



Executive Summary

Excerpt from:

*California's Palliative Care
Evolution: Celebrating Progress
and Shaping the Future*

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HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

About the Author

Transforming Care Partners is a consulting firm focused on improving the experience of aging and serious illness care by partnering with leading and growing organizations on strategy development, implementation, and evaluation/learning. For additional information about the authors, contributors, and other acknowledgments, please visit www.chcf.org/resource-center/californias-palliative-care-evolution.

About the Project

As the California Health Care Foundation (CHCF) winds down its work in palliative care after 15 years, this project examines and celebrates the collective successes achieved by the many stakeholders responsible for the growth of palliative care in California, and considers opportunities to build on and accelerate this growth to meet future needs.

For this project, Transforming Care Partners engaged with and synthesized insights from in-depth interviews with over 30 leaders across five segments of the field (i.e., health plans, health systems/providers, community-based organizations, policymakers / government agencies, and membership organizations). The authors also facilitated a cross-discipline working session with over 200 participants at the Coalition for Compassionate Care of California Annual Summit in May 2023 to solicit more input.

About the Foundation

The California Health Care Foundation is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system. For more information, visit www.chcf.org.

Executive Summary

Over the past 15 years, hundreds of leaders in California collaborated to expand access to palliative care (PC) for people with serious illness. Collectively, these leaders have developed clinical capabilities for delivering palliative care, established the specialty palliative care workforce, extended payment mechanisms within Medi-Cal managed care plans and other commercial and Medicare plans, and heightened awareness among clinicians, patients, families, and policymakers about the value of palliative care for people with serious illness.

These efforts resulted in increased access to palliative care for all Californians, especially for people with low incomes. Public hospitals have significantly expanded inpatient and outpatient palliative care services. Home-based palliative care is now available in all California counties in some form. The number of fellowship programs and specialty certifications has increased fivefold, and seven medical specialty organizations now recognize palliative care as the standard of care for seriously ill patients, whereas 15 years ago, none had. (See “Highlights of Quantifiable Progress in Scaling Palliative Care in California.”) Physician Orders for Life-Sustaining Treatment (POLST) — a medical order that specifies the types of medical treatment a patient wishes to receive toward the end of life — is now a standard part of health care.

Highlights of Quantifiable Progress in Scaling Palliative Care in California, 2007-2023

Clinical Expansion



Percentage of **public hospitals with inpatient palliative care** grew from **24% to 88%**



100% of counties have access to **home-based palliative care** as of 2023



Percentage of **public hospitals with outpatient palliative care** grew from **0% to 71%**

Workforce Capacity



Number of **accredited*** palliative care **fellowships** programs grew from **0 to 13**



Number of **specialty certifications** available grew from **4 to 7**

Endorsements



Number of **professional societies that have endorsed palliative care** as the standard of care for seriously ill patients grew from **0 to 7**

* Accreditation by Council for Graduate Medical Education

Sources: Hospital palliative care leaders, personal communication with author, April–May 2023; author analysis of counties in which Medi-Cal managed care plans offer home-based palliative care; author analysis of “[Accreditation Council for Graduate Medical Education \(ACGME\) – Public](#),” accessed October 1, 2023; Connie Dahlin (former consultant to Hospice and Palliative Nurse Assn.), personal communication with author on the year specialty palliative care certifications by discipline were available, May 1, 2023; and author analysis of endorsements by Amer. Assn. for the Study of Liver Disease, Amer. College of Cardiology, Amer. College of Emergency Physicians, Amer. College of Surgeons, Amer. Society of Clinical Oncology, Amer. Thoracic Society, and Natl. Comprehensive Cancer Network.

The collective efforts of these field builders, using a multifaceted approach to drive change, have resulted in this significant progress. Interviews conducted for this project with over 30 stakeholders — representing health plans, health systems and providers, community-based organizations, policymakers and government agencies, and membership organizations — highlighted five key drivers of progress for California’s palliative care movement, which can serve as potential inspiration for other states as well as for future efforts in California.

