Summary

Palliative care services have grown rapidly in the hospital setting. As the seriously ill population grows exponentially, so does the need for community-based palliative care services. Hospice providers are ideally positioned to meet this need, and many are already engaged in providing palliative care services. While the focus of care is markedly different, the model of palliative care mirrors the hospice model: holistic care provided to the patient and family by an interdisciplinary team supporting symptom and medication management, goals of care discussions, advance care planning, and care coordination.

In June and July of 2018, NHPCO and the NHPCO Palliative Care Council conducted a palliative care needs survey of its members. Out of the respondents, 53 percent are providing palliative care services while an additional 35 percent are considering or in the process of developing these services. Respondents represent palliative care services in 48 states. This report summarizes the results for all who answered the question “Do you provide formal palliative care services...”. The results include the services these programs are providing, the challenges they are experiencing, and the opportunities for NHPCO to support development and sustainability of palliative care services provided by hospice agencies. You will find the full survey result details directly after this summary report.

The percent of respondents providing palliative care services have mature community-based palliative care programs and over 85,153 seriously ill individuals were served in 2017. While the primary location of services provided is community-based (home, assisted living facility, and long-term care), most of these organizations are providing care in multiple settings, including the hospital and clinic. Over 70 percent of these respondents have served palliative care patients for three or more years. 63 percent served 101 or more patients, with 29 percent of these organizations serving 501 to 5000 patients in 2017.

The NCP Clinical Practice Guidelines for Quality Palliative Care (Fourth Edition), provide structure to ensure quality palliative care services. Accrediting organizations utilize the NCP Guidelines as their foundation for palliative care accreditation. The Palliative Care Needs Survey demonstrates an opportunity to expand awareness and educate on the value of the NCP Guidelines. While most providers are utilizing the NCP Guidelines, 32 percent are unsure, not familiar, or not following them at all (the survey did not ask about accreditation).

NHPCO members leverage an interdisciplinary team to provide palliative care services with the bulk of team members directly employed by the organization. Most programs have three or more disciplines on their palliative care team. The most common core team members are physician, nurse practitioner, and social worker, followed by chaplains and registered nurses. Physicians have the highest percent of palliative care certification (67%), while 38 percent of nurse practitioners and 38 percent of registered nurses are certified. Other certified disciplines include social workers, chaplains, and aides.

A variety of palliative care services are provided by these programs. The highest identified services are goals of care discussions (158), patient/family education (157), symptom management (157), comprehensive assessment (154), advance care planning (152), care coordination and transition management (142), medication management (139), and POST/POLST completion (107). Other notable services provided by some include bereavement (68) and volunteers (48).

Reimbursement is essential to the sustainability of palliative care services. Medicare B fee-for-service billing is the most common reimbursement source (120). However, most programs utilize two or more types of reimbursement. Additional reimbursement categories include contracts with payers (52), private pay (37), philanthropy (35), Medicare home health (25), subsidy by parent corporation (23), grants (20), and arrangements with an Accountable Care Organization or Medicare Shared Savings Plan (13).
Use of an electronic medical record can improve communication to healthcare partners and simplifies data collection for quality reporting and billing. **Over 90 percent of respondents utilize an electronic medical record.** One of the challenges for NHPCO members are the variety of electronic medical record vendors (32) and the lack of government incentives to mandate interoperability in the community-based care setting. The top ten vendors identified are NetSmart (19), Cerner (18), Epic (17), HealthWyse (10), Suncoast (6), Consolo (6), Brightree (6), Allscripts (5), McKesson (4), and Meditech (3).

Leveraging data to manage the patient population and demonstrate program outcomes is essential as reimbursement shifts from traditional fee-for-service to value-based. Approximately **76 percent of respondents collect data for metrics.** However, 57 percent do not participate in any public reporting or data sharing. Of those that do, 34 percent participate in the CAPC Data Registry; 8 percent participate in the Palliative Care Quality Network (PCQN); and 1 percent participates in the Global Health Partners QDACT. Types of metrics tracked include operational (107), utilization (70), financial (64), patient experience/satisfaction (61), clinical (55), and process metrics (51).

State palliative care legislative activity is important to increase awareness, access, and reimbursement. As leaders in the provision of community-based palliative care services, hospice agencies should engage in these activities. Most programs (86) do not participate in state palliative care activities. Of those that do participate in state activities: 58 are active in their state palliative care coalition; 19 participate in Medicaid policy/reimbursement activity; and 17 are active in regulation/licensure revision. Note: The largest number of respondents was from the state of California (26) where **SB 1004** required a palliative care benefit for all MediCal beneficiaries by January of 2018 and **SB 294** allows hospices to participate in the provision of palliative services to MediCal beneficiaries.

