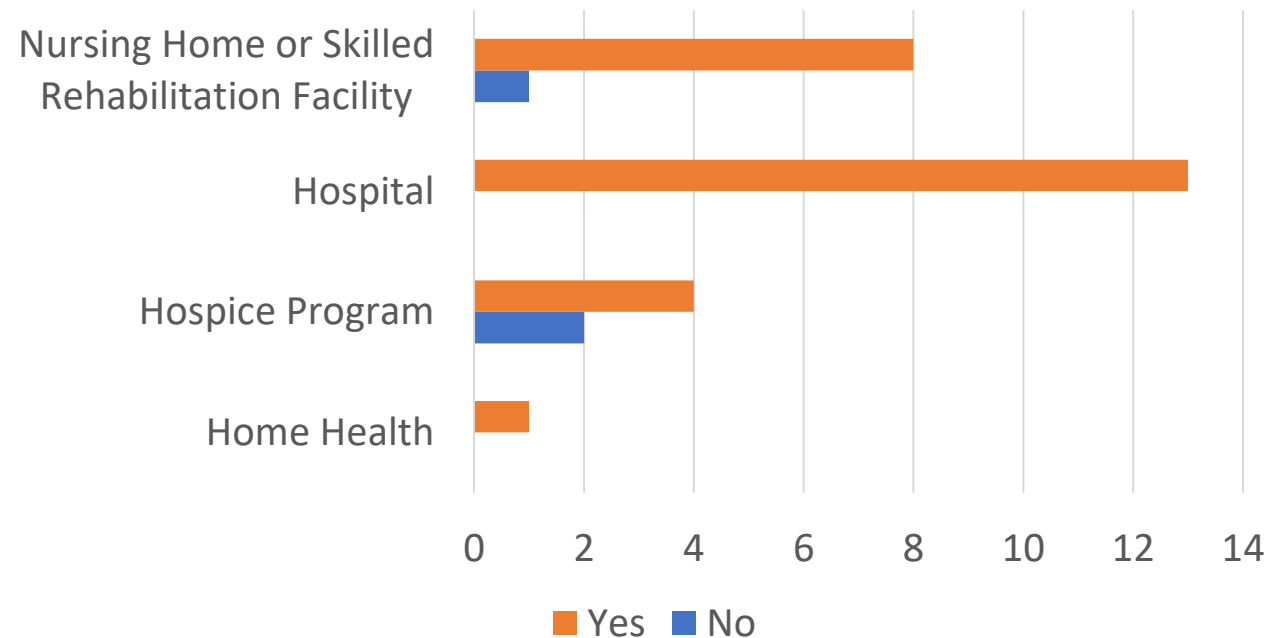
*Ensures that patients receive knowledgeable and specialized care.

*Potential variation in specialized training

Palliative Care Services and Consults Availability

- ▶ Out of a total of 29 palliative care programs whose completed this question, 26 programs indicated that they have or offer dedicated palliative care consultation services and of the 27 organizations who completed the availability question 23/27 at minimum have services available M-F business hours.

Palliative Care Consultation Services Offered, by Facility Type (n=29)

