

**UC Davis**  
**Family and Community Medicine**

**Title**

Assessing Palliative Care Options for Northern California's Rural Underserved

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The data associated with this publication are not available for this reason: N/A

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### BACKGROUND

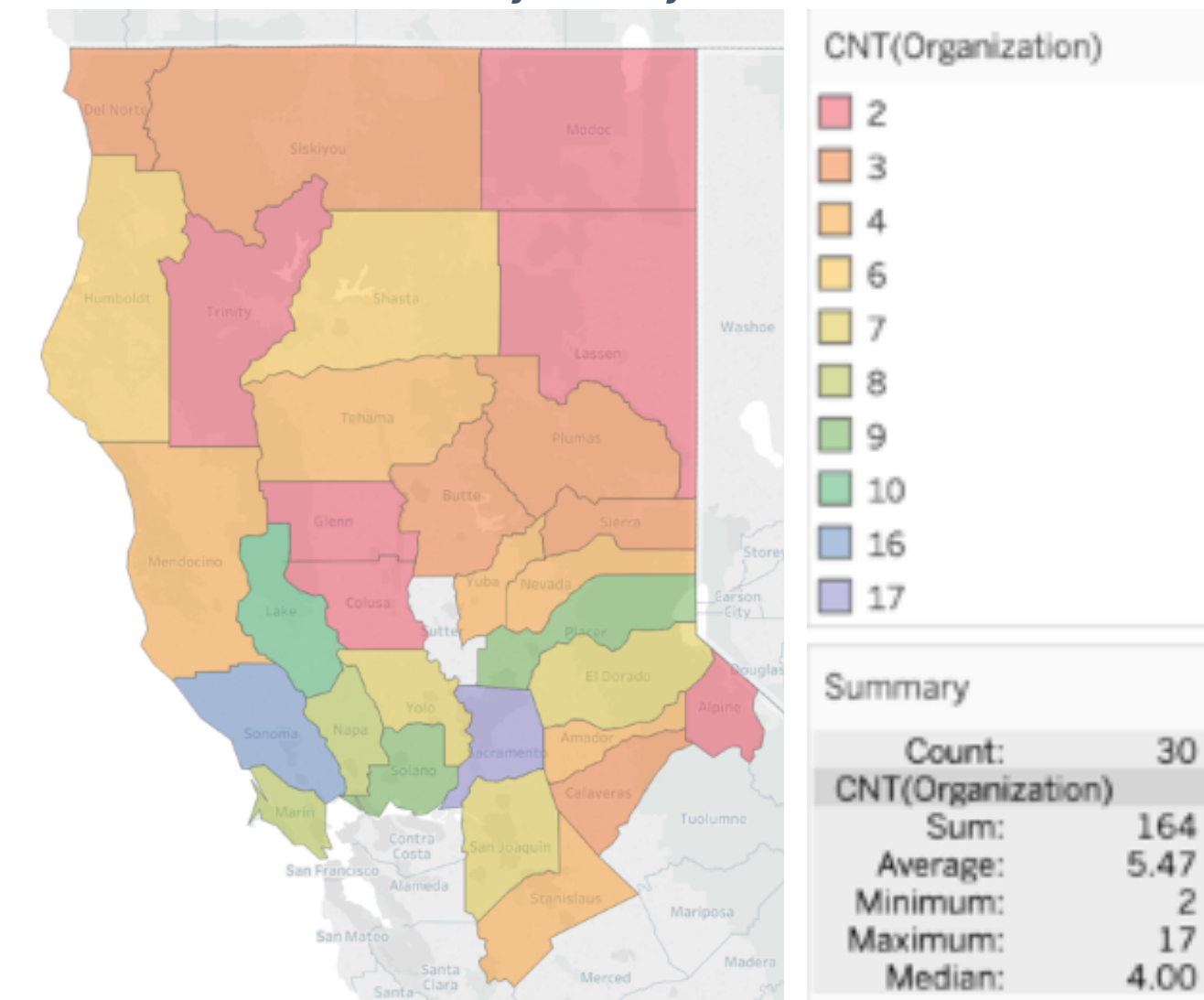
- Palliative Care Organizations (PCOs) provide interprofessional medical care for improving quality of life for all disease states and across the lifetime.
- Since emerging as a specialty in 2006, palliative medicine has remained underutilized, as it is often associated with end-of-life care.
- The purpose of this research is to:
  - Assess the scope, accessibility, and use of palliative care services in rural communities in Northern California.
  - Understand the current landscape of palliative care options, models for effective care delivery, and opportunities for expansion.

