



California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Topic 1: SB 1004 Basics

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Objectives

- Understand what palliative care (PC) is and how it can help people with serious illness
- Learn about the state requirement (SB 1004) that Medi-Cal managed care plans (MCPs) provide access to palliative care
- Review information provided by health plans and PC provider organizations describing experiences implementing SB 1004

What Is Palliative Care?

Palliative care is specialized health care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of an illness, and it is based on need, not prognosis. The goal is to improve quality of life for both the patient and family.

Palliative care is provided by a specially trained team of physicians, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

[Learn more: Center to Advance Palliative Care](#)

Palliative Care Domains



Palliative Care Context

- There is a growing evidence base showing that providing PC results in:
 - Improved symptom management and quality of life
 - Increased patient and family satisfaction
 - Increased documentation of wishes
 - Decreased unnecessary interventions and costs
- Multiple medical specialty societies now call for incorporating palliative care automatically for patients with serious illness.



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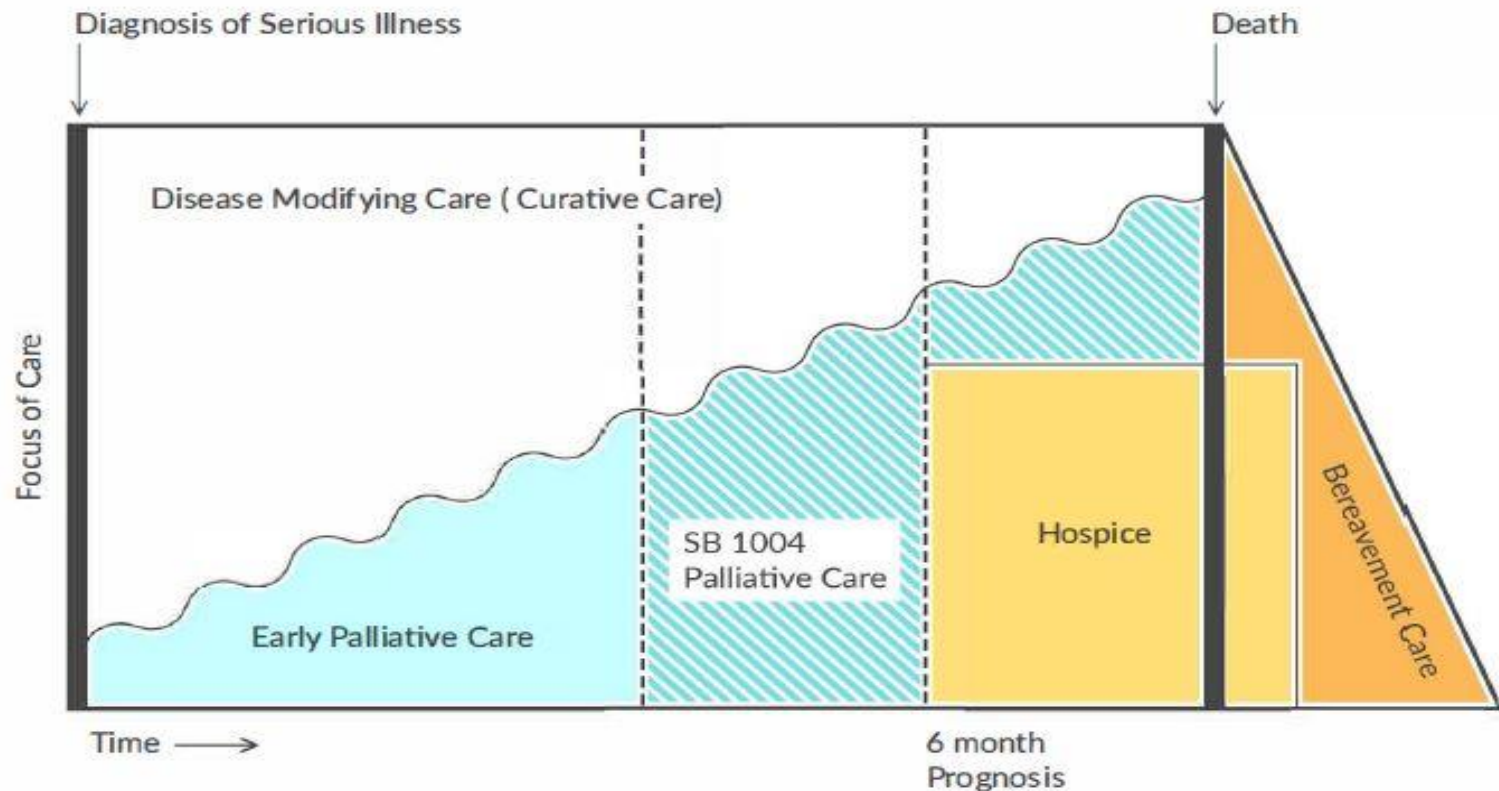


What Is SB 1004?