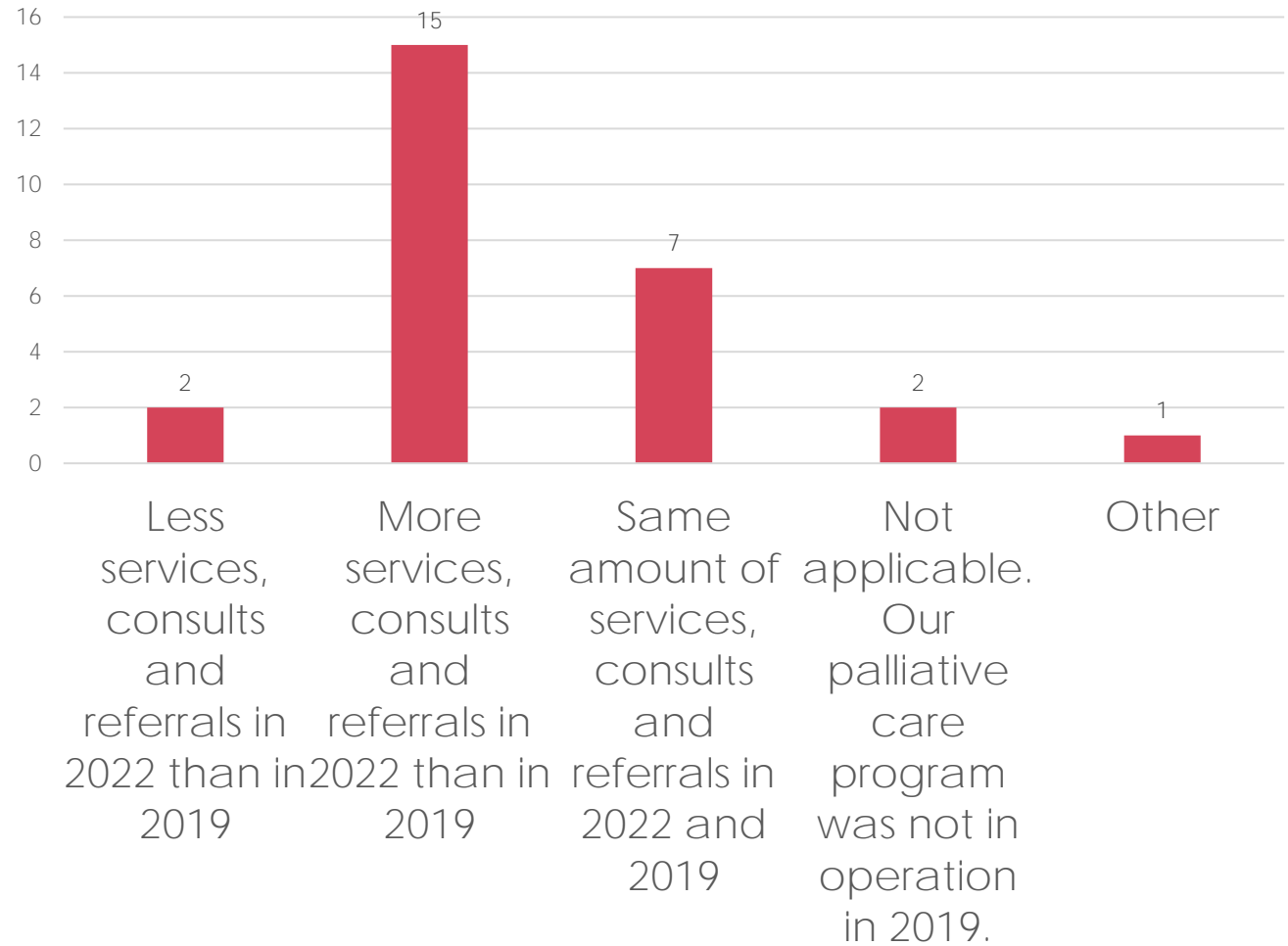


Comparison of the Number of Patients Receiving Palliative Care Services and Consults in 2021 and 2022

Facility Type	Services (2021)	Services (2022)	Change	Consults (2021)	Consults (2022)	Change
Home Health	800	1000	200	800	1000	200
Hospice Program	5960	4340	-1620	5762	4243	-1519
Hospital	10,267	12,072	1,805	8,544	10,142	1,598
Nursing Home	860	883	23	852	875	23
Total	17,887	18,295	408	15,958	16,260	302

Comparing Palliative Care Services, Consults and Referrals for 2019 (pre-pandemic) to 2022 (end of pandemic)

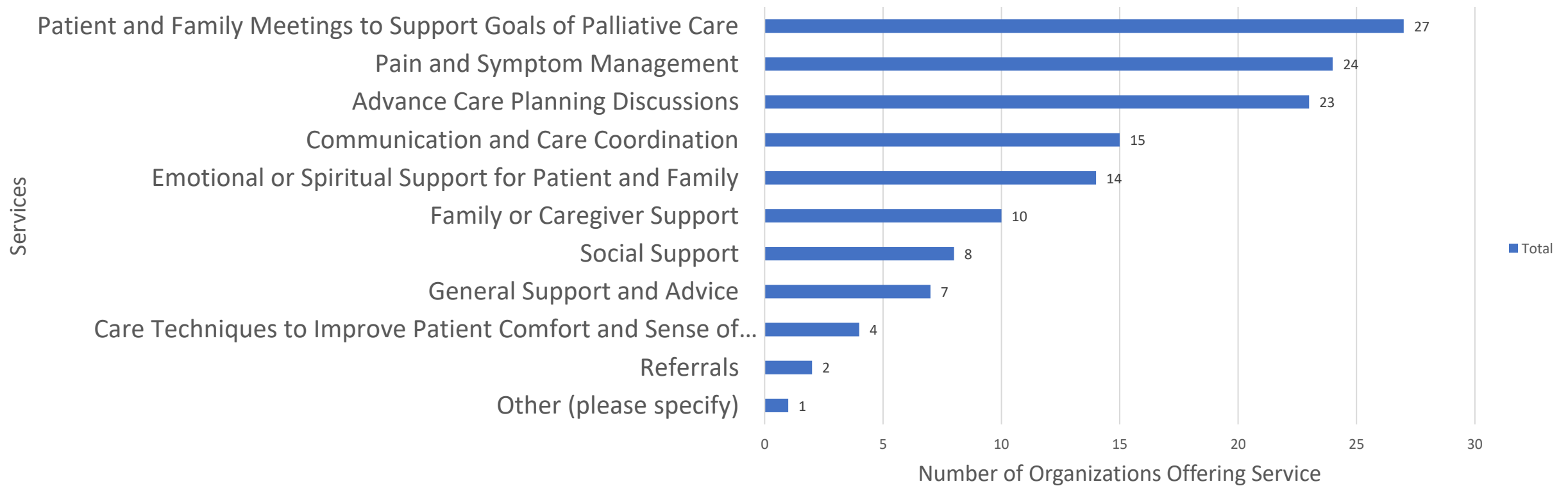
Palliative Care Services, Consults, and Referrals in 2019 vs. 2022 (n=27)