**The greatest challenge and barrier identified by respondents is reimbursement.** The overwhelming preference for education assistance is through webinars (210), followed by conferences (99), telephone consultation (68), and site visit (34). For vendors: assistance with billing (97), smart phone applications (81), and patient satisfaction survey (80) received the highest responses. The types of tools and resources that respondents preferred included sample documents (157), data collection/analysis/metrics/benchmarking (154), metrics/measurement resources (142), hospice specific models of palliative care (138), referral outreach/marketing resources (135), staff training and competencies (132), documentation templates (127), patient education resources (122), job descriptions (77), and telehealth (75).

The survey results provide important information that demonstrates hospice providers are expanding their services to meet the needs of seriously ill individuals and their families, particularly in the community setting. NHPCO and the NHPCO Palliative Care Council are committed to developing, (or partnering to provide) tools, resources, and education to support our members in the provision of palliative care services.
Palliative Care Needs 2018 Survey Results

The survey was open to NHPCO members June 1 to June 22 for a first round. A second round of responses were accepted between July 9 and July 23.

**Total Surveys Mailed:** 2368  
**Responses** = 347  
*includes all who answered “Do you provide formal palliative care services…”*  
**Response rate:** 14.7%

There was a total of 63 responses that answered no further questions after responding to whether or not they provide formal palliative care services. There were 17 that responded Yes, they do provide formal palliative care services but did not fill survey out further. Of the respondents who are considering or in the process of developing formal palliative care services, 3 did not fill out the survey further. The remainder responded No.

This report summarizes the results for all who answered the question “Do you provide formal palliative care services…”
CARE PROVISION

Does Your Organization Provide Formalized Palliative Care Services?

Out of a total 347 responses to this question, over half of hospices responded that they do currently provide formalized palliative care services separate and distinct from hospice services. Only 12 percent of respondents have no plans to develop palliative care services.

Yes 53% 183
Considering or in the process of developing 35% 121
No and no plans to develop palliative care services 12% 43
Total 100% 347

Specialized Pediatric Program

Approximately 19 percent of those who provide formalized palliative care services have dedicated staff with pediatric expertise providing care.

Settings Where Palliative Care Services Provided

Respondents were allowed to select multiple settings.

Patient’s home 154
Assisted living facility 110
Long term care facility 104
Hospital 86
Clinic 55
Other 7

Responses by Number of Settings

Single Setting 25
Two Settings 29
Three Settings 49
Four Settings 28
Five Settings 27
Six Settings 2

Other Settings Where Palliative Care Services are Provided

Veteran’s Home (State run facility)
All levels of care at a CCRC — skilled, assisted living and independent living
Homeless
Inpatient hospice facility
Multiple Settings Breakdown

Location of care is grouped by number of settings in the groupings below.

**Six n=2**
- Home, Hospital, ALF, LTC, Clinic, State Run Facility: 1
- Home, Hospital, ALF, LTC, Clinic, Homeless: 1

**Five n=27**
- Home, Hospital, ALF, LTC, Clinic
  - 27
- Home, ALF, LTC, Clinic: 4
- Home, Hospital, LTC, Clinic: 2
- Home, Hospital, ALF, Clinic: 1

**Four n=28**
- Home, ALF, LTC
  - 29
- Home, Hospital, ALF, LTC, Clinic
  - 4
- Home, Hospital, LTC, Clinic
  - 2
- Home, Hospital, ALF, Clinic
  - 1

**Three n=49**
- Home, ALF, LTC
  - 29
- Home, Hospital, Clinic
  - 6
- Hospital, ALF, Clinic
  - 6
- Hospital, LTC, Clinic
  - 4
- Home, Hospital, LTC
  - 2
- Home, Hospital, ALF
  - 1
- Home, ALF, Clinic
  - 1

**Two n=29**
- Home, ALF
  - 15
- Home, Hospital
  - 6
- Home, Clinic
  - 2
- Home, LTC
  - 1
- Hospital, Clinic
  - 2
- Hospital, LTC
  - 1
- Home, Homeless
  - 1

**Single n=25**
- Home
  - 18
- Hospital
  - 6
- CCRC
  - 1

The diagram visualizes the distribution of care settings across different locations and settings.
**PATIENTS SERVED**

**Length of Time Serving Palliative Care Patients**

<table>
<thead>
<tr>
<th>Duration</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 5 years</td>
<td>40.6%</td>
<td>67</td>
</tr>
<tr>
<td>3 to 5 years</td>
<td>29.7%</td>
<td>49</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>16.4%</td>
<td>27</td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>13.3%</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>165</td>
</tr>
</tbody>
</table>

**Number of Patients Served in 2017**

The chart below is presented in ranges. The range of responses for this question was as low as 2 patients and as high as 5,000 patients. The mean was 635 palliative care patients served in 2017.