- [Senate Bill 1004](#) (2014) requires Medi-Cal MCPs to ensure access to palliative care services for eligible members
- Implemented January 1, 2018, for adult patients; expanded to include pediatric patients in 2019
- All Plan Letter (APL) describing plan requirements available through the California Department of Health Care Services (DHCS) [SB 1004 webpage](#)
- ***Information provided here applies only to adults*** (age 21 and over); information specific to pediatric palliative care requirements is available through the [Coalition for Compassionate Care of California](#)

Palliative Care as Defined in SB 1004

While palliative care can be delivered at any stage of a serious illness, SB 1004 focuses on patients with advanced disease, where life expectancy is about one year.



Advance Care Planning can occur at any time, including the POLST* form for those with serious illness.

Source: [DHCS Palliative Care and SB 1004](#)

SB 1004 Eligibility Criteria

At minimum, Medi-Cal MCPs must ensure access to palliative care to individuals with advanced cancer, chronic obstructive pulmonary disease (COPD), heart failure, and liver disease who meet both general and disease specific criteria.

General criteria

Disease specific criteria

Cancer

COPD

Heart failure

Liver disease

SB 1004 Population: General Criteria

- Likely to or has started to use the hospital or emergency department as a means to manage their advanced disease
- Advanced illness; appropriate documentation of continued decline in health status; not eligible for, or declines, hospice enrollment
- Death within a year would not be unexpected based on clinical status

SB 1004 Population: General Criteria

- Has received appropriate patient-desired medical therapy, or patient-desired medical therapy is no longer effective; not in reversible acute decompensation
- Patient and (if applicable) family or patient-designated support person agrees to:
 - Attempt in-home, residential, or outpatient disease management instead of first going to the emergency department; and
 - Participate in advance care planning (ACP) discussions

Disease-Specific Criteria

Congestive Heart Failure (CHF):

- Hospitalized for CHF with no further invasive interventions planned or meets criteria for New York Heart Association (NYHA) heart failure classification III or higher; and
- Ejection Fraction <30% for systolic failure or significant comorbidities

COPD:

- FEV 1 <35% predicted and 24-hour oxygen requirement <3 liters per minute; or
- 24-hour oxygen requirement ≥ 3 L per minute

Disease-Specific Criteria (continued)

Advanced Cancer:

- Stage III or IV solid organ cancer, lymphoma, or leukemia; and
- Karnofsky Performance Scale score ≤ 70 or failure of two lines of standard chemotherapy

Liver Disease:

- Evidence of irreversible liver damage, serum albumin < 3.0 , and INR > 1.3 ; and
- Ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices; or
- Evidence of irreversible liver damage and MELD score > 19

SB 1004 Required Services

- **Advance Care Planning (ACP):** Includes discussions about ACP between a physician or other qualified health care professional and a patient, family member, or surrogate. Such discussion may lead to completing ACP forms, such as a Physician Orders for Life-Sustaining Treatment (POLST), but that is not required.
- **Palliative Care Assessment and Consultation:** Commonly includes assessments and treatment plans addressing physical symptoms, emotional and social challenges, and spiritual concerns; clarifying patient goals; and supporting ACP discussions and form completion.
- **Plan of Care:** Development of a plan of care, with engagement of the beneficiary and/or their representative(s).
- **Palliative Care Team:** Services are delivered by a palliative care team that works together to meet the physical, medical, psychosocial, emotional, and spiritual needs of beneficiaries and their families. Teams typically include physicians, nurses, social workers, and chaplains.

SB 1004 Required Services (continued)

- **Care Coordination:** A member of the palliative care team provides coordination of care, ensuring continuous assessment of the patient's needs and implementation of the plan of care.
- **Pain and Symptom Management:** The team ensures delivery of adequate pain and symptom management through use of prescription drugs, physical therapy, and other medically necessary services.
- **Mental Health and Medical Social Services:** Counseling services to assist in minimizing the stress and psychological problems that arise from a serious illness, related conditions, and the dying process (these services are offered as a complement to specialty mental health services that a patient might qualify for under other Medi-Cal benefits).

SB 1004 Recommended Services

- In addition to the specified required services, DHCS recommends but does not require:
 - Access to chaplain services, to provide spiritual support
 - That palliative care teams offer patients access to 24/7 telephonic support, especially to address physical symptoms, such as pain

Flexibility in Settings and Providers

Settings

- SB 1004 PC can be offered in any setting, but is most commonly delivered in patient homes or in clinics. Some providers offer video visits and telephonic support in addition to in-person encounters.

Providers

- Plans may contract with any qualified PC provider based on the setting and needs of a patient.
- DHCS recommends using providers with current palliative care training and/or certification.

