

Palliative Care Committee Meeting Minutes

Thursday, June 2nd

Present: Redwing Keyssar, Jeff Newman, Bill Verducci, Mariko Feuz, Eric Weiss, Donna Odierna, Rebecca Sudore, Judy Long, Megory Anderson, David Zwicky (on phone), Anne Kinderman

DAAS: Valerie Coleman

Advance Care Planning project with IHSS

Rebecca Sudore, Donna Odierna, and Mariko Feuz, are from the UCSF School of Medicine and presented on the possibility of creating a toolkit for advanced care planning for IHSS workers. So far, the group has had two focus groups, with participants primarily directors or managers of relevant programs. The team wants to know from the Palliative Care group members who they should interview next and what is the right consumer population.

The following is input from the Palliative Care members:

Education needs to start with consumers and clients, focus on avoiding family conflicts, to build buy-in and therefore case managers might be the best person to start with.

However the team approaches this needs to be from a systemic approach and as an ongoing (changing) conversation. View really as a relationship building opportunity.

An educational tool that can include the IHSS worker, family members, case managers and can help all involved understand that really they're in conversations with each other.

When considering cultural and religious backgrounds, consider how to navigate differences between the consumer and the IHSS worker, who may be a family member but may have different priorities or opinions about end of life care.

Different people have different views about Advanced Care Planning; if for some it's filling out a form, fantastic. For others, it may involve talking with their families, even better.

Query people (possibly IHSS workers and/or consumers) whether they're interested in getting more information on this topic.

Consider the curriculum and/or work being done with the California State University system, perhaps they might be a great synergy.

Someone mentioned that videos would be really helpful, another member mentioned that actually "Prepare for Your Care" has lots of videos (60% videos).

"Last Things" is a five week program, primarily for faith community, is composed of small groups, encourages peer support and the goal is to have participants develop a minimum number of end of life relevant type documents.

A comment that previously mentioned resources (and this project) would be great to include on website, a project in the works.

Reference to a Midwestern town (La Crosse, WI) that integrated "Respecting Choices"

Rebecca has also created an ACP document that was developed with language at a 5th grade reading level and many pictures.

Discussion of End of Life Utilization Patterns in SF

Moderated by Anne Kinderman – group to consider how to use the death data and research from previous presentation by Physician Hill group as a way to focus this group's work.

Early in the creation of the task force, members realized that they don't know what's out there and that everyone has separate data or information re: end of life care.

Mentioned the possibility of bringing on a project manager that can help this, assuming they can get funding – one of the two projects could be inventorying or community engagement, etc. Question: what would members prefer, a second layer of inventory and intentional investment of efforts by this group OR would it be helpful to have a project manager to coordinate the efforts?

Member's Responses: Great to have someone help but to continue with a broad base of programs.

Need someone to really help push the efforts to the next step.

Obviously a need for out-patient palliative care – have some help gather the evidence that indicates this need, not just an inventory of gaps analysis.

We accomplished a lot in six weeks but realize that we need a real level of depth. For example, members have a client who has needs, what is available to meet those needs.

Have the possibility of building a website – either part of the LTCCC or its own website (\$45k), with goal to look to other potential funders.

PM would be for a defined period of time for specific tasks, someone who has both the expertise and project management experience.

Group is in agreement.

Discussion of End of Life Utilization Patterns in SF

Discussion focused on how to use the death data and research from previous presentation by Physician Hill group to focus this group's work.

Anne looked at SF General death data on 400 cancer patients in the last month and found that it also cost about \$20million (similar costs as Hill Physicians came up with). They will be looking at a more comprehensive group of patients (SF General and SF Health Network) similar to the Hill group.

Maybe a next step is figuring out how to pull these findings together and developing a way to present to the Health Commission.

Do members know what other health systems do? Such as Kaiser?

There is stuff the group can do with SF data if they can get access to it – someone thinks that providing the info is a function of the health department but hasn't been set up yet. They do have mortality data (everything on death certificate), group would need to be careful with confidentiality, it has all the hospitalizations, and members think it is linked (recently, just in the last few years) but the group would need to be thoughtful about what is published (need to consider the providers).

When/if Pal Care group approaches the health department, group would get one shot. Need to have a proposal put together and have a clearer understanding about what is available within this data.

The request should come from the Palliative Care task force, will seek next steps advice from Shireen as well.

Education & Community Outreach

Out of time, will cover next meeting.

NEXT MEETING: Thursday, August 4th