

San Francisco Palliative Care Task Force Meeting #2 Highlights

On Thursday, June 19, 2014, members of the San Francisco Palliative Care Task Force met at the Jewish Home in San Francisco for the second of five Task Force meetings. Anne Hinton, Executive Director of the San Francisco Department of Aging and Adult Services and Co-Chair of the Task Force, facilitated the meeting. Objectives for the meeting included reviewing Task Force Survey # 1 findings and developing Task Force workgroups. The following are meeting highlights.

Review Task Force Survey #1 Findings

- **Inventory:** Task Force Project Manager Monique Parrish reported that data submitted by members regarding palliative care services and supports their organization provides, or is planning to provide, was a first step in collecting information for the Task Force deliverable of creating an inventory of San Francisco palliative care services. Efforts will be made to research, identify, and include other San Francisco health and community-based social service organizations providing palliative care services and supports in the inventory.

Ms. Parrish asked members for suggestions regarding additional information that would be helpful to collect for the inventory. Members suggested revising the hours of operation field that was listed in Task Survey #1—the current one requires organizations to select weekdays versus weekends, when some organizations offer both), and offering the following additional fields: a field for members to describe their organization; a field to capture complementary therapies, such as massage, music, etc.; and, a field for organizations to indicate if they partner with another organization offering palliative care services, e.g., Maitri partners with various hospice agencies.

With respect to a preferred format, members recommended the inventory include both an at-a-glance matrix and more detailed organizational profiles. Last, members requested the opportunity to review drafts of the inventory prior to its completion, scheduled for September.

- **Challenges in Providing Palliative Care:** Co-Chair Anne Hinton discussed the second section of the Survey, which asked members to report challenges to providing palliative care in seven issue areas: Delivery of Quality Palliative Care Services; Systems: Healthcare, Social Service; Community Education/Engagement/Awareness; Financing; Need for New and Innovative Services; Policy; and, Serving Marginalized/Disenfranchised Communities. The issue areas were identified to organize Task Force outcome ideas members presented at the first Task Force meeting.

Ms. Hinton further explained that to provide context for the subsequent development of Task Force short- and long-term recommendations to respond to San Francisco's current and future palliative care needs (the Task Force's second deliverable), the challenges and outcome ideas, by issue area, were presented in tables in Issue Brief #2.¹

Palliative care target population: Dr. Anne Kinderman, Director, Supportive & Palliative Care Service, San Francisco General Hospital, Assistant Clinical Professor of Medicine, UCSF, facilitated the discussion on the Task Force palliative care target population definition addressed in the last section of the Survey—also a Task Force deliverable. After opening the discussion with a brief discussion of the three definition options presented in the Survey (see below), and acknowledging the even split among the majority of members between Option 1 and Option 2, Dr. Kinderman asked members for feedback on an appropriate target population for the Task Force.

Option #1

- *Patients at the moment of diagnosis of a serious illness.*

Option #2

- *Patients with serious life-threatening illnesses or conditions in their last year or two of life.*

Option #3

- *Other*

During the discussion, some members endorsed the broader definition (Option 1), that includes patients at the moment of diagnosis of a serious illness—one member, referencing the communitywide work done in La Crosse Wi to educate the public about palliative care, suggested the definition recognize the value of advance care planning for pre-palliative care populations—others supported Option 2, because the narrower framework makes it easier to collect data and obtain critical patient services. At the conclusion of the discussion, Dr. Kinderman offered to work with members of the Task Force planning group to draft a definition that presents an aspirational definition of the Task Force palliative care target population, such as patients at the moment of diagnosis of a serious illness, but also includes sub-definitions for certain populations, e.g., those with higher illness burden and those in the last year or two of life.

- **Palliative care definition:** Dr. Kinderman extended the important conversation on the Task Force palliative care target population, by acknowledging member requests (recorded in the Survey) for a Task Force general definition on palliative care. After reviewing three definitions presented in Issue Brief #2—World Health Organization (WHO), Centers for Medicare & Medicaid (CMS), Center to Advance Palliative Care (CAPC), members endorsed the shorter but broader CMS definition, but acknowledged

¹ If any additional revisions are made to the tables, it was suggested that the finance table include benefits coverage for palliative care

the value of adding additional specifics. After the meeting, the following definition, which includes CMS's definition and parts of the CAPC and National Quality Forum definitions, was crafted to respond to member recommendations.