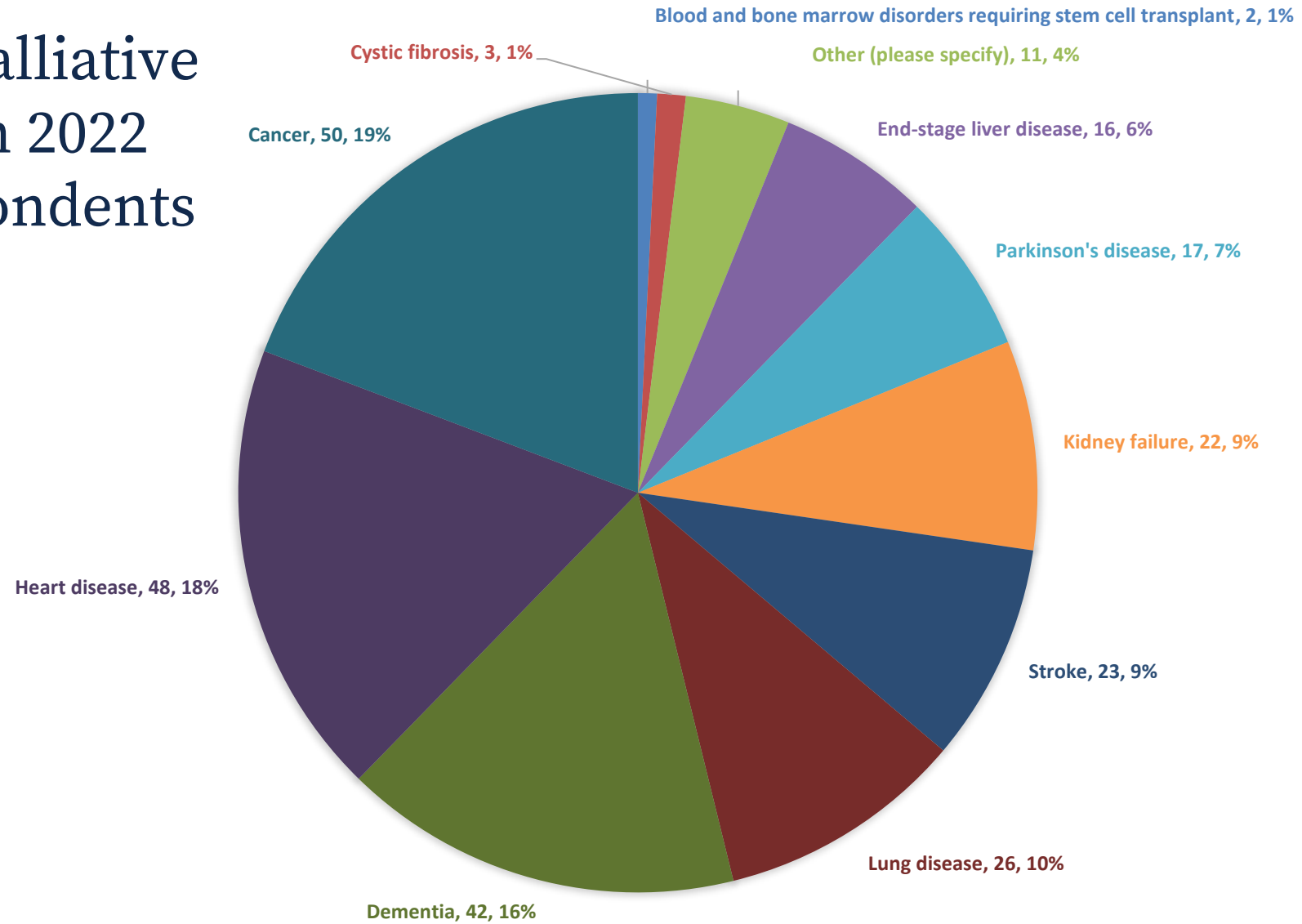
Most Common Palliative Care Services Delivered in 2022

2022 Most Common Palliative Care Services



Most Common Conditions or Palliative Care Program in 2022 by Survey Respondents

CONDITIONS/DIAGNOSES TREATED 2022



Most Common Conditions or Palliative Care Program in 2022 by Survey Respondents-By Facility Type

Facility Type	Cancer	Blood and bone marrow disorders requiring stem cell transplant	Heart disease	Cystic fibrosis	Dementia	Kidney failure	End-stage liver disease	Parkinson disease	Stroke	Lung disease	Other (please specify)
Home Health	1	0	0	0	1	0	0	0	1	0	0
Hospice Program	5	0	5	0	5	2	1	3	3	2	1
Hospital	12	0	11	1	11	5	4	2	7	8	1
Nursing Home	7	0	8	0	5	2	1	0	1	1	3

Most Common Symptoms by Facility Type



- ▶ The most common symptoms targeted for improvement with palliative care services in 2022 varied across facility types.
- ▶ Pain was reported by all facility types, highlighting its universal significance as a symptom.
- ▶ Anxiety or nervousness and difficulty breathing were commonly reported symptoms across most facility types.
- ▶ Hospice programs specifically focused on improving symptoms like nausea or vomiting, depression or sadness, and fatigue.
- ▶ Hospitals prioritized symptoms such as anxiety or nervousness, difficulty breathing, and pain.
- ▶ Nursing homes or skilled rehabilitation facilities placed emphasis on symptoms including depression or sadness, anxiety or nervousness, and pain.

