

Palliative Care Work Group Minutes

Thursday, February 1st 2:00 – 3:30pm

1650 Mission Street, 5th floor, Golden Gate Conference Room

Present: Shireen McSpadden, Christine Ritchie, Redwing Keyssar, Jeff Newman, Chris Strayhorn, George Keller, Rachel Main, Ramona Davies, Catherine Deasy, Anne Kinderman, Sarah Garrigues, Kelly Dearman, Anne Hughes.

(Phone) Rachel Lovett, Shoshana Ungerleider, David Zwicky, Rebecca Sudore, Torrie Fields.

DAAS Staff: Joseph Formentos, Cindy Kauffman.

Introductions.

UPDATE: (Re)Imagine

Rachel noted both Kelly Dearman and Cassandra Chan attended Re:Imagine event and reviewed marketing materials geared towards diverse communities. Event participants discussed new images/language appropriate for various communities.

Rachel also shared image of three pillars artwork (Preparation, Remembrance, and Wonder) which represent possible ways people might connect to overall project. Artwork serves as an internal document (not for public use) where event creators can think of different channels they would fit into. *Contact Rachel if interested in using as poster along with other templates.

- Announced MUNI Public Service Announcements launch on March 1st-22nd -- centered around 'three pillar' messages on the artwork.
- Also, wrapped up first successful webinar of over 50 MDs that signed up to events about creating/executing events.
- First round of stipend requests sent out on January 24th and are due back February 9th, the second round to be sent on February 28th and due on March 7th. These stipends will help applicants with facilitation of event creation and other projects for Re:Imagine.
- Event tickets to go live on website: March 7th (more events to follow)
<https://www.letsreimagine.org/>

Redwing updated on *Theater of War* - End of Life performance which will take place on Wednesday, April 18th at UCSF Mission Bay Byers Auditorium with majority of clinicians. A second performance also scheduled next night on Thursday, April 19th at Cowell Theater at Fort Mason. Both are open to public.

Shireen inquired about groups that Re:Imagine has confirmed on the books, which Rachel knows of around 15-20 groups, but with Conversation Sabbath event-- group count could expand to 25 congregations and more. Rachel mentioned conversation with Rebecca Sudore

and others about where to find facilitators to help train people with potential workshops revolving around events.

Christine asked about events specific to certain groups for example how UCSF events geared towards clinicians. She was wondering about navigation amongst different health care institutions such as Sutter Health with Shoshana and for other health care providers. Rachel suggested having group call to sort out questions.

Presentation: End of Life Care Utilization Analysis in SF Health Network

Anne Kinderman presented analysis which was roughly a two and half year (from 2013-2015) process to collect data; mainly an overview of a study which scratches the surface for end of life care.

The purpose of study:

- To estimate volume of SB 1004 patients.
- To investigate business case of Community-Based Palliative Care (CBPC) programs.
- To encourage transition from reactive to proactive care approach.
- To serve as an example for other public health systems across the nation.

Presentation covered SB 1004, a law signed in 2014, which is designed to expand access to palliative care services for beneficiaries of Medi-Cal managed care plans. SB 1004 general eligibility includes late stage illness with decline (patient passes away in about a year), as well as disease specific eligibility: advanced cancer, chronic heart failure (CHF), chronic obstructive pulmonary disease (COPD), and liver disease.

Demographics of decedents comprised of age average, primary payers, and primary diagnoses. Charts revealed an estimated 667 San Francisco Health Network (SFHN) patients die with SB 1004 diagnoses, and studying volume may lead the way towards examining how to identify percentage of 667 patients that system could provide services to ahead of time. Realistically, 667 patients would outnumber staffing therefore alternative ways come in to play-- piloting telehealth to extend reach, partnering with Hospice by the Bay and investing in more education of frontline providers.

The business case argument for CBPC explores the statistic that if palliative care services are introduced earlier, at least 3 months before death, then system avoids unnecessary end of life hospitalizations by 30-70% and that simply fewer admissions would need to be avoided to cover costs of CBPC program.

Anne further explained transition to population health approach begins by connecting with SFHN health leaders, focusing specifically on CHF patients, and partnering with SF Health Plan to get list of potentially eligible SB 1004 patients.

Lastly, by taking the steps to show findings about work with other safety-net hospitals and sharing analyses with system leaders, a final report will be written for publication serving as

example for other networks. Anne added how system could improve care—one part being the Pal Care specialists and the other part being education for the providers; communication and advance care planning.

Comment: Expanding on Redwing's questions to mandate education of Palliative Care, Ramona wondered about connecting Senator Ed Hernandez O.D., who introduced SB1004, to Re:Imagine and exploring policy change with legislation to expand Palliative Care education.

UPDATE: Stupski task force

Christine gave update on Stupski projects:

- Data analysis related to quality of care for serious illness identified by experiences of loved ones of people who died in San Francisco- Alameda County communities.
- RAND Corporation needs help from Pal Care Workgroup network identifying people who are able to participate in cognitive interviews.
 - Required that caregiver be of someone who has passed away in the last 2-6 months and decedent received care in Bay Area. Face-to-face interview and survey will last up to an hour and a half including a reimbursement of \$150.
 - First interviews conducted in English will validate next round of surveys in Spanish and then in Cantonese/Mandarin.

Action Item: Cognitive Interview Recruitment for End of Life Care

Christine asked Workgroup to provide contact information for 20 caregivers. NO E-MAIL ADDRESSES of caregivers. RAND Corp will contact workgroup participants for names of caregivers over phone or via share drive (RAND will send link to folder >> secure file transfer site).

- Caregivers have to be willing to be contacted by RAND Corp.
- Cannot be privately hired caregiver, but more of a family member, primary caregiver.

TO-DO: Send Cognitive Interview Recruitment for End of Life Care Survey to Workgroup

Announcements

Shireen revealed Steering Committee interview process for Strategic Consultant RFPs. Five candidates, narrowed down to 2 finalists and committee interviewed both. Committee has made decision and consulted with Palliative Care Workgroup. No objections from group.

Next Meeting: Friday, March 2nd

2-3:30pm

1650 Mission St., 5th floor, Golden Gate conference room

All meeting information can be found here: <http://www.ltccsf.org/palliative-care>