Palliative Care

REFERRAL SOURCE GUIDE

Expert in-home support for those living with serious illness

By the Bay Health®

PALLIATIVE CARE

Marin: (415) 927.2273 | **Sonoma:** (707) 935.7504 | **San Francisco:** (415) 626.5900 | **bythebayhealth.org**

By the Bay Health
PALLIATIVE CARE
An Affiliate of UCSF Health

Home-Based Palliative Care Program

REFERRING PROVIDER GUIDE

Who is eligible?

Adults living with a serious illness (i.e. cancer, heart failure, end stage renal disease, etc.) AND demonstrating palliative needs (i.e. unmanaged symptoms, advanced care planning needs, etc.).

Patients must also have an involved Primary Care Provider or other provider overseeing their care.

Please refer to our Clinical Eligibility Criteria document for more details.

How do patients pay for care?

We are contracted with and accept the following health insurances:

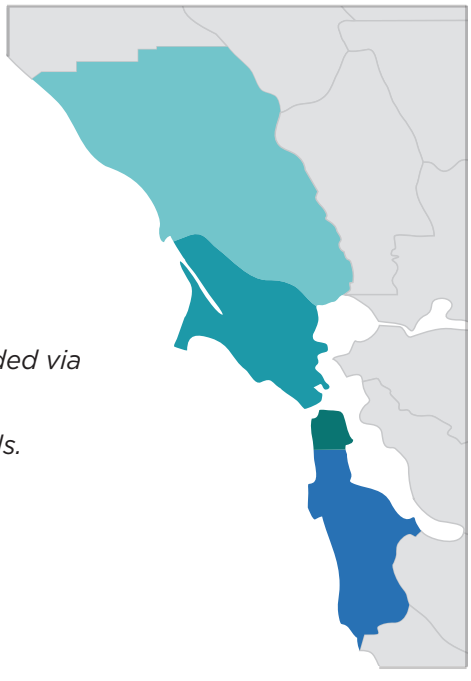
- ✓ Blue Shield
- ✓ Chinese Community Health Plan
- ✓ Medicare Part B
- ✓ San Francisco Health Plan
- ✓ Partnership Health Plan

Charity care or care for individuals with non-contracted insurances are considered on a case-by-case basis, so please call for options.

What is your geographic service area?

We serve patients residing in the following counties:

- ✓ **Sonoma**
- ✓ **Marin**
- ✓ **San Francisco**
- ✓ **San Mateo**



For certain zip codes within these counties, care is provided via telehealth after an in-person admission visit.
Please see our Geographic Coverage document for details.

Updated 8/18/2023

By the Bay Health PALLIATIVE CARE

Home-Based Palliative Care Program

REFERRING PROVIDER GUIDE

How do I refer a patient to your program?

Phone

Call **(415) 444.9210** to reach our Palliative Care Intake Coordinator, available Mon-Fri 8:30 a.m.- 5:00 p.m.

Fax

Fax our Palliative Referral Form to **(415) 813.2017**. This form is attached for your reference.

AllScripts / CarePort / www.extendedcare.com

We monitor this system during business hours and welcome referrals through this platform.

EPIC EMR

- Available to those on the UCSF EPIC instance.
- Utilize the following order:
    - Amb Referral to Palliative Care Adult and & Ped — By the Bay Health (Internal) (AKA BTBH), Px Code, REF616.

Who can refer a patient to your program?

Anyone (patient, family member, physician or discharge planner) can refer an eligible patient for palliative care.

What other services can a patient be receiving concurrently?

We work collaboratively with Skilled Home Health Services and, in some cases, other palliative care programs when appropriate.

Where do visits take place?

Visits occur wherever the patient calls home. This may include private residences, skilled nursing facilities, or other alternate living situations.
We offer both in-person visit and telehealth visits.

Who will see my patient?