Pediatric Palliative Care

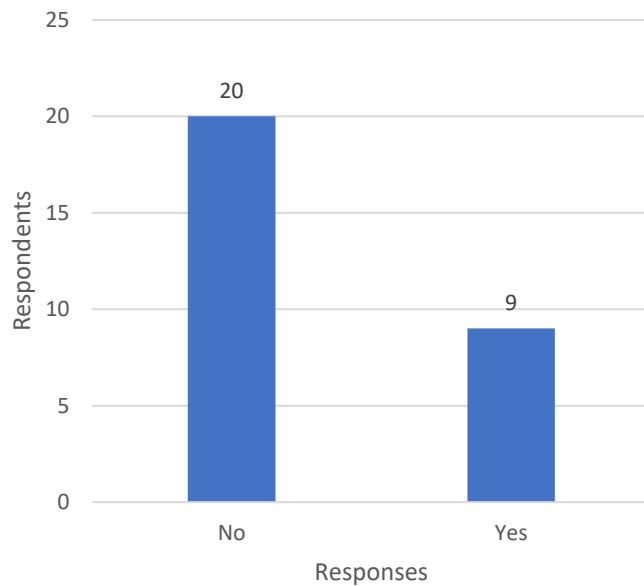
- ▶ Most organizations did not provide palliative care services to pediatric patients, revealing a significant gap in pediatric palliative care and underscoring the need for increased attention, improved accessibility, and additional resources for children with life-limiting illnesses.
- ▶ Further study is necessary to assess the demand for pediatric palliative care programs and better understand the specific needs of this patient population, ultimately guiding the development of tailored services to address their unique requirements.



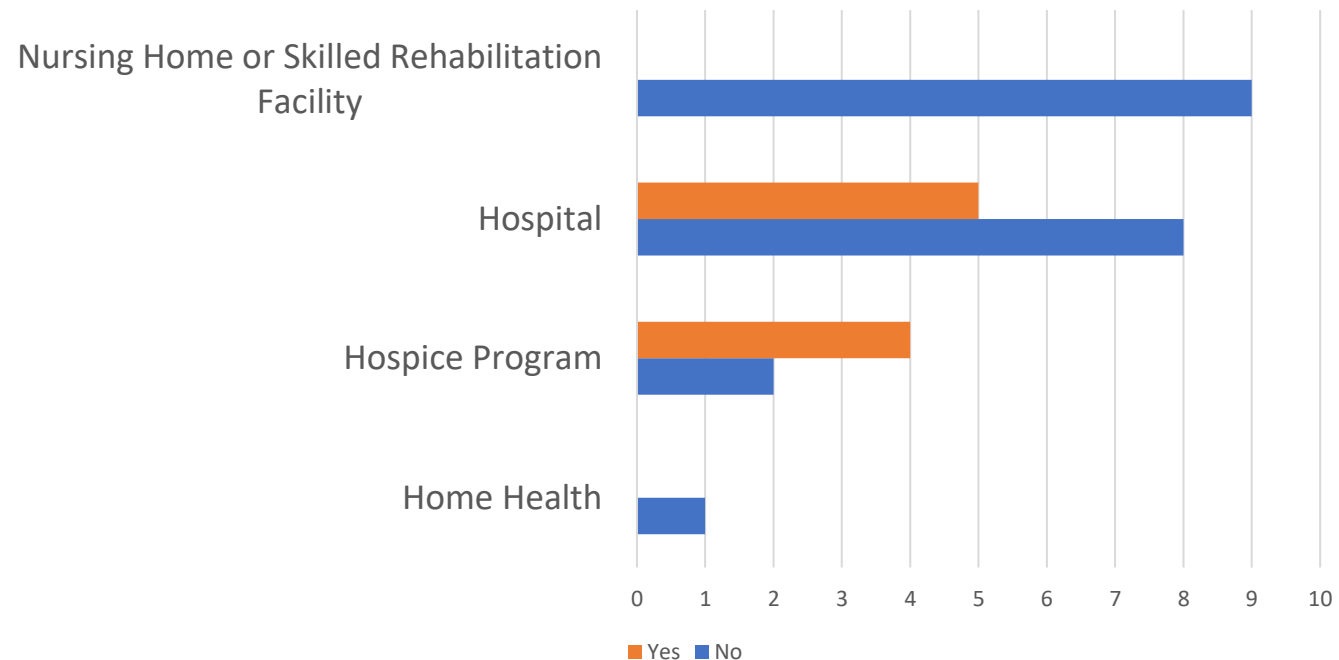


Telehealth Palliative Care Consultation Services Offered

Telehealth Palliative Care Consultation Services Offered (n=29)



