TRANSCRIPT: Why Hospice and Palliative Care Expertise Matters—with Dr. Kristi Newport | Part Two

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Why Palliative Expertise Matters

Jeff Haffner 0:40
Thank you, NetSmart, for sponsoring this podcast. Welcome to TCN Talks, and Anatomy of Leadership. We continue the conversation with Dr. Kristi Newport. In Part Two, Why Hospice and Palliative Care Expertise Matters. And now, here's our host, Chris Comeaux.

Chris Comeaux 1:08
We're going to go to this next section. Feels like you've done a great job establishing like this is a field of medicine. This is a subspecialty. It's got incredible nuance in expertise and complexity. And maybe a little bit later, I'll kind of throw a teaser that I didn't plan on asking you, but where my mind goes listening to you is in the age of AI, how does this kind of change at all? Um, although I have an interesting idea. I can't wait to hear your answer on that one, but I've got an interesting idea. I'm going to a podcast I did with Daniel Pink, where he wrote a book about the future of like the superpowers of the future in the age of AI. I think you're going to smile when I share that with you. So let's talk about like how do we keep creating kind of the field of this medicine? So there are now thousands of hospice patients, millions of hospice patients being cared for every day. That's going to increase, especially as the baby boomers are aging. But there are physicians who have not completed a hospice and palliative care medicine fellowship.

How do we think about different pathways to this expertise, especially as we go forward to the future, as the volume of need maybe compared to the people that are going to be hospice and palliative care fellows? So we're going to have probably a challenge. We're going to have this challenge all over healthcare, just the number of providers compared to the people needing care.

Protecting Integrity And Public Trust

Dr. Kristi Newport 2:30

Yeah, absolutely. So I think there's a few different pieces to unpack in this. And first, I want to say, gosh, I'm so grateful to the people that stepped in over the years and filled the need as hospice medical directors, as very early palliative care clinicians, even before there was a board certification, right? I mean, they were some of my mentors. They are the people that crafted the field. Um, and we wouldn't be here if those people had not done so. Um and we're in a new chapter of health care in so many ways. We are practicing in a time of high medical complexity. We have bad players that are committing outright fraud in the name of hospice. And we have programs who claim to deliver palliative care without any clinicians on staff with specialty palliative care expertise. And so, if we're going to maintain the integrity of the field and truly meet the needs of the growing population of folks with serious illness, we have to maintain the integrity of the field. We have to earn and maintain the trust of the public. And we have to use that expertise to build meaningful payment models. So we really have to raise the bar of what we expect of ourselves and what we demand when we are saying that we are delivering hospice or specialty palliative care. And I think this happens in a lot of different spaces and a lot of different ways. So on an individual clinician level, it means those practicing in hospice and pallimedicine can and should seek out board certification and continue their maintenance of certification if they got an initial certification. And fortunately, we have some different options for that now. So, you know, we know that that not everybody can kind of drop their income or their lifestyle and um do a one-year fellowship if they're if they're thinking about doing um palliative medicine, you know, in mid-career. Um, so the academy actually now is is really pleased to be able to um support uh to to um sustain and hopefully grow um the mid-career fellowships um that are approved by ACGME. These are competency and um variable time-based programs that work with individual people who are interested in hospice and palliative medicine board certification, um, but doing you know a one-year straight fellowship doesn't work for them. Um so I'm I'm encouraged by that type of opportunity so that we can get those dedicated people that that decide later in their career that pallied medicine is a good, a good place for them to practice so that they can seek out that expertise that they need. Um, so that's kind of one step is the individual clinician, you know, can take that onus to be sure that they have the

