**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** **by July 18, 2025, 5:30pm PT.**