San Francisco Palliative Care Task Force Report to the Health Commission

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Background and Context

• Co-sponsored by
  – San Francisco Department of Public Health (DPH) and
  – San Francisco Department of Aging and Adult Services (DAAS)

• Developed in response to:
  – Identification of growing need for palliative care (PC)
  – Recognition of gaps in PC delivery across San Francisco (SF)
  – Identification of many SF organizations providing palliative care services/support... but no coordination or knowledge of range of palliative care services
Definition of Palliative Care

- Person-and family-centered care that seeks to improve quality of life during serious or life-threatening illness

- Unlike hospice, can be provided at any age and any stage of an illness, even alongside curative treatment

- Provided by interdisciplinary teams (doctors, nurses, social workers, chaplains, and others)

- Delivered in multiple settings: acute care hospitals, skilled nursing and other long-term care facilities, clinics, assisted living facilities, and private residences
Project Team & Task Force Members

- **Project Team**: Task Force Co-Chairs (Anne Hinton & Dr. Christine Ritchie); Colleen Chawla/Sneha Patil-DPH; Linda Edelstein-DAAS; Dr. BJ Miller, Executive Director Zen Hospice; Alex Tourk/Kelly Boylan-Ground Floor PR Staff; Project Manager Dr. Monique Parrish

- **Task Force Members**: DPH/DAAS, leading hospitals, VA, hospice agencies, community organizations (e.g., On Lok, Self-Help for the Elderly, In-Home Supportive Services), spiritual leaders, health plans, skilled nursing facilities, plus engaged members of the public.

- **Accomplishments**:  
  - Strong collaboration between DPH/DAAS  
  - Opportunity to understand all roads leading to PC  
  - Bringing together of community-based organizations
Task Force Structure

- **Task Force Meetings**: 5
- **Timeline**: May 29, 2014 – August 14, 2014
- **Meeting Location**: 2 sites—hosted by Task Force members
- **Funding**: California HealthCare Foundation, UCSF, DAAS, California Pacific Medical Center, Saint Francis Memorial Hospital
- **Project Team Meetings**: Weekly conference call
Task Force Themes and Workgroups
Task Force Deliverables

1. Define palliative care for our community and a palliative care target population


3. Develop priority short- and long-term palliative care recommendations aimed at improving access to quality palliative care.
Additional Elements of the Task Force Palliative Care Definition

Task Force Deliverable # 1a

– **Care** is provided and services coordinated by an interdisciplinary team that includes *community providers, families, and key members of a patient’s community*;

– **Patients**, families, key members of a patient’s community, palliative experts, and primary health care and community providers *collaborate and communicate about care needs*;

– **Services** are available *concurrently with* or independent of *curative or life-prolonging care*; and

– **Patient** and family desires for *peace and dignity*—*on their own terms*—are supported throughout the course of illness, during the dying process, and after death.
Definition of Target Population

Task Force Deliverable # 1b

• Long term:
  – Education of people of all ages about palliative care
  – Development of systems to ensure that individuals and their families have access to palliative care at the moment of diagnosis with a serious illness

• Near-term on the following two sub-population targets:
  – Persons living with high illness burden
  – Persons in their last year or two of life
Key Recommendations: Quality
Task Force Deliverable # 3

• Promote measurement of palliative care service quality in acute care hospitals.

• Encourage payers to require palliative care quality measures.

• Promote palliative care training for direct care and front line workers working in social service organizations, home health and home care organizations.
Key Recommendations: Finance

Task Force Deliverable # 3

• Promote broader understanding of the business case for palliative care among key stakeholders.

• Use data to understand current utilization patterns in the final 12-24 months of life for a defined population of patients.

• Promote understanding of the opportunities for improved outcomes likely to occur if San Franciscans had broader access to PC across the continuum.

• Assemble an Advisory Board, to be affiliated with the Long Term Care Coordinating Council that facilitates coordination of these efforts (i.e., information about palliative care contribution to value--quality and costs, sufficiency of current services, etc.).
Key Recommendations: Systems

Task Force Deliverable # 3

• Actively support collaboration across systems to minimize barriers and disparities in access to hospice and palliative care services

• Create a new (or incorporate into an existing) database of palliative care resources accessible to providers across systems and locations.

• Develop standards for advance care planning (ACP) documentation and information sharing across locations and systems of care.

• Integrate palliative care services into complex care management programs for patients with high utilization of emergency services.
Key Recommendations: Community Engagement

Task Force Deliverable # 3

• Create a public campaign to increase awareness about the “conversation” (i.e., identifying care preferences for serious illness, designating a health care agent).

• Create “Wellness/ Conversation Campaigns” events in the organizations represented by the Task Force.

• San Francisco will become a conversation-competent community that honors and respects the diverse.
The San Francisco Long Term Care Coordinating Council (LTCCC) advises, implements, and monitors community-based long term care planning in SF.

- LTCCC voted to create a palliative care workgroup. All interested stakeholders are invited to participate; first meeting 12/19/14.

- The palliative care workgroup focus is to evaluate, and implement priority Task Force recommendations, and disseminate Task Force final report and resource directory.
Task Force Timing & Future Opportunities

• Task Force effort matches state’s expanding focus on palliative care as a standard practice of care:
  – *Let’s Get Healthy California*
  – California State Innovation Model (CalSIM)
  – SB 1004
  – AB 2139

• Representing a unique example of systems collaboration—*health system* and *community-based service system*—the Task Force is committed to serving as a role model for other cities and communities.