

A photograph of a multi-generational family celebrating a birthday. An elderly man with white hair and a goatee is the center of attention, laughing joyfully. He is surrounded by his family: a woman to his left, a man behind him with his hand on his shoulder, a woman to his right, and a young girl in the foreground. A birthday cake with lit candles is on the table in front of him. The scene is warm and intimate, set in a dining room.

C+TAC

2023 Annual Report

Dear Members, Funders, Supporters, and Partners,

In 2023 we made significant progress on policy advocacy, launched important care model projects, and ended the year with a powerful sold-out National Leadership Summit co-hosted with our partner, the Center to Advance Palliative Care (CAPC).

Looking ahead to 2024 our theme is: *It's Time to Tell the C-TAC Story*. Tell the story of the progress of the movement underway and reach and support more changemakers to carry the work forward. Big initiatives that we'll have underway include:

- Continuing our close work with policy makers at the Center for Medicare and Medicaid Services (CMS) around new payment models such as the GUIDE, AHEAD, and Enhancing Oncology models from the Innovation Center.
- Accelerating the advocacy work with states, with now nearly half of the country working on new payment models for serious illness. It's critical that the momentum and innovation at the state level are harnessed as we work to standardize a continuum of care, from diagnosis through to the end of life, at the national level.
- Releasing new tools such as our updated ACT Index to support our state and national changemakers, and The Compendium of Evidence-Based and Promising Practices to Care for Those with Serious Illness.
- Supporting strong community care models addressing the social determinants of health, social isolation, and other important health equity issues.

Our National Leadership Summit will be back October 21-22, in Washington, DC. We hope to see you there as we evaluate care models that are working, assess the barriers to spread, and highlight the big trends in public opinion, public policy and payment impacting our work.

We also welcomed three new board members: Lois Quam, president and CEO of Pathfinders International, Mark Schoeberl, executive vice president of advocacy for the American Heart Association, and Mark Sterling, C-TAC chief innovations officer. And we thank Nancy Brown, CEO of the American Heart Association, and Mark Ganz, MD, former president, and CEO of Cambia Health Solutions, for their dedication and board service.

Thank you to all our members, funders, supporters, and partners for making our success possible. We value and appreciate your active participation and the diverse perspectives you bring to the Coalition.

Sincerely,



Jon Broyles
Chief Executive Officer

2023 Annual Report

C+TAC

Regulatory Policy



C-TAC worked with our Regulatory Task Force and submitted comments on several proposed rules and requests for information, including the GUIDE Dementia Model, the Proposed Physician Fee Schedule, Hospice, Medicare Advantage, Home Health, and End-Stage Renal Disease (ESRD).

Payment Model Reform and Demonstrations – Center for Medicare and Medicaid Innovation (CMMI)

The genesis of much of C-TAC’s work was its development of a Medicare payment model that would reward patient-centered comprehensive, high-quality care provided to individuals with serious illness and that supported their family caregivers. We continue to proactively work to ensure that all payment models reflect our core principles for serious illness care, including home-based primary care, palliative care, and hospice among the models we advocate for.

- C-TAC continued to work closely with the Center for Innovation to address challenges cited by CMMI/CMS in a review of palliative care models to date: enrollment, program design, and ROI in expanding demonstrations for those with serious illness.

- We were pleased to see the launch of the GUIDE Dementia model and shared it broadly with members so those with dementia expertise could apply to participate, and other members will be aware of partnership opportunities. The 8-year demonstration meets all our Core Principles for Care Models and includes critical supports for those with serious illness such as support for the unpaid family caregiver, the integration of community-based organizations, an upfront payment for infrastructure, and advance care planning.
- Other care model demonstrations that we are actively tracking include MA VBID, AHEAD and the Enhancing Oncology Care Model.
- Medicare to Pay for New Serious Illness Services: The final 2024 Physician Fee Schedule now includes payment for SDOH assessment, caregiver training services, community health integration services referrals, and principle illness navigation services. These new services apply both to traditional Medicare and Medicare Advantage (MA) programs. Finally, it adds the “feeling heard and understood” quality measure to measure sets for internal and family medicine and oncology.

Shaping Medicare Policy with Regulatory Action

2023 was a banner year in terms of federal rules that promote and pay for key aspects of care for serious illness. Using the regulatory vehicles of Requests for Information (RFIs), rulemaking and public comment, and regular reviews and comments on proposed Medicare measures or measures under consideration, C-TAC has had a significant impact on serious illness care. Several of C-TAC’s comments were acknowledged and even quoted in the final rules.