Key Drivers of Progress in California

	1. Policy Change	Policy changes facilitated payment for palliative care for both adults and children, and enhanced end-of-life care communication and preference documentation practices.
	2. Collaboration	Peer learning communities, payer-provider partnerships, and regional coalitions encouraged knowledge sharing, joint problem-solving, and maximizing program effectiveness.
	3. Focus on Quality	The availability of technical assistance, data registries for quality improvement, national consensus guidelines, and accreditation and certification programs enabled palliative care programs to focus on quality.
	4. Demonstrating Value	The evidence base and value case for PC continued to strengthen, showing that palliative care improves patient symptoms, quality of life, and patient and family satisfaction; promotes greater clarity in patient goals of care; reduces unnecessary hospitalizations and emergency department visits; and mitigates overall health care costs.
	5. Workforce Development	Pathways to becoming a certified specialty palliative care practitioner increased substantially, as did avenues for gaining generalist palliative care training.

Although tremendous progress has been made, not all Californians have access to high-quality palliative care, and not all those with access who could benefit from these services get them. Conversations with a wide variety of stakeholders highlighted eight opportunities to further advance the field. Specific actions were identified for stakeholders to help address these opportunities.

Opportunities to Advance Palliative Care in California

	1. Equity	<ul style="list-style-type: none"> ▶ Analyze data to identify areas of disparity and listen to community needs. ▶ Tailor programming and communication to respond to community needs. ▶ Expand the specialty palliative care workforce to include more clinicians of color.
	2. Uptake	<ul style="list-style-type: none"> ▶ Engage with community members to improve understanding of palliative care. ▶ Educate providers and case managers who care for people with serious illness about palliative care benefits. ▶ Implement processes to identify people who would benefit from palliative care and connect them to services. ▶ Integrate palliative care into existing medical and social programs that serve seriously ill populations
	3. Advocacy	<ul style="list-style-type: none"> ▶ Keep palliative care visible to policymakers and government organizations. ▶ Highlight the value of palliative care in meeting other key health care priorities. ▶ Increase partnerships with disease-focused and other aligned organizations that can incorporate palliative care advocacy into their own agenda.
	4. Workforce Capacity	<ul style="list-style-type: none"> ▶ Expand and strengthen the workforce by increasing educational opportunities for specialty palliative care clinicians, particularly for clinicians of color. ▶ Increase generalist palliative care training and skills for non-palliative care clinicians.
	5. Standards and Measures	<ul style="list-style-type: none"> ▶ Refine, endorse, and adopt minimum standards and measures until federal or state mandates are put in place. ▶ Monitor adherence to minimum standards and the use of specified measures.
	6. Payments	<ul style="list-style-type: none"> ▶ Use bundled payments that align with optimal care delivery models. ▶ Build the evidence base related to payment model and amount.
	7. Data	<ul style="list-style-type: none"> ▶ Strengthen efforts to enhance data quality for seriously ill patients. ▶ Develop an ICD-10 code for specialty palliative care. ▶ Develop and maintain a statewide database of palliative care providers.
	8. Integration	<ul style="list-style-type: none"> ▶ Embed palliative care within other inpatient and outpatient services and settings. ▶ Integrate palliative care with Medi-Cal's Enhanced Care Management (ECM) services. ▶ Integrate palliative care with home-based medical services.

The opportunities and actions highlighted here are not meant to be definitive or exhaustive, but to serve as a starting point for discussions around priorities, goals, and collaborative efforts toward common goals. Progress on any of these opportunities will likely require persistence and collaboration among multiple stakeholders.

Fortunately, the stage is set for another 15 years of progress, with favorable tailwinds that health plans, health systems, policymakers, advocacy organizations, and other stakeholders can build on, including these:

- ▶ The evidence base for palliative care is increasingly acknowledged and accepted among health care decisionmakers.
- ▶ An increase in value-based payments supports palliative care's interdisciplinary model.
- ▶ The current policy environment may lead to additional palliative care–friendly policy changes.
- ▶ More palliative care champions are active in the field, creating on-the-ground momentum.
- ▶ Compelling intersections with many of today's most visible health care priorities (e.g., whole-person care, equity, home-based services, etc.) are elevating palliative care's relevance in new ways.
- ▶ The state of California is developing an electronic registry for POLST, which would help support goal-aligned care.

The future of palliative care in California looks bright.