



## SB 1004 PROMISING PRACTICES

# Plan and Provider Collaboration

### Background

In most cases, effective delivery of SB 1004 palliative care (PC) requires collaboration between the Medi-Cal managed care plan and the PC provider. The goal of this collaboration is to ensure that as many eligible patients as possible are identified and enrolled in services that operate efficiently and sustainably from the perspective of both the plan and the PC provider. Effective collaboration can increase the number of identified and enrolled patients, improve referring provider understanding of PC and satisfaction with the referral process, improve the efficiency of care delivery, and contribute to better care quality.

For more SB 1004 resources, go to [www.chcf.org/sb1004](http://www.chcf.org/sb1004).

### Common Challenges and Barriers

- ▶ Both plans and PC providers can struggle to make time for collaboration, and extensive time investment — even if it leads to improvements in processes and outcomes — can be hard to sustain, especially for smaller PC programs.
- ▶ Collaboration may not be the norm for some plans and some PC organizations.
- ▶ Many plans and PC providers are new to delivering PC, and many relationships between SB 1004 plans and PC vendors are new. The combination of a new clinical service and contractual relationship can make collaboration more difficult, even if both parties come from cooperative cultures.
- ▶ In some cases, the plan and provider organizations have different preferences and expectations for how and how often they communicate, which can be frustrating or limit efficiency.

### Collaboration Practices and Focus Areas

The need to collaborate in any area — and the efficacy of any strategy — will vary depending on local and organizational factors. Most plans and providers collaborate in at least some of the areas described below; in each instance, partners should consider the focus, frequency, and mechanism for collaboration, and revisit these elements over time.

#### 1 Educate patients on PC and their rights to services under SB 1004.

**Rationale.** Most patients will be unfamiliar with PC and may have misperceptions about how PC can help them, or may fear that enrolling in PC will limit their access to other services.

#### EXAMPLES:

- ▶ Plans and PC providers can co-create and co-brand content for newsletters and other educational or outreach materials, or can co-sponsor educational events for patients, such as film screenings or advance care planning events. Such joint activities link the plan, which

the member is familiar with, to the PC provider, which the member is most likely unfamiliar with.

- ▶ Plan staff can educate members about PC and describe the SB 1004 benefit well before it is needed, to normalize the opportunity to enroll when eligibility criteria are met. These interactions can also include a description of the PC vendors.

**Things to consider.** Collaborating to reach out to and educate patients is especially effective when the plan has an established case management or similar relationship with the patient, as in almost all cases the patient will be unfamiliar with both PC and the PC provider.

## 2 Educate providers on PC and the services available under SB 1004.

**Rationale.** Most primary care and specialty providers are unfamiliar with PC, the requirements and features of SB 1004, and the specific PC providers that are working with a given plan.

EXAMPLES:

- ▶ Plans can conduct outreach through direct (face-to-face or telephone) interactions that include plan representatives (preferably clinical leaders), individual referring providers, and PC providers.
- ▶ Plans can sponsor and offer incentives for referring providers to participate in educational opportunities — such as advanced communications training programs like VitalTalk — through which they can orient themselves to SB 1004 services and introduce contracted PC providers.

**Things to consider.** Outreach to individual referring providers is time-intensive, so it makes sense to target referring providers that care for many high-risk patients. Referring providers also have very limited time, meaning that outreach meetings should be brief, and plans and PC providers will need to be flexible and persistent to get them scheduled. Participation in referring provider staff meetings or similar standing events may be an effective point of entry. Outreach and educational efforts will need to be repeated regularly to deliver the information to new referring providers and to refresh the memories of those who have been engaged previously.

## 3 Work together to identify and engage potentially eligible patients.

**Rationale.** Effective identification of eligible patients requires a multimodal strategy that leverages the assets of both the plan and the PC provider. While some activities will be undertaken independently, plans and PC providers can coordinate and collaborate to increase the efficiency and efficacy of their efforts.

EXAMPLES:

- ▶ If plans are relying on internal case managers to identify eligible members or to do initial outreach to potentially eligible members, PC providers can offer trainings that teach case managers what PC is and review best practices for introducing those concepts to patients and families.
- ▶ If plans are generating lists of potentially eligible patients based on claims data or current hospitalizations, they can partner with PC providers to

share the responsibility for reaching out to those patients' primary care or hospital-based providers to further assess eligibility.

