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Future of the Palliative Care Workforce: Preview to an Impending Crisis

BACKGROUND

The specialty of palliative care has experienced remarkable acceptance over the last decade, with teams present in 85% of medium/large hospitals in the US.[1] For many serious illnesses like cancer, advanced heart disease, stroke, and chronic obstructive pulmonary disease, routine integration of palliative care is considered standard of care.

OBJECTIVE

We sought to characterize the self-described future plans of the palliative care workforce and match those plans to predicted future populations eligible for palliative care.

METHODS

We conducted an electronic survey of members of the American Academy of Hospice and Palliative Medicine, the largest physician membership society for palliative care. The workforce survey was attached to a burnout survey, which was conducted simultaneously and reported elsewhere.

In addition to summary descriptive statistics, we performed multivariable logistic regression to identify predictors of leaving the field early. We called participants "leaving early" if their reported time to leave the field plus their age was less than the age of 65 years. Candidate variables included demographic variables, job responsibilities, and burnout. We used bootstrap multivariable stepwise logistic regression to select and validate the significant variables for our models.

RESULTS

We received surveys from 1357 of 3773 invited clinicians (36% response rate). Respondents were 65% female, with 55% between ages 51 and 70 years. Two-thirds had worked in clinical palliative care for 10 years or less; 62% of respondents reported burnout. Participants described their future plans, with 19% expressing a 50% or higher chance of leaving the field in 5 years, 47% intending to leave in 10 years, and 66% leaving in 15 years. The most common reason selected for leaving was "Retirement" (49%), followed by "Burnout" (24%), "Dissatisfaction with organization/practice" (20%), and "Lack of fair compensation" (16%). The multivariable logistic regression analysis demonstrated that physicians younger than age 50 years, those with burnout, and those with >75% clinical effort were at the greatest risk to leave the field early.

The **Figure** plots the available palliative care physician workforce based on the year when respondents anticipated leaving the field. After adjusting for the annual influx of new fellowship graduates (N = 250), which is currently the only mechanism to achieve board certification, this net workforce is then plotted against population estimates of patients with one or more chronic illnesses who would be considered eligible.[2,3]

DISCUSSION

A growing workforce shortage in palliative care is increasingly recognized.[4] Current estimates report: 6600 board-certified physicians in practice[2]; a projected shortage of 18,000 physicians (based on optimal need for specialists)[5]; and <250 fellowship-trained physicians entering the field annually. Additionally, there is a cap on the number of Medicare-funded graduate medical education slots, which means programs have to rely on philanthropy and development to fund fellows.[6] Similar shortages are evident, though not as well studied, among advanced practice providers, nurses, chaplains, and social workers. Combining these estimates with our data, we project no more than a 1% absolute growth in palliative care physicians in 20 years. During the same 2-decade period, the number of persons eligible for palliative care will grow by over 20%, resulting in a ratio of only one physician for every 26,000 patients by 2030.[3] This is simply untenable in meeting the time-intensive, complex, and dynamic needs of those with serious illness.

As calls for integration of palliative care increase, the worsening shortage of specialty physicians presents a significant barrier to realizing patient-centered, serious illness care. Potential solutions should address the

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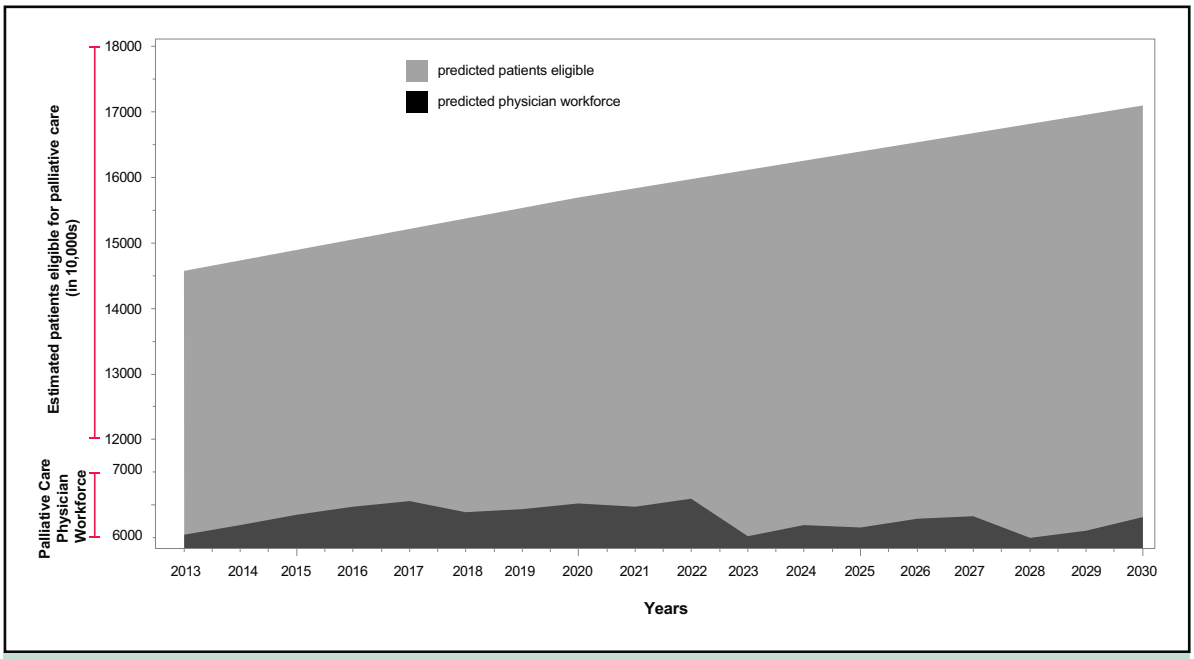

Figure Projected changes in palliative care physician workforce and seriously ill patients eligible for services.

substantial prevalence of burnout in the field, support increased delivery of foundational palliative care services by nonspecialty clinicians, and grow the workforce of trained palliative care clinicians through traditional and alternative mechanisms.

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