Acknowledged C-TAC 2023 Comments

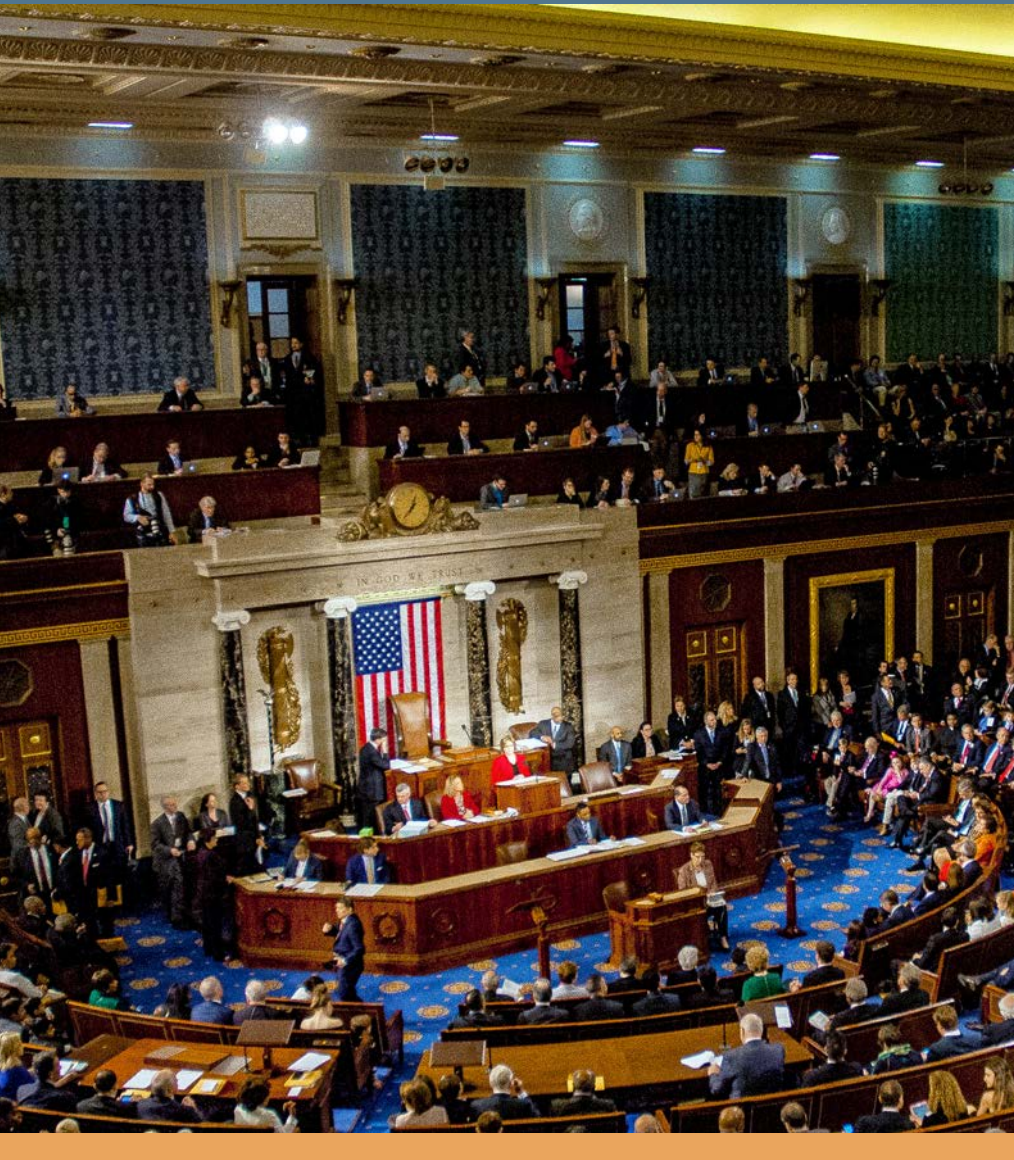
Our comments are acknowledged in the final rules for the following federal programs and services:

- **Medicare Advantage** - This clarified our comment that palliative care was appropriate at any stage of serious illness and added palliative care to the list of required services for PACE programs.
- **Physician Fee Schedule** - This revised the family caregiver definition and clarified other areas in line with our suggestions.
- **Hospice** - This noted our concerns about the administrative burden of oversight audits.
- **ESRD** - This noted our suggestion to add caregiver burden to any required SDOH screening.
- **Home Health** - This noted and corrected language to confirm that NPs/PAs can develop plans of care, something that only C-TAC had identified. The final rule also noted all our recommended future measures including adding advance care planning, adding the 'felt heard and understood' measure along with measures of palliative care access and utilization and timely and appropriate referral to hospice.





Legislative Policy Advocacy



C-TAC expanded our engagement on Capital Hill, increased our work with state leaders and coalitions, and continued our dialogue with the Administration through our policy advocacy. Here are some highlights of our impact.

Advance Care Planning

Ensuring availability and use of advance care planning (ACP) counseling and advance directives is one of C-TAC's policy goals. On all fronts, we have and continue to work to expand the coverage for and use of advance care planning to help ensure that patients' (and their caregivers) care preferences are understood and followed. C-TAC's ongoing advocacy includes educating policymakers, drafting legislation, crafting amendments, drafting report language, developing talking points, and conducting briefings for policymakers.

