

Grant Outcome Report

Expanding Palliative Care at New York State Hospitals

The Problem

Persons with serious, advanced illness and those at the end of life can benefit significantly from palliative care. They often confront a health care system that does not know how to meet their needs, which include the provision of expert symptom and pain management, well-communicated information, and improved quality of care.

Current approaches for end-of-life care or serious illness care are resource intensive, but not necessarily effective, and account for a disproportionate share of health care costs. Palliative care can help transition patients to more appropriate care, reducing their length of stay and providing a setting that better meets their needs. Among its key benefits, palliative care can be customized to meet the needs of each individual patient and may be provided at any stage of a patient's illness. In addition to the benefits to patients and their families, palliative care can reduce hospital costs by an average of \$2,400 per admission, and minimize costly readmissions.

Despite the opportunities for savings and improvements in quality of care, New York lags behind many other states in the availability of palliative care programs. In a 2008 state-by-state report card on access to palliative care, New York received a "C" grade. That same year, less than 60% of New York State hospitals—or 75 of 134 hospitals—reported that they provided palliative care services.

The Center to Advance Palliative Care (CAPC) sought to address this problem by working with the remaining 40% of New York State hospitals—the late adopters—to establish a palliative care program at their hospitals. Recognizing that newly established palliative care programs are often small, under-resourced, and lacking necessary funding, CAPC also planned to work with existing programs to strengthen and expand their efforts. In addition, CAPC would enhance the long-term sustainability and quality of established palliative care programs. In 2009, the New York State Health Foundation (NYSHealth) awarded a \$500,000 grant to CAPC to help it achieve these goals.

KEY INFORMATION:

GRANTEE

Center to Advance Palliative Care, Mount Sinai School of Medicine

GRANT TITLE

Providing Technical Assistance to Expand Palliative Care in New York State Hospitals

DATES

August 2009–December 2011

GRANT AMOUNT

\$500,000

FUNDING

2009 Cost Containment RFP

Participating hospitals would be required to submit information into CAPC's national registry, thereby augmenting a repository of palliative care programs across the country to track palliative care's spread over time. Finally, CAPC planned to track the experience of select patients and to quantify the impact of palliative care on health care costs.

Grant Activities and Outcomes

CAPC's primary activity under this grant was to provide training and technical assistance to New York State hospitals' palliative care professionals free of charge, through prepaid registration fees. CAPC training products included audio-conferences, online distance learning, national seminars, and hands-on training at a Palliative Care Leadership Center.

During the grant period, CAPC provided its training products to 44% of New York State hospitals. These hospitals' palliative care programs ranged from those in planning stages to established ones. Through these activities, CAPC was able to build competencies among clinical leaders to start or strengthen their palliative care programs.

For example, during the grant period:

- Professionals from 10 New York State hospitals completed Palliative Care Leadership Center trainings, including two hospitals—Albany Medical Center and New York Methodist Hospital—that created their first palliative care programs after the training.
- National seminars were provided to professionals from 38 New York State hospitals.
- CAPC Campus Online Audio (e-Learning) courses were provided to professionals from 23 New York State hospitals.
- Audio conferences were provided to professionals from 79 New York State hospitals.



In addition, CAPC provided ad hoc support services to New York State hospitals throughout the grant period, including guidance in response to questions posed, telephone consultations, and detailed e-mail advice.

Based on the work completed during the project's time frame, CAPC will likely meet its expected outcomes related to program growth, the provision of palliative care to patients, and cost savings. However, various limitations, with data and measurement issues foremost, affected CAPC's and NYSHealth's abilities to adequately assess the project's impact by the close of the grant period.

PROGRAM GROWTH: Assessing growth in palliative care programs during the grant period was limited by time lags with key data sources. Through this grant, CAPC aimed to increase the number of New York State hospitals with a palliative care program from 58% in 2009, the start of the grant period, to 75% by December 2011, the end of the grant period. By December 2011, 75% of New York State hospitals with 50 or more beds did report providing palliative care services. As a result, CAPC increased New York's rating from a "C" grade in 2008 to a "B" grade in its' 2011 state-by-state report card.

However, data delays affected the ability of the grantee to report on the full extent of how many palliative care programs had formed during the actual grant period. The 2009 figure of 58% of New York State hospitals was based on 2006 American Hospital Association data, and only included hospitals with 50 beds or more. The most current 2011 figure of 75% was based on 2009 data, with the same limitations and collected at the start of the grant period. The data on program formation through 2010, based on data from the American Hospital Association, would not be issued until mid-2012. Likewise, the most recent data on palliative care programs around the country, as tracked by CAPC's registry, is from 2010. As a result, it was difficult to determine trends in program growth among New York State hospitals during the grant period, and much of the impact of the project will not be realized for a few years.