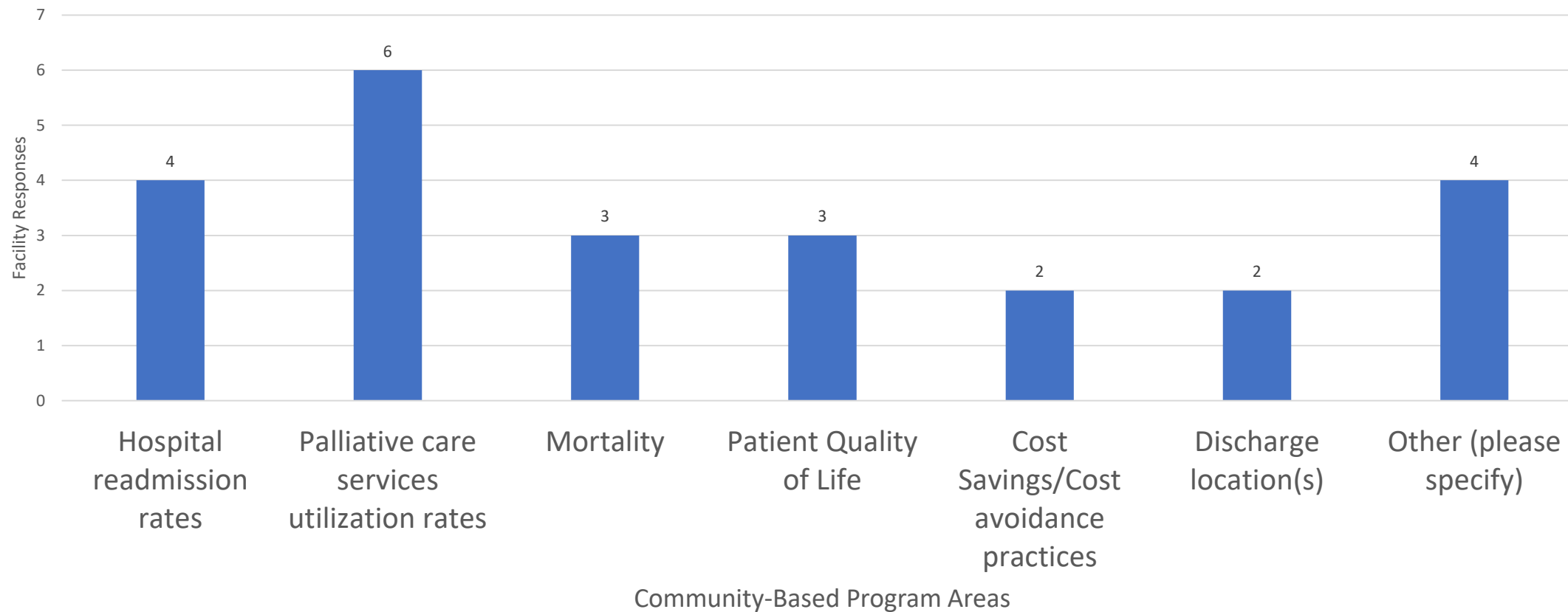
Telehealth Palliative Care Consultation Services Offered Title, by Facility Type (n=29)



CAPC offers a Telehealth and Palliative Care Toolkit and Start-Up Guide: <https://www.capc.org/toolkits/telehealth-and-palliative-care/>

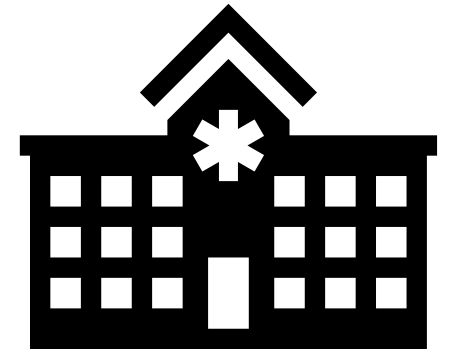


Community-Based Program Areas Tracking Palliative Care Data (n=26)

