

# PREVALENCE OF PALLIATIVE CARE IN MAINE: WHAT YOU NEED TO KNOW

Cordt T. Kassner, PhD, Hospice Analytics

October 7, 2022

# Speaker Contact Information:

Cordt T. Kassner, PhD

CEO, Hospice Analytics

[ckassner@hospiceanalytics.com](mailto:ckassner@hospiceanalytics.com)

Presenter has no real or potential conflicts of interest with this presentation.

## **Project Surveyor:**

Cathy Wagner, RN MSN MBA

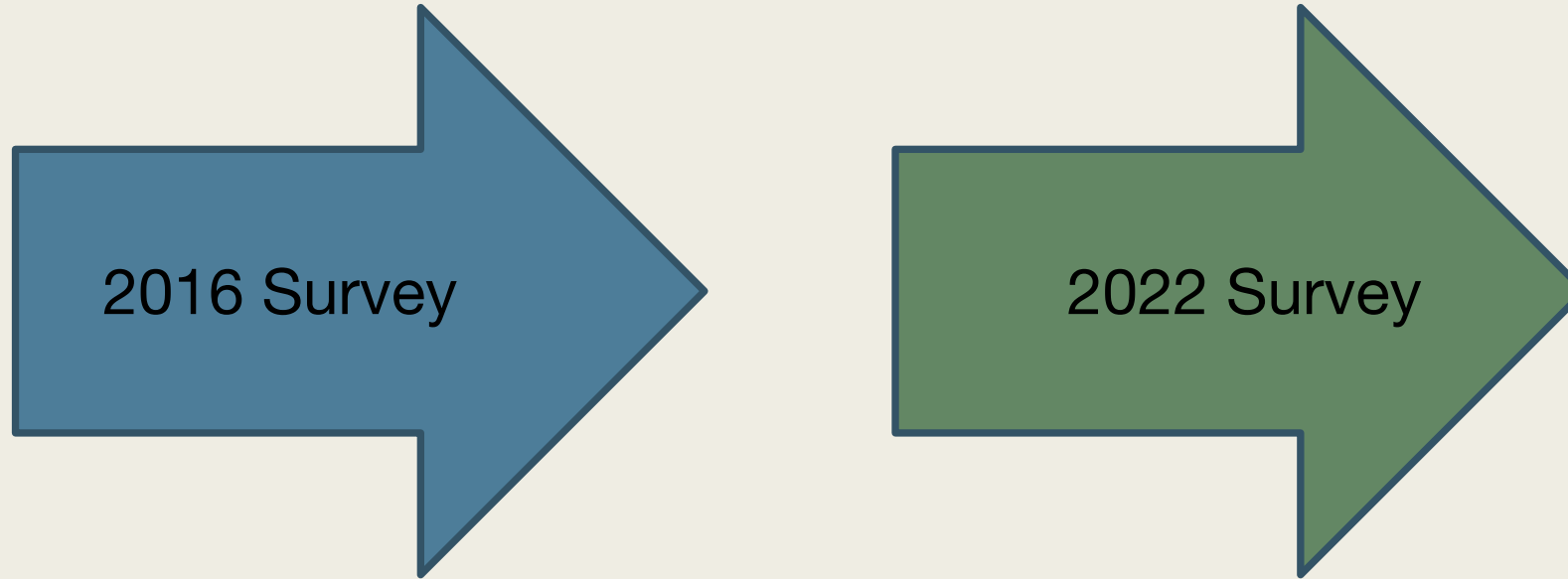
Researcher, Hospice Analytics

[cwagner@hospiceanalytics.com](mailto:cwagner@hospiceanalytics.com)

## Objectives:

- 1) Participants will be able to understand and discuss Maine's current statewide study of palliative care and compare it to the previous statewide study in 2016.
- 2) Participants will be able to understand, discuss, and implement recommendations of Maine's current statewide study of palliative care.
- 3) Participants will be able to understand, discuss, and participate in local, state, and national palliative care efforts.

## Methods:



Phone call surveys were conducted with every hospital, hospice, and community-based palliative care provider in Maine.