The palliative care team includes:

- ✓ Registered nurse
- ✓ Social worker
- ✓ Spiritual support counselor
- ✓ Nurse practitioner
- ✓ Physician

A patient's specific team will be based on their individual needs.

After referral to the program, how quickly will my patient be seen by the team?

Your patient will hear from our Intake Team within 1-2 business days of referral. Once patient engagement is confirmed, an initial in-person assessment with our team will then be scheduled, usually within 1-2 weeks.

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By the Bay Health PALLIATIVE CARE

Home-Based Palliative Care Program

REFERRING PROVIDER GUIDE

What are common services provided within the scope of the program?

- Provide expert recommendations for effective symptom management.
- Prescribe a limited range of comfort-focused and symptom management medications in collaboration with the patient's PCP.
- Make in-person visits to assess patient functionality and safety.
- Offer 24/7 telephone nurse advice.
- Facilitate goals of care conversations and complete AHCD & POLST forms.
- Assess hospice appropriateness and provide referrals.
- Offer spiritual and mental health counseling related to the disease process.
- Manage psychosocial care related to the disease process, including supporting applications for IHSS, paid medical leave, and FMLA.
- Provide education and referrals for placement/transitional housing.
- Refer patients to medical offices and contacts for Medi Cal.

What services are NOT within the scope of the program?

- Skilled Nursing Care (i.e. wound care, catheter care, line care, PT, OT, Speech Therapy, IVs/injections, vaccines)
- Hands-on medication management/Mediset filling
- Replacing the PCP or providing primary care
- Urgent crisis management visits
- DME/medical supply ordering/management (i.e. oxygen, hospital beds, pain pumps)
- Home Health Aides, volunteers or custodial care
- Assistance with locating housing or long term care facility placement
- Medi Cal application assistance

How long do patients stay in the program and what is the process for recertification/ discharge?

The average length of stay for our patients is 6 months, but there is wide variation in terms of shorter and longer stays.

The interdisciplinary team routinely evaluates each patient for engagement and eligibility for our program. When no longer eligible, we help facilitate transition back to other community-based resources and providers.

Additional Supportive Documents:

- Clinical Eligibility Criteria
- Geographic Coverage
- Adult Palliative Referral Form for fax/email (Form 1528)

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Palliative Care Eligibility

CLINICAL GUIDELINES

PURPOSE Palliative care eligibility requirements are in place to ensure that the specialized care and resources provided in palliative care services are targeted towards individuals who will derive the most benefit from them. By establishing these requirements, we strive to optimize the delivery of palliative care, improve patient outcomes, and uphold the principles of equitable and patient-centered care for individuals facing serious illnesses.

The patient must have 1 of the following:

SERIOUS ILLNESS DIAGNOSIS:

- Metastatic or recurrent cancer
- Advanced pulmonary disease
- Stroke with reduced functional status
- End stage renal disease
- Progressive neurologic or neuromuscular disease
- Advanced cardiac disease
- End stage dementia
- End stage liver disease
- AIDS or another advanced infectious disease
- Other life limiting illness, multiple serious illnesses/comorbidities, and/or evidence of significant clinical decline

AND

AT LEAST 1 OF THE FOLLOWING PALLIATIVE CARE NEEDS:

- Chronic or persistent pain related to qualifying diagnosis and requiring long term management.
- Chronic or persistent non-pain symptoms (nausea, dyspnea, etc.) related to qualifying diagnosis and requiring long term management.
- Struggling to manage emotional and social challenges that arise from serious illness.
- Needs referrals and/or education to support healthcare navigation.
- Needs assistance with complex decision-making related to healthcare, goals of care conversations, and advance care planning

Evidence of clinical decline may include:

- *2 or more hospitalizations and/or emergency room visits for the same serious condition within 6 months.*
- *Unintentional and consistent weight loss over 6-12 months or albumin <3.0*
- *Loss of 1 or more ADLs in the past 90 days*
- *Decline in Karnofsky Performance Status or Palliative Performance Scale due to disease progression.*
- *Recurrent infections (ex. skin, urinary, pulmonary, etc.)*
- *Progressive pressure ulcers or other wounds despite optimal care*

Exclusion Criteria:

Under 21 y/o, non -qualifying insurance. Primary diagnosis or presenting need is chronic non-cancer pain and/or mental health concerns.