### METHODOLOGY

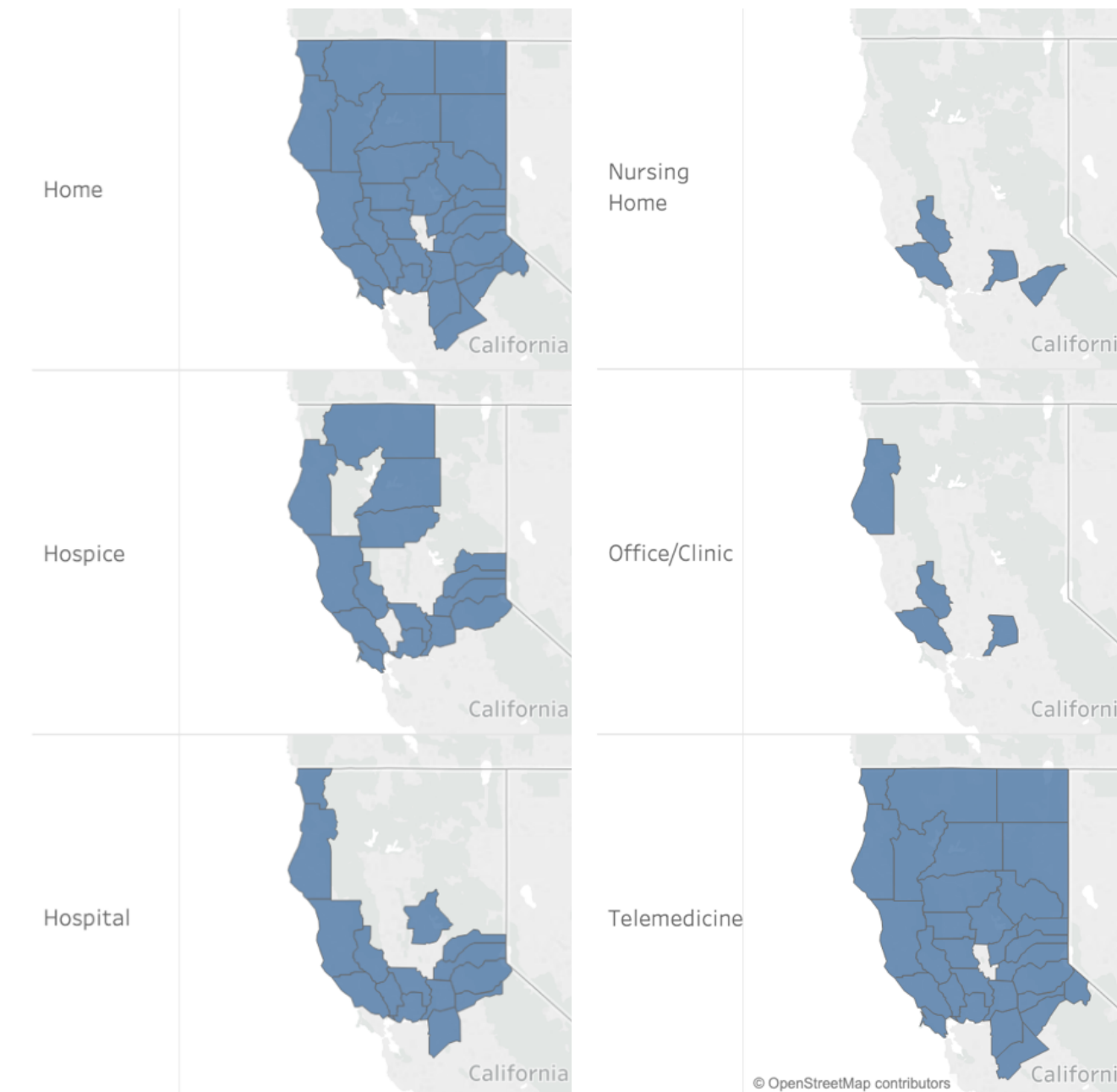
- Used Center to Advance Palliative Care (CAPC) data to identify healthcare organizations providing palliative care services in California.
- Identified rural census tracts using census data available through Health Resources and Services Administration (HRSA).
- Mapped palliative care organizations by:
  - County
  - Care type/setting
  - Patient age
  - UC Davis Cancer Center Network (UCD CCN) service area overlap
- Utilized Tableau software (version 2019.1) for data analysis and visualization.