education and the training they need. Um, I think the other thing that individual professionals can do is when they're thinking about referring. So if you are a palliative care clinician and you're referring to a hospice, do you know if that hospice physician is board certified? Um, you know, we we have this uh awesome opportunity for folks to do hospice medical director board certification. So, you know, perhaps a fellowship isn't right for you and you really want to focus on hospice, um gosh, there's so much expertise that's needed um to be a really good hospice medical director. Um, as I said, when I do the HMDC um questions, it it really just helps me to know what I don't know, right? Um, and we know that even folks that um that do a hospice and palliative medicine fellowship don't know everything they need to know to be a good medical director. Um, so that's one place that that individuals can can work on that. Um for health systems and hospitals, it means that they advocate and demand credentialing requirements for the hospitals or even for payers who seek out and require board certification for physicians who are practicing um in these specialties. At a health system level, it means when a hospital has a GIP agreement with a hospice, we should know if that if that hospice employs somebody who's board certified to be sure that you're getting quality care. On an advocacy level, it means that when we are talking to CMS and pitching payment models, we are actively describing the level of expertise that should be required for payment for a specific, you know, palliative care model. So these are all kind of different spaces where we need to be doing this work, but everybody kind of has a role in that. Um, and it also means that our public then um can learn about and understand, hey, you know, my doctor's board certified in this. And we know that the public believes that board certification means that their doctor took the time to get some additional expertise. We also know that there's been some undermining of public trust and medical expertise. So we have some work to do there and in helping people to understand, you know, what it means to get the best care. I also would be remiss if again acknowledge the fact the other kind of part of your question is our, you know, the growing population and the growing need in our field. There's a huge factor to consider. Anytime we are talking about raising the bar of what it takes to count as a service, you know, whether that's hospice or palliative care, it means the that we run the risk of decreasing access to that service. And so we are always needing to consider the potential unintended consequences of elevating the standard. We know that board-certified physicians are not evenly distributed in rural and underserved areas. There's not equal geographic um distribution. And I believe, though, that the answer to that is not to say that people in an underserved setting delete deserve to get poorer care or they don't deserve to get the higher standard of care. You know, I think about my own family. My in-laws live in rural northeastern Pennsylvania. It's over an hour to the closest tertiary care hospital. They deserve the same compassionate, skillful hospice team that my father receives when he lives, you know, in resource-rich Lancaster, Pennsylvania. Because I think we need to acknowledge that access to poor quality care is not access. So this of course raises the concern of workforce, which it's, you know, it's a

major focus of what all of us need to be working on in one of your recent podcasts, which I learned a lot from. Um, so uh, you know, we continue to mean that and and and maintain work on that and and in work with um the coalition um of hospice and palliative care, you know, to to think about every lever that we can possibly pull to make sure that we can provide a skilled workforce.

Chris Comeaux 9:47
Amen. Yeah, that and I don't know if you you knew about this, Kristi. We actually that I think you're probably talking about the Ron Hetrick podcast, probably the most articulate person I've ever had uh talk to before about the whole workforce challenge. I brought him back for a part two, which is actually gonna air the week after this one between you and I. Because I'm like, I gotta talk to you about solutions. He's probably the most articulate person about the just the pure math problem, but then I'm like, we gotta talk about solutions. And it was really great. We brought him back for a part two. There's a lot of interesting uh data. You probably know this. The Japanese baby boom population is about 10 years ahead of our demographic. So there's some interesting lessons to be learned, not plug and play lessons, but almost like an interesting way of getting like into a timeship and going into the future and saying, okay, how did they kind of learn? But how would we bring that back to America? More to come on that. So one of the things that you alluded to that I've been wanting to ask, mostly because I'm ignorant, and I think a lot of my peers, at one point in time, the hospice medical director course was HPM, and now it's can you just speak a little bit about that, just a little bit of that

Who Certifies Hospice Medical Directors

Chris Comeaux 10:52
history? Because it is its own thing now, right? The the medical director course.

Dr. Kristi Newport 10:56
Uh yes, and and HPM does still continue to host hospice medical director um education. Um I you may be alluding to we do um have some joint educational um events with hospice um medical director certification board, um, including the upcoming super forum, hospice super forum that's in November. Um you can go to either of our websites to learn more about that. Uh so I'm not sure if there was something else that you were alluding to, but we continue to um provide, we both um have publication and um educational sessions for for folks that are um interested in becoming a hospice medical director or or increasing their skills in in hospice medical directorship.

Chris Comeaux 11:38

And it's a separate entity via the hospice medical director courses, is or does it sit under AHPM or you guys affiliated? And so I know you guys collaborate, but um I think people like like who who is the the who is the oversight of the hospice medical director course?