- C-TAC has led the way with the development and drafting of the Improving Access to Advance Care Planning Act (Senators Warner and Collins - S.4873 and Representative Blumenauer - H.R. 8840). The bill would:
 - Remove the copay/cost-sharing for Medicare ACP counseling in all situations.
 - Include licensed clinical social workers (LCSWs) in the definition of eligible practitioners who can bill for Medicare ACP counseling services.
 - Educate providers about the ACP counseling codes and value of the ACP counseling.
- C-TAC continued its advocacy in support of legislation to permanently remove the geographic originating site requirement, allowing for telehealth ACP counseling at home and allowing for audio-only telehealth ACP.
- **The Uniform Law Commission** approved the new Uniform Health Care Decisions Act, an update of the federal legislation that governs advance directives in U.S. This Act authorizes certain people to make health-care decisions for individuals who cannot make their own decisions and have not appointed an agent to do so and establishes certain duties and powers of health-care agents and professionals and shields them from liability if they act reasonably and in good faith. Thanks in part to C-TAC's input, the new Act now has the following key revisions:
 1. Provides a clear standard for determining when an individual lacks capacity.
 2. Establishes a process if a patient objects to their incapacity determination.
 3. Authorizes new advance directives exclusively for mental health care.
 4. Facilitates decisions for someone lacking capacity and lacking a valid power of attorney.

5. Expands who may serve as a “default surrogate” to reflect a wider array of relationships and family structures.
6. Creates a clear list of powers and duties for surrogates and enables surrogate to do things like apply for health care insurance, if needed.
7. Includes a model advance directive form for diverse populations in plain language that allows both preferences for types of care, goals, and values.

C-TAC shared this information with members so that states can explore revising their own advance directive forms and process with the goal of reducing unnecessary barriers to advance directives, clarifying when agents may act, includes the new optional form and mental health advance directive, and modernizing default surrogate provisions. This will likely require state legislation, which is a great opportunity for the state coalitions that C-TAC is working with.

- Expanding the uptake of ACP in the community has been a C-TAC priority, including bridging the traditionally siloed disciplines of medical care and social services, by working to secure additional funding streams to the aging and disability network services to care for the serious illness population.

Advocating for the Consumer in Hospice Reform

The Medicare hospice program remains a major success in our health care system; work to address concerns with program integrity and quality must continue.

C-TAC regularly participates in the Roundtable Sessions on Hospice Benefit Oversight and other issues conducted by Representative Blumenauer (D-OR-3rd) and is regularly asked to advise and contribute to various policy analyses from other Hill offices.

- Integrity of the industry amid concerns of fraud, waste, and abuse: four major hospice provider organizations have put forth a set of 34 Hospice Program Integrity Ideas to the Centers for Medicare & Medicaid Services (CMS) and other policymakers to address problems and improve program integrity. C-TAC supports the work of the provider organizations.
- To further advance improvement, C-TAC developed new principles for the program including a call for important consumer protections, including information, quality assurance, and consumer rights.

- Modernization of the hospice benefit: C-TAC supports addressing the limitations of the six-month prognosis rule, allowing concurrent care coverage, and covering upstream palliative care services and supports and services.
- We are working with congressional champions Rep. Earl Blumenauer (D-OR 3rd) on the Ways and Means Committee and Senator Mark Warner (D-VA) on the Senate Finance Committee, who in addition to sponsoring the advance care planning bill that C-TAC has championed, are also committed to strengthening the Medicare hospice benefit and expanding palliative care.

Additional Legislative Advocacy Actions included working with our bipartisan Congressional champions on the following:

- Expanding Access to Palliative Care Act (Senators Rosen and Barrasso)
- Removing Barriers to Person-Centered Care Act (Senator Whitehouse)
- Provider Training in Palliative Care Act (Senators Rosen and Murkowski)

- Compassionate Care Act (Senator Blumenthal)
- National Hospice and Palliative Care Month (Senator Rosen)
- Palliative Care and Hospice Education and Training Act (PCHETA)
- Helping Our Senior Population in Comfort Environments (HOSPICE Act)



Accelerating Policy Action with State Coalitions



C-TAC works with the Center to Advance Palliative Care (CAPC), The National Academy for State Health Policy (NASHP), and our state coalition members to support state work to expand palliative care services and other serious illness programs across the nation. Our ACT Index state scorecard is an important resource in these efforts, providing state stakeholders with baseline data to help convene, secure funding, identify metrics and best practices, and change public policy. In 2023, there was a tipping point with almost half of the states pursuing some kind of serious illness care effort:

- State palliative care task forces – 24 states have legislation around such task forces.
- Palliative care information programs – 21 states have such programs, 16 of which have legislative requirements for palliative care information programs which include information on continuing education, consumer education materials, best practices, etc.
- Palliative care legislative or budgetary progress – 13 states have made palliative care legislative or budgetary progress vs 2022.

