

Palliative Care Workgroup Meeting Notes

Friday, December 19, 10:00am – 12noon
Department of Aging and Adult Services
1650 Mission Street, 5th floor, Golden Gate room

Present:

Linda Hoyne, SFSU
Brian deVries, SFSU
Redwing Keyssar, Jewish Family and Children's Services
Jeff Newman, UCSF / IHA
Heather Harris, UCSF / SFGH
Anne Kinderman, UCSF / SFGH
Camille Borgo, Hospice by the Bay
Traci Dobronrovova, Jewish Family and Children's Services
Anne Hughes, Laguna Honda Hospital / DPH
Linda Edelstein, DAAS
Kelly Dearman, IHSS Public Authority
Bill Verduca, Sutter Care at Home
Abbie Yant, Dignity Health / St. Francis Hospital
Christine Ritchie, UCSF
Michael Kersten, Hill Physicians
Deborah Borne, DPH
Debra Keller, UCSF / Tom Waddell
B.J. Miller, Zen Hospice Project / UCSF
Angela Sun, Chinese Community Health Resource Center
Nerice Kaufman, Sutter Hospice / AIM
Anne Hinton, DAAS

1. Welcome and Introductions

Anne and Christine presented the Palliative Care final report to DPH Commission. Commission was interested in data collection; want to see things happen with the recommendations; felt a bedrock of support from the commission; the commission asked for a report from this group in a year; felt they caught the vision and were compelled by the opportunity; we asked for their support and we got it.

Anne and Christine also conducted a webinar through the Coalition for Compassionate Care about this community and a model for other communities. Discussed how we went thru the process. People were interested in replicating what we have done here.

2. Discussion of Workgroup Structure

Discussion around leadership of group going forward and how this group is connected to LTCCC; history explained by Anne -- council is appointed by mayor; there are 40 members; this group similar to Dementia Care oversight committee and plan – both related to the Long Term Care Integration Plan. This work fits with the goals of the Council and what the Council is doing. The council will keep an eye that this group is moving; there is a monthly report by each workgroup at the LTCCC meeting.

It is recommended that the group have co-chairs and figure out workgroups.

Melissa is the DAAS staff that facilitates the work of the LTCCC and will staff this workgroup; providing background leadership, not the front, including research, drafting letters, etc. The co-chairs will work with Melissa to make sure this happens.

Discussion about leadership / co-chairs / structure – explanation of how task force worked as example for this group. Goals are to identify what is palliative care, develop recommendations; what do we need to do so this becomes alive and gets implemented, and how do we blend services across the continuum?

Task force worked well. Plans were developed. Model and leadership should be replicated for this workgroup.

When look at places of overlap as places to focus as the same issue came up in more than one workgroup – important if came up in several.

What kind of things did commission ask? These are areas to identify and focus on. -- Education for primary care physicians; for example, it is not just filling out the POLST. Identify benchmarks and outcomes, i.e., are we delivering quality? How do you define quality? Where can we leverage and get the most impact? – Discussion around payors, grassroots conversation at community level, resource directory – how to supplement, how to utilize, maintain and update; Is finance piece relevant to LTCCC? – resounding yes as to plan how resources will be provided. Find a mechanism for how those who provide services can provide them and get paid.

For the LTCCC, the controller's office has done 2 financial reports which included analysis of cost of LTSS in SF. Controller's office is currently meeting with the MSO group to look at finances and outcomes.

During development of the LTCI, the payors were at the table; potential payors would have understanding of local environment and when go to state to negotiate rates, they know what services look like.

Important to have data collection for understanding duplicative services – how are we decreasing waste? This is relevant to CMS.

Suggest that Anne and Christine serve as co-chairs for this group for the short-term. Revisit co-chair role in 6 months.

This group will develop a steering committee. Let Melissa know if interested in steering committee. As workgroup are developed, it is suggested that the chair of each workgroup should attend as a member of the steering committee.

Discussion around meeting schedule; decided that monthly meetings are necessary at this time to get things done.

This group will report back to LTCCC. Workgroups of the Council report at the regular meeting if the workgroup / committee met that month. It is expected the chair will report, although can send a designee.

3. Discussion and Clarification of Workgroup Goal

Need to identify prioritization of workgroup goals – What are the criteria for prioritization?

- Impact - #'s affected / depth of impact
- Dynamic process to understand and define
- Measureable – quantitative and qualitative
- Short and long term feasibility
- Sustainability
- Achievable in this first year
- Synergistic – people who can make it happen. – If an organization doing this work, leverage that.
- Offers opportunities for diverse populations.
- Better understanding of need.
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Review of recommendations –

Where do we want to devote our energy and effort first / now?

Identify the recommendations to start with.

Overlapping recommendations, all include the following:

- Data collection / resource directory
- Education / training
- Advance care planning
- Finance – asks for funding
- Standards / best practices
- Delivery system
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Quality – Recommendation # 1, 4, 5, 6 as starting points.

Need to identify organizations that we need to present to and bring in to the group.

Finance -

Recommendation # 3, 4 (#5 is done)

Pilot project that warrants an ask –

Education – need for “Palliative Care 101.” Need to identify the common community-wide understanding of palliative care.

Systems – Recommendation # 1

Abby Yant will explore web page landing site thru hospital council.

Recommendation # 2 -- uniform assessment for RCFE's. (Will invite Ria Mercado to this group)

Workgroup for advance care planning

Community engagement – All recommendations.

Workgroups –

Advance care planning / community engagement

Resource directory – including a report and gap analysis

Education and training

Finance group

Quality and Standards

Next meeting – To be determined