

San Francisco Palliative Care Task Force Meeting #4 Highlights

On Thursday, July 24, 2014, the San Francisco Palliative Care Task Force convened at the Jewish Home in San Francisco for the fourth of five Task Force meetings. Task Force Co-Chair Christine Ritchie, MD, MSPH, UCSF Department of Medicine, Division of Geriatrics, Center for Research on Aging, Jewish Home, facilitated the meeting. Meeting objectives included the following: understand the Coalition for Compassionate Care of California's various projects addressing palliative care; understand Kaiser Permanente Northern California and On Lok Lifeway's integration of palliative care in their respective systems; and, advance development of workgroup recommendations. The following are meeting highlights.

Meeting Presentations

To educate Task Force members and inform Task Force workgroup recommendations, the first hour of the meeting was devoted to three presentations that addressed topics of interest to Task Force members. Highlights from each presentation are presented below.

Coalition for Compassionate Care of California: Palliative Care Access Project, State Policy, and More

Judy Thomas, JD, Executive Director of the Coalition for Compassionate Care of California (CCCC) provided a detailed summary of several activities central to CCCC's mission—*The Coalition for Compassionate Care of California (CCCC) promotes high-quality, compassionate care for all Californians who are seriously ill or approaching the end of life:*

- Palliative Care Access Project: the goal of the Palliative Care Access Project is to spur establishment and expansion of palliative care across the continuum by bringing people and communities together to share ideas, discuss barriers, and highlight successful models of community-based programs. CCCC also provides a number of analyses and tools that address critical dimensions of community-based palliative care—Quality and Fiscal Alignment Overview, Supportive Care Calculator, Opportunity Analysis, etc.
- Tracks State Policy Advancing Palliative Care and End-of-Life Care: CCCC tracks and supports initiatives and legislation that appropriately advance palliative and end-of-life care in California, i.e., Let's Get Healthy California, State Health Care Innovation Plan, SB 1004, AB 2139. Note: Ms. Thomas also reported that the Institute of Medicine is preparing to release a new report on palliative care that addresses palliative care financing, work force, research, and clinical care.
- POLST and Advance Care Planning: CCCC actively educates and promotes POLST, including recent changes to the form, using an approach that is

culturally sensitive and respectful of the consumer experience. CCCC additionally offers a patient-centered Advance Care Planning System that promotes group discussion, Advance Health Care Directives, POLST, and real-time medical decisions.

System-Wide Integration of “Respecting Choices” Throughout Kaiser Northern California

Pam Johnson, RN, BSN, MBA, Continuum of Care Administrator, Kaiser Permanente and Melissa Stern, Managing Director Special Projects, Kaiser Permanente, presented the integration of *Respecting Choices*, the Wisconsin-based Advance Care Planning model, in Kaiser Permanente Northern California. Kaiser’s reasons for choosing the Respected Choices model include the following: 1) it is evidence-based; 2) it focuses on conversations not forms; 3) it emphasizes the role of agent; and, 4) it is population-based, i.e., it uses a patient-centered approach to help all adult Kaiser members plan ahead—especially those with serious chronic illness, across the continuum of care.

Respecting Choices has a three stage approach to Life Care Planning: **First Steps**—healthy adults over age 55 and those with stable chronic illness; **Next Steps**—adults any age with progressive illness who are beginning to experience significant decline; and, **Advanced Steps**—adults any age whose death within the next 12 months would not be surprising.

To successfully integrate the model in its Northern California hospitals, Kaiser Permanente focused on three key system design elements: Advance Care Planning facilitation skills (approximately 500 Kaiser staff have been trained in the model); community engagement, and continuous quality improvement.

Lessons learned from implementation of Respecting Choices include the importance of executive leaders’ commitment to the model; flexibility in the implementation process, e.g., the ability to rethink and redesign operational processes; recognizing and addressing challenges with the model’s scripted conversations (designed to ensure consistency) for facilitators; and, exploring opportunities with First Steps for a broader collaborative public health effort.

Overview of On Lok Lifeways and PACE

Grace Li, Chief Operating Officer, On Lok Lifeways, provided a detailed overview of On Lok Lifeways’ history and current integration of palliative care throughout its services. On Lok began over 40 years ago with a vision: *Help the low-income seniors in Chinatown/North Beach area of San Francisco stay in their own homes with health and social services needed to maintain independence.* Since that time, On Lok developed PACE, Program for All-inclusive Care for the Elderly, and expanded its services to a complete program of healthcare and wellness services through 10 centers in the San Francisco Bay Area.

