

Palliative Care in California County Hospitals Senior Leadership Convening

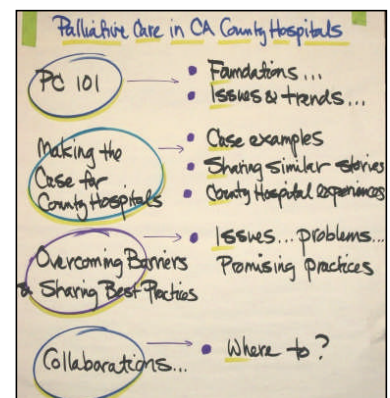
Thursday, October 12, 2006
10:00 am — 4:00 pm

Summary of Notes

This convening regarding palliative care in California county hospitals was sponsored by the Safety Net Institute and the California HealthCare Foundation. This summary of flip chart notes from the convening has been edited to enhance their clarity; however, they are not intended as complete meeting minutes or proceedings.

1. Survey of Themes and Issues for Discussion: The following meeting themes and discussion issues were identified by the planning group, through the pre-meeting survey, and with a discussion at the onset of the meeting regarding expectations. To the extent feasible the themes and issues were addressed during the convening.

- a. Creating changes in public hospital setting.
 - 1) How to get started?
 - 2) Optimal structures for PC (palliative care) programs.
 - 3) Program design: which settings?
 - 4) PC on acute and subacute levels.
 - 5) Outpatient settings; chronic conditions.
- b. Staffing and workforce issues.
 - 1) Training and staff development.
 - 2) Training throughout institution regarding PC.
 - 3) Education mission and PC.
- c. Financing PC in county hospitals.
 - 1) Financial impact of hospital-based PC.
 - 2) Creative ways for funding PC.
 - 3) Reimbursement.
- d. Policy and Regulatory Issues
- e. Collaborations and internal coordination & teamwork.
 - 1) Internal hospital collaboration and teamwork.
 - a) Relationship between specialty care and palliative care; e.g.. breast cancer treatment and PC.
 - b) ER and PC service linkages.
 - c) Linkages between services for early internal identification of patients.
 - 2) External collaboration.
 - a) Hospices.
 - b) Linkages: community organizations and community health workers.



- c) Foundations.
 - f. Special issues in implementing PC programs.
 - 1) Language and culture.
 - 2) Interpreter for services with PC training.
 - 3) Working with ethics committees.
 - 4) IT and electronic medical records.
 - g. Evaluation and Monitoring Outcomes.
 - 1) Outcomes? Data? Evaluation.
- 2. Discussion: Issues of Funding and Sustaining PC Programs.** Presentations by Steven Pantilat, MD; Shoshana Helman, MD; and Sheira Freedman, MD provided an overview of palliative care programs, budgets and the economic case for palliative care programs in county hospitals. Copies of each presenter's PowerPoint materials are being distributed with this summary.
- 3. Discussion: Barriers and Challenges to Developing Palliative Care in County Hospitals:** There was extensive discussion and information sharing regarding barriers and challenges to developing palliative care programs in county hospitals. Topics discussed included:
- a. How to plan when there is no established PC service.
 - b. Financing PC at various levels of care.
 - 1) Settings for PC.
 - a) Acute vs. subacute levels.
 - b) Outpatient settings
 - 2) Reimbursement.
 - c. Creating change within institutions: making the case for the entire hospital.
 - 1) Difficulty in making change.
 - 2) The importance of understanding the decision making and planning process within county hospitals as well as CEO buy-in.
 - 3) Opaqueness of process in many organizations.
 - 4) Having staff champions for new programs is essential.
 - d. Making the case for PC with physicians and providers.
 - 1) Early identification of patients who would benefit.
 - 2) Relationships between ER and PC consult service... the emergency service should not be overlooked as an area in need of palliative care consultation.
 - e. It is always prudent to have the hospital's compliance officer review billing and reimbursement approaches when the service is being planned.
 - f. Educational mission of institutions: making PC of medical education and training.
 - g. Training on PC throughout institution, at all levels.
 - h. Language and culture issues.
 - i. The case: what moves administrators?
 - 1) Reimbursement issues.
 - 2) Cost savings approaches vs. revenue generating approaches.

- j. Making the case with the community.
- k. Community and PC: involving community health workers in PC.
- l. What is needed? Building the business case for county hospitals — idea for future collaborations.

4. Discussion: Creating Administrator and Leadership Buy-in on PC Program

Development: Tying palliative care to the organization’s vision, mission and goals is essential to gaining program support and approval. Having a good understanding of what other county hospitals are doing to provide palliative care services, and why, will be very useful.

- a. Is there enough understanding among administrators on what PC is? Use of case examples/stories to illustrate the patient care aspects of palliative care.
- b. Placing PC within institutional mission, vision, and values.
 - 1) Doing the right thing.
 - 2) Quality of care.
 - 3) Standards of care.
- c. Understanding how institutions work—decision making process.
 - 1) Clear champion within the institution with credibility and influence.
 - 2) Key relationships with executive team.
 - 3) Working with department e.g. medical service.
 - 4) Team approach in PC program development—team presentations?
- d. Presenting successful programs...models in this institution and at others.
- e. Politics of new program/initiatives.
 - 1) Great ideas vs. priorities— CEOs: There are always many “great ideas,” not all of which can be implemented.
 - 2) Getting face time with health services agencies, CEO and senior decision makers in the county health policy levels.
- f. What is the financial/business case for PC?
 - 1) Cost- saving arguments (over revenue generation).
 - 2) Data.
 - 3) Understanding the budget process, cycle and timing. Sometimes off-cycle funding for programs works!
 - 4) Foundation support could help— brings in money as well as demonstrating commitment; meeting up front costs.
- g. Community and patient pressure.
 - 1) Patient/family member concerns about care toward the end of life.
 - 2) Good letters emphasizing meeting patients’ and families’ needs.

5. Ideas for Follow-up and Potential Collaborations. At the end of the meeting ideas for follow-up and potential collaboration were discussed. Attendees were encouraged to continue to communicate with each other and develop an effective network for resource sharing and mutual support.

- a. Creating the business case for county hospitals (Resources: PCLC, CAPC).

- b. Creating affinity groups: conference calls, convenings, internet and virtual connections, listserves; survey what is currently in place on PC.
- c. Continuing training: scholarships, etc. promoting PC.
- d. Funding support for new ideas and collaborative projects.
- e. Resource sharing— e.g., translated materials.
- f. Training on multicultural issues in EOL care.
- g. Planning team development: supporting developing PC programs with TA and resources.