LESSONS LEARNED: PRIMARY PALLIATIVE CARE IN THE SF HEALTH NETWORK

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Why Primary Palliative Care?

8 years of inpatient consults,
1.5 years of clinic-based consults

~1000 patients die from chronic illnesses, every year, in our system
Developing Different Levels of SFHN Palliative Care Services

Intensity of services, Intensity of need

FEW PATIENTS

Home-based Palliative Care

Palliative Care Clinic
Inpatient Consult Service

Clinician-supported Palliative Care

Routine primary palliative care

MOST PATIENTS

Interdisciplinary team with specialized training

Patient’s primary providers and advocates
Primary Palliative Care Initiatives

What we needed to know

Who our target audiences were → what they wanted to know, what were their barriers, how would they want to receive educational interventions

What education programs/tools were already out there that we could use/adapt

Our process

Stakeholder interviews
Online survey
Environmental scan
What We Developed

Half-day, in-person training

- Understanding & differentiating hospice & palliative care, introducing local resources for both
- Communication skills training
  - Communication techniques
  - Serious Illness Conversation Guide
- *Focus on being interactive, skills-based*

Groups we reached out to

- Supportive Housing
- Medical Respite
- Case management (multiple groups)
- Cancer navigators
- Primary and specialty care APPs
Lessons Learned

Test out your intervention with engaged, interested groups (ideally with champions)
Lessons Learned

Expect that adjustments will be needed as you go along
Lessons Learned

Education often needs scaffolding
Lessons Learned

Like a burrito, it’s bigger than you think