### RESULTS

Palliative Care Access by County



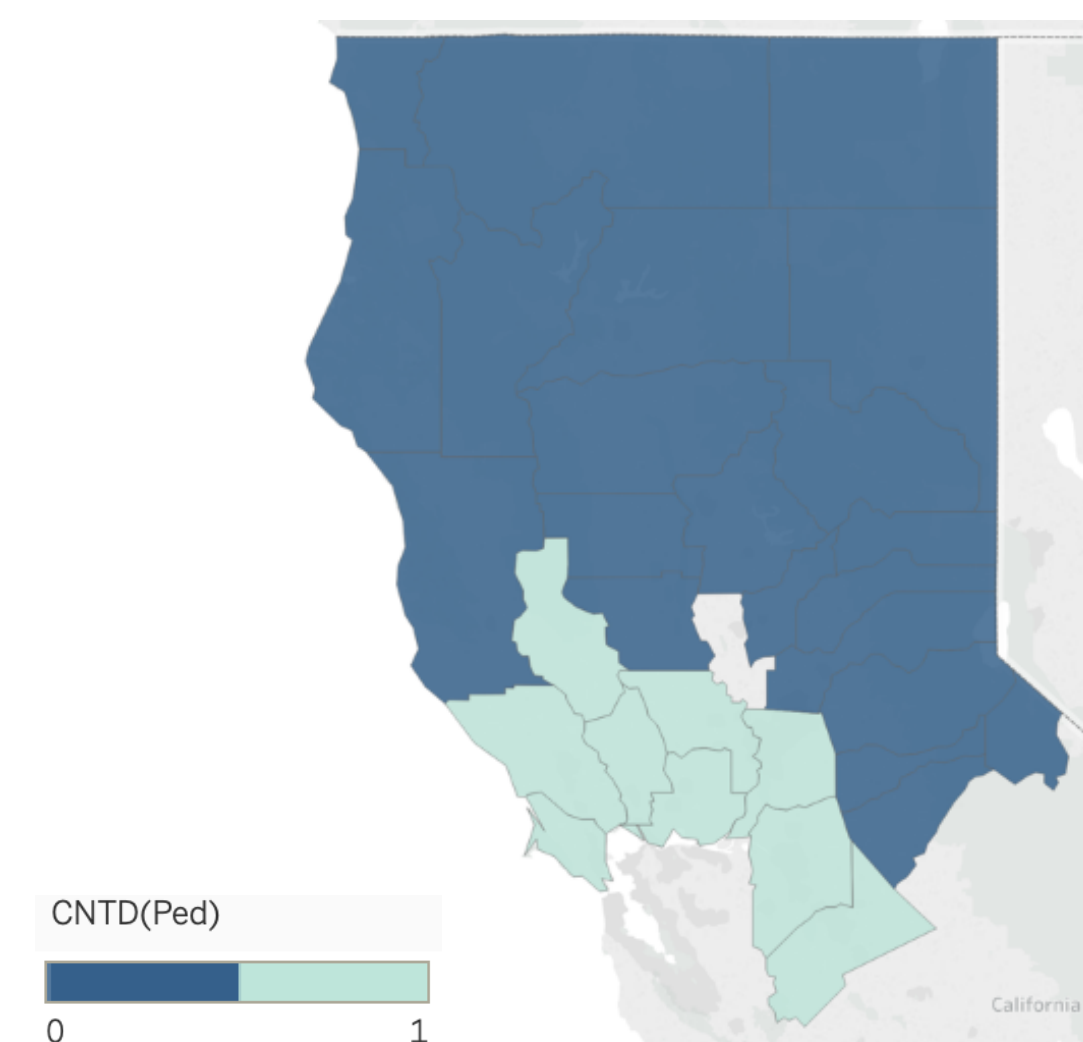
Distribution of Access to Care by County