Efforts are underway in California, Massachusetts, New York, Vermont, and several other states to develop Multi-Sector Plans on Aging, which raises awareness of our population and their need for additional services. States are also critical partners in supporting family and unpaid caregivers through respite care reimbursement for the caregiver (10 states in 2023), and caregiver training and education.

Many states are now working to improve care models for those with serious illness, focusing on their Medicaid benefit:

- **Hawaii** – Finalizing application with the Centers for Medicare and Medicaid and are on track to get approval to add such a benefit via a state plan amendment in early 2024.
- **Illinois** – Advanced benefit requirements to cover pediatric palliative care services and are looking to expand this authority to adults and dual eligible beneficiaries.
- **Maine** – Passed legislation in 2021 to add such a benefit and are now working out the financial and regulatory details to do so.
- **New Jersey** – Passed legislation and are now working on finding the funding to do the analytical work needed to move towards implementation.
- **New York** – Received funding to develop a set of policy recommendations and a payment methodology to cover palliative care services for Medicaid beneficiaries and to align these services to the state’s Master Plan on Aging.
- **Oregon** – Passed legislation to require Coordinated Care Organizations to cover palliative care services to Medicaid beneficiaries throughout the state. This aligns with other requirements to cover services, including palliative care, through value-based payment.
- **Virginia** – Drafted legislation for a managed care Medicaid benefit for serious illness.

There are also emerging opportunities with standardizing advance directives, thanks to the efforts of the Uniform Law Commission, as well as payor-provider collaboratives at the state and regional level. Finally, working with our federal partners, we have asked the Center for Medicare and CHIP Services (CMCS) to issue federal policy guidance on serious illness, which they have not done since 2011 (concurrent hospice care for children). This will help to prioritize key areas of state need and support our CMS policy champions in standardizing key aspects of serious illness care.



CIBC CIBC
Name: Susan Edmonds
Title: Early-Talk-Offen

C-TAC Programs



Multi-Payor Collaborative

The Multi-Payor Collaborative (MPC) is focused on advancing C-TAC's federal policy efforts to ensure that interdisciplinary services for people with serious illness can be implemented in a high-quality way and that federal agencies can learn from private payer innovation to improve their models and benefits. Payors in the MPC include organizations or entities that pay for the care and services administered by a healthcare provider (e.g., commercial health plans, integrated delivery systems, ACOs, MCO, self-funded employers, etc.). The MPC's role is a neutral convener for payors to share best practices, technical support, and access to broad range of stakeholders, and provides opportunities for federal advocacy and to learn about and collaborate on innovative initiatives currently being delivered across the country.

The MPC also helps build the body of evidence to fund and scale effective, high-quality care models. One example of this is the Palliative Care in Heart Failure Initiative, where 4 health plans and 4 health systems, who participate in the MPC, signed up to design and test a palliative care pathway for people with heart failure. The MPC offers a unique opportunity for payors to learn from one another, share best practices, and collaborate on new models without competition in order to share results and improve care for all people with serious illness.



Palliative Care in Heart Failure Initiative

C-TAC and American Heart Association (AHA) launched an initiative to harmonize clinical and administrative standards and enhance interdisciplinary palliative care for heart failure patients, “Improving Quality of Life for People with Heart Failure

through Integration of Palliative Care Services.” C-TAC and AHA worked with a national clinical advisory council, as well as state coalitions, health systems, and health plans in Alabama, California, Hawai’i, and Louisiana, to establish evidence-based standards and guidance, and messaging principles – a referral pathway – for heart failure patients and their supporting payors and healthcare systems.

Leading experts in heart failure and palliative care services worked with the research team to understand current evidence and ensure that the referral criteria and messaging principles were evidence-based and could support the cardiologists participating in this project. Four payors, health systems, and state coalitions participated in this initiative to ensure that the referral criteria and messaging principles were feasible to implement, evidence-based, and payor agnostic.

The coalitions within each state played a part in disseminating the results and supporting the expansion of this project beyond the selected health systems and provided input into their use in the community. In addition, participating health systems have begun implementation of the referral pathway in transitional care clinics for people with heart failure discharged from the hospital and in need of support. Pending funding, the next phase of this project will support the evaluation of the heart failure pathway implementation and its ability to deliver timely specialty palliative care consultations to heart failure patients.



C-TAC – USAging Partnership

C-TAC and USAging, the national organization representing Area Agencies on Aging (AAA's), and advocate for the Title VI Native American Aging Programs, have a long-standing partnership. Our most recent collaboration included a project to support expanded advance care planning (ACP) opportunities for older adults as part of The John A. Hartford Foundation funded program, Advancing Organizational Equity and Excellence through Sustainable Cross-Sector Partnerships.

In 2023, C-TAC's partnership with USAging's Aging and Disability Business Institute included participation in the Answers in Aging Conference where the partners presented a pre-conference intensive, Making Advance Care Planning Part of Your Services Portfolio, to a sold-out crowd. The attendees were program directors, health care professionals, social workers, and other staff who work in the Aging Services field, including many from Area Agencies on Aging (AAA) and community- and faith-based organizations.

