

Palliative Care Committee Minutes

Thursday, April 6th, 2:00 – 3:30pm

1650 Mission Street, 5th floor, Golden Gate room

Present: Shireen McSpadden, Redwing Keyssar, Bill Verducci, George Kellar, Judy Long, Ramona Davies, Kelly Dearman, Jeff Newman, (on the phone) Terry Hill, Eric Weiss

DAAS Staff: Valerie Coleman

Introductions.

UPDATE: LTCCC & Workgroups

Valerie & Shireen discussed the LTCCC's budget proposals – they developed 3 and are taking them to the Board of Supervisors and Mayor's Office. Essentially, these are budget asks that are seen as a priority from within LTCCC workgroups, that were then developed and vetted on by the larger council.

Budget proposals include:

- Housing Subsidies for Seniors & Adults with Disabilities (\$3million)
- In-Home Supportive Services (IHSS) Retention Pilot (\$1.1 million)
- Golden Compass: Where HIV & Geriatric Medicine intersect (\$250,000)

(included with minutes)

There was some discussion around the IHSS pilot, the impact of the increase in high-skilled jobs in San Francisco, the impact of the national immigration legislation, etc. Brief overview of the other two asks.

UPDATE: Post-Acute Care Collaborative task force.

Shireen gave an update: this group is a result of the SF Department of Public Health Post-Acute Care report, that a task force be created, and funding is from the Hospital Council. The hospitals have clients in post-acute beds and trying to understand what the referral options are, the tremendous loss of residential care beds, and the high cost of post-acute beds within hospitals. First meeting they heard from Tom Brady (IOA) to talk about the Community Living Fund model. Will meet monthly and as the process and the group's mission develops, Shireen will bring it back to this group. Despite the fact that it's a hard time to talk about this, the group is looking at other possibilities, like looking at Oregon's model with waivers and the local residential care facilities.

UPDATE:

Gaps Analysis & Resource Directory:

Bill gave an update, including: Christine saw state data and that the trends can help inform this work, to come up with our stats to drive the work. Christine is working closely and can follow up with this next month. Stupski data – discussed who do we message the recommendations too.

Need to know what palliative care services looks like for the last month of life, the last 60 days of life, etc. Will need to understand that (which is where the data comes in) to help develop the work moving forward.

Edward Curd (sp?), retired cardiologist from CPMC, did a presentation to the cardiologists – showed MediCare data and statistics and told them that for what you do, you have no cure. Palliative Care starts right at the beginning, but you don't address/acknowledge that. 40% of terminally ill patients have not been told by

cardiologists that they are terminally ill – asked them how the doctors wouldn't think it's not a discussion to begin with, as they work with the patients. Because of his background, he could talk to them that way. He also gave some of the results of referrals, such as readmissions. If we can look at the trends that Christine was talking about, then maybe this group can be more specific.

Terry mentioned that Joan Teno has already done a fair amount of analysis (with the Stupski) and her plan is to use caregiver surveys, death data, and Oasis and MDS data (extensive patient treatment plans for people getting home health or skilled nursing care)

Outreach & Speakers Bureau:

Shireen led a discussion: What are the specific messages that we want to get out, who we want to reach, and what kinds of deliverables do we want, specifically considering projects/efforts that are “low-hanging fruit” or things that are relatively easy to accomplish. After we've discussed that, then can consider partnering with Re:Imagine.

Realization that we keep coming to this question – where is the best use of this groups time/effort? If we are able to get some funding, where should it be focused? If we had funding to actually hire a lead person to help guide this process, then it would move forward. Also always comes back to “who is our target population”?

The challenge is that we know that all of the audiences are important, but if we could focus on the next 6 months, we will still need to come up with our tangible next steps. Again, comes back to the realization that the Re:Imagine effort is a ball that is already rolling and feels important to join that.

Fundamental lack of clarity of where this group's “power” lies – there is so much that needs to be done and yet it's just this group who is focusing on this issue. Perhaps the project lead can help us think through what a good direction might be and how to set this group up as thought leaders. Until seen as that, this group may feel like it's operating in isolation or as a “lone wolf”, not necessarily intertwined and tethered with other existing efforts.

Expressed frustration – agree that we should support Re:Imagine, but also recognize that it's targeted for young and affluent people, which is interesting but does not target our population. We've discussed the importance of reaching other demographics (like older adults, diverse communities, low-income folks, etc.) identified through the district health centers and church groups, for example. Specifically work with high-risk, low-medically served communities and I think that should continue to be our target audience.

Comment that the Re:Imagine can be whatever we want it to be, if we decide to take a leadership with this. Also, another comment that it sounds like we're trying to develop a strategic plan and we need to decide what we're going to focus on before we decide to really take on Re:Imagine. Acknowledging that Re:Imagine does offer an amazing opportunity.

Also, a way to tie in an October Re:Imagine event, reach out to the groups we (Palliative Care member orgs/companies) already work with and to bring them in – perhaps these members can be the bridge between the event and the high needs communities we support.

It sounds like we're circling around needing to develop a marketing plan and then to launch it. If that's what our agenda is, to get this information and resources, etc. then to get it out there. Also, not just explain what Palliative Care is but if/how people might use it.

See plan that George created (include with minutes) – handed out a draft Community Outreach Market Plan as a point to discuss from and what a tentative budget might be. Another perspective – perhaps that palliative care is not the product, but rather the Advanced Care Directive (ACD) as a way to reach folks. Another perspective – disagree, that palliative care is the product and ACD is part of that. Another thought it was quality of life.

If thinking about the end user, and the consumers I see (IHSS), these are people who don't talk about death at all and if doctors can't even agree on what palliative care actually is, then the Advanced Care Directive is the best tool to have an end of life discussion. Having a tool to have an end of life discussion, that's how we (this group) can get there. Maybe even something before Advanced Care Directive, something softer and easier to approach this really challenging conversation. The people we want to reach (and that many people here work with) are not going to be able to dive right into palliative care or even Re:Imagine – perhaps softer tools will help. But even if they're not ready for that, if they know that we have tool and resources, then that might help when they really need it.

Part of the challenge is that we have been trying to do everything – if we can focus on key groups to reach our target populations (like SF General Hospital, community clinics, IHSS, church groups), then we can start there. If we can agree with the audience specific decision, then that's a great starting point – that won't limit future audiences and may help guide data. Agreed that this group needs project management.

So the question becomes, do we want to be a lead body with the Re:Imagine or not? People expressed interest in being part of the discussions about how to shift the Re:Imagine focus more to the target population/audience that this group has identified as a priority.

In summary: the group has decided to focus on their target audience (which in this case is low-income folks that have immediate need and are often underserved by medical services) and to build a marketing plan around that.

Next Steps:

- **A marketing plan** that can focus on this audience for the next year;
- **Need a project manager** that can help lead this effort;
- **Potentially reach out to the HIV & Aging workgroup** (Re:Imagine's focus next year on AID's quilt);
- **Jeff mentioned a paper that talks about palliative care and marketing** (find and share); and
- **George will send Valerie his Marketing Plan outline to share.**

Next meeting date:

Thursday, June 1st, 2017, 2:00 – 3:30pm
1650 Mission Street, 5th floor, Golden Gate room