<table>
<thead>
<tr>
<th>Range</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>10-25</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>26-50</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td>51-100</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>101-200</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>201-500</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>501-1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1001-3000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3001-5000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PALLIATIVE CARE TEAM

Team Members

The individual team member counts are shown below. Most team members included a physician and a nurse practitioner. Results are also grouped by team size in some charts.

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>137</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>125</td>
</tr>
<tr>
<td>RN</td>
<td>116</td>
</tr>
<tr>
<td>Chaplain</td>
<td>96</td>
</tr>
<tr>
<td>Social Worker</td>
<td>79</td>
</tr>
<tr>
<td>LCSW</td>
<td>79</td>
</tr>
<tr>
<td>Other</td>
<td>32</td>
</tr>
<tr>
<td>Health Aide or CNA</td>
<td>30</td>
</tr>
<tr>
<td>LPN</td>
<td>27</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>17</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>17</td>
</tr>
<tr>
<td>Dietician</td>
<td>16</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>14</td>
</tr>
<tr>
<td>Speech Therapist</td>
<td>12</td>
</tr>
<tr>
<td>Community Health Worker</td>
<td>7</td>
</tr>
</tbody>
</table>

* Other team members not included in the graph above but shared by respondents were: secretary; licensed professional counselor; massage therapist; music therapist; patient-care coordinator; physician assistant; and volunteers.

Characteristics of Team

Respondents indicated if the members on their team were dedicated FTEs and/or contracted employees.

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Dedicated FTE</th>
<th>Contracted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>66.4%</td>
<td>33.6%</td>
<td>128</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>93.3%</td>
<td>6.7%</td>
<td>120</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>97.3%</td>
<td>2.8%</td>
<td>109</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>100.0%</td>
<td>0%</td>
<td>26</td>
</tr>
<tr>
<td>Licensed Clinical Social Worker</td>
<td>93.2%</td>
<td>6.8%</td>
<td>74</td>
</tr>
<tr>
<td>Social Worker</td>
<td>93.0%</td>
<td>7.0%</td>
<td>71</td>
</tr>
<tr>
<td>Chaplain</td>
<td>84.9%</td>
<td>15.1%</td>
<td>86</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>57.1%</td>
<td>42.9%</td>
<td>14</td>
</tr>
<tr>
<td>Dietician</td>
<td>60.0%</td>
<td>40.0%</td>
<td>15</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>70.6%</td>
<td>29.4%</td>
<td>17</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>64.3%</td>
<td>35.7%</td>
<td>14</td>
</tr>
<tr>
<td>Speech Therapist</td>
<td>45.5%</td>
<td>54.6%</td>
<td>11</td>
</tr>
<tr>
<td>Health Aide or Certified Nursing Assistant</td>
<td>96.6%</td>
<td>3.5%</td>
<td>29</td>
</tr>
<tr>
<td>Community Health Worker</td>
<td>66.7%</td>
<td>33.3%</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>91.7%</td>
<td>8.3%</td>
<td>12</td>
</tr>
</tbody>
</table>
The charts below look at multiple team member configurations with a focus on the following core members: Physician, Nurse Practitioner, RN, LPN, Chaplain, and Social Worker (includes social worker and LCSW). The teams below only look at these core members and do not include the 8 other team members as listed above.

**Responses by Team Size**

<table>
<thead>
<tr>
<th>Team Size</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Member</td>
<td>1</td>
</tr>
<tr>
<td>Two Members</td>
<td>17</td>
</tr>
<tr>
<td>Three Members</td>
<td>30</td>
</tr>
<tr>
<td>Four Members</td>
<td>28</td>
</tr>
<tr>
<td>Five Members</td>
<td>21</td>
</tr>
<tr>
<td>Six Members or More</td>
<td>12</td>
</tr>
</tbody>
</table>

The graph below groups the number of responses to the question “Select the members on your team” by team size.