C-TAC has identified national and community-based models that provide or support advance care planning services or tools for older adults. The goal of this environmental scan of ACP programs will be the foundation for the development of an interactive resource toolkit, educational materials, and training resources for AAAs and community-based organizations.

C-TAC and USAging share a goal to support the expansion of ACP at the local level to help ensure that older adults' care preferences are acknowledged and followed during their continuum of care for a serious illness.



Community and Faith Leader Engagement

Community faith leaders serving in underserved and under-resourced communities are well-positioned to make inroads and leverage their trusted relationships with people in the community to close disparities in healthcare and improve outcomes for people with serious illness and have a major impact on family caregiving.

These faith leaders play a special role in serious illness care: their training, life experiences, and community connections build deep insight into how to support those living with advanced illness and their loved ones. And, they can provide education and empower people to make care decisions based on their spiritual, religious, medical, and cultural preferences, and ensure that their voices and choices are heard and respected.

The C-TAC model of community care is grounded and defined by the community and their needs. We engage and partner with local healthcare providers and community-based organizations to ensure care is inclusive – reducing inequities and disparities and removing barriers to access and to quality care are core principles of C-TAC’s care models. C-TAC is currently engaged with faith leaders in Washington, DC, Detroit, Buffalo, and Louisville.

The Louisville Community Model of Care Project

The Louisville Community Model of Care Project serves in partnership with community faith leaders who are actively involved in places of worship where the majority of the parishioners are Black living in and around the 40203 zip-code (forty one percent of this population have an annual income below the federal poverty guideline, and forty eight percent of the Black population living in this zip code are living below the federal poverty guideline).

Through community outreach and engagement, we are building trusted community partnerships among faith leaders, payors, and other stakeholders to provide educational workshops, collaborative events, and wellness informational sessions. This will provide caregivers and people with serious illness with evidenced-based and useful healthcare and social services information. The Louisville Community Model of Care Project will serve as an impetus for model replicability within communities sharing similar demographics with similar healthcare and social service needs.



2023 C-TAC-CAPC National Leadership Summit



Transforming Care for People Facing Serious Illness

C-TAC and the Center to Advance Palliative Care (CAPC) joined forces for the 2023 National Leadership Summit for a uniquely immersive, multi-track experience of talks, panels, interviews, and roundtables to ensure a mix of learning, sharing, and networking.

The two-day Summit held October 23-24, in Washington, DC, was sold out weeks in advance with over 500 in attendance. Leaders from all sectors focused on advancing person-centered care for people living with a serious illness including those from health systems, payors, community-based organizations, clinicians, family care givers, policymakers and government experts, consumer advocates, faith and spiritual leaders, and philanthropic supporters.

C-TAC and CAPC share a common vision of comprehensive, high-quality, equitable care for all patients and their families living with serious illness. Together – front line clinicians, working day and night – along with policy changemakers will positively transform the healthcare system. We are aligned to improve health equity and quality of care through policy, advocacy, care innovation, social needs, and clinical skill building.



Sponsors and Exhibitors

C-TAC thanks our generous 2023 National Leadership Summit Sponsors and Exhibitors

Diamond

- MIDEO

Platinum

- AARP
- American Hospital Association
- Ralph C. Wilson Jr. Foundation

Gold

- American Cancer Society
- American Heart Association
- John & Wauna Harman Foundation
- Landmark, Optum Home and Community Care
- Peterson Center on Healthcare
- VyncaCare

Silver

- Aspire (now Caredon Health)
- Cambia Health Foundation
- John A. Hartford Foundation
- McElhattan Foundation
- WiserCare

General

- ArchAngels
- Evernorth
- Grantmakers in Aging
- Ho Chiang Foundation
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Exhibitors

- American Heart Association
- Aspire (now Caredon Health)
- Capital Caring
- CaringBridge
- Community Health Accreditation Partner (CHAP)
- Edgewood College
- Five Wishes
- Healwell
- Inova
- International End of Life Doula Association (INELDA)
- Koda Health
- Medically Home
- MIDEO
- OnSky Health
- Partners in Care Foundation
- Society of Pain and Palliative Care Pharmacists
- VyncaCare
- WiserCare

Blue Chair Fund

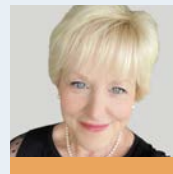


Giving Voice to People with Serious Illness

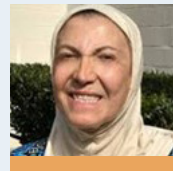
Shirley Roberson, a patient advocate, envisioned the day when our health system provides high-quality care based on patient-clinician connection and empathy. Shirley's story of asking a clinician to sit in a blue chair and listen to her is symbolic of C-TAC's mission to ensure that all people with a serious illness are seen and heard. To honor Shirley's legacy and the millions of patients like her, we have created the Blue Chair Fund to raise revenue from philanthropy, individuals, nonprofits, corporations, and others to support our vision and mission.

