

From: EngAGE@CDA <EngAGE@aging.ca.gov>

Subject: FW: MPA LTSS Subcommittee

Date: February 21, 2020 at 11:41 AM

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Comments from Dr. Terry Hill.

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**From:** Terry Hill <[thillmd@pacbell.net](mailto:thillmd@pacbell.net)>

**Sent:** Friday, February 21, 2020 11:26 AM

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**Subject:** MPA LTSS Subcommittee

Dear Hard-Working LTSS Writers,

Congratulations on doing such visionary work. There are many items in the MPA draft LTSS report that I was thrilled to see.

As I mentioned during public testimony on Wednesday, the one omission that I noticed was competence and access regarding advance care planning and palliative care. This is a domain – like falls, adult day health and many others – that has the potential to yield cost reductions. Furthermore, it's not a domain that should be ceded to the medical delivery system; rather, it needs to be embraced by the aging and disability network.

For the past six years, the San Francisco Department of Disability and Aging Services has supported a robust public/private Palliative Care Workgroup that is “dedicated to ensuring all San Franciscans facing serious illness have access to high-quality care that is consistent with their wishes and values.” This workgroup has launched multiple initiatives to reduce suffering at end of life and to support caregivers. Recognizing that achieving its goals requires cultural change as well as policy initiatives, it has sought and sustained deep and long-term engagement with San Francisco’s diverse communities.

I believe this is a model that other AAAs and our ADRCs should strive to emulate. The home- and community-based organizations that comprise the aging and disability network have community roots and capabilities that the medical delivery systems lack. On the other hand, our information and assistance services have generally lacked adequate tools and training to be proficient in assisting our clients in this domain.

Although aware that I am suggesting the addition of yet another recommendation to the 130 already in the draft report, the following would seem to fit easily in section 2B iv:

- Ensure that no wrong door includes culturally responsive referrals to palliative care services in all care settings.

Thank you for your consideration – and for all your wonderful work on this report!

-- Terry Hill

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