Care Type/Setting of PCOs

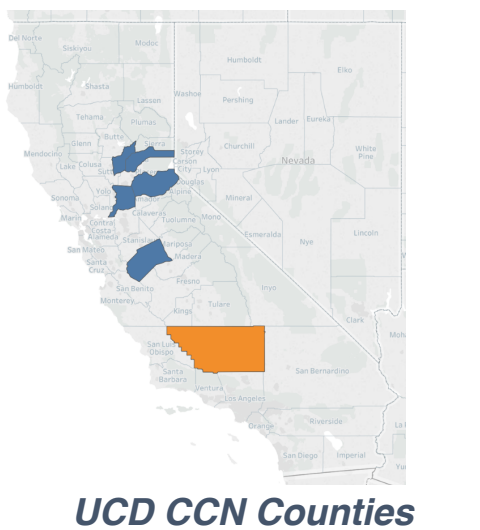


Access to Palliative Care by Age Group



### DISCUSSION

- Palliative care services are most needed north of the region spanning from the Bay Area to Placer county.
- Expansion efforts should focus on increasing the number of community-based PCOs.
- Increase the number of telemedicine providers offering palliative care services, potentially through partnerships with established programs.
- Explore opportunities for increasing pediatric palliative care services via the ECHO model.<sup>2</sup>
- Leverage existing relationships with health systems associated with the UCD CCN.



### NEXT STEPS

- Obtain and analyze quality and metrics data for PCOs located in rural Northern California.
- Identify gaps between county and program level metrics.
- Examine demographics of areas experiencing gaps in access to palliative care, including SES.
- Survey UCD CCN affiliates to assess scope of palliative care services and identify areas for improvement.

### LIMITATIONS

- Primarily relied on data available through CAPC, which may not account for all PCOs in the region.
- Future studies can aim to expand the scope of organizations included in the analysis, such as those registered through organizations like the National Hospice and Palliative Care Organization (NHPCO).

### ACKNOWLEDGMENTS

This research would not have been possible without the generous contributions of Fred Meyers, MD, Amy Studer, Aniket Alurwar, Saul Schafer, MD, and the UC Davis School of Medicine MSRF program.

<sup>1</sup> Kamal AH, Currow DC, Ritchie CS, Bull J, Abernethy AP. Community-based palliative care: the natural evolution for palliative care delivery in the U.S. *J Pain Symptom Manage.* 2013;46(2):254-264. doi:10.1016/j.jpainsymman.2012.07.018

<sup>2</sup> Laloo C, Osei-Twum J-A, Rapoport A, et al. Pediatric Project ECHO®: A Virtual Community of Practice to Improve Palliative Care Knowledge and Self-Efficacy among Interprofessional Health Care Providers. *J Palliat Med.* December 2020;jpm.2020.0496. doi:10.1089/jpm.2020.0496