REFERRALS

Monday–Friday
8:30 a.m. – 5:00 p.m.
Call: **(415) 444.9210** or
Fax: **(415) 813.2017**

Marin County | 17 East Sir Francis Drake Blvd. | Larkspur, CA 94939 | (415) 927.2273 | FAX (888) 204.4081
San Francisco and San Mateo Counties | 180 Redwood Street, Suite 350 | San Francisco, CA 94102 | (415) 626.5900 | FAX (415) 563.8749
Sonoma County, American Canyon, Napa and Vallejo | 355 West Napa Street, Suite B | Sonoma, CA 95476 | (707) 935.7504 | FAX (707) 935.7590
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Updated 8/18/2023

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Home-Based Palliative Care:

GEOGRAPHIC COVERAGE

We serve patients residing in the following counties:

- **Marin**
- **San Francisco**
- **San Mateo**
- **Sonoma**

In San Francisco county and certain highlighted zip codes in Marin and Sonoma counties (see maps below), visits are offered **in-person** unless telehealth is preferred/requested.

In San Mateo county and outlying areas of Marin and Sonoma counties (grayed out below), visits are provided via **telehealth only** following an initial in-person assessment.

Marin County | 17 East Sir Francis Drake Blvd. | Larkspur, CA 94939 | (415) 927.2273 | FAX (888) 204.4081

San Francisco and San Mateo Counties | 180 Redwood Street, Suite 350 | San Francisco, CA 94102 | (415) 626.5900 | FAX (415) 563.8749

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By the Bay Health

Home-Based Palliative Care Referral-Adult

Please complete this form and return toll-free to:

Fax: (415) 813.2017

If uncertain of eligibility or if you have palliative care referral questions, please call the By the Bay Health Palliative Care Intake Line at (415) 444.9210, available Monday-Friday 8:30 a.m.-5:00 p.m.

PATIENT INFORMATION *(If information is on attached Face Sheet, feel free to write "see Face Sheet")*

Last Name:_____ First Name:_____ DOB:_____

Phone (home):_____ Mobile:_____

Address:_____ City:_____ Zip:_____

Place of Service: ❑ Home ❑ Facility _____ ❑ Other _____

Insurance:_____ Subscriber ID:_____

Surrogate Decision Maker Name (if applicable):_____

Phone Number:_____ Email Address:_____

Primary Care Provider Name:_____ Phone Number:_____

REASON FOR REFERRAL

- ❑ Symptom Management (chronic/persistent and requiring long-term management)
  Please list symptoms: _____
- ❑ Assessment and/or discussion about hospice eligibility and transition planning
- ❑ Advance care planning (POLST and/or Advanced Directive completion)
- ❑ Goals of Care conversation facilitation
- ❑ Emotional/Social Challenges arising from the serious illness
- ❑ Complex care coordination & healthcare navigation support
- ❑ Other: _____

Primary Diagnosis:

- ❑ Cancer ❑ CHF ❑ COPD ❑ Liver Disease ❑ Renal Disease
- ❑ Advanced Dementia
- ❑ Other medical issue (specify): _____

REFERRAL INFORMATION

Person Making Referral:_____ Relationship to Patient:_____

Phone:_____ Email:_____

INSTRUCTIONS

Please include:

- ❑ Face Sheet/Demographics (include family contact)
- ❑ Recent History and Physical (and last MD visit note)
- ❑ Any pertinent consultation reports
- ❑ Copy of Payer/Insurance Card *(unless information is included on face sheet)*

Form #1528; updated 8-2-2023