

Introducing Palliative Care to Members: A Guide for Case Managers

This guide provides a quick reference to language you might use to introduce palliative care, general tips for these conversations, and common questions that come up when speaking with members/patients or caregivers. *Please see separate guide for introducing palliative care to medical and social service staff.*

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

How to Introduce Palliative Care

Suggested language – one example:

“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. It provides an extra layer of support for both patients and families, alongside other medical treatments.”

Key points

- *Expect that the member may be learning about palliative care for the first time:* Many members may never have heard the term “palliative care.” When you suggest palliative care, you will often need to ask, “Have you ever heard of that before?” If the member hasn’t heard of palliative care, take a moment to tell them what it is, and answer any questions they have.
- *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 specially 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 with the member, *be specific about how palliative care can help them.*
- *They may have questions or concerns about why they’re being referred or what this means (e.g., “I’m not dying!”):* Because some people confuse palliative care with hospice, they may fear that this means they only have a short time to live or that they need to give up other medical treatments when they start getting palliative care. It is important to respectfully correct this misunderstanding.
- *Give them time:* Since this is a new idea for many people, they may want to think about it before choosing to enroll. A follow-up call, either from you or from the palliative care team, may help provide the space and time for them to be ready to accept the service.
- *Suggest next steps:* For example, a next step toward considering enrollment might be a follow-up call from you or from the palliative care team. *If the member is open to contact with the palliative care team, contact the team to share specific needs the member has, so they can follow up.*

Frequently Asked Questions About Palliative Care

Member Question/Concern	Suggested Response
<p>Will I have to give up my doctors or any of the treatments I'm getting?</p>	<p>Not at all. Palliative care is an <i>extra</i> service that you get in addition to the treatments you're getting for your [serious illness or illnesses]. 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.</p>
<p>Isn't palliative care for people who are close to the end (or dying)?</p>	<p>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. You may have already gotten early palliative care – for example, help with pain management or making sure certain treatment options were the right fit for you. Sometimes people need palliative care specialists who have even more expertise in helping with these things.</p>
<p>I (or my family) don't like to have medical people come into my home.</p>	<p>I have heard that from other members, too. Our palliative care partners have actually developed a lot of ways to help remotely, like by phone or video. They still may be able to help you, if you're open to hearing more.</p>
<p>How much will this cost me?</p>	<p>Palliative care team visits, calls, and support are all 100% covered by your plan.</p>
<p>I don't think I need this right now.</p>	<p><i>[Recognize that the member either doesn't understand what palliative care is, or they need more time.]</i></p> <p><u><i>Option 1 (you have not yet explained palliative care):</i></u> That is absolutely fine, the decision is always up to you. Is it OK if I ask what makes you say that you don't think you need palliative care?</p> <p><u><i>Option 2 (you already explained what palliative care is):</i></u> OK, I'm glad that you feel like all your needs are being met right now. If at some point later on you feel like you could use some extra support, feel free to call me back to see how this program or our other programs can help you.</p>

Credits

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