On Lok Lifeways PACE is a comprehensive and coordinated program for frail, nursing-home-eligible seniors living in the community. The program provides everything from preventive care to primary care to acute care. It includes transportation, meals, dental, vision, and long-term care, including nursing facility care when needed. Central to the success of PACE is the team approach to care coordination. An interdisciplinary team conducts participant assessments at regular intervals and monitors changes in condition. When hospitalization is required, the team

coordinates participant transitions between hospital and nursing home. The team develops care plans with the participant and family, addressing the participant's medical as well as social, cultural, and functional aspects of care. Moreover, the team supports person-centered values for end-of-life care through advance care planning and POLST education.

PACE operates within a capitated payment system that maintains alignment between care needs and financial interests. PACE's viable fiscal model, with its dedicated focus on goals of care—a core component of palliative care, has demonstrated a number of significant outcomes. They include lower inpatient utilization, better medical follow-up after acute care stays, significant participant enrollment in PACE through end-of-life care, high-rates of community residence, and high rates of consumer satisfaction.

Small Workgroup Report-Outs

Prior to the workgroup report-outs, Dr. Ritchie addressed workgroup members concerns about who to designate as the champions for workgroup recommendations. Optimal champions, Dr. Ritchie noted, are members of the Task Force with the skills, connections, and resources to move recommendations forward. Answering a second question about what happens with the recommendations after the final Task Force meeting, Dr. Ritchie reported that the Task Force final report will be presented to the San Francisco Departments of Public Health and Aging and Adult Services, and other stakeholders, for review and discussion. As such, she underscored the importance that all workgroup recommendations be prioritized and implementable.

Task Force members met in their small workgroups to further develop their workgroup recommendations. The following is summary of each workgroup's report-out highlights.

Finance Workgroup

Leads: Ed Chow, MD, Laguna Honda
Michael Smithwick, Executive Director, Maitri

Workgroup Session Report-Out (presented by Kathleen Kerr, Consultant)

The Finance Workgroup discussed the importance of aligning quality and fiscal incentives—marshaling evidence of the need for and benefits of palliative care, and then promoting partnerships between the following: a) the entities that have direct interests in improving quality and controlling costs and b) the provider groups that are positioned to deliver community-based palliative care (CBPC). To help with this endeavor, the workgroup identified several next-step short-term recommendations:

1. Prepare a summary of reports from the peer-reviewed literature and other sources that describe the cost benefits of palliative care.
2. Supplement this general information with local data by asking Task Force members and participating members of the public to share outcomes from existing palliative care programs.
3. Investigate the possibility of acquiring data on a population of interest, to

document current utilization patterns in San Francisco (i.e., Medi-Cal beneficiaries with cancer.) Consider these data in relation to information describing potential impact of CBPC, to better define opportunities and probable impact.

4. Approach the San Francisco Health Commission about sponsoring a Palliative Care Advisory Group, which would advise the Commission on issues related to palliative care in San Francisco (for example, showcasing the collected data and the analysis of the cost benefits of palliative care).
5. Create a compendium of possible projects to extend palliative care out into the community, i.e., San Francisco Transitional Care Program. Note: each project would include an assessment of program impact on quality, utilization and health care expenditures.

Systems Workgroup

Leads: Anne Kinderman, MD, San Francisco General Hospital
Catherine Seeley, MD, California Pacific Medical Center

Workgroup Session Report-Out (presented by Dr. Anne Kinderman)

Dr. Kinderman reviewed the Systems Workgroup's decision to divide into two focal areas: Intake and Access, and Communications. She added that both subgroups are rethinking their initial recommendation ideas to make them more implementable. Both are also focusing on identifying champions to move recommendations to the next level.

The Intake and Access subgroup is still considering recommending development of an inpatient hospice form that would be used by all San Francisco hospitals. Other ideas under discussion include integrating palliative care into current community-based programs to help break down silos of care and promote access to palliative care.

The Communications subgroup has identified ongoing liaison work with the San Francisco Long-Term Care Coordinating Council, the San Francisco Health Commission, and the Departments of Public Health and Aging and Adult Services to advance palliative care in San Francisco, as a potential recommendation. Prior to finalizing all Task Force recommendations, the subgroup anticipates partnering with Task Force workgroups proposing similar recommendation(s).

Community Engagement Workgroup

Leads: Ann Hughes, RN, PhD, Laguna Honda
Redwing Keyssar, RN, Jewish Family and Children's Services

Workgroup Session Report-Out (presented by Redwing Keyssar)

The Community Engagement Workgroup reported they are still exploring the recommendation of endorsing a public campaign to normalize the end-of-life conversation. The citywide campaign would involve buses, radio, and the media. The workgroup is also evaluating three different advance care planning models, and anticipates selecting one to recommend that

would enable San Francisco to become a conversation competent culturally sensitive community. In addition, the workgroup is working on developing palliative care train-the-trainer recommendations and a recommendation that all community engagement materials be translated into appropriate languages for San Francisco residents. Finally, the workgroup chose creating a speakers bureau for palliative care as one of their long-term recommendations.

