

Promoting Community-Based Palliative Care in California: The Palliative Care Action Community

Palliative care is often delivered in the hospital, but many organizations are developing community-based palliative care (CBPC) to provide services in a variety of locations, including the home. The Palliative Care Action Community (PCAC) was launched by the California HealthCare Foundation to help these leaders network with peers, exchange information, and get technical assistance.

The PCAC is comprised of 21 California-based provider organizations that are strengthening or expanding their CBPC services. They represent all sizes of hospitals and health systems, as well as medical groups, palliative care specialty services, home health providers, and hospices:

Annadel Medical Group – St. Joseph Health (Santa Rosa)
Community Hospice (Modesto)
Community Memorial Hospital (Ventura)
Evercare Hospice and Palliative Care (Santa Ana)
Hoag Hospital (Newport Beach)
Hospice of the Valley (San Jose)
Huntington Hospital (Pasadena)
Kaiser Permanente Northern California Region (Oakland)
Kaiser Permanente South Bay Medical Center (Harbor City)
Kaweah Delta Health Care District (Visalia)
Marian Cancer Care (Santa Maria)
Motion Picture and Television Fund (Woodland Hills)
Olive View – UCLA Medical Center (Los Angeles)
Palliative Partners Inc. (Riverside)
Palo Alto Medical Foundation (Santa Cruz)
Partners in Care of El Dorado County (Placerville)
Saddleback Coordinated Home Care (Laguna Hills)
Sharp HealthCare (San Diego)
Stanford Hospital and Clinics (Palo Alto)
Sutter Health – Sutter Care at Home (Sacramento)
University of California, San Francisco (San Francisco)

PCAC members offer a wide range of CBPC services, including:

- Palliative care clinics (embedded in specialty or primary care practices; co-located in specialty or primary care practices; and stand-alone)
- Home-based palliative care services



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About the California HealthCare Foundation

The California HealthCare Foundation works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care. For more information on CHCF, visit us online at www.chcf.org.

- Distance/telephonic palliative care services
- Other services (i.e., advance care planning programs) to support patients with advanced illness and their families

PCAC enables members to share ideas, discuss barriers, and highlight successful models of community-based programs. Clinical and administrative leaders interact either in person or virtually in collaborative learning sessions focused on: clinical models, operations, finance, quality assessment, and utilization impact. Participants share their experiences, practices, and challenges related to all aspects of running their CBPC services, such as staffing, interdisciplinary team dynamics, education, enrollment and discharge criteria, communication with referring providers, and improving transitions between CPBC and other services across the care continuum. Smaller topic-based interest groups address the role of palliative care in Accountable Care Organizations, educational strategies to increase “primary” palliative care competencies, and clinical documentation practices.

Based on the teams’ need for and interest in quantifying the utilization and fiscal impacts of their CBPC services, CHCF provides technical assistance and other resources to address their measurement goals. This work helps teams develop a strong business case for their services and to identify opportunities for expansion. The three components of the PCAC metrics program are:

- *Utilization Analysis*: Tools and resources for analyzing utilization patterns to identify opportunities and document impact for CBPC services.
- *Staffing and Volume Data*: PCAC members share staffing and caseload data for the different types of CBPC services they offer.
- *Supportive Care Calculator*: An interactive tool that uses data describing service volume, staffing, and utilization/financial impacts to calculate return on investment (ROI).

In evaluation surveys, participants have reported high satisfaction with all PCAC activities and all are making progress toward specific aims identified at the onset of the initiative. The impact of PCAC members' work, as well as lessons learned are being documented in an “Implementation Toolkit” that will be useful to organizations across the country that are considering or already providing community-based palliative care. Initiatives like the PCAC could be replicated at fairly low cost in other geographic regions to accelerate development and expansion of CBPC services.

For additional information about the PCAC, contact Kate Meyers at kateshmeyers@gmail.com.

Getting Involved

While the Palliative Care Action Community (PCAC) is currently closed to new members there is still a way for you to get involved!

If you are interested in expanding and strengthening community-based palliative care in California, join the **Palliative Care Access Project (PCAP)**, led by the Coalition for Compassionate Care of California.

The Palliative Care Access Project (PCAP) is open to anyone interested in community-based palliative care. Like PCAC it enables members to share ideas, discuss barriers, and highlight successful models of community-based programs.

For more information, go to www.coalitionccc.org/palliative-care-learning-community.php