Proposed: Task Force Definition of Palliative Care

Guiding principles of Palliative Care:

Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

Practical principles of Palliative Care:

Palliative care treats people suffering from serious and chronic illnesses including cancer, cardiac disease such as Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), kidney failure, Alzheimer's, HIV/AIDS and Amyotrophic Lateral Sclerosis (ALS). Palliative care relieves the symptoms of these diseases, such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. It helps patients gain the strength to carry on with daily life. It improves patients' ability to tolerate medical treatments and it helps patients have more control over their care by better understanding their choices for treatment options. The point of palliative care is to relieve suffering and provide the best possible quality of life for both the patient and their family.

The following features characterize palliative care philosophy and delivery:

- Care is provided and services are coordinated by an interdisciplinary team;
- Patients, families, palliative and non-palliative health care providers collaborate and communicate about care needs;
- Services are available concurrently with or independent of curative or life-prolonging care;
- Patient and family hopes for peace and dignity are supported throughout the course of illness, during the dying process, and after death.

Small Workgroups Introduction

Anne Hinton introduced the four Task Force small workgroups that were identified from analysis of the issue area tables, for the purpose of developing Task Force short- and long-term palliative care recommendations: Quality, Systems, Community Education, and Financing. These areas were determined broad enough to include outcome ideas from the issue areas not selected, i.e., *Need for New and Innovative Services, Policy, and Serving Marginalized and Disenfranchised Communities.*

Before inviting members to identify a workgroup that best fit their interests and expertise, Ms. Hinton reviewed the Workgroup Instructions handout which outlined the need for each workgroup to select a lead, develop a workgroup process (how members want to structure their time to develop recommendations), and identify priorities or themes within the workgroup, the latter to frame short- and long-term workgroup recommendations. Members were informed that they would have time set aside at the next two Task Force meetings to meet in their groups, and that each workgroup was expected to submit a draft of their recommendations, using the distributed dashboard template, to the planning group by August 8, 2014, in advance of the final Task Force meeting scheduled for August 14, 2014. Since members can only serve on one workgroup, members were encouraged to e-mail or communicate workgroup priorities and recommendations relevant to other workgroups to the appropriate workgroup lead, prior to the next Task Force meeting scheduled for July 10th.

Small Workgroup Report-Outs

The following is a brief summary of each workgroup report-out. It identifies the workgroup lead and the priorities and themes the workgroup has decided to address. Workgroup lead contact information was provided in Task Force Member Contact Information handout. Note: with workgroup membership still in flux, workgroup member names will be reported at a later date.

Quality Workgroup

Lead: Scott Endsley, MD, San Francisco Health Plan

Discussion: Members of the quality workgroup addressed the need to define quality: dimensions, values, measures, strategies for improvement, and impact—from the perspective of patients, families, and the workforce.

Priorities/Themes:

1. Conduct a needs assessment of quality with three groups: former, existing, and new patients; identify instruments currently used to assess quality for these groups.
2. Determine how other organizations define, measure, and monitor quality.
3. Examine the current state of palliative care in San Francisco.

Systems Workgroup

Lead: Anne Kinderman, MD, San Francisco General Hospital

Catherine Seeley, MD, California Pacific Medical Center

Discussion: Members of the systems workgroup identified three large domain areas [priorities] to research and explore for development of short- and long-term recommendations.

Priorities/Themes:

1. Communication – explore developing a web-based registry model for advance directives that could be accessed citywide by both medical and community-based providers.
2. Intake and Access – research and examine the opportunity to establish a central navigation system with a centralized intake form (initially, in a pilot) that would facilitate access for patients to palliative care, independent of insurance.
3. Education Outreach – identify best practices for educating providers within the health care and community-based systems about palliative care.

Community Education

Lead: Ann Hughes, RN, PhD, Laguna Honda

Redwing Keyssar, RN, Jewish Family and Children's Services

Discussion: Members of the community education workgroup chose to focus on palliative care community education through community engagement, varied communication methods, and curriculum and education programming. Members also discussed opportunities to integrate *Respecting Choices*, a communitywide advance care planning model in their recommendations.

Priorities/Themes:

1. Explore the opportunity to create a partnership between the Task Force and the California State University Institute for Palliative Care—to target the community, undergraduates, and the post-graduate workforce.
2. Develop or identify palliative care curriculum and resources to educate staff within organizations represented on the Task Force
3. Create a public awareness campaign (buses), e.g., *We can't honor your wishes if we don't know them.*

Finance

Lead: Ed Chow, MD, Laguna Honda

Michael Smithwick, Executive Director, Maitri

Discussion: members of the finance workgroup discussed several potential palliative care funding sources that could cover palliative care while keeping costs for the service down.