C-TAC Recognizes Its First Blue Chair Fund Honorees

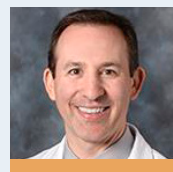
In a ceremony held at C-TAC's National Leadership Summit, October 24, 2023, three outstanding individuals were honored for their leadership to improve the quality of life for people with serious illness and their caregivers.



Amy Berman, Senior Program Officer at The John A. Hartford Foundation, received the **Lifetime Achievement Award** for her commitment and dedication to improving the lives of older adults, especially those living with serious illness.



Mona Negm, founder of The American Muslim Senior Society, received the **Patient Advocate Award** for her decades of work to empower diverse seniors and caregivers by giving them access to culturally sensitive tools and resources to improve their quality of life and live in dignity.



Dr. Brad Rosen, Vice President, Physician Alignment and Care Transitions at Cedar-Sinai Medical Center received the **Clinician Leadership Award** for advancing patient-centered care in medical education, clinical practice, and healthcare policies.



What does your Blue Chair Fund contribution support?

1. Transform the broken system of care.

Your contribution means we can continue to change public policy, spread good care models, and ensure people have the resources that they need to make decisions for their care and have their voices heard.

2. Support community models of care, today.

Our community models of care are led by trusted local leaders who understand the needs and challenges of people in their communities. Models are up and running in Louisville, KY, and other communities across the country to increase access to resources, especially for those who need it the most. Your contribution today helps these local changemakers do what they do best.



Norma understood her prognosis, elected to forego treatment, and chose to spend her time with adventure and autonomy. "I'm 90 years old. I'm hitting the road."

- Norma Bauerschmidt



"As clinicians we can make a big difference simply by listening, really listening. It's both the least and the most that we can do. Shirley asked us to reconnect with why we went into healthcare in the first place."

- BJ Miller, MD



"My medical specialist was not listening to me — until I told him to sit in a blue chair and just listen. I was told that I only had a year and a half to live, and I was doing everything I could to extend that time. I needed my doctors to hear me."

- Shirley Roberson



“I had the honor and the special privilege of being the family caregiver to my father. It opened my eyes to the fact that we can do better. I would like to put the pain that I experienced to work beside the joy and conviction of those engaged with C-TAC to try to make this better.”

- David, Jones Jr.

Founder, Chrysalis Ventures
C-TAC Board Member

Blue Chair Fund Donors

We deeply appreciate the generous support from our 2023 Blue Chair Fund Donors.

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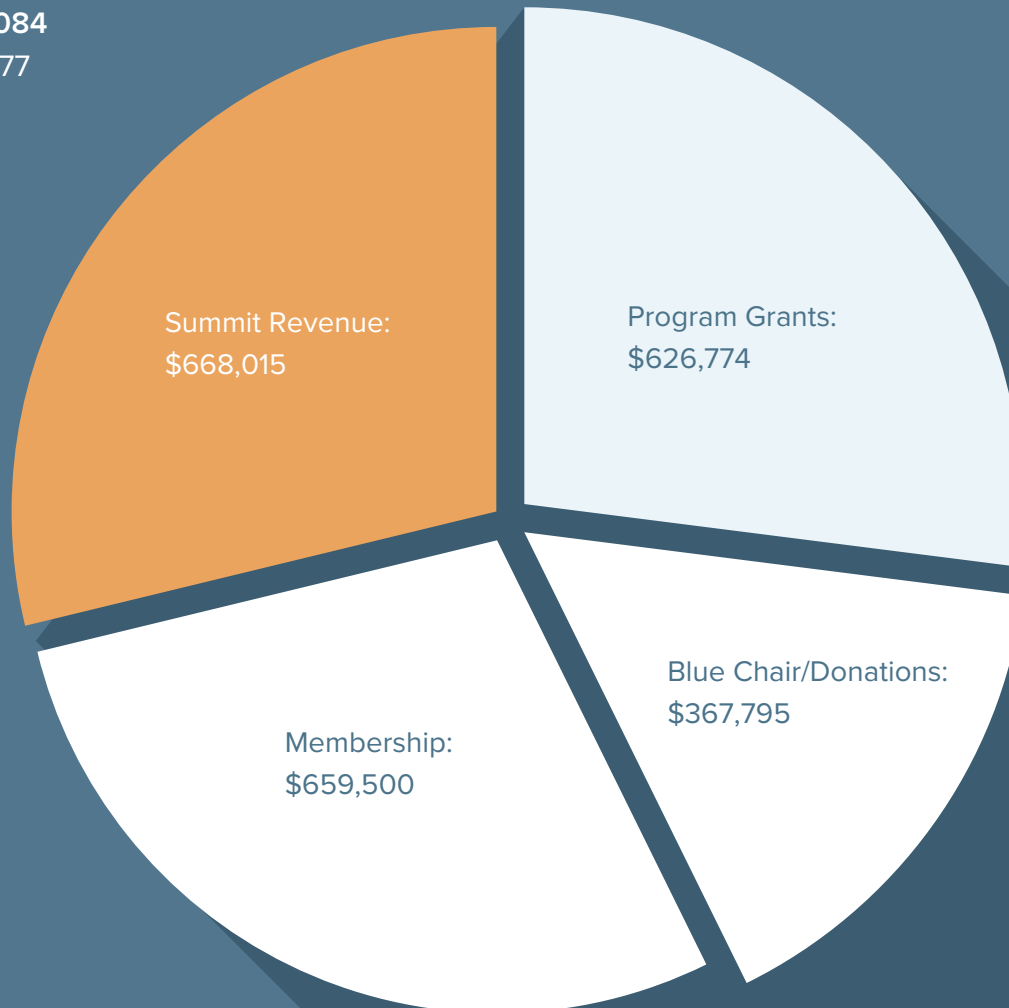
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Thank You