## Maine Palliative Care Definition:

*Palliative Care means interdisciplinary, evidence-based, person-centered, family-focused medical care that optimizes quality of life by anticipating, preventing and treating suffering caused by a serious illness. This extra layer of support includes, but is not limited to, addressing physical, emotional, cultural, intellectual, and spiritual needs; facilitating and empowering individual autonomy and choice of care; honoring an individual's wishes; providing access to information; discussing the individual's goals of treatment and treatment options, including, when appropriate, Hospice Care; and managing pain and symptoms comprehensively. This care is provided and supported across the entire age spectrum.*

*\* A “modified palliative care program” met some, but not all, of the above criteria.*

# 2022 Maine Palliative Care Results

Palliative Care Providers	2016 Study	2022 Study
<b>Hospitals</b>	10 / 34 (29%) Providers 4,554 Pts @ 10 Providers NA consults	15 / 38 (39%) Providers 3,851 Pts @ 4 Providers 18,982 Consults @ 8 Providers
<b>Hospices</b>	7 / 26 (26%) Providers 410 Pts @ 7 Providers NA Consults	4 / 23 (17%) Providers 20 Pts @ 1 Provider 3,833 Consults @ 2 Providers
<b>Community-Based</b>	0 Providers	2 Provider 65 Pts @ 1 Provider 130 Consults @ 1 Provider
<b>Total</b>	17 Providers 4,964 Pts @ 17 Providers NA Consults	21 Providers 3,936 Pts @ 6 Providers 22,945 Consults @ 11 Providers

# 2022 Maine Palliative Care Results

## Notes:

- In 2022, 2 hospitals reported both *Patients* and *Consults* and 4 hospitals reported neither.
- In 2022, 0 hospices reported both *Patients* and *Consults* and 1 hospice reported neither.
- In 2022, 1 community-based provider reported both *Patients* and *Consults* and 1 reported neither.

# 2022 Maine Palliative Care Results

## Notes:

- In 2022, 5 / 15 (33%) of the hospital PC programs were “modified” PC programs (i.e., meeting some but not all of the PC definition).
- In 2022, 1 / 4 (25%) of the hospice PC programs were “modified” PC programs.
- In 2022, 1 / 2 (50%) of the community-based PC programs were “modified” PC programs.
  
- Also, we would be remiss not to mention and highlight the work of Maine’s volunteer hospices. Maine has one of the highest numbers of volunteer hospices of any state in the country.



# Observations on Tracking Patients and Consults, 1

1. The number of hospitals slightly *increased* (from 34 to 38) between 2016 and 2022.
2. The number of hospices slightly *decreased* (from 26 to 23) between 2016 and 2022 – likely due to mergers and acquisitions.

## Observations on Tracking Patients and Consults, 2

3. The number of palliative care providers in Maine *increased* (from 17 to 21) between 2016 and 2022, including 2 new community-based providers.
4. The numbers of patients receiving palliative care and the number of consults provided has likely increased significantly between 2016 and 2022, although we don't have "apples-to-apples" comparisons:
  - a. *While the number of patients receiving palliative care decreased ~20% between 2016 and 2022, the number of providers reporting this information decreased ~65%.*
  - b. *The number of palliative care consults provided in 2022 is impressively high but was not reported in 2016.*

## Observations on Tracking Patients and Consults, 3

5. Per information available, in 2022 Maine palliative care providers averaged ~5.8 consults per patient, compared to a 2018 CAPC national report averaging 3.2 consults per patient.
6. Palliative care providers in Maine are inconsistent in how numbers of patients and consults are being tracked and reported. This is an important, and likely easy fix.

# 2022 Maine Palliative Care Providers



# 2022 Palliative Care Provider Characteristics, 1

	<b>Hospital</b>	<b>Hospice</b>	<b>Community-Based</b>
<b>Mean FTE</b>	6.3	3.7	0.9
<b>Multi-disciplinary Team</b>	Physician, APN / RN, Social Worker, and Chaplain	Same, although minimal Social Worker and Chaplain	Same, although minimal Chaplain
<b>Finances</b>	9 / 15 (60%) bill for palliative care services – mostly through the Z51.5 (no reimbursement) and symptom and time-based codes. None could report the percentage of program expenses paid by direct billing. 7 / 15 (47%) reported admin financially prioritizes PC.	3 / 4 (75%) bill for palliative care services – mostly through the Z51.5 (no reimbursement) and “ICD10 codes”. None could report the percentage of program expenses paid by direct billing. 4 / 4 (100%) reported admin financially prioritizes PC.	2 / 2 (100%) bill for palliative care services – mostly through the Z51.5 (no reimbursement) and “ICD10 codes” and symptom codes. None could report the percentage of program expenses paid by direct billing. 2 / 2 (100%) reported admin financially prioritizes PC.