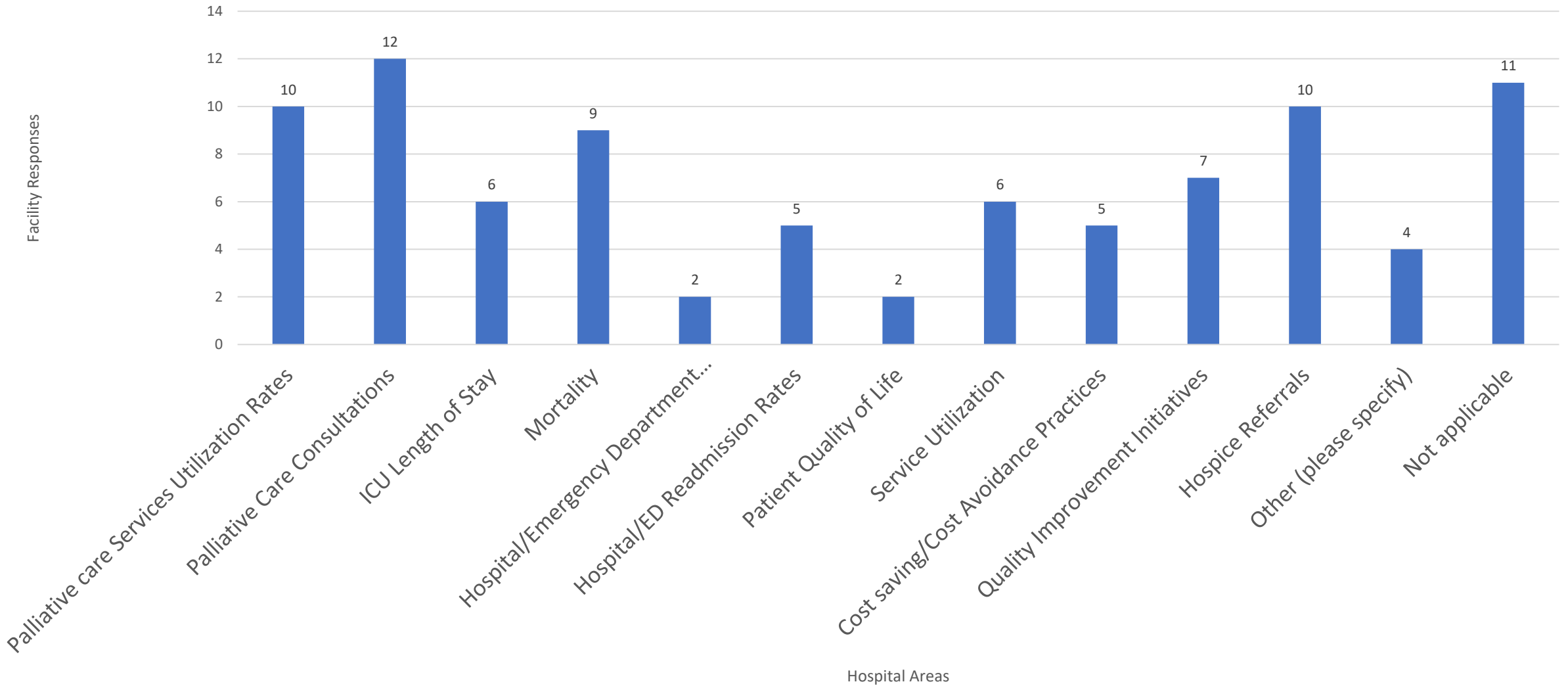


Palliative Care Quality Improvement-Hospitals

- ▶ Hospitals focused tracking data on:
 - ▶ Palliative care utilization
 - ▶ Consultations
 - ▶ Outcomes
 - ▶ Quality of life
- ▶ Data collection and analysis support collaboration with external providers, promote evidence-based practices, and ensure that palliative care services are tailored to meet the unique needs of patients, thereby maximizing the impact of the program and improving patient experiences during serious illnesses.



Hospital Areas Tracking Palliative Care Data (n=26)



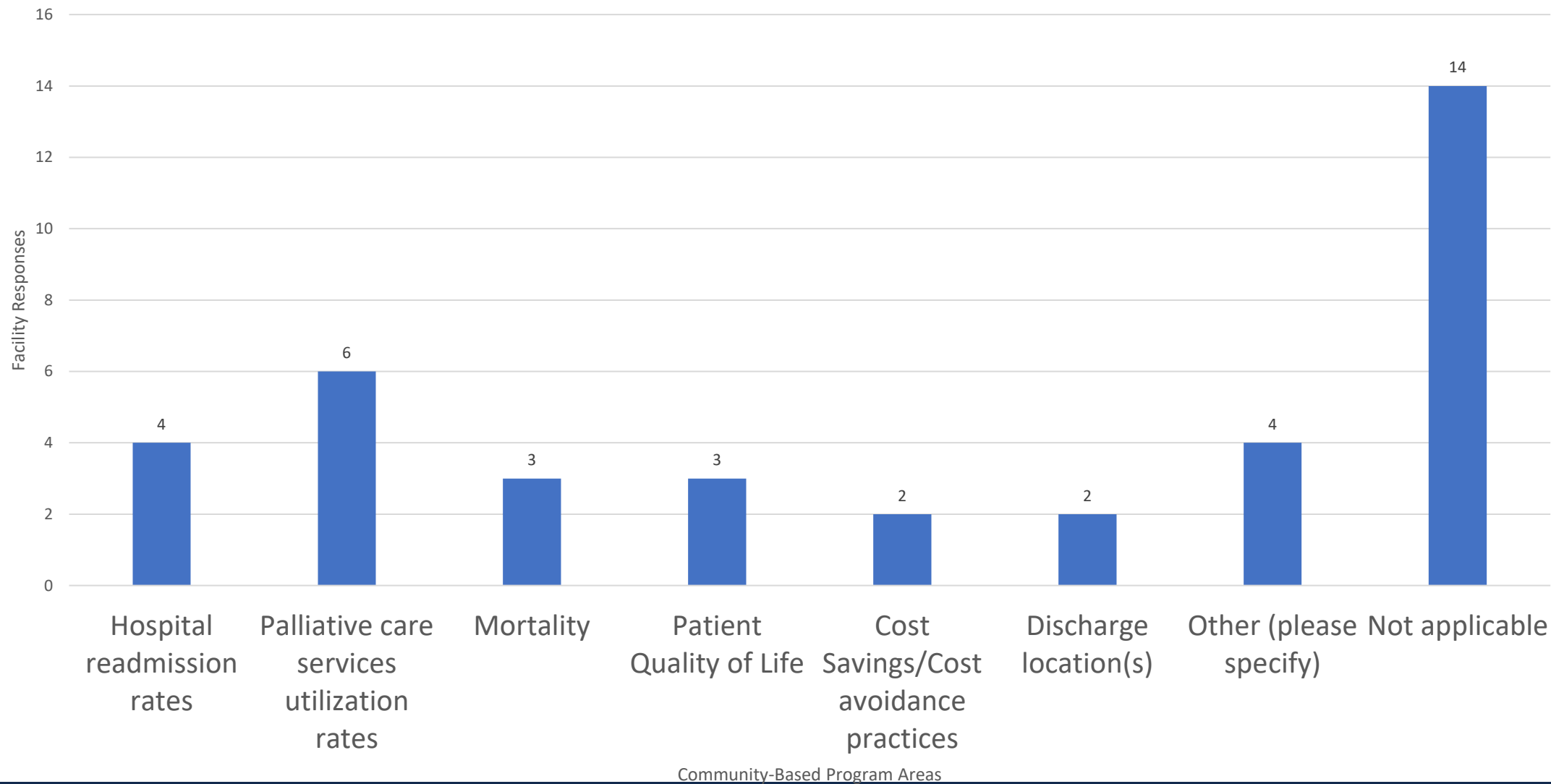
Quality Improvement-Community-Based



- ▶ Collecting and tracking data in community-based palliative care programs enables evaluation of program effectiveness, evidence-based practices, and collaboration, supporting advocacy efforts, resource optimization, and the delivery of high-quality care.
- ▶ Data-driven insights in community-based palliative care programs enable benchmarking, knowledge sharing, and identification of best practices, while advocating for funding and policy support and optimizing resource allocation to meet critical patient needs, leading to enhanced care delivery and improved outcomes.



