

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

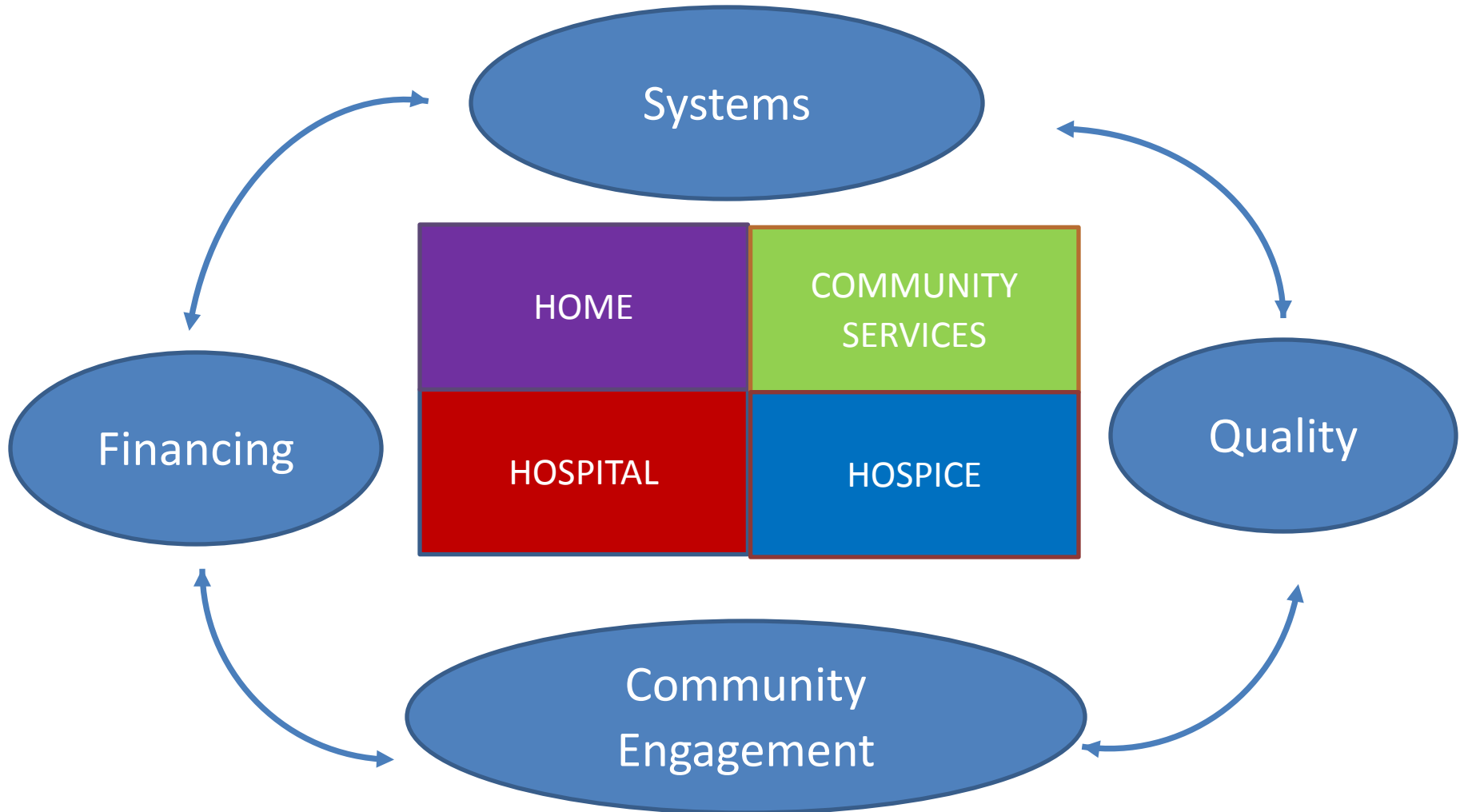
- ▶ **Project Team**: Task Force Co-Chairs (Anne Hinton & Dr. Christine Ritchie); Colleen Chawla/Sneha Patil-DPH; Linda Edelstein-DAAS; Dr. BJ Miller, Executive Director Zen Hospice; Alex Tourk/Kelly Boylan-Ground Floor PR Staff; Project Manager Dr. Monique Parrish
- ▶ **Task Force Members**: DPH/DAAS, 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
2. Create an inventory of dedicated palliative care services currently available in San Francisco
<http://www.sfdph.org/dph/comupg/knowlcol/palliative/default.asp>
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.

Next Step: San Francisco Long Term Care Coordinating Council

- 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.