**Team Member Configurations (Grouped by Team Size)**

- **Six Members**
  - Team: Physician, NP, RN, LPN, SW/LCSW, Chaplain
    - Count: 12
  - Team: Physician, NP, RN, SW/LCSW, Chaplain
    - Count: 11
  - Team: Physician, NP, LPN, SW/LCSW, Chaplain
    - Count: 3
  - Team: Physician, NP, SW, LCSW, Chaplain
    - Count: 3
  - Team: Physician, NP, SW/LCSW, Chaplain
    - Count: 9
  - Team: NP, RN, LPN, SW, Chaplain
    - Count: 1

- **Five Members**
  - Team: Physician, LPN, RN, LCSW, Chaplain
    - Count: 3
  - Team: Physician, NP, LPN, RN, LCSW
    - Count: 1

- **Four Members**
  - Team: Physician, NP, RN, SW/LCSW, Chaplain
    - Count: 8
  - Team: NP, RN, SW/LCSW, Chaplain
    - Count: 1

- **Three Members**
  - Team: Physician, NP, RN
    - Count: 2
  - Team: NP, RN, SW
    - Count: 2
  - Team: NP, LPN, SW
    - Count: 1

- **Two Members**
  - Team: Physician, NP, SW/LCSW
    - Count: 3
  - Team: Physician, RN, SW/LCSW
    - Count: 7
  - Team: Physician, SW
    - Count: 1
  - Team: NP, SW
    - Count: 1

- **Single Member**
  - Team: NP
    - Count: 1
## Team Members Certified in Palliative Care

<table>
<thead>
<tr>
<th>Role</th>
<th>Yes (%)</th>
<th>Yes Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>67.1%</td>
<td>86</td>
<td>128</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>38.3%</td>
<td>46</td>
<td>120</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>37.6%</td>
<td>41</td>
<td>109</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>11.5%</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Licensed Clinical Social Worker</td>
<td>10.8%</td>
<td>8</td>
<td>74</td>
</tr>
<tr>
<td>Social Worker</td>
<td>14.1%</td>
<td>10</td>
<td>71</td>
</tr>
<tr>
<td>Chaplain</td>
<td>3.5%</td>
<td>3</td>
<td>86</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>0%</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Dietician</td>
<td>0%</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>0%</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>0%</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Speech Therapist</td>
<td>0%</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Health Aide or Certified Nursing Assistant</td>
<td>6.9%</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Community Health Worker</td>
<td>0%</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Other (Geriatric Psychiatrist)</td>
<td>100.0%</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
SERVICES AND REIMBURSEMENT

Palliative Care Services
Respondents were asked to check all the options that applied to their palliative care program.

Goals of care discussion 158
Patient/family education 157
Symptom management 157
Comprehensive assessment 154
Advance care planning 152
Care coordination and transition management 142
Medication management 139
POST/POLST completion 107
Spiritual care 95
Individual counseling 93
Family counseling 85
Bereavement 68
Skilled nursing care 49
Volunteers 49
Personal care 48
Telehealth 19
Respite 11
Housekeeping 4

Reimbursement Categories
Respondents were asked to check all types of reimbursement that applied to their palliative care program.

Fee-for-service billing (Medicare B) 120
Contracts with payers 52
Private pay 37
Philanthropy 35
Medicare Home Health Care Benefit 25
Parent corporation subsidies 23
Grant 20
Arrangement with ACO or MSSP 13

Responses by Number of Reimbursement Types

Single Type 63
Two Types 30
Three Types 24
Four Types 13
Five or More Types 12
Types of Reimbursement (Grouped by Number of Types)

Five or more
n=12

FFS, Home Health Benefit, Contracts, Private pay, Philanthropy
2
FFS, Contracts, ACO or MSSP, Private pay, Grant, Philanthropy, Subsidies
2
FFS, Private pay, Grant, Philanthropy, Subsidies
1
FFS, Home Health Benefit, Private pay, Grant, Philanthropy
1
FFS, Home Health Benefit, Private pay, Philanthropy, Subsidies
1
FFS, Home Health Benefit, Contracts, ACO or MSSP, Subsidies
1
FFS, Home Health Benefit, Contracts, ACO or MSSP, Private pay, Philanthropy
1
FFS, Home Health Benefit, Contracts, ACO or MSSP, Private pay, Grant, Philanthropy, Subsidies
1
FFS, Contracts, ACO or MSSP, Private pay, Philanthropy
1
FFS, Contracts, Private pay, Grant, Philanthropy, Subsidies
1