Revenue

Total 2023 Revenue: \$2,322,084

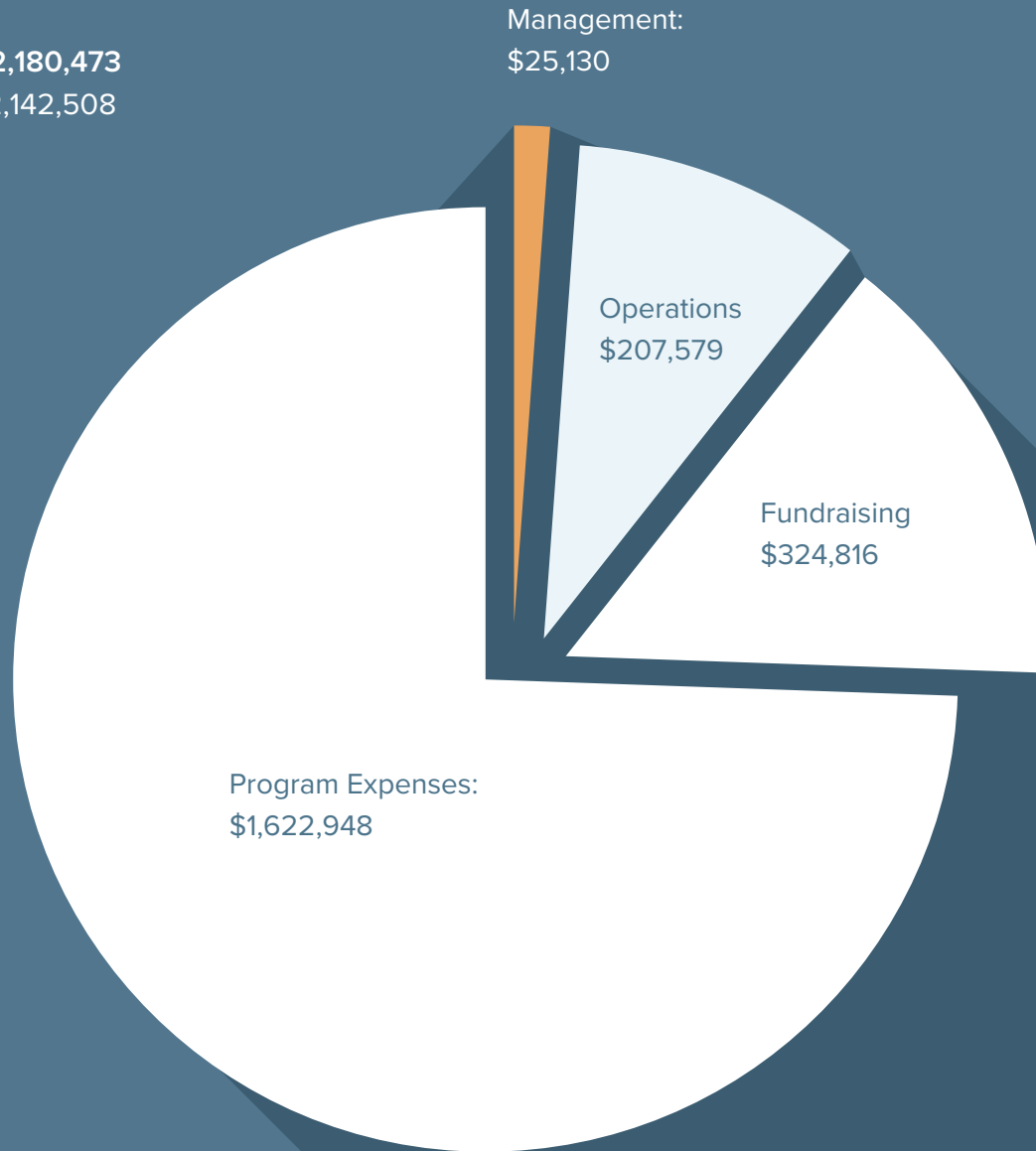
Total 2022 Revenue: \$1,556,077



Expenses

Total 2023 Expenses: \$2,180,473

Total 2022 Expenses: \$2,142,508



Corporate and Foundation Grants



AARP

American Heart Association

John and Wauna Harman Foundation

The John A. Hartford Foundation

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Peterson Center on Healthcare