Dr. Kristi Newport 11:54
Yeah, so that is um that is um conducted by a completely separate board um from AHPM. Um, you know, for all of the various like um ethical reasons, um there we always need to have a separation between the folks that are creating exams and and the certification process versus um uh education for that. So the hospice medical director certification board, while it was something that AHPM was integral in supporting the development of, and we have a representative on the board there. Um it's a completely separate entity in terms of um the it uh administering the exam and the board certification is separate from the educational um offerings that that AHPM provides.

Chris Comeaux 12:41
That makes total sense. I'm so glad I asked you that question because I think there are other CEOs who are like, okay, help me kind of unpeel that. And then interestingly, you probably know this that the hospice conditions or participation, they're looking at them again, which is fascinating because we've not done that since 2008. And so this is a really interesting time where we could kind of put a stake in the ground and say, well, if the physician is not at least um certified. So any thoughts about that as AHPM thinking about that?

Dr. Kristi Newport 13:09
Um I think there are a lot of opportunities in this space. And again, with always, you know, in our minds a concern about limiting access if we were to require that a hospice medical director needs to be board certified. We are um, you know, looking at where are opportunities to advocate for this. Number one, um, it would really be beneficial if it was just easier to know if a hospice medical director was board certified. Right now, it's actually a very opaque process to try to determine that. There is um uh a really uh a great early um researcher actually who's about to publish a paper in JPSM that's actually looking at this. What proportion of hospice medical directors are board certified and other either AHPM or HMDC? And you had to put a lot of work hours into trying to determine that. That's something that we should be able to know, right? And um, you know, I we have a standard within our health system um that we require that of any hospices that we um coordinate with, and we also require a simple thing that we're able to pick up the phone and talk with the hospice medical director. Again, this is not something that's easy to determine, you know, how available is a hospice medical director, are they willing to talk about clinical care? But these are the kinds of things that we really need to understand and be able to see in a more transparent way to understand

is the hospice medical director number one equipped to provide quality care? And are they even engaged in the patient care that's provided? Um, because we know that that's, you know, not always kind of the standard that's out there. I. Uh we actually are about, um, well, we've already submitted a resolution to the AMA to consider looking into the implications of requiring hospice medical directors to be board certified. Um, so that we we just submitted that in late September. It's um being evaluated right now, and and the interim meeting is is in early November where it will be considered. And again, we included in that resolution not just saying, hey, implement this now, you know, forget about access issues. No, we said we think this is something that needs to be further studied so that we can understand what would be the implications if this were to be, you know, made into regulation, if it were to be a condition of participation. You know, what are the implications of that? And um are we, does it allow us to raise the standard of care while not diminishing access? Um so we're looking at where are the opportunities for us to raise, you know, this issue in every space that we can without harming patients and families.

Specialization Across The Care Team

Chris Comeaux 15:42
Gosh, that's awesome. Well, let's chase a rabbit for a second, kind of broaden just beyond the physicians just for a little bit, and we'll bring it right back. As we talked about, hospice and palliative care is fundamentally interdisciplinary. What would it look like if we pursued the same depth of expertise across the entire team? Nursing, social work, chaplaincy, pharmacy, vice practice providers. Um, and they're also known as clinical experts and suffering in all dimensions. And I'm kind of betting that this part of the conversation is going to probably birth another future podcast of maybe some other folks that I might maybe you'll point me in their direction to have a conversation with. But what are your thoughts on that?

Dr. Kristi Newport 16:19
Yeah, I'd well, first I would say that I personally am certainly not the expert on the certification of other um disciplines within the field. Um, but the other organizations that we partner closely with certainly are. Um so, you know, the social work hospice and palliative care network, hospice palliative nurses association, um the physician associate of of palliative care, um, the pharmacists, there are varying levels of certification in um each of those specialties. The pharmacists are probably the ones that have the least kind of specific um palliative care um certification, which I know you know there's some advocacy for there. Um, but there's um not as strong of an uptake in terms of the percentage of the field of in those disciplines that um achieve certification. And I will say outright, and this is