INCREASE PATIENTS RECEIVING PALLIATIVE CARE: In 2009, at start of the grant period, CAPC aimed to increase palliative care by an additional 2% of all patient admissions, equivalent to more than 30,000 patients. By 2012, palliative care programs in New York State still served less than 1% of all admitted patients, per 2009-based data. With trends showing a growth in palliative care programs, NYSHealth expects that both an increase in sources of palliative care and stronger palliative care programs as a result of CAPC's leadership in New York State will lead to an increase in patients served. Because of the steady growth, CAPC anticipates the actual results for 2012 will show palliative care services provided to more than 2% of all admissions. Data issued over the next two years will be more reflective of the patient growth and activity impacted by the grant support.

COST SAVINGS: As part of the grant activities, CAPC aimed to quantify the impact of palliative care on health care costs; this information will help to establish a business case for increased reimbursement for palliative care services and lead to wider availability of palliative care programs. The 2011 data for estimating cost savings, based on CAPC's national registry data, will not be available until mid-2012. However, the registry data is not comprehensive. Although the grantee required hospitals receiving its technical assistance and training to contribute data to the registry, only 71% of participating hospitals with 50 beds or more submitted information to the registry during the grant period.

Although the specific impact on cost savings in New York is not available, CAPC undertook other activities to predict cost savings. In March 2011, CAPC co-authored a study on the quality and cost impacts of palliative care in the leading health policy journal, *Health Affairs*, and incorporated the findings detailed in CAPC's core curriculum.¹ The data used in this study predate the grant period. CAPC further disseminated the results among State and federal policymakers, including a public hearing of New York's Medicaid Redesign Team.

TECHNICAL ASSISTANCE: With the grant, CAPC was able to offer its trainings and technical assistance free of charge to New York State hospitals, and planned to provide customized technical assistance to meet needs such as program exploration, feasibility analyses, and planning. During the grant period, CAPC consultants and staff provided various ad hoc support services to New York State hospitals, including extended responses to forum questions, phone call support, and detailed e-mail responses. Data limitations, particularly with the data collection itself, affected assessments of which trainings or technical assistance approaches had the greatest impact on hospitals for establishing or strengthening palliative care programs. Technical assistance to New York hospitals was not tracked separately in a way to report the impact of such support at the State level.

An important lesson related to financing emerged during the project period. CAPC found that among New York City hospitals, one of the biggest barriers to implementing palliative care programs was financial—either lack of administrative financial support or financial instability of the facility. Although the grant enabled participants to take part in CAPC's training programs free of charge, financing to implement and build up palliative care programs remained a barrier. One New York State hospital that had used a number of the CAPC technical assistance resources during this grant period acknowledged that creating its palliative care program still depended on personal donations from its board of directors and CEO to underwrite the program's start-up costs. Another hospital credited CAPC's

¹ An abstract and purchase information for this article is available at: <http://content.healthaffairs.org/content/30/3/454.abstract>.

resources during this grant period, particularly the financial and staffing tools, with enabling it to successfully persuade the hospital's administration to set aside funding in the budget for the palliative care program's staff positions at a time of severe budget constraints. These positions had previously relied on intermittent grants and donations.

Future

As this project progressed, political and clinical interest in palliative care grew, and new initiatives are creating a supportive environment for the future of palliative care. Most significant in New York, during the 2010–2011 State legislative sessions, lawmakers passed three bills related to palliative care: the Patient Care Information Act, the Palliative Care Access Act, and the Family Decision Making Act. The Palliative Care Access Act requires New York hospitals to make palliative care available to patients who may benefit from it, and CAPC is working with provider associations to bring about its implementation.

Entities ranging from the National Quality Forum, to the Joint Commission, to the Centers for Medicare & Medicaid Services have undertaken major initiatives to support palliative care. For example, in February 2012 the Joint Commission awarded its first nationwide advance certification for palliative care, and two of the five recipients were New York State hospitals.

BACKGROUND INFORMATION:

ABOUT THE GRANTEE

The goal of the Center to Advance Palliative Care is to improve care for all patients with serious illness and their families through increasing access to quality palliative care in the nation's hospitals and other health care settings. To achieve this goal, CAPC develops and disseminates technical support to stimulate new program growth and to assure the long-term sustainability and quality of established programs.

GRANTEE CONTACT

Carol E. Sieger, J.D.
Deputy Director
Center to Advance Palliative Care
Mount Sinai School of Medicine
1255 Fifth Avenue, Suite C-2
New York, NY 10029

Phone: (212) 201-2676
E-mail: Carol.sieger@mssm.edu
Website: <http://www.capc.org/>

NYSHEALTH CONTACT

Amy Shefrin

GRANT ID

3099506