



March 20, 2023

The Honorable Bernie Sanders  
Chairman  
United States Senate  
HELP Committee  
Washington, DC 10510

The Honorable Bill Cassidy, MD  
Ranking Member  
United States Senate  
HELP Committee  
Washington, DC 10510

Dear Chairman Sanders and Ranking Member Cassidy,

The National Partnership for Healthcare and Hospice Innovation (NPHI) is pleased to respond to your request for information regarding the healthcare workforce emergency. We appreciate your leadership on this critical issue.

NPHI is a collaborative of nearly 100 not-for-profit, community-integrated hospice and palliative care providers dedicated to ensuring patients and their families have access to care that reflects their individual goals, values, and preferences. Representing providers from 36 states and the District of Columbia, NPHI and its members help design more innovative and effective models of care, advocate for comprehensive and community-integrated care customized to meet each person's unique needs, and build collaboration between national thought leaders, decision-makers, and other healthcare stakeholders to improve hospice care.

## **OVERVIEW**

Nonprofit, community-based hospices profoundly change the lives of their neighbors and communities for the better. They are committed to the excellence of interdisciplinary palliative care, while also supporting the loved ones of those facing serious illness at the end-of-life. In addition, they are committed to growth through volunteerism, bending the curve on the utilization of futile care and assuring appropriate care transitions for patients.

Our members serve the nation's most vulnerable in their homes whether in densely populated urban areas or in some of the poorest rural communities in the nation. As such, non-profit hospices are especially challenged today in trying to meet their unique multi-discipline staffing needs in the context of a more general shortage of healthcare workers. Hospices are staffed by a range of professional health and home care workers, including nurses, nurse practitioners, nursing assistants, social workers, chaplains, and physicians, who work together on interdisciplinary teams. Workforce shortages in these professions particularly affect the non-profit, community-based provider community who often have limited resources compared to other providers with whom they compete for hiring and retaining of workers.

Without additional resources, non-profit hospice programs will have a difficult time sustaining their organizations as competition for a limited supply of healthcare professionals raises overall personnel costs. Our members already report having to turn away patients occasionally or delay admissions because of a lack of available staff. In addition, there is a shortage of physicians and nurse practitioners with specialized

palliative care education and training. The current conditions make access to appropriate palliative care, and by extension, hospice care, questionable at best in many regions across the country.

This is a complex and multifaceted issue to say the least. While we appreciated the commentary of the expert witnesses who testified before the Committee in February, we are pleased to see that the committee is tackling this issue head on by seeking additional stakeholder feedback. Below we provide additional information regarding contributing factors to this crisis and potential solutions to alleviate ongoing challenges.

## **CONTRIBUTING FACTORS TO THIS CRISIS**

In response to the committee's request, NPHI recently interviewed member program leadership and conducted a comprehensive literature review on this issue. The following is a synopsis of our findings.

Growing shortages of health care workers have been predicted and documented in countless publications over the past several decades. A study in 2008 attributed a shortage of nurses at that time to working conditions such as ineffective use of available nursing resources through inappropriate skill mix and utilization, poor incentive structures, and inadequate career support.<sup>i</sup>

Furthermore, an article published earlier this month reported on a nursing survey of over 2000 participants and highlighted the following areas of discontent:

- 60% of nurses still love being nurses but are concerned about the profession's future.
- 39% of nurses feel dissatisfied with their current job, but this varied based on education level and specialty.
- 91% of nurses believe the nursing shortage is getting worse, and 79% report that their units are inadequately staffed.
- 55% of nurses saw a pay increase in the past year; however, 75% of nurses still feel underpaid.<sup>ii</sup>

The actions of healthcare organizations and the professions themselves have contributed to this issue. Unfortunately, institutions have not always created environments conducive to staff satisfaction, and the profession's lack of clarity and consistency of educational requirements and scope of practice has been challenging.

Richard Shannon, MD, the chief quality officer at Duke, said, *"When it comes to bringing frustrated, disillusioned nurses back to the bedside, the solution is nothing less than a complete overhaul to the nurse's workday.* At Duke, 30 to 35% of a nurse's time is spent documenting electronic medical records. Another 33% of a nurse's time is spent finding supplies, transporting patients, finding missing medications, and other time-wasting tasks."<sup>iii</sup> In hospice organizations, similar challenges exist, with significant time spent on documentation, regulatory compliance, and travel to patient residences.