Organizations

- Can include hospitals, long-term care facilities, clinics, hospice agencies, home health agencies, and other types of community-based providers that include licensed clinical staff with experience and/or training in palliative care.

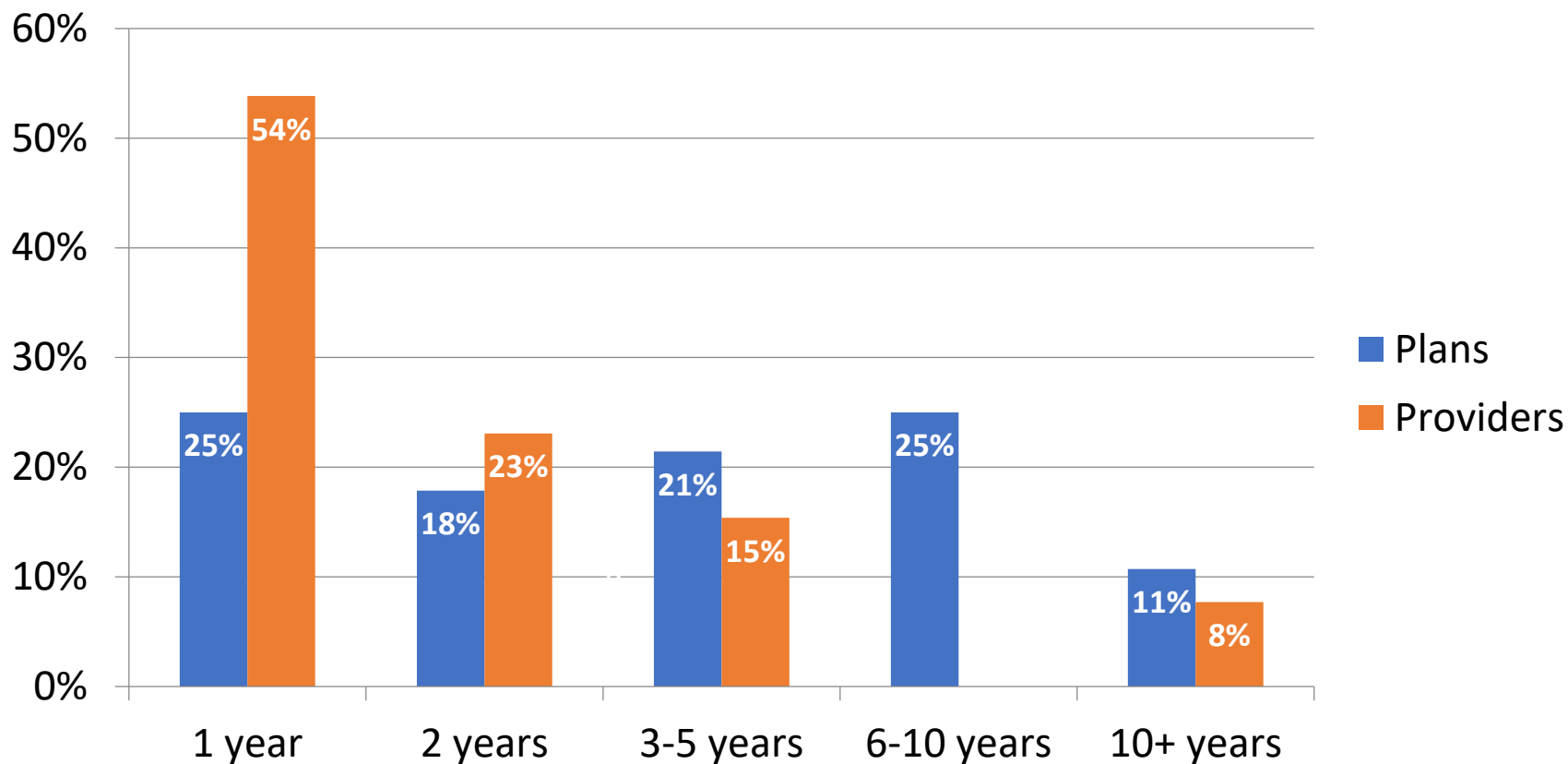
Reporting to DHCS

- Medi-Cal MCPs provide quarterly reports to DHCS describing:
 - Number of patients referred for SB 1004
 - Number of patients receiving PC (a subset of the number referred)
 - For each referred patient, which eligibility criteria were met, or why a member was denied enrollment, or if the member declined enrollment
 - How long each patient received PC
 - The name of the individual PC provider or organization delivering services