Community-Based Program Areas Tracking Palliative Care Data (n=26)



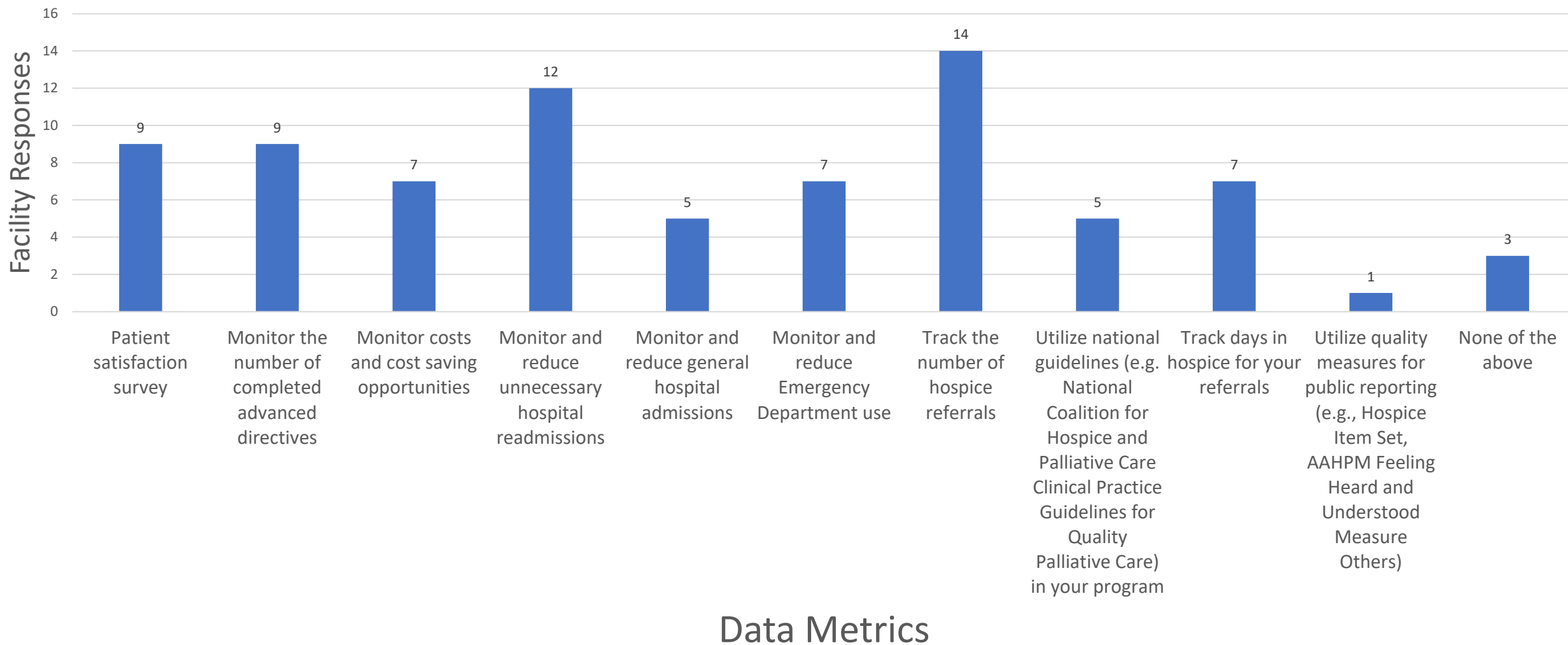
Palliative Care Quality Measures



- ▶ Palliative care quality measures are standardized metrics used to assess the quality of palliative care services provided to patients.
- ▶ These measures help evaluate the effectiveness, efficiency, safety, and patient-centeredness of palliative care programs.
- ▶ Common palliative care quality measures include pain management, symptom control, advance care planning, communication and coordination of care, patient and family satisfaction, and spiritual and emotional support.
- ▶ These measures enable healthcare providers to monitor and improve the quality of care delivered, identify areas for enhancement, and compare performance against benchmarks or best practices.
- ▶ Palliative care quality measures promote accountability, inform decision-making, and support the delivery of high-quality, comprehensive, and person-centered palliative care services.