The challenges for licensed nurses are being reflected in other areas of healthcare and supportive services. Home health aides face a shortage, just as the lack of nursing home nursing assistants has also become a crisis. The increasing shift from nursing home to home care will create a demand for more than 924,000 additional home health aides over the next 7 years.<sup>iv</sup>

Meanwhile, Certified Nursing Assistants (CNAs) indicated that the contributing factors to the shortage in their profession are low pay, burnout, and perceived lack of respect from organizational leadership. These workers are aging (average age 41), 87% are women (many single parents), 20% live below poverty, and 40% rely on public assistance. They are four times more likely to be injured at work than any other workers.<sup>v</sup>

Likewise, the impending social worker shortage is also significant. Several national studies have been conducted over the past few years to project the number of social workers needed by 2030. They all point to a considerable deficit in social workers (upwards of 200,000) needed to care for children, the elderly, and those with addiction, mental health, and other health issues.<sup>vi</sup> The role of the social worker in the hospice interdisciplinary team has grown significantly over the past decade as programs stretch to serve patients with many social determinants of poor health, caregivers suffering from addiction or mental illness, and other challenging situations they encounter when serving patients. There is a requirement for Medicare-certified hospices to employ master's educated social workers, which also contributes to the challenge for hospice and palliative care providers.

Lastly, physicians are of similar concern. One in five doctors says they plan to leave the profession in two years, and one in three intends to reduce their work hours. The contributing factors are system inefficiencies, administrative burdens, increased regulation, and technology requirements (HRSA, A.M.A.). Numerous studies recommend the following to help address these challenges for physicians: transparent communication, support for childcare, ensuring access to confidential services for mental health, reducing work overload through better teamwork, and a commitment to diverse and equitable leadership structures.<sup>vii</sup>

Our members have outlined the following factors as contributing to the crisis relative to end-of-life care providers:

- The nature of the role (work intensity and job design)
- Lack of adequate healthcare leadership and management
- Wage compression and lack of career development and mobility
- Perception of incongruence between stated purpose and actual organizational culture
- The mental health challenges of the impacting the healthcare workforce
- Lack of inclusivity and diversity in today's healthcare workforce
  - Early in 2022, the National Commission to Address Racism in Nursing released the results of a survey of over 5600 nurses and found that large majorities of nurses of color reported they have personally experienced racism in the workplace, and two-thirds of the nurses who said they had challenged it reported that their efforts resulted in no change.
- The pipeline of nurses and availability of graduate programs
  - In 2021 nursing schools turned away 91,938 qualified applications from baccalaureate and graduate nursing programs due to insufficient faculty, clinical sites, classroom space, clinical preceptors, and budget constraints.

## **POSSIBLE SOLUTIONS AND SUPPORTED LEGISLATION**

For this crisis to be overcome, we believe action is required in three areas:

- Support retention of current healthcare workers
- Increase the pipeline of healthcare workers
- Address workflow, education, and technology innovation opportunities

These solutions will require partnership and collaboration between government, institutions of higher learning, and healthcare organizations. NPHI supports the following proposed legislation that we believe may play a role in addressing the current crisis:

#### **Palliative Care and Hospice Education and Training Act (S.4260)**

This bipartisan bill would require the Department of Health and Human Services (HHS) to take a series of actions relating to palliative-care training. These include:

- **Workforce Training:** Ensure we have education centers, curricula, and teachers to expand interdisciplinary training in palliative and hospice care and establish programs to attract and retain providers.
- **Education and Awareness:** Share resources and information to ensure that patients, families, and health professionals are informed about the benefits of palliative care and the services that are available to support patients with serious or life-threatening illness – especially those in the home- and community-based settings of care.
- **Enhanced Research:** Direct NIH to use existing authorities and funds to expand palliative care research – especially in the home- and community-based setting to advance clinical practice and improve care delivery for patients with serious or life-threatening illness.

#### **National Nursing Workforce Center Act (S.4844/H.R.8817)**

This bipartisan and bicameral bill would create a pilot program to support state agencies, state boards of nursing, nursing schools, or other eligible entities with establishing or expanding state-based nursing workforce centers that carry out research, planning, and programs to address nursing shortages, nursing education, and other matters affecting the nursing workforce. The bill would also direct the Health Resources and Services Administration (HRSA) to establish health workforce research centers including a center focused on nursing.