## 2022 Palliative Care Provider Characteristics, 2

	<b>Hospital</b>	<b>Hospice</b>	<b>Community-Based</b>
<b>Palliative Care Program Certification (JC, CHAP, ACHC)</b>	0 / 15 (0%)	0 / 4 (0%)	0 / 2 (0%)
<b>Hospice and Palliative Certification (MD or Nurse)</b>	7 / 15 (47%)	4 / 4 (100%)	2 / 2 (100%)
<b>24/7 Access</b>	0 / 15 (0%)	0 / 4 (0%)	0 / 2 (0%)

## 2022 Palliative Care Provider Characteristics, 3

	<b>Hospital</b>	<b>Hospice</b>	<b>Community-Based</b>
<b>Top 4 Diagnoses</b>	Cancer, COPD, CHF, Dementia	Cancer, CHF, Dementia, COPD	Dementia, COPD, Cancer, Parkinson's
<b>Top 4 Symptoms</b>	Pain, SOB, Agitation, Nausea	Pain, SOB, Anxiety, Depression	SOB, Pain, Agitation, Anxiety
<b>Pediatric PC</b>	2 / 15 (13%)	2 / 4 (50%)	0 / 2 (0%)

## 2022 Palliative Care Provider Characteristics, 4

	<b>Hospital</b>	<b>Hospice</b>	<b>Community-Based</b>
<b>Services, in addition to Goals of Care, Symptom MGNT, ACP</b>	Fellowship programs, transition to hospice	Community education, care coordination, counseling	Community education, support groups, MAID, immunization clinics
<b>Integrative Interventions</b>	Reiki, DO / chiropractic manipulations	Massage therapy, acupuncture	NA
<b>Percentage of telehealth visits</b>	25%	20%	30%



## 2022 Palliative Care Provider Characteristics, 5

	<b>Hospital</b>	<b>Hospice</b>	<b>Community-Based</b>
<b>Percentages of patients discharged to hospice / deceased / other</b>	43% to hospice 25% deceased 32% other	63% to hospice 12% deceased 25% other	70% to hospice 5% deceased 25% other
<b>Percentage of patients early / mid / late stage of illness</b>	10% / 20% / 70%	10% / 40% / 50%	1% / 50% / 49%
<b>Impact of COVID</b>	Increased volume, revenues mixed, later stage of illness	Increased telehealth, decreased revenue, later stage of illness	Increased telehealth, increased revenue

## 2022 Palliative Care Provider Characteristics, 6

	<b>Hospital</b>	<b>Hospice</b>	<b>Community-Based</b>
<b>Where PC program had the greatest impact</b>	Improved care coordination / GOC, staff support	Improved care coordination / GOC, staff support	Symptom management, patient education
<b>Referral Sources</b>	Hospitalists, intensivists, ED, oncology	PCP, hospitals, oncologists	PCP
<b>Racial mix of patients / staff</b>	95%+ White patients 95%+ White staff	90%+ White patients 95%+ White staff	100% White patients 100% White staff

## 2022 Palliative Care Provider Characteristics, 7

	<b>Hospital</b>	<b>Hospice</b>	<b>Community-Based</b>
<b>Metrics used to track PC success</b>	Patient satisfaction, hospice referrals, hospital readmits, timeliness of initial consult	Patient / family satisfaction, hospice referrals, hospital readmits, GOC completed	Hospice referrals, deaths on hospice
<b>Metrics used to track PC quality</b>	Most don't, pain, SOB, chart audits re billing	Hospital readmissions, patient/family education	No
<b>Where PC program had the greatest impact</b>	<i>Improved care coordination / GOC, staff support</i>	<i>Improved care coordination / GOC, staff support</i>	<i>Symptom management, patient education</i>

## 2022 Palliative Care Opportunities

1. Dr. Bruce Condit @ Central Maine Medical Center created an online education tool (10 minutes of education and questions) that is mandatory PC training for hospital staff annually. This might be helpful for others?

# 2022 Palliative Care Challenges

## *State and National Level Concerns*

- 1. Funding:** The majority of hospital palliative care programs reported having strong administrative support for their programs, though both hospitals and hospices reported widespread financial challenges and most expressed a need to add staff. Financial reimbursement for palliative care continues to be a significant concern for all palliative care providers.
  - a. [Maine LD1064](#) – *Medicare equivalent???*
- 2. Education:** Additional education needed for both professional staff and community regarding importance of palliative care.
- 3. Referrals:** Increased and earlier in the course of illness referrals.

# 2022 Palliative Care Recommendations, 1

1. Additional funding mechanisms for palliative care. This impacts the mission and purpose of palliative care services – building and appropriately paying the professional workforce, workforce shortages, moral distress, etc.
2. Developing consistent palliative care data collection and reporting tools. Especially consider tracking both numbers of patients and consults. Related, consistent terminology would be helpful (e.g., “consults” or “visits”; “PC provider” or “PC program”, etc.).
3. Ongoing statewide education, networking, mentoring, practice standards, and advance care planning.