not with with data, so you have to forgive me in this, but just practicing in the field and seeing the people that are so passionate um from various disciplines that work in this field, it's not because the folks are not you know competent to achieve certification. I think there are um different concerns that impact whether someone pursues it or not, not the least of which is there's not an incentive for a lot of folks to do that. I will speak, um, we're in the midst right now of actually um trying to advocate in my own health system for our advanced practice clinicians um to have specialty certification incorporated into their um kind of ladder of promotion. Currently, if if um I have an advanced practice clinician that gets specialty certified, um, there's not any kind of reward for that in terms of of increased pay or any change in their work. So those are the kinds of um, you know, systemic um not barriers, but maybe just lack of incentive that that doesn't kind of like you know lead to the field um kind of demanding that. So I think there are a lot, probably a lot of um levers around this that I'm I'm not the best spokesperson for. So I'm glad that you're considering bringing in um some of the folks that really can speak to the the needs and the concerns of the other disciplines. Um, you know, you may be aware that the majority of folks that are members of of AHPM are physicians. Um and we we uh certainly advocate for and are aware of the needs of the interdisciplinary team. And every table we're at, we are we're always advocating for um their uh interest and involvement. We certainly are not the folks that know the most about what those needs are. And so that's why we do work in collaboration um with the other uh organizations representing them to make sure that we're getting it, getting it right when we advocate for them.

Chris Comeaux 19:14
Well stated,

AI Prognosis Tools And Human Judgment

Chris Comeaux 19:15
you gave me three ideas already, just in what you said there. Well, I kind of poked on them. We maybe go to artificial intelligence, but you know, you can't turn your radio or your TV on at night or your internet social media feed without hearing about artificial intelligence. And so as we kind of started the conversation and talking about these amazing clinical competencies that are part of making up just this incredible field that is hospice and palliative care as a subspecialty. What do you think as AI goes forward? And and I'm gonna give you a little bit and you can take it from there. Daniel Pink, we had on our podcast, it was so fascinating. He wrote a book and it kind of blew me away because I did not actually check the actual copyright date, but he wrote it during the Bush administration, which is even more incredible. And he basically said that in the age of artificial intelligence, these are the things that are going to become the superpower. The

title of the book was a whole new mind. And you will love this because some of the superpowers are story, design, symphony, some things that I think you're kind of painting the picture in the beginning that make an incredible powder care practitioner. And he basically said that in a future where artificial intelligence gets to artificial superintelligence, left brain dominated type skills are going to become almost a commodity. They're table stakes. But the superpowers are the other things. And I just found that just phenomenal and also almost like, well, then maybe our time is coming because quite often they've looked at some of the things that are superpowers in our field. And I actually have a great mentor who said, Chris, do not ever call those soft skills again. And that was great. He said you should frame those as essential skills. And I agree that's a much better framing, but that's usually what we're up against, right? People think that if I had a dime for every time people say, Oh, you guys do that woo-woo stuff. Um, I'm sure you've probably seen someone say that as well. So how would you respond to that about artificial intelligence?

Dr. Kristi Newport 21:11

Yeah, well, first I will say I'm I'm not an expert in in any way in this, and and it's probably changed even in the time that you and I are talking here in the impact, is something different than I thought it was 10 minutes ago. Um, I will say I would I would direct your listeners, if they're not already aware, um, the National Academies of Science, Engineering, and Medicine serious roundtable group just put on two really great webinars. Um, and they're available to be able to watch on the website that um engage in some of our current experts in our field, looking at various tools that are that are used either for patients or for professionals in palliative care. Um, and just looking at the opportunities, you know, of how we can use them to make care better. So, you know, it It's true that you know, we we will often all talk about well, nobody can ever replace somebody holding the hand of a patient, right? Um, but we also know that um there's been more than one setting now where we've seen um AI bots are more patient with people. And um, you know, AI bots don't care about saying the same thing over and over again if it's what that person needs to hear. And so we do have to just acknowledge that there are some times when people are going to go to AI, even when they have access to um, you know, somebody who will listen to them for various reasons. So um we need to be really thoughtful about how we position ourselves to fill the need that only a person can fill. And I think that role is going to change over time, you know what it is. I will say it, you know, one example that gets offered a lot is um, you know, we've been talking about prognostication and and gosh, we've always been like so poor at really accurate prognostication. And and AI tools can really help us a lot in this space. And uh these are still human beings that we're talking about. Um so it it was not long ago that um uh there's a paper published looking at a tool that's used in one of the large EMRs that is uh pulling some data from the EMR to predict prognosis. And it actually was sharing that it wasn't as accurate as one would hope. Um and I think that that's maybe not a surprise in

