**Dr. Barney Newman Collective for Quality & Innovation**

**in Ambulatory Palliative Care**

**Interest Form**

Please complete the following form to express interest in participating and to help us assess your organization’s current stage of ambulatory palliative care program development.

**1. Organization Information**

* **Organization Name:**
* **Point of Contact:**
* **Title/Role:**
* **Email:**
* **Phone:**
* **City/State:**

**2. Organization Profile**

1. **Location (City, State):**
2. **System Type:** Academic Medical Center  
    Integrated Health System

Medical Group   
 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Number of Ambulatory Care Sites:**
2. **Number of Patients Served Annually (Ambulatory):**
3. **Population Type:**

Predominantly urban

Predominantly rural

**3. Palliative Care Program Snapshot**

**a. Does your organization currently provide ambulatory palliative care services?**  
 Yes, including a fully established and integrated ambulatory palliative care program that is embedded within the continuum of care.  
 Yes, have initiated ambulatory palliative care services and are in the process of expanding or refining them.  
 No OR In planning/development

**b. Please describe your current ambulatory palliative care program model (if any):**

Click or tap here to enter text.

**c. What populations are currently served? Please check all that apply.**  
 Cancer  
 Heart Failure  
 COPD  
 Dementia or other neurodegenerative diseases  
 End-stage renal disease  
 Other: \_\_\_\_\_\_\_\_\_\_\_

**d. How is your ambulatory palliative care team structured?**  
 Full interdisciplinary team (physicians, nurses, social workers, advanced practice clinicians, chaplains, etc.)  
 Partial team (some disciplines represented, check all that apply)

Physicians

Nurses

Social workers

Advanced practice clinicians

Chaplains  
 No formal team yet  
 Other: \_\_\_\_\_\_\_\_\_\_\_

**e. What settings offer palliative care services? Please check all that apply.**  
 Dedicated clinic  
 Co-located within specialty or primary care  
 Home-based  
 Virtual/telehealth

Assisted living facility   
 Other: \_\_\_\_\_\_\_\_\_\_\_

**f. Does your organization track the following metrics in your electronic health record (EHR) or data repository?** **Please check all that apply.**  
 Number of referrals to ambulatory palliative care  
 Advance care planning documentation  
 Patient satisfaction or symptom scores  
 No routine tracking in place

**4. Program Maturity Self-Assessment**

**a. Which statement best describes your organization?**  
 *Beginner:* We are in the early stages of development and planning for ambulatory palliative care expansion.

*Intermediate:* We provide some ambulatory palliative care services, either by population or department, and are working toward program standardization and growth.  
 *Advanced:* We have a well-established ambulatory palliative care program with full interdisciplinary staffing, clear referral pathways, quality metrics, and integration into EHR workflows.

**b. Please describe your short- and long-term goals for palliative care development:**  
Click or tap here to enter text.

**5. Leadership and Resource Commitment**

**a. Do you have support from organizational leadership to participate in this initiative?**  
 Yes  
 In progress  
 No

**b. Are you able to designate staff to attend meetings, access and assess data, and engage in quality improvement activities?**  
 Yes  
 Maybe  
 Not at this time

**Please return completed forms to** [**palliativecare@amga.org**](mailto:palliativecare@amga.org) **by July 18, 2025, 5:30pm PT.**