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.

<table>
<thead>
<tr>
<th>What Stakeholders May Be Worried About</th>
<th>Palliative Care Value Proposition</th>
<th>To Whom This Value Accrues</th>
</tr>
</thead>
</table>
| **Ensuring preparedness for emergencies** | Ensures organizational readiness for patient/family communications, and for effective symptom management | Health systems  
Hospitals  
Specialty practices |
| | Ensures high-risk/high-need patients’ plans are in place and needs are proactively addressed (to minimize avoidable contact with health care system) | Payers  
Long-term care facilities |
| | Ensures Emergency Department through-put (see below) | Health systems  
Hospitals |
| **Regaining surgical volume** | Improves surgical team productivity by handling difficult conversations | Health Systems  
Hospitals  
Surgical practices |
| | Improves surgical team job satisfaction | |
| | Improves patient and family satisfaction | |
| Improving Emergency Department through-put | Improves Emergency Department staff productivity, expedites decision-making by handling difficult conversations, and assists in triage to the right bed type or setting
Implements in ED team job satisfaction
Implements patient and family satisfaction | Health Systems Hospitals Emergency Department |
| Maintaining workforce resiliency and productivity | Bolsters clinicians through skilled emotional support
Reduces moral distress and confusion by clarifying and aligning patient and family goals
Potentially reduces staff turnover | Health Systems Hospitals Emergency Departments Critical Care Organizational EAP provider |
| Ensuring operational fiscal soundness | Ensures optimal use of intensive care, enabling continued critical care admissions and managing expenses
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.
Expedites appropriate admission to hospice, and improves hospice length-of-stay
Demonstrates good stewardship of resources through staff productivity and appropriate billing practices
Potentially reduces malpractice claims by improving patient, family, and care team shared decision-making | Health Systems Hospitals Critical Care Hospitals Hospice agencies Payers All |
| Reducing avoidable utilization among selected populations | Reduces re-admissions by clarifying care plans, addressing symptom distress and/or responding to crises
Reduces avoidable ED visits and hospitalization through same approach | Payers Hospitals with high uninsured and/or Medicaid payer mix Organizations with significant risk contracts |