the patients that we're talking about. You know, I think it's going to be great when I have a better prognostic tool where I can enter the data that I've gleaned from the patient about what matters to them and what trade-offs they're willing to make, right? Because right now, you know, because we have such complex patients and they have, you know, complex wishes and priorities, there's often not a single study that that patient, like kind of uh, you know, is is described by. So for instance, when I have a 62-year-old gentleman who has had an LVAD, a left ventricular cyst device, um, for eight years. He's not a candidate for a heart transplant. He now is getting treatment for cancer. Um, and he's in front of me and it's getting harder to treat his cancer because of some complexities related to the LVAD. Well, there really aren't studies out there that are looking at people with LVAD and cancer, right? Um, and there is something he's willing to go through, he's willing to go back to the hospital, but he really doesn't want to be on event leader. And so wouldn't it be great if after I talk with him and I elicit those goals, I had a tool that could help me understand not just how long he would live, but what kind of factors might impact the way he lives so that I could provide a better picture for him about what he should expect if he chooses to, you know, go back to the hospital, if he chooses to to undergo mechanical ventilation in in a certain situation, what might his life be like? What's the expectation that he would be able to come back off of in that situation? And how does that impact his decision making? You know, whether it's that he wants to get to his daughter's graduation or just that he just wants to be able to be awake on the couch so he can see his granddaughter crawling. You know, using tools to continue to provide really patient-centered, human-focused care, I think is the way we need to be thinking about um doing this. Um, and that's the piece that I don't know, maybe I'm naive, but I'm not sure a machine will ever do quite as well as the person who's sitting right in front of you.

Chris Comeaux 25:45

No, I agree with you wholeheartedly. But also thank some great pearls in your answer. We need to get you with some of these AI developers because it's almost like I I forgot exactly the way I heard it phrased, but like one of the things that AI will be great at is the ability to simulate things because you have all these factors. So it's almost like you could build like a simulation that can walk them through almost like virtually experiencing those multiple pathways. So then in that moment, you as that expert walk them through the humanness of, well, these are like, you know, here are the possibilities of the metaverse. And so, but which is the best for you and what matters most to them? Because I agree with you. I just think that while you might be able to simulate that in any type of robot, we still all know, like my girls will play, like a, hey dad, can you pick the song that's a real song or an AI song? And it's I'm pretty good. And usually it's like there's something about there's just not, I'll use spirit or soul in it. And I think that to sit with another human being and what matters most to you, but use the technology to help you go through those multiple

pathways to get data and information and then help them choose what's best for them, that still feels like a very number one, one of the superpowers we've done without those tools in the past. But can you imagine if you had those tools at someone's disposal, like you or many of the people that you're mentoring? So get, I love your answer.

Dr. Kristi Newport 27:05
I would also say, Chris, um, I think it's really important that we are, we as the humans in the equation are also ensuring that these big you know databases actually have the right data to inform those kinds of simulations. Because one of a, you know, a really big missing piece in a lot of our um current medical record is the patient's functional status um and and you know, the impact of their illness or their um debility on their their quality of life. And so, like I just said to you, is that, you know, my patient who has the L-Vat and cancer, he he's not asking me like, hey, am I gonna die on May 15th or May 16th? That's really not what most people want to understand when we're when we say like illness, understanding, or prognostication. What they want to understand is, am I gonna be able to go fishing with my son? Am I going to be able to be the one that moves my lawn? Am I going to be able to hold my wife's hand and walk down the beach? Right. And so if we really want to use these amazing tools to keep the human at the center, we need to be feeding the right information into it as well. Um, and I would say that I again, not an expert. Um, but I think right now we aren't routinely um eliciting that information in a way that it can inform those systems. So those are the kinds of things that um, while I'm not sure I'm going to be the be the person to do this, I am I am really impressed by my colleagues in the field that are thinking really thoughtfully about this to be sure that we are utilizing these tools to really continue our person-centered care as best as we can.

