

# PROVIDER SURVEY

MARCH-APRIL 2020

63 RESPONDENTS  
RESULTS

Had one or more  
patients they wished to  
refer for community-  
based palliative care

93%

Physicians  
79%

RN/APRN  
16%

Primary Care  
35%

Subspecialty  
56%

Hospital-Based  
25%

Office-Based  
57%



## SURVEY FINDINGS

- Overall: Generally rated effective across all settings
- 73% reported **Patient & Families Always/Often Satisfied with care received**
- 86% reported having **barriers to referral**
- Barriers to Referral more frequent in the community than in the hospital
- Top Barriers: Wrong Insurance; Unsure about who to call; Reluctance
- **>95% had Interest in Additional Palliative Care Training**



# MOST COMMON REASONS FOR REFERRING TO COMMUNITY-BASED PALLIATIVE CARE

62%

Patient  
and/or  
Family  
Support

60%

Hospice  
Discussion  
or Referral

51%

Pain  
Management

49%

Other  
Symptom  
Management

49%

Psychosocial  
Support



# REQUESTED CORE ELEMENTS TO BE INCLUDED IN A COMMUNITY-BASED STATE PALLIATIVE CARE BENEFIT

Patient & Family  
Support

90%

Goals of Care  
Discussions

89%

Psychosocial  
Support

89%

Pain  
Management

84%

Other Symptom  
Management

82%

Advance Care  
Planning

82%



## **Do you agree with the definition of Palliative Care discussed today?**

Palliative care is specialized medical care for people living with serious illness. It focuses on providing patients with relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support.

Palliative care is based on the needs of the patient, not on the prognosis. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

# Do you agree with the minimum standards discussed today?

## PROPOSED MINIMUM STANDARDS FOR HAWAII

### 1. Comprehensive Assessment

- Physical, emotional, psychosocial, spiritual, functional & caregiver needs
- Development of individualized care plan

### 2. Care Coordination & Communication

- Collaboration, education, understanding what matters most
- Advance care planning

### 3. Clinical Services

- IDT – specialty trained & certified
- 24/7 availability

## Select your top 3 priorities for our state

BASED ON THE FEEDBACK WE RECEIVED, THESE ARE THE KEY AREAS TO DEVELOP

- 1. Specialty Workforce Development** - (e.g. palliative care fellowship; nursing training in PC)
- 2. Payment Reform** - access to community-based PC (e.g. MedQuest benefit; other health plans)
- 3. Clinical Skills Development** - (e.g. Vital Talk, Primary Palliative Care Training)
- 4. Research/Quality/Data** - (e.g. Environmental scan of palliative care availability; needs assessment; definition and standards)
- 5. Public & Clinician Education** - (e.g. public awareness; clinician awareness; centralized source of information)