Priorities/Themes:

1. Health care providers and insurers.
2. Medi-Cal, local, and city funding
3. Private sector funding—e.g., foundations, corporations—and Center for Medicare and Medicaid Innovation.

Speakers

Members were informed that based on their evaluation suggestions from the first Task Force meeting, the planning group would organize speakers to present on topics suggested by members at the remaining Task Force meetings. Ms. Hinton noted that in response to member interest in a speaker to address efforts to educate the community and providers about advance care planning and palliative care statewide, Judy Citko, Executive Director of the Coalition for Compassionate Care of California has already been scheduled to present at the July 24th Task Force meeting. Members provided several additional presentation topics:

- Palliative care quality metrics, approaches, etc.
- San Francisco's Transitional Care Program (a hospital-to-home transitional care service for older adults and people with disabilities)
- Models of palliative care systems integration (e.g., Kaiser, On Lok) and use of the Five Choices
- A consumer/caregiver panel (address working with caregivers from out of town)
- Developing a citywide cross-cultural palliative care system

Public Comment

Noting that patient and family-centered care is part of the CMS definition of palliative care, Connie Borden, Clinical Consultant, Palliative Care Services, St. Mary's Hospital, recommended a similar phrasing be folded into the Task Force's palliative care target population definition.

Closing Comments and Next Steps

Closing announcements including reminding members that the next Task Force meeting would be held Thursday, July 10, 2014 at the Jewish Home, 9 AM – 12 Noon, and that meeting highlights and a second Task Force Survey would be sent to members, the latter to gather additional inventory information, within one week. The meeting was adjourned.

Task Force Members in Attendance

First	Last Name	Position	Organization/Affiliation
Anne	Hinton, Co-Chair	Executive Director	Department of Aging and Adult Services
Margy	Baran	Executive Director	In-Home Supportive Services Consortium
Deborah	Borne	MD, San Francisco Department of Public Health Homeless Services	Department of Public Health SF Health Commission/Chinese Hospital
Ed	Chow	MD, President	Self-Help for the Elderly
Betty	Fong	for Anni Chung	In-Home Supportive Services Public Authority
Kelly	Dearman	Executive Director	Health at Home
Norma	del Rio	MSW, MA, ASW Medical Social Worker	Long Term Care Coordinating Council
Traci	Dobronravova	MSW, Assoc. Director, Seniors At Home	SF Health Plan
Scott	Endsley	MD, Health Services Consultant	San Francisco VA Medical Center
Sharon	Ezekiel	LCSW, Palliative Care Coordinator	
Karen	Rossbach	for Gary Herzberg, MD, Medicare	Blue Shield of California
Terry	Hill	Medical Director	Hill Physicians Medical Group
Anne	Hughes	MD, VP for Medical Services	Laguna Honda Hospital
Pam	Johnson	Adv. Practice Nurse, Palliative Care	Kaiser Permanente
Redwing	Keyssar	RN, BSN, MBA Continuum of Care	Jewish Family and Children's Services
		RN, Director, Palliative Care Program	
		MD, Director, Supportive & Palliative Care	San Francisco General Hospital
Anne	Kinderman	Executive Director	Black Coalition on AIDS
Perry	Lang	Chief Operating Officer	On Lok Lifeways
Grace	Li	Rabbi/ Director, Department of Jewish Life	Jewish Home
Sheldon	Marder	Continuum of Care Services Director	Kaiser Permanente SF Medical Center
Leslie	McGee	for BJ Miller, MD, Director/Assistant	
Jane	Hawgood	Professor	Zen Hospice Project/UCSF
Kaushik	Roy	Executive Director	Shanti Project
Catherine	Seeley	for Mary Lanier	California Pacific Medical Center
Michael	Smithwick	Executive Director	Maitri
Donnie	Nelson	for Abbie Yant, RN, MA, VP Mission, Advocacy, Community Health	St. Francis Memorial Hospital/Dignity Health
David	Zwicky	Director of Business Strategy	Hospice by the Bay

*The San Francisco Palliative Care Task Force is co-sponsored by the San Francisco Department of Health and the San Francisco Department of Aging and Adult Services with additional support from the California Health Care Foundation and the University of California, San Francisco.