Four
n=13

FFS, Contracts, Private pay, Philanthropy
2
FFS, Contracts, ACO or MSSP, Private pay
2
FFS, Private pay, Philanthropy, Subsidies
1
FFS, Private Pay, Grant, Subsidies
1
FFS, Home Health Benefit, Contracts, Subsidies
1
FFS, Home Health Benefit, Contracts, Private pay
1
FFS, Home Health Benefit, Private pay, Philanthropy
1
FFS, Grant, Philanthropy, Subsidies
1
FFS, Contracts, Private pay, Subsidies
1
FFS, Contracts, Private pay, Grant
1
FFS, Contracts, ACO or MSSP, Grant
1

Three
n=24

FFS, Contracts, Subsidies
3
FFS, Private pay, Philanthropy
2
Home Health Benefit, Private pay, Philanthropy
1
Contracts, Private pay, Grant
1
FFS, Home Health Benefit, Contracts
1
FFS, Private pay, Subsidies
1
FFS, Contracts, Grant
1
FFS, Contracts, ACO or MSSP
1
FFS, Grant, Philanthropy
1
FFS, Grant, Subsidies
1

Two
n=30

FFS, Contracts
9
FFS, Private pay
6
FFS, Philanthropy
6
FFS, Subsidies
3
FFS, Home Health Benefit
3
FFS, Grant
2
FFS, ACO or MSSP
1

Single
n=63

Fee for Service (FFS)
43
Home Health Benefit
8
Contracts
5
Subsidies
3
Philanthropy
2
ACO or MSSP
1
Grant
1
Reimbursement Details

Detailed results are shown below of the types of reimbursement grouped the number of reimbursement types that a respondent selected.

- **63 responses** included only one type of reimbursement, with no responses for private pay reimbursement alone. The most common single-source of reimbursement is Fee-for-service billing (43 responses).
- **30 responses** included two types of reimbursement, with the most common combinations including Fee-for-service billing and either Philanthropy, Contracts with payers, or Private pay (21 responses).
- **24 responses** included three types of reimbursement, with the most common combinations including Fee-for-service billing, Contracts with payers, and Philanthropy or Parent corporation subsidies (9 responses).
- **13 responses** included 4 types of reimbursement, with the most common combination including Fee-for-service billing, Contracts with payers, Private Pay, and ACO or MSSP or Philanthropy.
- **12 responses** included 5 or more types of reimbursement. Reimbursement types are truncated in an attempt to fit the page.
Does Your Palliative Care Program Use Electronic Documentation?

- Yes / 145
- No / 15

Vendors of Electronic Documentation Services

Listed below are the top ten vendors used by survey respondents.

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NetSmart</td>
<td>19</td>
</tr>
<tr>
<td>Cerner</td>
<td>18</td>
</tr>
<tr>
<td>Epic</td>
<td>17</td>
</tr>
<tr>
<td>HealthWyse</td>
<td>10</td>
</tr>
<tr>
<td>Suncoast</td>
<td>6</td>
</tr>
<tr>
<td>Consolo</td>
<td>6</td>
</tr>
<tr>
<td>Brighttree</td>
<td>6</td>
</tr>
<tr>
<td>Allscripts</td>
<td>5</td>
</tr>
<tr>
<td>McKesson</td>
<td>4</td>
</tr>
<tr>
<td>Meditech</td>
<td>3</td>
</tr>
</tbody>
</table>

Vendor Combinations Used By Survey Respondents

Listed below are the top ten vendors used by survey respondents.

<table>
<thead>
<tr>
<th>Combinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allscripts/Epic</td>
</tr>
<tr>
<td>McKesson/Change/NetSmart</td>
</tr>
<tr>
<td>Epic and Cerner</td>
</tr>
<tr>
<td>Meditech and Greenway</td>
</tr>
<tr>
<td>EPIC and McKesson</td>
</tr>
<tr>
<td>NetSmart and CureMD</td>
</tr>
<tr>
<td>Epic, Allscripts</td>
</tr>
<tr>
<td>Suncoast/Kinnser</td>
</tr>
</tbody>
</table>

Do You Collect Data for Measurement and Reporting?

- Yes / 117
- No / 37
### Palliative Care Data Registry Participation

Survey respondents were asked if they participated in any of the PC data registries listed below.

