



Opportunity 2: Uptake — Potential Actions by Stakeholder

Increase utilization of existing palliative care capacity.

Action: Engage with community members to improve understanding of palliative care.

Action: Educate providers and case managers who care for people with serious illness about palliative care benefits.

Action: Implement processes to identify people who would benefit from palliative care and connect them to services.

Health Plans

- ▶ Integrate community engagement into palliative care strategy (e.g., regular talks or workshops at senior centers, faith-based organizations, adult day programs, etc.).
- ▶ Provide materials that explain palliative care in culturally appropriate terms and in multiple languages (as needed).
- ▶ Train plan staff (case managers, provider relations, member services, medical directors) about the value of palliative care (PC), how members can access it, and how to communicate its value.
- ▶ Educate other key groups that care for seriously ill members (e.g., hospital discharge, oncology practices) about the value of palliative care, the plan's specific palliative care program, the process to make a referral, and best practices for introducing palliative care to patients.
- ▶ Implement a four-part approach to identifying palliative-appropriate members:
 - ▶ Leverage claims and administrative data that indicate serious diagnosis plus unmet symptom burden or inadequate social supports.
 - ▶ Incorporate identification into workflows used by plan care managers.
 - ▶ Partner with hospital-based clinicians and staff, such as discharge planners.
 - ▶ Offer training and processes that encourage referrals from providers that care for large numbers of seriously ill members, such as oncologists and cardiologists.

Health Systems and Community-Based Providers

- ▶ Incentivize PC providers to educate community members about palliative care (e.g., regular talks or workshops at senior centers, faith-based organizations, adult day programs).
- ▶ Provide materials that explain palliative care in culturally appropriate terms and in multiple languages (as needed).
- ▶ Create opportunities for clinicians and staff to access information about palliative care, including case studies, that focuses on the value of PC to patients, clinicians, and the organization.
- ▶ Offer training to doctors and other staff in how to effectively communicate with patients about palliative care.
- ▶ Implement a layered approach to identifying palliative-appropriate patients:
 - ▶ Leverage clinical and administrative data that indicate serious diagnosis plus unmet symptom burden or inadequate social supports.
 - ▶ Incorporate identification into workflows used by hospital-based clinicians and staff that have regular contact with seriously ill patients, such as hospitalists, social workers, and discharge planners.
 - ▶ Incorporate identification into workflows used by providers that care for large numbers of seriously ill patients, such as oncologists and cardiologists.

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Clinicians Who Care for People with Serious Illness

- ▶ PC clinicians can partner with at least one community partner (e.g., senior center, senior housing, religious institution) and participate in ongoing engagement activities (e.g., agree to sit on a panel around the benefits of PC).
- ▶ Non-PC clinicians can partake in an education program to learn about the value of PC and eventually become ambassadors by recommending PC to peers.
- ▶ Non-PC clinicians can establish relationships with the PC team for warm handoffs and integrated care.

State and Local Government Agencies

- ▶ Sponsor and fund community engagement activities and help spread them through Area Agencies on Aging or other local aging / supportive services departments.
- ▶ Require PC education in medical schools and in training programs for other specialties.
- ▶ Be champions for and explain the value of PC in related public health programs and priorities (e.g., aging, equity).
- ▶ Include reporting and performance measures that address access to or screening for PC.

Serious Illness Advocates and Educators

- ▶ Coordinate community engagement activities with other public-facing entities and institutions (e.g., disease-specific advocacy organizations).
- ▶ Work with disease-specific and other professional organizations (e.g., American Cancer Society) to explain the value of palliative care to their constituents, providing the content for these organizations to customize and incorporate into their own educational materials.
- ▶ Identify and share best practices.

Philanthropy

- ▶ Lead efforts to bring stakeholders together to fund or implement a community engagement initiative.
- ▶ Provide funding for education programs.
- ▶ Identify and share best practices.

Note: Please be aware that these opportunities and potential actions by stakeholder are part of the California Health Care Foundation's project aimed at describing the progress of palliative care in California and identifying key remaining opportunities. These potential actions serve as examples of how various stakeholders can contribute to the ongoing advancement of palliative care. They are intended to stimulate thought and strategic planning, and the list should not be considered exhaustive.

To learn more, visit www.chcf.org/resource-center/californias-palliative-care-evolution.