SB 1004 Technical Assistance Series
Topic 4: Gauging and Promoting Sustainability and Success

ABOUT THE TECHNICAL ASSISTANCE SERIES

SB 1004, the California law that requires Medi-Cal Managed Care Plans (MCPs) to provide access to palliative care, was implemented in January 2018. As part of CHCF's ongoing efforts to help health plans and providers navigate SB1004 implementation, the foundation offered a yearlong series of technical assistance activities related to the law. Series content focused on topics that are central to creating and sustaining palliative care programs.

The material covered in "Topic 4: Gauging and Promoting Sustainability and Success" was presented in a webinar and in several workshops offered during March and April 2018. A recording of the webinar and downloadable materials used in the workshops are available on this content page. This content summary serves as a supplement to the presentation slides and worksheets that were used in the workshops.

TOPIC 4: Gauging and Promoting Sustainability and Success

Topic 4 focuses on issues pertinent to sustainability and success of palliative care services, specifically measuring program quality and impact, and issues related to sustaining and growing services over time. Specific content areas include:

SB 1004 REPORTING REQUIREMENTS

Currently, MCPs are required to make quarterly reports to DHCS regarding SB1004. Three types of information are required:

- Patient level reporting: including patient name, diagnosis, approval date for SB1004, disenrollment date, reason for disenrollment

- Referrals: including the number made, approved, accepted by patient, declined by patient, denied by MCP and reason for denial

- Network: provider name, provider discipline or type of organization, and specialty (if an individual provider.)

The data submitted to DHCS offers insight into a number of SB1004 implementation topics: who was referred, who was served, why/why not individuals were served, how long individuals were served, and by whom. While this information is quite useful, both MCPs and PC providers will want to gather additional information, especially items that address the quality of the delivered palliative care services. Most assessments of clinical care quality address the extent to which delivered services meet six criteria

– efficacy, equity, patient-centeredness, timeliness, safety and efficiency. As detailed below, there are multiple resources for identifying metrics that are commonly used to assess palliative care quality.

MEASURING QUALITY IN PALLIATIVE CARE

A recent CHCF initiative, Payer-Provider Partnerships for Community-Based Palliative Care, featured six diverse teams of payers and providers that joined together to develop and implement community-based palliative care programs. The metrics that these six teams to assess the quality and impact of their palliative care programs used are presented in the Topic 4 slides.

The Palliative Care Quality Network (PCQN) is a national learning collaborative committed to improving care delivered to seriously ill patients and their families. PCQN activities are anchored in a patient-level data registry, which member sites use to assess a variety of process and outcome metrics. A handout listing PCQN metrics for community-based palliative care is available on this topic page.

The National Quality Forum (NQF) is a nonprofit, nonpartisan, public service organization that reviews, endorses, and recommends use of standardized healthcare performance measures. The NQF maintains a searchable database of measures, the Quality Positioning System, which currently includes 20 measures related to hospice and palliative care. If the needed data are available, using an NQF endorsed measure is a good idea, as the measure will have been well-researched and have good validity.

Measuring What Matters (MWM) is a consensus recommendation for a portfolio of performance measures for all hospice and palliative care programs, developed by the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association. The 10 indicators included in the MWM portfolio were developed following a rigorous assessment and consensus-building process that incorporated information regarding the validity, feasibility and perceived importance of scores of potential measures. A list of the measures and documents describing the selection process are available on the MWM web site.

The Palliative Care Measure Menu is a searchable database, developed with support from CHCF. Designed for palliative care leaders, quality professionals, and administrators, the Palliative Care Measure Menu simplifies the task of reviewing possible measures, enabling users to quickly and efficiently select a feasible, balanced portfolio of measures that mirror the scope and focus of a given PC program.

SELECTING METRICS FOR YOUR PROGRAM
Given that there are hundreds of potential metrics any PC program could use to assess the quality of care delivered, each program needs to undertake a process to decide which metrics to track. There are a variety of mechanisms to make this selection, ideally starting with a list of metrics that are endorsed or recognized by external entities (e.g. National Quality Forum), or that are commonly used by other

palliative care programs. From that long list of potential metrics, we recommend taking three factors into consideration, to narrow your list:

1. <u>What matters to stakeholders</u> – for individuals and organizations impacted by, supportive of, or potentially threatened by the program, what would they hope the program will achieve?

   SUGGESTED ACTIVITY: Complete the Preparing for SB 1004 Metrics Selection Worksheet, to create a list of stakeholders who should be consulted as part the metrics selection process

2. <u>Feasibility of data collection and analysis</u> – for each metric being considered, assess how easy or difficult it would be to collect, analyze, and report on a routine basis

3. <u>Aim for a balanced portfolio of metrics</u> – the final list of metrics you select should ideally include a mix of different types of metrics (structure, process, and outcome), different focus areas, and effort required to collect and analyze

   SUGGESTED ACTIVITY: Complete the Metrics Balance Worksheet, to assess the balance and feasibility of your current metrics portfolio, or to promote balance in a planned metrics portfolio.

Please review the Topic 4 slide set for a description of how the Zuckerberg San Francisco General pallative care program selected metrics for their program.

RECOMMENDATIONS FOR PROMOTING PROGRAM SUSTAINABILITY

Based on experience working with community-based palliative care organizations and payers, we have identified some common characteristics shared by programs that have been able to successfully grow and sustain their services over time. These characteristics include:

1. <u>Shared recognition that changes will need to be made</u>. Approach the initiation or expansion of services as pilot programs that need to be routinely re-evaluated and adjusted.

2. <u>Routine communication between organizations</u>. Determine what format for communication works best for both organizations, what content needs to be discussed (clinical and/or operational), and how frequently you will routinely communicate.

3. <u>Repeat the needs assessment when things change</u>. Changes to program structure, staffing, scope, and support can dramatically affect program operations. Repeating a needs assessment at these junctures will help to identify and address problems much earlier.

4. <u>Invest in building the relationship with your organizational partner</u>. Lessons learned from prior CHCF projects involving health plans and PC providers, in particular the Payer-Provider Partnerships for Community-Based Palliative Care initiative (PPI), have demonstrated the key role that payer-provider relationships have in contributing to or impeding success.

KEY TAKEAWAYS
- Supplement information reported to DHCS with process and outcome metrics that describe multiple aspects of care quality

- When considering metrics that your program might use, look to what peers and QI collaboratives are using, and those endorsed by professional organizations

- Establish a schedule for program reporting and communication with stakeholders

- Repeat the needs assessments at key junctures (e.g. change in personnel, leadership, or patient population)

- Ongoing monitoring and modifications will be needed

- Culture and communication differences can have a big impact on partnerships – identify issues up-front and work toward solutions that work for both organizations

- Prioritize creating and sustaining good payer-provider relationships

ADDITIONAL RESOURCES AVAILABLE ON THIS TOPIC PAGE
- Slides used in the Topic 4 Workshops
- PCQN Metrics for Community Based Programs
- Preparing for Metrics Selection Worksheet
- Metrics Balance Check Worksheet