**Things to consider.** Don't underestimate how difficult and time-consuming this task can be.

## 4 Align care coordination efforts.

**Rationale.** Most plans and PC providers engage in care coordination activities — aligning these efforts will avoid duplication of services and ensure that members are offered the full array of support that reflects PC provider knowledge of patient needs and plan information about the services and benefits available to members.

EXAMPLES:

- ▶ PC provider and plan case managers confer regularly, perhaps as part of an established cross-organizational interdisciplinary team (IDT) meeting.
- ▶ Plan case managers and PC providers orient each other to their approaches to care coordination and settle on specific processes and focus areas to prevent or resolve duplication of, or gaps in, services.

**Things to consider.** To prevent expansion of PC provider scope of responsibilities beyond those specified in the contract for delivering SB 1004 services, plan staff and PC providers should be specific about the care coordination activities they routinely undertake.

## 5 Streamline authorization processes.

**Rationale.** Streamlining the processes for authorizing enrollment in SB 1004 PC and for securing medications and supplemental clinical or supportive services for enrollees can greatly improve care quality and reduce frustration among PC providers, referring providers, and patients and families. PC providers may be unfamiliar with the plan's authorization processes or preferred vendor networks for durable medical equipment and other services, which can delay the delivery of needed care.

EXAMPLES:

- ▶ Plans can create off-hour authorization processes for PC — patient needs in this acutely ill population are often urgent, and delays in the authorization process can result in potentially avoidable hospital admissions or emergency room visits.
- ▶ Plans can create processes that allow for presumptive or retrospective authorizations for members enrolled in SB 1004 PC.
- ▶ Plans can create a single point of contact for authorizations for PC providers to ensure that plan staff who field inquiries from PC providers are familiar with the member population and the scope and intent of PC services.

**Things to consider.** Orientation to authorization processes should be repeated intermittently to account for changes in personnel, policies, or vendors. Authorization processes should be reviewed for timeliness and efficacy on a regular basis. They should also be revisited over time as the number of people served with SB 1004 PC increases or events or data trends point to improvement opportunities.

## 6 Coordinate referrals to social and behavioral health services.

**Rationale.** PC providers often recognize when enrolled patients need additional social support or behavioral health services, but they may be unfamiliar with all the benefits available to plan members, eligibility criteria for such services, preferred vendors, or how to make referrals.

EXAMPLES:

- ▶ Plan case managers can orient PC providers to all of the social and behavioral health services available to members; some plans have augmented this training by creating a web page describing pertinent programs and resources.
- ▶ Behavioral health services vendors can participate in meetings with plan and PC provider staff to review SB 1004 enrollees.

**Things to consider.** Orientation should be repeated intermittently to account for changes in personnel, policies, or vendors.

## 7 Share information through interdisciplinary team meetings.

**Rationale.** Plans and PC providers have access to different types of information about specific patients; sharing this information can promote referrals to social and clinical support programs that can improve care quality and avoid preventable crises. Such interactions are also helpful if the plan has a tiered benefit based on acuity or prefers to assess member eligibility for SB 1004 on an ongoing basis.

EXAMPLES:

- ▶ Physician-to-physician (e.g., plan medical director and PC medical provider) collaboration through regular calls
- ▶ Plan medical director or palliative program staff participate in PC organization's IDT meetings

**Things to consider.** Depending on the SB 1004 panel size, plan participation in IDT meetings can be difficult to schedule and time-consuming; consider limiting case review to patients for whom there was a change in status or other issue.

## Key Lessons Learned in Plan and Provider Collaboration

- ▶ The goal of collaboration is to maximize the chances that patients who are eligible for SB 1004 are identified and enrolled in services, and that those services operate efficiently and sustainably from the perspective of both the plan and the PC provider.
- ▶ Most plans and providers collaborate in at least some areas, and the most successful partnerships are characterized by regular contact.
- ▶ Many partnerships combine regular operational meetings (to discuss referral and authorization processes, quality assessments, and other administrative topics) with regular clinical meetings, which feature review of the enrolled patient panel or specific cases.
- ▶ Revisit the purpose, frequency, and mechanism for collaboration over time to reflect changes in the maturity of the plan-provider relationship, key leaders, service volume, performance in quality assessments, and similar variables.

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### About the Foundation

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