California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Developing Rural Palliative Care Access in California
Planning Grants

Request for Proposals

Information Webinar

November 2, 2016

Developing Rural Palliative Care Access Project Team

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Uneven Terrain: Mapping Palliative Care Need and Supply in California

Kathleen Kerr of Kerr Healthcare Analytics, J. Brian Cassel of the Virginia Commonwealth University, Michael W. Rabow of the University of California, San Francisco, Kate Meyers, and Josh Cothran (Visualization Design)

Data maps contrast the estimated need for palliative care with the uneven availability of hospital and community programs in California.

February 2015

This data visualization illustrates the estimated need for palliative care in each California county among patients in the last year of life. The maps show the number of palliative care programs (prevalence), the number of patients served annually (capacity), and the sufficiency of supply (need divided by capacity).

The data are as of October 2014 and will be updated over the next two years; program sponsors are asked to submit new information, revisions, and comments about their non-hospice palliative care services through these questionnaires: inpatient services and community-based programs.

THE NEED FOR PALLIATIVE CARE

Palliative care is specialized medical care that focuses on relieving the symptoms and stress caused by serious illness. The availability of specialist palliative care services in hopitals and community settings has increased in California but is still insufficient to meet the demand.

For this research, the first step was to generate an estimate of the need for palliative care among individuals in the last year of life. Estimates of need are based on the number of annual deaths in each California county.

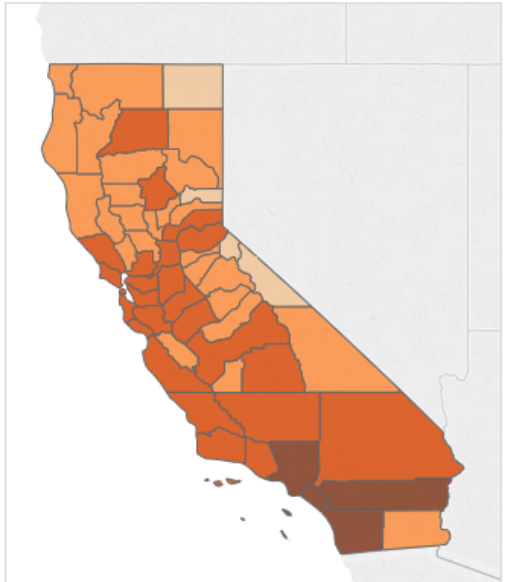
- The high estimate is equal to all deaths from natural causes.
- The low estimate is equal to all deaths from seven medical conditions for which the need for PC is quite likely.

For both estimates, the number of deaths was extracted from the 2014 County Health Status Profiles (http://bit.ly/cdph-ohir-chsp). When you hover over a county, the low and high estimates of need are presented as a range and the mid-point, shown outside of the parentheses, is used as the actual estimate of need. For more information see the "About this Data" tab.

Specialist PC is provided in hospitals (inpatient services), as well as in clinics, patient homes, and over the phone (community-based services). An individual in the last year of life would likely benefit from both types of services; these care settings are not interchangeable.

Estimated Palliative Care Need

Patients Needing PC in the Last Year of Life



Project Background

- Most rural communities offer limited or no palliative care
- 22 of California's 58 counties (17 are rural) have no community-based palliative care
- Rural areas face unique health challenges:
  - Medically underserved
  - Significant numbers of old, sick, and poor residents
  - High rates of substance abuse and addiction

BROWSE TOPICS

Behavioral Health
Cancer Care
Care Coordination
Consumer Experience
Costs & Financing
Eligibility & Enrollment
End of Life & Palliative Care
Health Data & Privacy
Health Policy
Improving Quality
Insurance Coverage & Benefits
Maternity Care
Medi-Cal & Public Coverage
Opioid Safety
Safety-Net Providers
Telemedicine & Technology

Country Road: Bringing Palliative Care to Rural California

Monique Parrish of LifeCourse Strategies and Kathleen Kerr of Kerr Healthcare Analytics

Palliative care can improve the lives of seriously ill patients and reduce health care costs, but the rural parts of California have a very limited supply.

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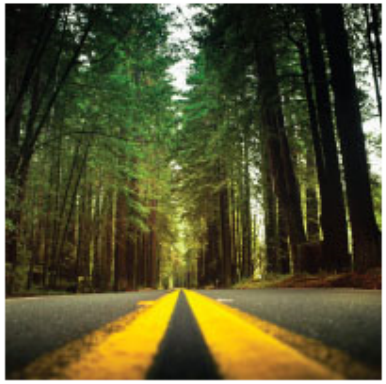
July 2016



Palliative care — with its whole-person approach to enhancing the quality of life for patients with advanced illness — has become increasingly available in California over the last decade, resulting in improved patient care and satisfaction, and reduced health care costs. However, most rural communities, which are often medically underserved, offer only limited or no palliative care. This is a significant problem because of the state's immense rural geography, with widely dispersed communities. A 2014 survey found that 22 of the state's 58 counties have no community-based palliative care (CBPC) services.

With narrow hospital access in many rural areas, community health centers and clinics form the cornerstone of ambulatory care, where palliative care integration efforts are increasingly focused on CBPC. This report looks at the current availability of CBPC in rural California, as well as barriers and opportunities for integrating these services more widely into rural health care in the state.

RELATED CONTENT

End-of-Life Cancer Care
October 2016

Promise and Progress in Palliative Care: Videos Featuring California Leaders
August 2016

When Dialysis Is the Wrong Approach to End-Stage Kidney Disease
July 18, 2016

POLST eRegistry Pilot Initiative
March 2016

Community Screenings of 'Being Mortal'
February 2016

Lifting Death's Veil: A Conversation with Atul Gawande
February 9, 2016

Palliative Care Measure Menu
February 2016

Increasing Rural Palliative Care Access

Requires:

- Time to develop programs and relationships with the community,
- Funding for program planning, *and*
- Evidence that such programs lead to improvements in clinical and fiscal outcomes.

Why Offer Planning Grants?

- Foster payer/provider partnerships in California rural settings
- Increase rural area access to palliative care through health insurance programs and products and new initiatives
- Test different approaches to providing and funding community-based palliative care
- Identify models that could be scaled and spread throughout California

Planning Grant Information

Eligibility

- Must work in rural community/region
- Area has at least 200 deaths annually
- Partnerships—at least 1 health care organization & 1 payer. Priority to teams with local community health/social service org.

Project Details

- Up to 8 Planning Grants
- Grants range: $20,000 - $30,000
- Advisory Group to guide project

Grantee Requirements

- Address proposal elements in RFP
- Participate in January 31, 2017, convening in Sacramento
- Participate in monthly check-in calls
- Participate in project webinars—highlighting successful clinical models in CA/other states
- Submit final report: detailed operational and financial plan for delivering palliative care services to beneficiaries with serious illness in rural settings

Final Project Report Elements

- Partnership description
- Palliative care model (setting, staffing, target patients, etc.)
- Workforce capacity and development needs/plans
- Pricing and payment mechanisms
- Potential challenges
- Monitoring and success metrics

FINAL REPORT DUE: April 30, 2017

Project Timeline

Proposals due	**November 30, 2016**
Grants announced	**December 16, 2016**
Grant period	**January 1, 2017 – April 30, 2017**
Grantee convening – Sacramento	**January 31, 2017**
Final grantee reports due	**April 30, 2017**

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Thank you!