

# Twenty Tips for Writing a Compelling Proposal for Creating or Expanding a Palliative Care Program

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1. Before doing any proposal development work, verify the preferred length, organization, and required content for proposals at your organization.
2. Start by defining palliative care, to ensure that you and your audience have a common understanding of the focus and components of a palliative care service. Presenting a clinical vignette or brief case report can help illustrate why palliative care is needed and what palliative care teams do.
3. Align your arguments for why a new or expanded palliative care service is needed with larger organizational goals and priorities.
4. Begin with the end in mind. Think backwards from the overall story you want to tell (e.g., “palliative care improves patient outcomes and reduces costs”), to the insights you want readers to glean from that story (e.g., “the organization can expect a positive return from investing in a palliative care service”), to the data you need to support those insights (e.g., the usual cost of care for patients who would benefit from PC, the expected cost of staffing a PC service, evidence from the literature describing how PC services reduce the cost of care.)
5. Use structure, process and outcome metrics to tell your story. Structure metrics describe what you have in place to care for patients and families; process metrics describe what your team does; outcome metrics describe the results of clinical contacts.
6. For expansion proposals, highlight areas where the structures and processes of your current palliative care service are aligned or at odds with national standards or consensus best practices for palliative care.
7. Use a “current state vs. future state” approach when making the case. Describe the status quo of care processes and outcomes, then present information on how things would change if a palliative care service was created or expanded.
8. Reference the peer-reviewed literature, the grey literature (i.e., unpublished case reports or survey results) and data describing outcomes at your organization to illustrate why palliative care is needed.
9. For expansion proposals, balance describing successes with pointing to unmet needs. Your dual messages are “We’re doing great work” and “We could be doing more / better.”
10. Use descriptions of outcomes or processes when the information stands on its own (“98% of families would recommend the palliative care service to others”). Use comparisons when context is needed to interpret information (“70% of palliative care service patients transitioned to hospice care; the hospice utilization rate among decedents in California is 42%.”)
11. Support your staffing requests with published data or case reports describing staffing ratios (“In a survey study of more than 100 palliative care consultation services in California, the median ratio of consultation cases to physician/nurse FTE was 250:1 (Pantilat 2014).”)

12. Use a range when presenting estimates of expected fiscal impact for a proposed service (“Based on published reports of the economic impact of consultation services (May 2014), we expect our palliative care consultation service to reduce direct costs for hospital care by 10-20%.”)
13. Compute the minimum level of success needed to cover program costs (“We only need to prevent 8 avoidable hospital admissions to cover the cost of staffing the proposed outpatient palliative care service.”)
14. Reference outcomes achieved by services similar to yours, as a means of validating your performance and analytic methods (“In a study of 8 hospital palliative care consultation services, Morrison found an ROI of 4.8:1, which is similar to the 5.6:1 ROI performance of our program.”)
15. Include in your proposal an evaluation plan that accounts for the availability of data and analytic support at your organization. Make sure you have access to all of the data required to track the metrics included in your plan. Do not agree to report outcomes that require extensive analyst time to compute unless an individual with the necessary skills and time is available to do that work.
16. Your evaluation plan should include items that speak to the multiple domains of palliative care; avoid focusing on only one area, like your program’s impact utilization and cost outcomes.
17. Be realistic. Don’t promise more that you can deliver in terms of expected impact. Realize that even with additional funding your growth rate might be constrained by variables like availability of clinic space and your ability to recruit or train new providers.
18. As you develop your proposal check in with key stakeholders (like fiscal leaders) to make sure that your content meets their needs and that your methods for estimating or computing service impact are acceptable.
19. Make sure your proposal is well written. Avoid jargon and extraneous information. Use short declarative sentences. Aim for a clear narrative told in a consistent voice. Reading your draft proposal out loud is a good strategy for identifying run-on sentences and unclear language.
20. Format your proposal in ways that make it easy for your audience to access and appreciate your message. Use descriptive section headers. Limit the length of individual sections. Use numbered or bulleted lists. Use graphics and tables to convey quantitative data. Use appendices for detailed information that will be of interest to only a subset of readers, such as descriptions of methods used for computing expected fiscal impact.

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Want to learn more? Three self-paced, on-line courses available from the *California State University Institute for Palliative Care* will help you implement these tips:

**The Business Case for Palliative Care:** Covers the 10 principles of the business case for palliative care and introduces five analyses for estimating or calculating fiscal impact

**Metrics and Measurement for Palliative Care:** Reviews a five-step process for selecting a balanced, feasible portfolio of metrics for a palliative care program

**Creating Data-Driven Proposals and Presentations for your Palliative Care Program:** Explores an array of strategies for creating compelling, actionable proposals and presentations for palliative care programs

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