

Health Plan of San Joaquin

Senate Bill 1004

California Health Care Foundation
Implementation Workshop

January 19, 2018

Dr. Lakshmi Dhanvanthari, Chief Medical Officer

Maria Aguglia, Director of Care & Utilization Management

About Health Plan of San Joaquin





HPSJ in a Nutshell

Health Plan of San Joaquin is the major, not-for-profit, managed care, public health plan for San Joaquin and Stanislaus counties serving members who are mostly working families and children, as well as seniors and disabled residents.



HPSJ Overview

- ❖ Established in 1995 by State statute and County ordinance
- ❖ Coverage in San Joaquin and Stanislaus Counties
- ❖ Serving almost 350,000 Medi-Cal members



- ❖ Employer of choice with over 300 employees
- ❖ 40,000+ square foot Headquarters in French Camp
- ❖ Expanded office in Stanislaus County-- Downtown Modesto
- ❖ HPSJ brings in nearly \$1 Billion in federal/state dollars to the local economy



Our Vision

Continuously improve the health of our community.

Our Mission

We provide health care value and advance wellness through community partnerships.

Why Palliative Care?





Community Palliative Care Research

- **A literature review** found sufficient evidence to conclude outpatient palliative care can improve symptom control and quality of life. This included:
 - Four well-designed, prospective, controlled studies
 - A number of other studies demonstrated positive effects
- **Home-based palliative care** may increase the chance of dying at home and reduce symptom burden, in particular for patients with cancer.
- **A recent study** showed PC clearly improved quality of life, anxiety, depression and spiritual wellbeing. Of note the study was ethnically diverse.



California Health Care Foundation Grant

Initial CHCF Grant (\$24,000)

- Started the partnership with San Joaquin General Hospital to create an outpatient clinic for patients recently discharged
- Members seen by inpatient Palliative Care team transitioned to outpatient

Additional CHCF Grant (\$80,000)

- Partnership with two local hospice agencies
- Created “HPSJ Care Options”
- Anticipated SB 1004
- CHCF Funding for analysis



Program Goals

- Ensure improved quality of life for our members
 - Decrease trips to the emergency room
 - Reduce inpatient admissions
- Expand Palliative Care services from the hospital to a community setting
- Provide this comprehensive care in a setting of the member's choice - at a clinic or in the home, by telephone or in person
- Increase earlier utilization of Hospice Care

Collaborating for a Community Partnership





Building Infrastructure

- To give a head-start building local infrastructure and beginning Palliative Care Options – before Jan 2018
- This has been a long held goal of Health Plan of San Joaquin and our partners
- The grant made it possible to begin early implementation of this goal



“HSPJ Care Options”

HOSPICE 
of SAN JOAQUIN

Health Plan 
of San Joaquin

Community
HOSPICE
Helping Hands...Healing Hearts

 SAN JOAQUIN
GENERAL
HOSPITAL



How do we
identify patients?





Pilot Referrals

SB 1004 Referrals

Where we focused ...



And where we are today ...

Inpatient

- San Joaquin General Hospital
- St. Joseph's Medical Center
- Adventist Health Lodi Memorial
- DMC of Modesto

Outpatient

- Community Medical Centers,
- Golden Valley Health Centers,
- Health Services Agency,
- San Joaquin Primary Care Clinics

Inpatient

- All hospitals

Outpatient

- All outpatient locations



SB 1004 Eligibility Criteria

General Criteria



- Hospital or Emergency Department (ED) Utilization
- Late state of illness, but not eligible for (or declines) hospice
- Patient's death within 1 year would not be unexpected
- Patient is not in reversible acute decompensation
- Patient willing to attempt in-home or outpatient disease management instead of first going to the ED
- Patient willing to discuss Advance Care Planning

Disease-Specific



1

COPD

2

Advanced
Cancer

3

Heart
Failure

4

Advanced
Liver
Disease

How do we
collaborate?





Partner Touch Points and Information Flow

- HPSJ does outreach to its provider network to promote the benefit and generate referrals
- HPSJ collects and consolidates referral information and sends to PC agencies
- PC agencies screen and then attempt to enroll eligible members
- PC agencies notify HPSJ of enrollment
- HPSJ and PC agencies share contact and engagement information
- No prior authorization is required
- We conduct bi-weekly joint operations, partner meetings to coordinate program improvements



Data, Analytics and Reporting

- PC agencies compile information on a monthly basis and submit to HPSJ for analysis and review
- Currently we are assessing program operational performance
- Due to a standard lag in claims data, we do not yet have enough encounter data to measure outcomes
- We anticipate this data will be available by the first quarter of calendar year 2018
- We also are evaluating a palliative care data collection, analysis, and reporting tool developed by University of California San Francisco Palliative Care Quality Network

What are early
lessons learned?





Challenges with Referrals

- **Contacting patients:**
 - If referred while in the hospital, we can come visit patient in the hospital.
- **Patient understanding:**
 - We can have the discussion while still in the hospital.
- **Patients' follow-through:**
 - HPSJ and partners are dedicated to assist the patient to make it to the follow up appointments.



Challenges with Collaboration

- Response time from physicians or clinics
 - Delay in service to patient (managing orders or plan of care)
 - Delay in necessary care for patients
 - Possible ER/Hospitalization
 - Delay in equipment needed for safety
- Goal: In hopes that we help increase your knowledge of what Palliative care is, will help increase our patient's knowledge of what palliative care is. Increase services to our patients.
- In-service for the 4 FQHC.



More Lessons Learned

- Repeated communication including visits to hospitals and providers: A Must Do
- Selecting good partners to collaborate and willing to expand their own services for palliative care: Essential
- Being nimble and quick in making changes as needed: Crucial
- Teamwork and meeting as frequently as needed during planning and implementation: Indispensable

Questions

