

How Palliative Care May Address Stakeholder Concerns in the COVID Era

Understanding Stakeholder Priorities in the COVID Era and How Your Palliative Care Program Can Help

The substantial impact of COVID-19 on the US health care system requires palliative care teams to re-assess the needs of their stakeholders, and clarify their contributions. This table provides examples of how a strong palliative care team adds value for key stakeholders during current circumstances. For more, see CAPC's [Planning Forward in the COVID Era](#) toolkit.

What Stakeholders May Be Worried About	Palliative Care Value Proposition	To Whom This Value Accrues
Ensuring preparedness for emergencies	<p>Ensures organizational readiness for patient/family communications, and for effective symptom management</p> <p>Ensures high-risk/high-need patients' plans are in place and needs are proactively addressed (to minimize avoidable contact with health care system)</p> <p>Ensures Emergency Department through-put (see below)</p>	<p>Health systems Hospitals Specialty practices</p> <p>Payers Long-term care facilities</p> <p>Health systems Hospitals</p>
Regaining surgical volume	<p>Improves surgical team productivity by handling difficult conversations</p> <p>Improves surgical team job satisfaction</p> <p>Improves patient and family satisfaction</p>	<p>Health Systems Hospitals Surgical practices</p>

<p>Improving Emergency Department through-put</p>	<p>Improves Emergency Department staff productivity, expedites decision-making by handling difficult conversations, and assists in triage to the right bed type or setting</p> <p>Improves ED team job satisfaction</p> <p>Improves patient and family satisfaction</p>	<p>Health Systems Hospitals Emergency Department</p>
<p>Maintaining workforce resiliency and productivity</p>	<p>Bolsters clinicians through skilled emotional support</p> <p>Reduces moral distress and confusion by clarifying and aligning patient and family goals</p> <p>Potentially reduces staff turnover</p>	<p>Health Systems Hospitals Emergency Departments Critical Care Organizational EAP provider</p>
<p>Ensuring operational fiscal soundness</p>	<p>Ensures optimal use of intensive care, enabling continued critical care admissions and managing expenses</p> <p>Impacts direct costs per admission, including reducing length-of-stay for complex patients. Savings can be roughly \$3,000 per admission compared to a palliative care team cost of less than \$1,000 per admission.</p> <p>Expedites appropriate admission to hospice, and improves hospice length-of-stay</p> <p>Demonstrates good stewardship of resources through staff productivity and appropriate billing practices</p> <p>Potentially reduces malpractice claims by improving patient, family, and care team shared decision-making</p>	<p>Health Systems Hospitals Critical Care</p> <p>Hospitals</p> <p>Hospitals Hospice agencies Payers</p> <p>All</p> <p>All</p>
<p>Reducing avoidable utilization among selected populations</p>	<p>Reduces re-admissions by clarifying care plans, addressing symptom distress and/or responding to crises</p> <p>Reduces avoidable ED visits and hospitalization through same approach</p>	<p>Payers Hospitals with high uninsured and/or Medicaid payer mix Organizations with significant risk contracts</p>