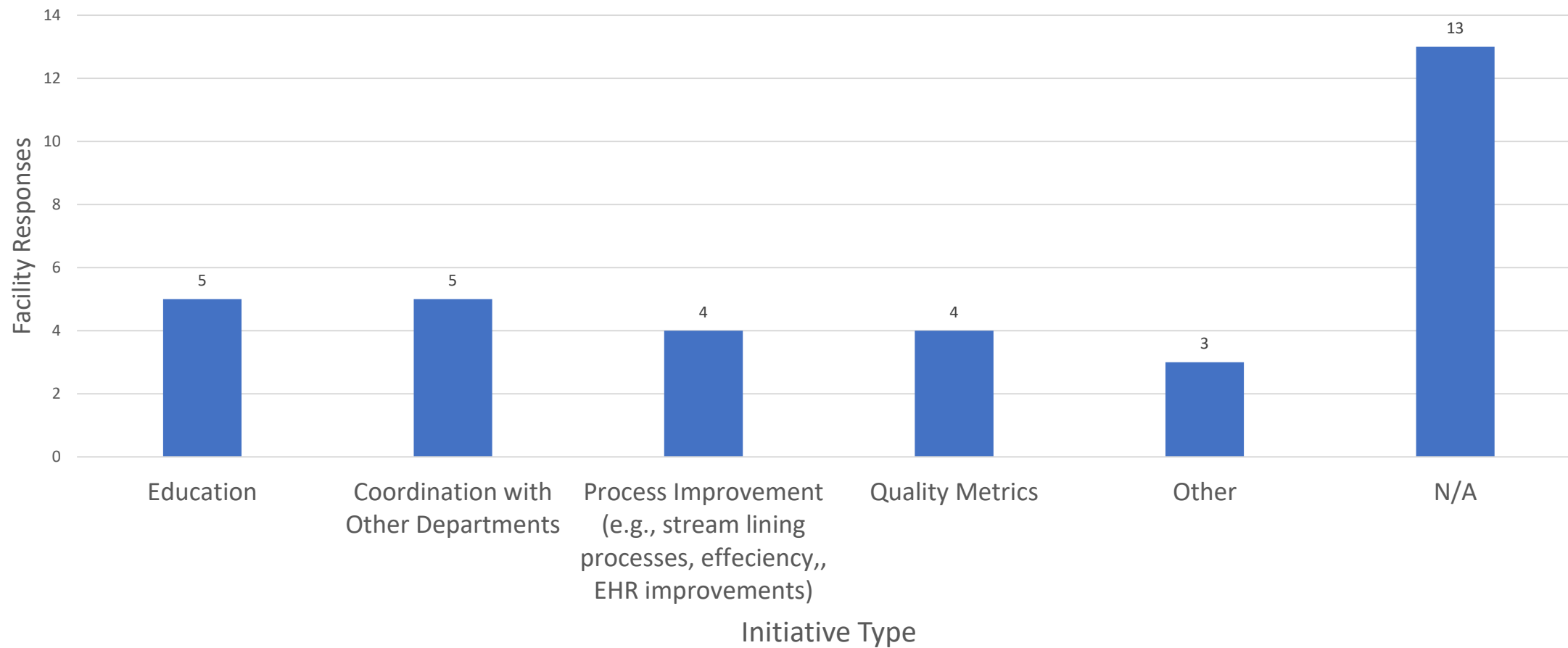


Palliative Care Quality of Care Data Metrics (n=26)





Palliative Care Quality Improvement Projects (n=26)



Billing and Coding for Palliative Care

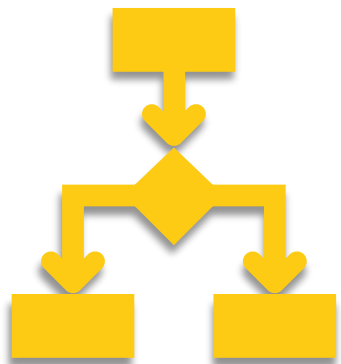
50% of respondents utilize Z code Z51.5 for billing palliative care services in 2022

- It is worth noting that Z-codes are currently not reimbursable, but they can serve other purposes in palliative care documentation and analysis.

Majority of survey respondents indicated they bill for ACP using CPT Codes 99497 or 99498 in 2022

- The data suggests that a significant portion of the organizations recognized the importance of ACP discussions and utilized appropriate billing codes for reimbursement purposes.

Advanced Care Planning



- ▶ Maryland Order for Life Sustaining Treatment (MOLST) is the most offered form, with 25 facilities, the most frequently used form, and the form most often completed before someone starts receiving palliative care.
 - ▶ 63% reported that their patients consistently completed the MOLST form 81-100% of the time.
- ▶ Maryland Advanced Directive Document (Planning for Future Health Care Decisions): 22 facilities
- ▶ Maryland Power of Attorney (MDPOA)- allowing individuals to designate someone to make healthcare decisions on their behalf: 8 facilities
- ▶ Living Will, a document outlining specific healthcare preferences: 10 facilities. The Maryland Advanced Directive Translated (Spanish): 12 facilities
- ▶ Fewer facilities offer the After My Death Form, National Hospice and Palliative Care Organization Advance Directives, or other forms, indicating less widespread availability or utilization of these specific forms.

Strengths and Key Enablers of High-Quality Palliative Care Programs



Challenges and Barriers to High-Quality Palliative Care

Lack of knowledge and understanding of palliative care among patients, families, and healthcare providers

Financial constraints in terms of funding and reimbursement

Staffing and resource allocation issues

High demand and consult volume

Perceptions and competition with other programs

Difficulties in involving patients and families in care decisions

Limited education and referrals

Palliative Care Education

Differentiating palliative care from hospice and providing clear information on the goals and benefits of palliative care.

Promoting early referrals to enhance access to palliative care services.

Utilizing diverse educational resources such as pamphlets, websites, handouts, and webinars to effectively disseminate information about palliative care.

Providing ongoing education for healthcare providers and discharge planners to ensure consistent and accurate messaging.

Targeted education efforts in underserved communities to address disparities in access and awareness.

Increasing transparency and education surrounding palliative care to empower patients and families in making informed decisions about their care options.

Alleviating misconceptions about palliative care to enable individuals to better navigate complex and critical illnesses while receiving appropriate support.



Questions and Discussion