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Q1 Issue Statement: [State the problem your recommendation will address. Insert links to reports where appropriate.]

Neither California's existing healthcare workforce – nor the future pipeline of providers – is adequate to meet the palliative care needs of patients living with a serious illness or their families.

Q2 MPA Framework Goal #: [Check which goal/s this recommendation addresses. View MPA Framework document]

Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

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Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.

Q3 MPA Framework Objective #: [Check which objective/s this recommendation addresses. View MPA Framework document]

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

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Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

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Objective 3.2: Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

Q4 Recommendation: [Explain your recommendation in one to two sentences.]

To develop the workforce needed to provide general and specialty palliative care-related services to Californians facing end of life, and to increase the skills and competencies of all healthcare providers to address the information and process needs of patients, and families with respect to advance care planning.

Q5 Target Population and Numbers: [Describe groups of Californians impacted by this recommendation, with numbers if available.]

California health care providers: physicians, nurse practitioners, nurses, social workers, chaplains, allied health providers like pharmacists, occupational, physical and speech therapists; home health aides and nursing assistants; allied professionals, including chaplains.

Q6 Detailed Recommendation: [Insert detailed bullet points describing your recommendation.]

To assess palliative care workforce needs:
• Require the Office of Statewide Health Planning and Development and the California Healthcare Workforce Policy Commission to assess the general and specialty palliative care workforce needs in the state, identify gaps and opportunities, and to take steps to mitigate shortages.

To develop general palliative care skills:
• Require California's professional governing bodies and licensing boards to include palliative care competencies in educational and licensing standards for nurses, social workers, and direct care workers (i.e., home health aides and nursing assistants) and track palliative care workforce by discipline and setting;
• Establish mandatory continuing education requirements for all direct and allied health providers on basic palliative care skills, and support this with incentives, such as options for employer credit for providing continuing education;
• Require California state institutions that prepare health care professionals to create and implement an orchestrated plan for didactic and clinical/experiential training in basic palliative care and advance care planning (ACP);
• Engage state entities with training funds (workforce investment boards, OSHPD) to allocate funding for health professional training in palliative care and ACP;
• Establish mandatory education and continuing education requirements for ACP for all licensed health providers.

To develop specialty palliative care skills:
• Promote certification in palliative care for nurses, social workers, chaplains, and direct health care workers, and provide funding opportunities to cover the cost of attaining certifications especially in lower wage categories;
• Fund and develop training programs for physicians and nurses in CA modeled after the federal legislation (Palliative Care and Hospice Education and Training Act of 2013).

Q7 Evidence that supports the recommendation: [Add links or summaries of research evidence that support the recommendation. Provide links or summaries of research evidence that support your recommendation]

• Physicians: Per the American Board of Medical Specialties, there are 914 California-based physicians who are board certified in Hospice and Palliative Medicine, or a ratio of 1 HPM certified physician for every 255 patients with terminal or advanced illness. The ratio of cardiologists to heart attack patients is 1:71.
• Nurses: Per the Board of Registered Nursing, and AHA data describing prevalence of hospital-based palliative care services, approximately 3,900 RNs and advanced practice nurses work in hospice or palliative care in California, of which 790 (20%) are certified by the National Board for Certification of Hospice and Palliative Nurses.
• CNAs: Per officials in the State of California Department of Public Health, there are 166,122 active CNAs and 50,119 HHAs in California. Per national workforce distribution data compiled by the National Hospice and Palliative Care Organization (NHCPO), approximately 1,900 CNAs/HHAs are employed specifically to provide hospice or palliative care, and only 170/1,900 (9%) have been certified in hospice and palliative care.
• Social Workers: Based on data compiled by the National Association of Social Workers, there are approximately 48,000 social workers in California, approximately 995 of whom (per NHCPO data) work specifically in hospice or palliative care. Of those 995, 43 (4%) are certified in palliative care.
• Chaplains: There are no known sources for estimating the number of chaplains in the state, though every hospice (210), hospital-based palliative care service (180) and community-based palliative care service (no available estimate) should have trained chaplaincy staff, to comply with national guidelines. The Association of Professional Chaplains reports 171 certified chaplains in California.
Kerr, Kathleen, “Palliative Care in California: Narrowing the Gap.” California Health Care Foundation, June 12, 2018.

Q8 Examples of local, state or national initiatives that can be used as an example of a best practice: [Provide any available links and sources.] Local: State: National: Other:

• State:
o Model Training Program in California: The CSU Institute of Palliative Care offers online/highly replicable training programs to educate current and future professionals. The Institute educational model features a nurse practitioner palliative care fellowship, integration of palliative care into nursing curriculum, community physician education, and certificate programs in palliative care for social workers and chaplains.

Q9 Implementation: [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.] State Agencies/Departments: [action to be taken by Governor or specific state agencies] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

Respondent skipped this question

Q10 Person-Centered Metrics: [Individual measures of inputs or outcomes that can be used to measure the recommended action’s impact on people.]

Respondent skipped this question

Q11 Measuring Success: [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation]

Respondent skipped this question

Q12 Measuring Success: [How would we know that the implementation of your recommendation is successful?]

Respondent skipped this question

Q13 Data Sources: [What existing data can be used to measure success or progress?]: Existing data sources: [specify datasets, variables, and data owner/location] Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

Respondent skipped this question

Q14 Potential Costs/Savings: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings]

Respondent skipped this question

Q15 Prioritization: [How would you prioritize your recommendation relative to other needs/priorities?]

Respondent skipped this question

Q16 Contact information:

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