

THE ROAD AHEAD FOR SERIOUS ILLNESS CARE: Identifying Needs and Opportunities

DELIVERY OF CARE

- Break down silos and improve communication among intersecting providers
- Address the disconnect between community-based and hospital-based programs
- Identify and disseminate local common practices/ best practices
- Create opportunities to learn from each other (cross-training and cross-learning)
- Standardize PC/ACP/EOL terminology and components for providers and patients (e.g. palliative care; DNR vs. comfort care; PC vs. AIM vs. hospice)
- Make it routine to prospectively identify patients needing PC and standardize care
- Implement quality control with POLST training and POLST conversations – some doctors don't trust that the conversations were done well and therefore disregard the forms
- Address service disparities by recognizing/including diverse populations and perspectives
- Be inclusive of all ages (include pediatrics)
- Partner with patient navigators
- Other local needs or opportunities:

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DELIVERY OF CARE - TOP FOUR NEEDS/ OPPORTUNITIES

1. Need/Opportunity:

Action:

2. Need/Opportunity:

Action:

3. Need/Opportunity:

Action:

4. Need/Opportunity:

Action:

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CLINICIAN-PATIENT COMMUNICATION

- Bring care conversations further upstream; build ACP into workflow
- Involve the patient from the point of diagnosis onward
- Agree upon and use common, user-friendly terminology for both providers and patients
- Improve understanding of what to expect down different care paths, e.g. hospice
- Develop messages and communication tools appropriate for different patient populations
- “Broaden the bench” - educate a wider diversity of communicators to normalize the conversation
- Attend to cultural differences and nuances as well as limited English-language proficiency
- Other local needs or opportunities:

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CLINICIAN-PATIENT COMMUNICATION -TOP FOUR NEEDS/ OPPORTUNITIES

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PROFESSIONAL EDUCATION AND DEVELOPMENT

- Improve providers' understanding of who would benefit from PC
- Partner with state and local medical associations to define and implement PC training standards and competencies
- Provide training across the continuum of care (nurses, social workers, chaplains, etc.)
- Agree on a training product (e.g. Vital Talk, CSU Institute for Palliative Care, ACP Decisions, Ariadne Labs) and adopt it as a local standard
- Clarify role of APNs and PAs (on POLST as well as more generally)
- Better define primary palliative care and disseminate those skills
- Create opportunities for PC specialists to model to other providers what PC is
- Enhance/promote current training and education opportunities; provide CEUs
- Educate administration and management – not just clinicians – to get their buy-in to the need for professional development and training
- Other local needs or opportunities:

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PROFESSIONAL EDUCATION AND DEVELOPMENT - TOP FOUR NEEDS/ OPPORTUNITIES

1. Need/Opportunity:

Action:

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Action:

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Action:

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Action:

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PUBLIC EDUCATION AND ENGAGEMENT

- Educate the community about palliative care - make it simple: “ask your doctor about palliative care.”
- Create a standardized and consistent message for use publicly and in all service settings
- Collaborate in coordination of messaging and dissemination of information to the public
- Start the conversation early, e.g. “death ed.” in high school
- Connect and engage with natural allies such as faith-based organizations, financial advisors, and elder law community
- Increase education and outreach to diverse populations
- Find ways to engage local funding for public education and outreach efforts
- Other local needs or opportunities:

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PUBLIC EDUCATION AND ENGAGEMENT- TOP FOUR NEEDS/ OPPORTUNITIES

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- Assist with developing a common language; assist with defining palliative care
- Help establish quality metrics and standards for PC
- Support local efforts/coalitions and serve as resource center
- Create a comprehensive inventory and “warehouse” of training resources, including primary and specialty PC training slots, training programs, and resources
- Identify successful PC models
- Develop outreach resources targeted to specific community settings (like the existing CCCC resource for faith-based leaders)
- Help identify and improve PC revenue streams
- Engage with DPH and other senior level agencies to disseminate information and coordinate campaigns
- Invite payers and funders to the table
- Leverage existing policy efforts and progress
- Coordinate messaging around new/recent legislation leverage
- Promote integrated palliative care
- Other forms of support from CCCC

TOP FOUR IDEAS FOR SUPPORT FROM THE COALITION FOR COMPASSIONATE CARE OF CA

- 1.
- 2.
- 3.
- 4.