#### **Healthcare Workforce Resilience Act (S.1024/HR 2255)**

This bill would make previously unused immigrant visas available to nurses and physicians who petition for such a visa before the date that is 90 days after the end of the declared national emergency relating to the COVID-19 outbreak. The total number of available visas would be set at 40,000, of which 25,000 would be for nurses and 15,000 for physicians.

#### **ADDITIONAL POLICY RECOMMENDATIONS:**

In addition to the legislation referenced above, NPHI encourages consideration of the following policy changes:

**Revise hospice regulations that prescribe specific disciplines and outcomes.** For example, every patient should be afforded the opportunity to enhance connections with their local faith communities for spiritual support, rather having to be assigned a chaplain from the hospice. Professional chaplaincy should be utilized when the situation requires the discipline's skills, education, and training. In addition, rules should allow for greater use of trained volunteers, Community Health Workers (CHWs) and CNAs in making home visits and providing in-home care and connecting people with the many resources already in place in many communities.

**Enable broader use of professionals at lower certification levels.** There should be a broader role in hospice than regulations currently allow for professionals at lower levels of licensing and certification (such as licensed practical nurses (LPNs) and, high value Community Health Workers (CHWs) to address social determinants care needs as well as social work assistants in order to reduce the demand for professionals at the highest levels of licensure.

**Reduce required activities that consume professional staff time with little benefit to patients.** There are many required administrative tasks that consume professional time but could be organized more efficiently, handled at a lower level of staffing, or not performed at all. The most flagrant example is the ongoing 12-year futile use of physicians for unreimbursed face to face visits (even through telehealth) which has not demonstrated any substantive impact on hospice length of stay or utilization.

**Allow for broader use of telehealth in hospice.** Home visits by members of the hospice interdisciplinary team are an essential part of high-quality hospice care. However, an expansion of telehealth flexibilities (as has been allowed throughout the COVID-19 PHE) could supplement in-person care, address significant aspects of social isolation and loneliness and ultimately to increase contact with patients and allow more efficient use of these scarce resources for essential in person clinician visits.

**Provide funding for interoperability of health IT and data exchange.** Federal financial support should be extended to hospices and other home care providers to enable improvement and interoperability of data systems for clinicians to meet vendor requirements. The lack of high quality, effective EHRs and HIE interfaces in many communities means that the burden for value based care and payment measurement often falls on the community based organizations to build the network of data feeds, data management and analytics – without any increase in funding to build out these essential infrastructure.

## CONCLUSION

Thank you again for the opportunity to provide feedback on the healthcare workforce crisis. As always, NPHI appreciates the opportunity to provide insight and commentary into how this issue impacts the not-for-profit hospice and palliative care provider community. If you have any questions concerning this information or would like to discuss these issues further, please contact NPHI's Policy Director, Ethan McChesney, at [emcchesney@hospiceinnovations.org](mailto:emcchesney@hospiceinnovations.org).

Sincerely,



Tom Koutsoumpas  
Founder and CEO  
NPHI

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<sup>i</sup> Buchan J, Aiken L. Solving Nursing Shortages: A Common Priority. J Clin Nurs. 2008 Dec;17(24):3262-8. doi: 10.1111/j.1365-2702.2008.02636.x. PMID: 19146584; PMCID: PMC2858425.

<sup>ii</sup> Gaines, Kathleen. 2023 This is the State of Nursing. <https://nurse.org>. Mar 8, 2023.

<sup>iii</sup> Dean, Bari Faye. Band-Aid Solutions won't bring nurses back to the bedside. Becker's Hospital Review. Jan 19, 2023

<sup>iv</sup> Bureau of Labor Statistics. [Home Health and Personal Care Aides: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics \(bls.gov\)](#)

<sup>v</sup> <https://www.nahcacna.org/cnas-cite-low-wages-burnout-lack-of-respect-as-key-contributors-to-staffing-crisis/>

<sup>vi</sup> <https://www.qic-wd.org/blog/social-worker-shortages-and-rise-competition-competent-child-welfare-workforce>

<sup>vii</sup> Robenierks, Andis. Doctor Shortages are here and they'll get worse if we don't act fast. Apr 13, 2022. [www.ama-assn.org/practice-management/sustainability/doctor-shortages-are-here-and-they-ll-get-worse-if-we-don-t-act](http://www.ama-assn.org/practice-management/sustainability/doctor-shortages-are-here-and-they-ll-get-worse-if-we-don-t-act)