Quality Workgroup

Lead: Scott Endsley, MD, San Francisco Health Plan

Workgroup Session Report-Out (presented by Dr. Christine Ritchie, Task Force Co-Chair and consultant to the Quality Workgroup)

The Quality Workgroup identified a number of draft short- and long-term recommendations that fit with the workgroup's four domains: Team-Based Care, Clinical Quality of Care, Patient/Family-Centered Experience, and Access. Recommendations will continue to be refined.

A. Short-Term Recommendation:

1. Ensure attention to palliative care quality measurement in San Francisco Health Plan clinics and in the Plan itself.
2. Ensure attention to quality in palliative care by promoting advance care planning by physicians and advanced practice providers (non profit and for-profit) in San Francisco.
3. Require that each long-term care facility have a palliative care program.
4. Ensure/mandate training in palliative care for front line workers in social service organizations.
5. Ensure/mandate training in palliative care for direct care work staff in home health and home care agencies.
6. Train IHSS workers in advance care planning.
7. For clients served by social services, all clients will be queried regarding a healthcare agent for decision-making.

B. Long-Term Recommendations:

1. Require all hospitals in San Francisco to become Joint Commission Certified in Palliative Care.
2. Require community-based and outpatient programs be compliant with HEDIS palliative care measures.
3. Support changing financing mechanism, i.e., SB 1004, so that palliative patients can become hospice beneficiaries without losing concurrent privileges.
4. Payers to require quality measures around palliative care and EoL care.
5. Advocate for a state requirement that mandates advance care training become part of ongoing licensing requirements for MDs, RNs, LCSWs.
6. Integrate the concept of agency identification in EoL choices into Public Health Advance Care Planning campaign.
7. Ensure certification in palliative care by key providers in long term care facilities.
8. Ensure certification in palliative care by key providers in home health and home care agencies.

9. Develop training for health care workers to address meaning and dignity
10. Ensure that a member of each palliative care team assesses and addresses spiritual needs.
11. Identify measures related to family and cultural needs.

Closing Comments and Next Steps

Dr. Ritchie reminded Task Force members that the final Task Force meeting is scheduled for [Thursday, August 14, 2014 at the Jewish Home, 9 AM – 12 Noon](#). The meeting will open with a consumer panel responding to questions about their experiences with palliative care related to quality, systems, finance, and community engagement—the Task Force workgroups, followed by brief presentations by Task Force members addressing innovative work they are doing in palliative care. The remaining time will be devoted to each workgroup presenting its short- and long-term recommendations to the Task Force for discussion. All draft recommendations must be e-mailed to Task Force project manager, Monique Parrish (mparrish@lifecourse-strategies.com), by August 8th, so she can prepare them for the Task Force meeting.

With no comments from the public, Dr. Ritchie thanked members of the Task Force and the public for their hard work and commitment to the Task Force. The meeting was adjourned.

Task Force Members in Attendance

First	Last Name	Position	Organization/Affiliation
Christine	Ritchie, Co-Chair	Professor of Medicine	UCSF, Jewish Home
Margy	Baran	Executive Director	In-Home Supportive Services Consortium
Deborah	Borne	MD, San Francisco Department of Public Health Homeless Services	Department of Public Health
Mark	Morewitz	<i>for Dr. Chow</i> President	SF Health Commission/Chinese Hospital
Deborah	Borne	MD, San Francisco Department of Public Health Homeless Services	Department of Public Health
Sharon	Ezekiel	LCSW, Palliative Care Coordinator	San Francisco VA Medical Center
Anne	Hughes	Adv. Practice Nurse, Palliative Care	Laguna Honda Hospital
Pam	Johnson	RN, BSN, MBA Continuum of Care	Kaiser Permanente
Redwing	Keyssar	RN, Director, Palliative Care Program	Jewish Family and Children's Services
Anne	Kinderman	MD, Director, Supportive & Palliative Care	San Francisco General Hospital
Perry	Lang	Executive Director	Black Coalition on AIDS
Mary	Lanier	Chief Administrative Officer	California Pacific Medical Center
Grace	Li	Chief Operating Officer	On Lok Lifeways
Ralph	Marchese	Developer	The Marchese Company
Sheldon	Marder	Rabbi/ Director, Department of Jewish Life	Jewish Home
BJ	Miller	MD, Director/Assistant Professor	Zen Hospice Project/UCSF
Kaushik	Roy	Executive Director	Shanti Project
Michael	Smithwick	Executive Director	Maitri
Abbie	Yant	RN, MA, VP Mission, Advocacy, Community Health	St. Francis Memorial Hospital/Dignity Health
Hilda	Uribe-Escobar	Family Consultant	Family Caregiver Alliance
David	Zwicky	Director of Business Strategy	Hospice by the Bay