Chris Comeaux 28:57
I have a cool idea.

What The Field Must Prove Next

Chris Comeaux 28:58
I'll share with you when we get back in the green room when we're done along those lines. Well, here's my final couple of questions. We could go on for hours. You're amazing. Um, so let's imagine we get this right. 10 years from now, healthcare system payer, primary care physician, oncologist, or a family encounters a patient with extraordinarily complex serious illness. What do you want them to immediately understand about the expertise of hospice and palliative care medicine specialists and what must our field do today to be able to earn that recognition 10 years from now?

Dr. Kristi Newport 29:30

I think first they will know and recognize specialty palliative care. It will be clear to everyone what that is and what they can expect from it. And they will trust the expert, evidence-based care that they will receive when they engage with it. And so they won't be asking hospice and palliative care professionals to be um, you know, the fix for one quality measure, right? They will be asking us to actually provide care that that improves patients' lives and and maintain the patient at the center. And they will know because we've done the research and we've disseminated it, which patients actually need that high-level specialty palliative care versus primary palliative care elements or other ways to deliver the elements that can help people live better. And we in the field need to demand the high-quality expert care in every room and in every way so that they know that they can trust and they can get the best care possible every single time.

Chris Comeaux 30:42

Very well said. Incredibly well said. Well, Kristi, what final thoughts would you like to share? You've got the year of hospice and pedicure leaders all over the country. What are your final thoughts?

Dr. Kristi Newport 30:52

Well, in case my excitement about this work doesn't come through, I just think this is an amazing field to practice in. Um, it was 20 years ago when I chose to go into it. Um, and with all of the complexities and changes, it continues to be an amazing field. We have the profound privilege to walk with people during their most vulnerable times. And when we do it right, we make a lasting impact. We have fought hard to ensure this specialty has a seat at the table of medicine. And so we cannot risk losing that opportunity. And so we have to continue to deliver on that promise of expert, high-quality care to people when they need it most.

Chris Comeaux 31:44

Very well said. This kept, I'm a bit of a history geek, Kristi. Listen to you, and I love how your first answer, you took us back through the history. Um, we had Dr. Byock on a podcast last year, right before Christmas, kind of like his gift to the field. And he said something I didn't know. You may know

Final Thoughts And Brain Bookmark

Chris Comeaux 32:02

this, but that he and many of the matriarchs and patriarchs are sitting around a campfire dreaming about the day. There would be a subspecialty, there would be textbooks. And I

just felt the weight of like I'm talking to someone who dreamed that and now it's the reality. But then this was my next thought was um, what the lady who is the matriarch of the hospice where I grew up, she would use this quote all the time that we have stood upon the shoulders of giants. And like, so what will they say about us? I want to just mirror to you, like, I'm smiling because you're the right person, the right leader, right physician at the right time. Because I am very hopeful that they're gonna say great things about us 20 years from now. My second son actually now works in the hospice and palliative care. Um, so kind of, and I still feel like I'm kind of young. I'm hoping I'm gonna do this for another 20 years. So that next generation, I do think that we have a very hopeful future. And I think you're a big part of that. So thank you for you and the incredible team at AHPM.

Dr. Kristi Newport 32:58
Thank you for the opportunity. I appreciate it.

Chris Comeaux 33:01
Yep, you bet. And to our listeners, we want to thank you. At the end of each episode, share a quote, a visual. The idea is to create a brain bookmark, a thought prodder about our podcast subject. This one's gonna be fun. The idea is to further your learning and your growth and thereby your leadership. We're hoping it sticks like a brain tattoo. I want to make sure, please, subscribe to our channel, TCN Talks / Anatomy of Leadership. We don't want you to miss an episode. Pay this one forward, especially to your friends, your co-workers. Um, this is a very interesting time for our field. And you know it's easy for us to rail against the world and be frustrated by things. Let's be the change that we wish to see in the world. So thanks for listening to TCN Talks / Anatomy of Leadership. And here's our Brain Bookmark to close today's show.

Jeff Haffner 33:44
"We have the profound privilege to walk with people during their most vulnerable times." "We have to continue to deliver on the promise of expert, high-quality care to people when they need it most, today and into tomorrow." by Dr. Kristi Newport.