<table>
<thead>
<tr>
<th>Registry</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not participate</td>
<td>66</td>
</tr>
<tr>
<td>QDACT</td>
<td>1</td>
</tr>
<tr>
<td>PCQN</td>
<td>9</td>
</tr>
<tr>
<td>CAPC Data Registry</td>
<td>39</td>
</tr>
</tbody>
</table>

### State Level Activity Participation

Survey respondents were asked which of the following state level activities they were involved in.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not participate</td>
<td>86</td>
</tr>
<tr>
<td>State coalition</td>
<td>58</td>
</tr>
<tr>
<td>Medicaid policy/reimbursement</td>
<td>19</td>
</tr>
<tr>
<td>Regulation &amp; Licensure Revision</td>
<td>17</td>
</tr>
</tbody>
</table>

### Metrics used for Program Evaluation

<table>
<thead>
<tr>
<th>Type of Metrics</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational metrics</td>
<td>107</td>
</tr>
<tr>
<td>Utilization metrics</td>
<td>70</td>
</tr>
<tr>
<td>Financial metrics</td>
<td>64</td>
</tr>
<tr>
<td>Patient experience &amp; satisfaction measures</td>
<td>61</td>
</tr>
<tr>
<td>Clinical metrics</td>
<td>55</td>
</tr>
<tr>
<td>Process metrics</td>
<td>51</td>
</tr>
</tbody>
</table>

### Familiar with National Consensus Project (NCP) Guidelines

Survey respondents were asked if they were familiar with the NCP Guidelines.

<table>
<thead>
<tr>
<th>Familiarity with NCP Guidelines</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>3</td>
</tr>
<tr>
<td>Not familiar with NCP Guidelines</td>
<td>20</td>
</tr>
<tr>
<td>Unsure</td>
<td>28</td>
</tr>
<tr>
<td>Partially</td>
<td>44</td>
</tr>
<tr>
<td>Mostly</td>
<td>51</td>
</tr>
<tr>
<td>Completely</td>
<td>13</td>
</tr>
</tbody>
</table>
### CHALLENGES OR BARRIERS

#### Greatest Challenges or Barriers

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring provider understanding of palliative care</td>
<td>162</td>
</tr>
<tr>
<td>Reimbursement: Medicare B billing and coding</td>
<td>161</td>
</tr>
<tr>
<td>Reimbursement: Contracting with payers</td>
<td>153</td>
</tr>
<tr>
<td>Patient / family understanding of palliative care</td>
<td>129</td>
</tr>
<tr>
<td>Reimbursement: Collaborating / contracting with ACOs and MSSPs</td>
<td>109</td>
</tr>
<tr>
<td>Measurement / metrics / demonstrating value</td>
<td>92</td>
</tr>
<tr>
<td>Obtaining appropriate referrals / adequate volume</td>
<td>91</td>
</tr>
<tr>
<td>Staffing Recruitment and retention</td>
<td>64</td>
</tr>
<tr>
<td>Staff Productivity</td>
<td>56</td>
</tr>
<tr>
<td>Staff Training and certification</td>
<td>55</td>
</tr>
<tr>
<td>Documentation</td>
<td>53</td>
</tr>
<tr>
<td>Other</td>
<td>36</td>
</tr>
<tr>
<td>No challenges or barriers</td>
<td>3</td>
</tr>
</tbody>
</table>

#### Other Challenges or Barriers

Respondents who shared additional comments about the greatest challenges or barriers reflected the following areas.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainability / Reimbursement</td>
<td>8</td>
</tr>
<tr>
<td>Regulatory</td>
<td>7</td>
</tr>
<tr>
<td>Program development</td>
<td>7</td>
</tr>
<tr>
<td>Confusion / Competition</td>
<td>5</td>
</tr>
<tr>
<td>EMR Challenges</td>
<td>4</td>
</tr>
<tr>
<td>Staffing</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>
Respondents were asked how NHPCO could assist in their development and sustainability of palliative care services across three categories: education style, vendor needs, and tools and resources.

**Education Preference Categories**

- Webinars (education preference) 210
- Conferences (education preference) 99
- Telephone consultation (education preference) 68
- Site Visit (education preference) 34

**Vendor Needs Categories**

- Billing (vendors) 97
- Smart phone applications (vendors) 81
- Patient satisfaction survey (vendors) 80
- Telehealth (vendors) 57
- Electronic documentation software (vendors) 56
- Technology (vendors) 49

**Tools and Resources Categories**

- Sample documents 157
- Data collection, analysis, metrics, benchmarking 154
- Metrics and measurement resources 142
- Hospice specific models of palliative care 138
- Referral outreach / marketing resources 135
- Staff training and competencies 132
- Documentation templates 127
- Patient education resources 122
- Job descriptions 77
- Telehealth 75