## 2022 Palliative Care Recommendations, 2

4. Exploring unique aspects of rural and pediatric palliative care. The role of telehealth, resourcefulness, volunteers, etc.
5. Certification of palliative care programs may help increase consistency of practice across both state and national metrics.
6. Exploring provision of palliative care 24/7 somewhere in the state. This would be a service differentiator as well as professional referral resource.

# 2022 Palliative Care Conclusions

1. Palliative care provision appears to be increasing in Maine. The numbers of both patients served and consults is strong in 2022. This is a positive step towards better health, lower costs and higher quality of care across the state.
2. As a state we need to work towards earlier stage referrals to support and help those suffering with serious illness to live fully with their illness. Education across both healthcare professionals and the community may assist with this goal.

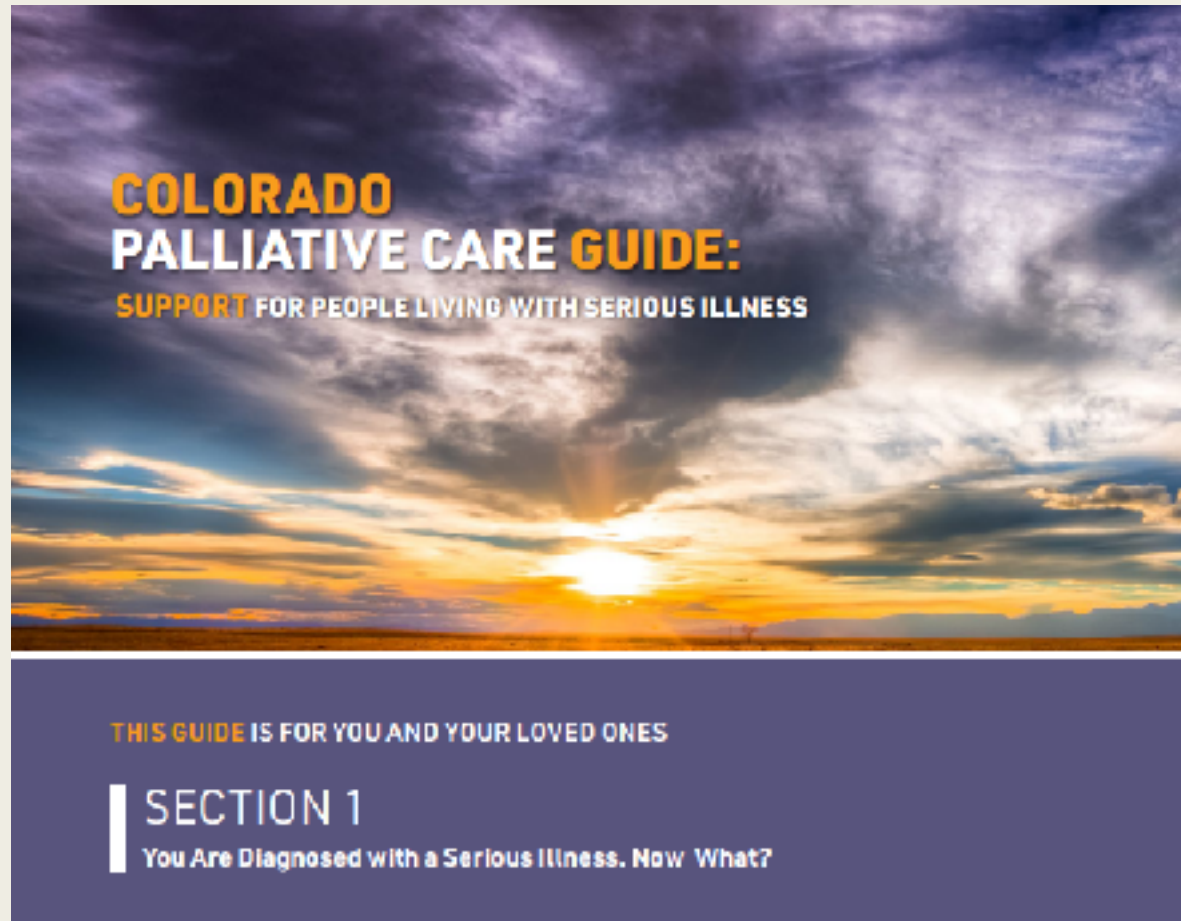


# Washington State Palliative Care Roadmap



<https://wshpco.org/>

# Colorado Palliative Care Guides (English & Spanish)



<http://www.centerhealthcareanalytics.org/center/healthcare-services/cher/colorado-palliative-care-guide>

# Thank you!

*Please contact me with any questions, feedback, or advice.*

Cordt T. Kassner, PhD  
CEO, Hospice Analytics  
[ckassner@hospiceanalytics.com](mailto:ckassner@hospiceanalytics.com)