Forging a New Path: We’re all in this together

Judy Thomas, CEO
Coalition for Compassionate Care
Alleviate unnecessary suffering for everyone facing serious illness
Get the care you need and no less...
&
Get the care you want and no more.
Conversations about serious illness are a normal part of everyday life.

Palliative care is a normal part of everyday health care.
Lessons

- Takes a long time & sustained effort
- Some periods of progress more obvious
- Always opportunity for improvement
- Power in the masses
First summit

- POLST form
- Thinking Ahead
- Pediatric (PFC waiver or Partners for Parents website)
Highlights from the past year ...
Consensus Standards

California Advanced Illness Collaborative

Consensus Standards for Community-Based Palliative Care
In California

California Advanced Illness Collaborative

Consensus Standards for Community-Based Palliative Care

1. Patient Identification ("Eligible Member"): Eligibility is based on general and disease-specific criteria. Patients must meet all general eligibility criteria and at least one of the disease-specific criteria. It is acknowledged that some patients who would likely benefit from palliative care may not meet all of the specified criteria. Additional patients who may benefit from palliative care services may be included in the palliative care program at the discretion of each individual health plan payer.

2. Disease-Specific Clinical Criteria:
   a. Advanced Cancer:
      i. Stage 3 or 4, locally advanced or metastatic cancer, leukemia, or lymphoma
      ii. Karnofsky Performance Status (KPS) score ≤ 60 (KPS 60: In capable of only limited self-care, confined to bed or chair, and 60% or more of waking hours, and/or ECOG: Grade 3 or higher
      iii. Patient has already received two lines of standard chemotherapy
      iv. Patient not a candidate for or declines further treatment-directed therapy

3. Patient with Advanced Cancer:
   a. KPS score ≤ 60
   b. ECOG Grade 3 or higher
   c. Patient has already received two lines of standard chemotherapy
   d. Patient not a candidate for or declines further treatment-directed therapy

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POLST eRegistry Pilot

Input
Health Systems
Hospitals
Medical Groups
Skilled Nursing Facilities
Hospice

Processing & Storage
POLST eRegistry
Health Information Exchange

Retrieval
Hospital Emergency Department EHR
EMS/ePCR
End of Life Option Act

Overview Of The Law
The End of Life Option Act is a California law that permits terminally ill adult patients with capacity to make medical decisions to be prescribed an aid-in-dying medication if certain conditions are met. Signed into law by Governor Brown in October 2015, the law went into effect on June 9, 2016. California is the fifth state to enact an aid-in-dying law. Read the full bill language here.

To Be Eligible To Request A Prescription For The Aid-In-Dying Drugs, An Individual Must:
- Be an adult (18 years old or older).
- Be a California resident.
- Have a diagnosis from his/her primary physician of an incurable and irreversible disease which will, within reasonable medical judgment, result in death within six months.
- Be able to make medical decisions for themselves as determined by health professionals.
- Voluntarily request a prescription for an aid-in-dying drug without influence from others.
- Be able to self-administer (eat, drink, and swallow) the aid-in-dying drug.

The request must be made solely and directly by the patient to the attending physician, and cannot be made on behalf of the patient through a power of attorney, an advance health care directive, a conservator, health care agent, surrogate, or any other legally recognized health care decisionmaker.

Participation Is Voluntary For Patients And Health Providers
Participation in the End of Life Option Act is voluntary for individual patients and health providers (physicians, nurses, pharmacists, etc.) as well as health systems, HMOs, hospitals, medical offices, nursing homes, pharmacies and hospices. Insurance providers are not required to cover aid-in-dying drugs or related physician fees. Check with your health insurance company about their rules regarding costs associated with aid-in-dying drugs or related physician fees.
Exploring New Tools to Enhance Capacity: Supported Decision Making

Q13
Do you think the use of Supported Decision Making is helpful in the clinical/medical setting?

- Yes: 77.78%
- No: 10.39%
- Unsure: 10.83%
- No opinion: 1.00%
- Total: 99

Q10
How frequently have you seen or participated in Supported Decision Making?

- Very frequently: 0.05%
- Somewhat frequently: 48.48%
- Rarely: 46.97%
- Never: 1.82%
- Total: 66
The Road Ahead
Serious Illness Care in our Community

THURSDAY, NOVEMBER 30
6:00 - 8:00PM

PIAZZA DEL PANE
8043 N Cedar Ave in Fresno

Free to attend
Drink ticket and hors d'oeuvres
will be provided

PURPOSE
Our networking event will bring together like minded people who have the ability to advance palliative care in our San Joaquin Valley community. Let’s come together to share ideas for improving serious illness care. Through collaboration, we can build a road map to identify the current gaps in services.
ACP/POLST Coalitions

Local Coalitions

PHP Local Coalitions
Advance Care Planning
A Guide for Healthcare Professionals
SB 1004: Medi-Cal Palliative Care

Care Model for SB 1004 Medi-Cal Palliative Care

- Diagnosis of Serious Illness
- Disease Modifying Care (Curative Care)
- Early Palliative Care
- SB 1004 Palliative Care
- Hospice
- Advance Care Planning can occur at any time, including the POLST form for those with serious illness.

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What’s Ahead

- Local coalitions
- ePatients ambassadors
- Pediatrics curriculum
- PC video
- Decision Guides
- UC Advance Care Planning Study
- Membership benefits
The Evolution of CCCC

• Act I
  • We can accomplish something
• Act II
  • We can have an impact
• Act III
  • We can realize our potential
Tensions As We Enter Act III

- For our work
  - Quality
  - Implementation
  - Deep cultural shift
- For ourselves
  - Burnout
- For CCCC
  - Funding mismatch
CCCC’s work is possible due to the generous support of people like you!
What happens in California

doesn’t stay in California
Question

• How would you see CCCC bringing more value to you and the community?