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2023 C-TAC Members

A-C

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 AgeOptions
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 Alabama Hospice and Palliative Care Organization
 Alivia Care, Inc.
 Alliance for Home Health Quality and Innovation
 American Cancer Society / Cancer Action Network
 American Heart Association
 American Hospital Association
 America's Health Insurance Plans
 America's Physician Groups
 AmeriHealth Caritas
 Androscoggin Home Healthcare + Hospice -
 Maine Center for Palliative Medicine
 Arizona End of Life Care Partnership
 Arizona Hospice & Palliative Care Organization
 Association for Home & Hospice Care of North Carolina
 Association on Aging in New York
 Avanlee Care
 Avow Hospice
 Be Present Care
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Health Sciences Health Innovations Group
Healthcare Chaplaincy Network
HealthPartners
Healwell
Heart and Soul Hospice
Help Texts

Here to Honor
Highmark
Honoring Choices North Dakota
Honoring Choices Tennessee
Honoring Choices Virginia
Hope HealthCare Services
Hospice & Palliative Care Federation of Massachusetts
Hospice and Palliative Care Association of New York State, Inc.
Hospice Council of West Virginia
Hospice East Bay
Hospice Maui
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Hospice of the Western Reserve
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2023 C-TAC Members

I-R

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 Independence Blue Cross
 Integris Health
 Interfaith Community Services
 International End of Life Doula Association
 Jane Conrad
 Jodi Braun
 John A. Hartford Foundation
 Kauai Hospice
 Koda Health
 Kokua Mau
 Life in Motion Guide
 Louisiana Health Care Quality Forum
 Louisiana-Mississippi Hospice Palliative Care Organization
 Maine Hospice Council and Center for End of Life Care
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 Massachusetts Coalition of Serious Illness Care
 McElhattan Foundation
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 Melanie Levav
 Melissa McClean
 MemoryWell
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 Missouri Hospice and Palliative Care Association
 MJHS Hospice & Palliative Care

Mountain Valley Hospice
 Mountain-Pacific Quality Health
 Nathan Adelson Hospice
 National Alliance for Caregiving
 National Breast Cancer Foundation
 National End-of-Life Doula Alliance
 Nourish for Caregivers
 Northeast Georgia Health System
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 Oklahoma Hospice and Palliative Care Association
 Omega Home Network
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 Rockbridge Area Hospice
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 Ryan House

2023 C-TAC Members

S-Z

Samaritan Healthcare & Hospice
Siobhan Aaron
Social Work Hospice and Palliative Care Network
South Carolina Coalition for the Care of the Seriously Ill
South Carolina Home Care & Hospice Association
South Dakota Association of Healthcare Organizations
Stratis Health
Stupski Foundation
Susan Schewel
Susan Wurzer
Teleios Collaborative Network
Tennessee End of Life Partnership
ThanaCare
The CSU Shiley Institute for Palliative Care
The Death Deck
The Death Designer
The HAP Foundation
The John and Wauna Harman Foundation
The Peaceful Presence Project
The Society of Pain and Palliative Care Pharmacists
Tree of Life Health Consultant
The Sonnet Group
Thoro Care
Trellis
Trellis Supportive Care

Turnlane
Unity Hospice
Verde Valley Caregivers Coalition
VillageMD
Willamette Vital Health
Yongkang Zhang





Our Team

C-TAC Staff

- Jon Broyles, Chief Executive Officer
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- Sandra Arias, Partnership Associate
 - Joy Braun, Vice President of Development
 - Jennifer Driscoll, Operations Director
 - Sarah Park, Partnership Manager
 - Luke Scuitto, Partnership Director

C-TAC Board of Directors

- Tom Koutsoumpas, Co-Founder, C-TAC, & CEO, Healthsperien
 - Bill Novelli, Co-Founder, C-TAC & Professor in the McDonough School of Business, Georgetown University
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- Edith Clifton, Chair, SEMATAC Steering Committee
 - Patrick A. Courneya, MD, Chief Health Plan Medical Officer, HealthPartners
 - Alex Drane, Co-Founder & CEO, ARCHANGELS
 - Mark Ganz, President & CEO Emeritus, Cambia Health Solutions
 - David Jones, Jr., Founder, Chrysalis Ventures
 - Dominic Moore, MD, Medical Director of Palliative Care, Intermountain Healthcare
 - Ravi Parikh, MD, Assistant Professor, Medical Ethics and Health Policy and Medicine, University of Pennsylvania
 - Hoangmai (Mai) Pham, MD, President, Institute for Exceptional Care
 - Lois Quam, President & CEO, Pathfinder International
 - Mark Schoeberl, Executive Vice President of Advocacy, American Heart Association
 - Mark Sterling, Chief Innovations Officer, C-TAC
 - Charlotte Yeh, MD, Chief Medical Officer, AARP Services

