

California Master Plan for Aging: Palliative Care and Advance Care Planning



Background

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Serious illness is [defined](#) as a health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life or excessively strains their caregiver.

Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It addresses and relieves suffering across all aspects of the person: mind, body, spiritual, and relationships. It is appropriate at any age and at any stage in a serious illness, though it should start at the point of diagnosis, and it can be provided along with curative treatment. Palliative care improves health care value by both improving quality and reducing costs of care for the sickest and most complex patients. [Learn more about palliative care.](#)

Advance care planning is the process by which people think about, document and communicate their preferences for medical care should they become unable to speak for themselves. It can improve the quality of care and the patient and family experience during serious illness by aligning medical treatment with patient preferences. Thoughtful conversations are a key element of advance care planning. But to ensure people's wishes are known and honored, it's important to have documentation in the form of an advance healthcare directive (AHCD) or the Physician Orders for Life-Sustaining Treatment (POLST) form. Each form has a different purpose and should be used in the correct situation. [Learn more about AHCDs.](#) [Learn more about POLST.](#)

Issues

Palliative care is not routinely made available to patients who would benefit from receiving the services. For example, fewer than 1 in 20 hospitalized patients who could benefit from palliative care actually receive it.¹ Palliative care is often [misunderstood](#) by both health care providers and the general public. The barriers posed by race, ethnicity, culture and language sometimes interfere with people getting the best care possible. In addition, palliative care access can be limited by a lack of providers trained in the specialty, especially in rural areas and in smaller hospitals. According to a 2017 California Health Care Foundation [report](#), inpatient palliative care capacity for the entire state was estimated to be sufficient to meet 43% to 66% of need, and community-based capacity was estimated to be sufficient to meet between 33% and 51% of need.

In the current health care environment, there is too often a substantial misalignment between the medical care people want during serious illness and the care they actually receive. People are often not empowered to speak up for the kind of care they want, and clinicians are often not trained to have conversations with patients about their values, goals over time, treatment options and preferences. When it does happen, the documents that record these preferences are not readily available in the medical record or through an electronic registry to guide treatment during a medical emergency.

Recommendations

- **Expand Access to Palliative Care Services**

Develop and implement strategies that make palliative care available to all seriously ill Californians across settings, including hospitals, clinics, nursing facilities, residential care, and home-based care.

- The state should incentivize health plans financially to expand the availability of palliative care in their geographic areas.
- Require hospitals to have a palliative care consult service as a part of licensing.
- Develop and implement strategies to support the sustainability of interdisciplinary home-based palliative care, such as adequate value-based payment, [consensus standards](#) for payer/provider contracts, and programs to support referrals.
- Provide information to social service providers to increase their understanding of palliative care and engage them in identifying and referring appropriate consumers for palliative care services.

- **Incorporate Palliative Care Best Practices**

Identify and incorporate current best practices into care delivery, for example those put forth in the [Clinical Practice Guidelines for Quality Palliative Care \(4th edition\)](#), developed by the National Consensus Project for Quality Palliative Care and the National Coalition for Hospice and Palliative Care.

- Regulate minimum standards for healthcare providers offering a “palliative care” service to patients and survey to ensure compliance.
- Institute pay-for-performance add-ons to Medi-Cal reimbursements, as well as Medicare and commercial reimbursement, for superior palliative care as demonstrated by OASIS scores or other existing measurements.

- **Grow Palliative Care Workforce**

Require the Office of Statewide Health Planning and Development and the California Health Care Workforce Policy Commission to assess the general and specialty palliative care workforce needs in the state, and to take steps to mitigate shortages.

- Provide incentives to encourage a more culturally-diverse and culturally-sensitive palliative care workforce.

- **Educate the Healthcare Workforce in Principles and Practices of Palliative Care**

Implement strategies around workforce education in palliative care across disciplines.

- Require a minimum level of exposure to primary palliative care in pre-professional/pre-licensure education for physicians, physician assistants, nurse practitioners, nurses, and social workers.

- Conduct a healthcare provider awareness campaign through a public-private partnership to increase accurate understanding of palliative care as care during serious illness.
 - Incentivize continuing education in specialty-level palliative care.
 - Subsidize palliative care training for Medi-Cal providers.
 - Require skilled nursing facility staff to be trained in palliative care principles and practices using the [CARE Recommendations](#) as the foundation for the training.
- **Empower Persons' Decision Making**
Empower older adults to engage in conversations with family members and healthcare providers about serious illness and end of life, and optimize their ability to make and record their decisions about their own care.
 - Conduct a statewide communications campaign through a public-private partnership to increase awareness of advance care planning and encourage all adults to complete an advance directive with an emphasis on naming a surrogate decision maker.
 - Review and update California laws regarding the requirements for making an advance directive or POLST form legally valid in light of COVID-19, electronic completion, and current thinking.
- **Operationalize ACP**
Engage large healthcare providers (e.g., integrated healthcare systems, medical groups, hospitals, and payers) in establishing systems within their organizations for consistently and reliably soliciting, documenting, retrieving and honoring patient treatment preferences.
 - Require electronic health record software to include one-click access to advance care planning documents, including advance directives and POLST forms.
- **Honor Wishes**
Create a statewide system for making information about patients' specific treatment preferences available to healthcare providers whenever and wherever it is needed, with advance healthcare directives and POLST that are incorporated into electronic systems so that this information is prominent and readily available and can be honored.
 - Implement a statewide registry for electronic exchange of POLST.

ⁱ National Palliative Care Registry. [Accessed March 12, 2020]; Palliative Care Service Penetration by Hospital Size. 2015.