

PCHETA Reintroduced: Constituent-Based Advocacy Key to Advancing the Bill

Stephen A. Leedy, MD FAAHPM, chair, AAHPM Public Policy Committee

Much has been discussed about the workforce challenges facing the field of hospice and palliative medicine, and AAHPM has been pursuing a number of strategies to address the need for both specialists and generalists trained to provide palliative care. One prong in this multipronged approach has been the development of federal legislation that would expand opportunities for interdisciplinary education and training in palliative care. The goal is to increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools, and other programs; to promote education in palliative care and hospice; and to support the development of faculty careers in academic palliative medicine.

The Academy spent years crafting a bill that would have the support of groups like the Hospice and Palliative Nurses Association, National Hospice and Palliative Care Organization, National Association of Social Workers, and American Geriatrics Society, and working to find congressional champions willing to introduce the legislation. These efforts paid off last summer when the Palliative Care and Hospice Education and Training Act (PCHETA) was introduced in Congress by US Sen. Ron Wyden (D-OR) and US Rep. Eliot Engel (D-NY-16).

I am proud to report that, on March 21, 2013, PCHETA was reintroduced in the new Congress (as H.R.1339/S.641) with bipartisan support in the House of Representatives, with US Rep. Tom Reed (R-NY-23) serving as an original cosponsor.

Education and Training

“The success of the development of the field of hospice and palliative medicine has created a demand for trained, skilled clinicians. Existing training programs are insufficient to meet the palliative care needs of all individuals with serious illness and their families. PCHETA is one of a number of strategies that AAHPM is pursuing to proactively address this need,” notes Jean S. Kutner, MD MSPH, AAHPM president-elect and chair of the Academy’s Workforce Committee.

PCHETA would be a boon to the field in that it would establish education centers to expand interdisciplinary training in palliative and hospice care, fund programs to develop and disseminate curricula relating to palliative care, and provide clinical training in a variety of settings. The bill would authorize grants or contracts to schools of medicine, teaching hospitals, and graduate medical education programs, to train physicians who plan to teach palliative medicine with programs required to develop specific performance-based measures to evaluate the competency of trainees. The bill would also provide for short, intensive courses in palliative care to train faculty members in medical and other health

professions schools (as approved by the Secretary of Health & Human Services) who do not have formal training in palliative care, in order to increase the number of clinical faculty capable of providing palliative care and training others. Career incentive awards would also be established, to foster greater interest among a variety of health professionals in entering the field of palliative care. Award recipients would be required to teach or practice palliative care in health-related educational, home, hospice, or long-term care settings for at least 5 years.

PCHETA also would provide for academic career awards modeled after the geriatric medicine equivalent established in 1998 by the Health Resources and Service Administration. The Palliative Medicine and Hospice Academic Career Award program would support the career development of physicians who are board certified or board eligible in hospice and palliative medicine and have a junior (ie nontenured) faculty appointment at an accredited school of medicine.

Eric Widera, MD, is the chair of AAHPM’s External Awareness Task Force and knows first-hand what a difference such a program can make. “Five years ago I was given a golden ticket, a Geriatric Academic Career Award (GACA),” he says. “This award allowed me to pursue a career as an academic clinician-educator by giving me protected time to teach and develop curriculum, introducing me to a nationwide network of colleagues, and giving me financial resources to attend national conferences. Without a doubt, I would not be where I am today if the GACA never existed. I believe it is time that junior faculty members in hospice and palliative care are given that same opportunity. With a workforce crisis upon us, the future of our field depends on how well we can advocate for this very important piece of legislation. We need to act now.”

Growing Support for the Bill

AAHPM leadership and staff are working to advance PCHETA, guided by the Academy’s Washington, DC-based consulting and lobbying firm, Hart Health Strategies.

These efforts include working with other stakeholders to coordinate communication with congressional offices, as well as soliciting endorsement from other healthcare organizations to add weight to the argument that palliative care and hospice can play an important role in transforming the American healthcare system.

The American Cancer Society Cancer Action Network (ACS CAN), the advocacy arm of the American Cancer Society, is one group that has embraced the bill and includes it among its legislative priorities.

“Improving patient quality of life during and after cancer treatment is one of ACS CAN’s most important policy goals” says Dick Woodruff, ACS CAN’s vice president for federal relations and strategic alliances. “PCHETA will help us accomplish that goal by making sure there are enough healthcare professionals who are trained specifically to alleviate patient pain and other symptoms of treatment, and who understand the value of well-coordinated care to patients and families. We look forward to continuing our partnership with AAHPM in moving the legislation forward on Capitol Hill.”

During ACS CAN’s lobby day in Washington, DC, last fall, more than 600 volunteers met with Congress members and their staff to implore them to cosponsor PCHETA. Staff and volunteers also have been holding meetings across the country during congressional recesses this year to get new cosponsors on the bill and are actively working on state-specific tactics, such as forums on palliative care, to target members of their delegation to sign on to the bill.

That sort of constituent-based advocacy is key to gaining support in Congress and moving the bill forward. “As physicians and other providers on the front lines of patient care, your direct communication and outreach to congressional offices helps them better understand palliative and hospice care and the need to ensure an adequate workforce to meet current and projected needs,” says Sue Ramthun, a principal and senior vice president with Hart Health Strategies.

I encourage any of you who have not already contacted your representatives in Washington to do so today. It’s simple using the Academy’s online Legislative Action Center (go to aahpm.org, and click “Take Action”). You can send an e-mail describing your personal experience with hospice and palliative care and a few of the suggested talking points AAHPM has provided. If your congressional representatives were cosponsors during the last Congress, express your gratitude and

your hope that they will renew their support now that the bill has been reintroduced. (See the “Q&A with AAHPM’s Lobbyist” on aahpmblog.org for additional ways to connect with your elected officials.) The important thing is that we each take the time to make sure our lawmakers understand what palliative care and hospice are and what this care means in the lives of seriously ill patients and their families. That will make all the difference, whether it’s PCHETA or another equally important piece of healthcare legislation that they’re asked to consider. 🍷

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