

Introducing Palliative Care to Medical Staff: A Guide for Case Managers

This guide provides a quick reference to language you might use to introduce palliative care, general communication tips, and common questions that come up when speaking with medical or social service staff who may be able to recommend enrollment to the member. *Please see separate guide for introducing palliative care to members.*

Key Resource: Video “[Introducing Palliative Care: Medi-Cal Case Manager and Discharge Planner](#)”

How to Introduce Palliative Care

Many medical and social service professionals have heard of palliative care, so the task here is often correcting misinformation or explaining the Medi-Cal palliative care program more specifically. There are many different types of palliative care programs, so the case manager or discharge planner might not think a member is eligible based on what they think they know about palliative care.

Suggested language – one example:

“Medi-Cal palliative care is available to our members with advanced illnesses to provide an extra layer of support for the patient and family. Patients can get it alongside their other medical treatments, with the goal of improving their quality of life while dealing with their illness.”

Key points

- *Expect that their understanding of palliative care may be different from Medi-Cal palliative care.* Some medical and social service professionals think that palliative care and hospice are similar (or even the same), so they may think that a member is “not ready” for it. Pause to explain what Medi-Cal palliative care is and who is eligible. *Providing information about the Medi-Cal palliative care program may help to expand their ideas about patients who may benefit from palliative care, not just for the member you’re discussing but for others in the future.*
- *What the member can expect with palliative care:*
 - Help with assessing and managing symptoms related to their illness, alongside their other medical providers
 - Regular contact with a specialty trained team that may include physicians, nurses, social workers, and other staff who help provide an extra layer of support for the patient and their loved ones, in person or remotely
 - Help with connecting the patient with other services like In Home Supportive Services (IHSS), transportation, or food access, among others
 - Extra support for advance care planning or clarifying the patient’s goals of care, particularly if the patient or family feels confused or stressed about this
- *Personalize your suggestion.* What aspects of palliative care do you think this member might benefit from (for example, pain or other symptom management, making sure that their life priorities are understood by their treating providers, help with psychosocial stressors)? When you’re communicating about the member, *be specific about how palliative care can help them.*
- *They may have questions or concerns about why the member is being referred or what this means (e.g., “He isn’t dying!”).* Because some people confuse palliative care with hospice, they may think that the member would have to stop other treatments, or that their prognosis is very short. It is important to respectfully correct this misunderstanding.

- *Request that they recommend the member enroll in palliative care.* Members are often more likely to accept palliative care services if it is recommended by a referring provider or other trusted medical or social service professional. If the staff person is able and willing to recommend palliative care to the member, that is ideal.
- *Suggest next steps.* For referring staff, this may be sharing information about the program with other treating providers, explaining the referral process, and possibly talking with the member to recommend enrolling in palliative care.

Frequently Asked Questions About Palliative Care

Staff Question or Concern	Suggested Response
I don't think they're ready for palliative care.	<i>[Recognize that the staff person likely misunderstands what palliative care is.]</i> Oh, that's interesting. From our end, it looks like they're eligible for it. What makes you say they're not ready for palliative care?
Will the patient have to stop other treatments or change code status?	Not at all. Palliative care is an <i>extra</i> service that members get <i>in addition to</i> life-prolonging treatments. In fact, palliative care can often help people handle the effects of their illness better, so that they can continue with treatments as long as they're helping.
Isn't palliative care for people who are close to the end (or dying)?	Actually, palliative care is helpful and available for anyone dealing with a serious illness. Our hope is that people get it early on, even when they're first diagnosed, to help them deal with the stress of serious illness and treatment. Early palliative care is often delivered by PCPs or other specialists, but for people with more advanced illness or complex symptoms, they often benefit from visits with palliative care specialists.
What services does the program cover?	Patients enrolled in palliative care get help with pain and other symptom management, advance care planning, help with care coordination, and psychosocial assessment and support. I would be happy to send you more details about the program and how to refer.
How does the patient enroll in palliative care?	The next step would ideally be for you or another member of your team to introduce and recommend palliative care, so the member can learn a little about it. Then we would have the palliative care team contact the member.

Credits

The Introducing Palliative Care Video Series and Supplemental Materials were developed by Anne Kinderman, MD, Clinical Professor of Medicine, University of California, San Francisco, for the Coalition for Compassionate Care of California. Funding for the project was generously provided by the California Health Care Foundation.