Status as of March 2019

- As of March 2019, CHCF identified 59 palliative care providers contracted with MCPs throughout state
 - Mostly community organizations that also provide hospice services
- CHCF surveyed all MCPs and contracted PC providers about their experiences implementing SB 1004 in 2018
 - 14 plans (64%) and 29 PC providers (49%) responded to the survey
 - Highlights of those responses are presented in the following slides

2019 Survey: How long has your organization been providing palliative care?



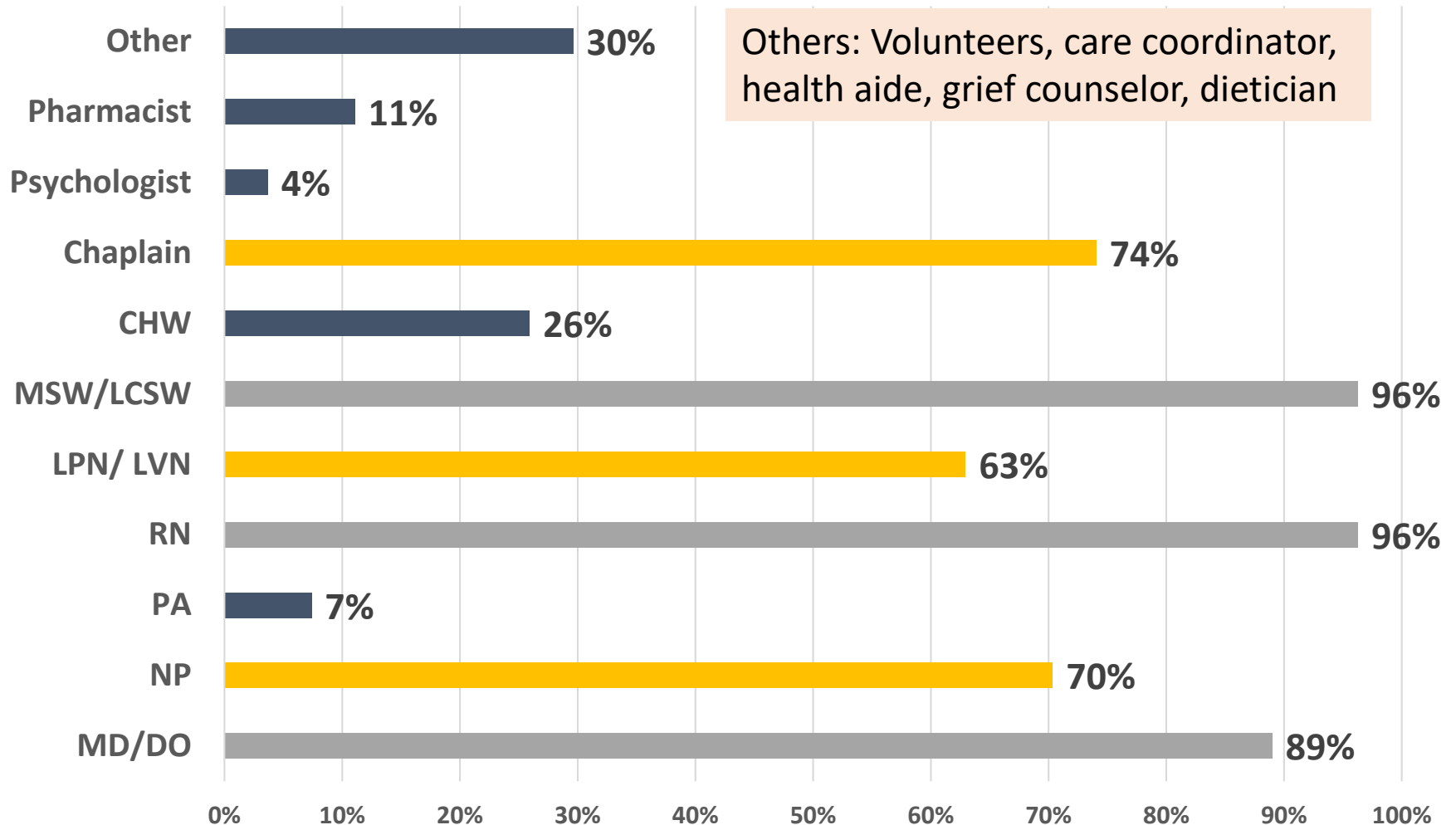
While some plans and providers have been offering PC for many years, for many MCPs PC is new benefit, and for most providers PC is a new service line.

2019 Survey: Partnership Information

- **How many SB 1004 partners do you have?**
 - Plans: Range 1-21 PC provider partners
 - Providers: Range one to six contracts with MCPs (most common: one)
- **Additional services required by plans**
 - **No additional services required (15%)**
 - 24/7 phone support (69%)
 - Direct spiritual care services (62%)
 - Direct medication prescription (46%)
 - Other home health services (38%)
 - Formal caregiver assessment (38%)

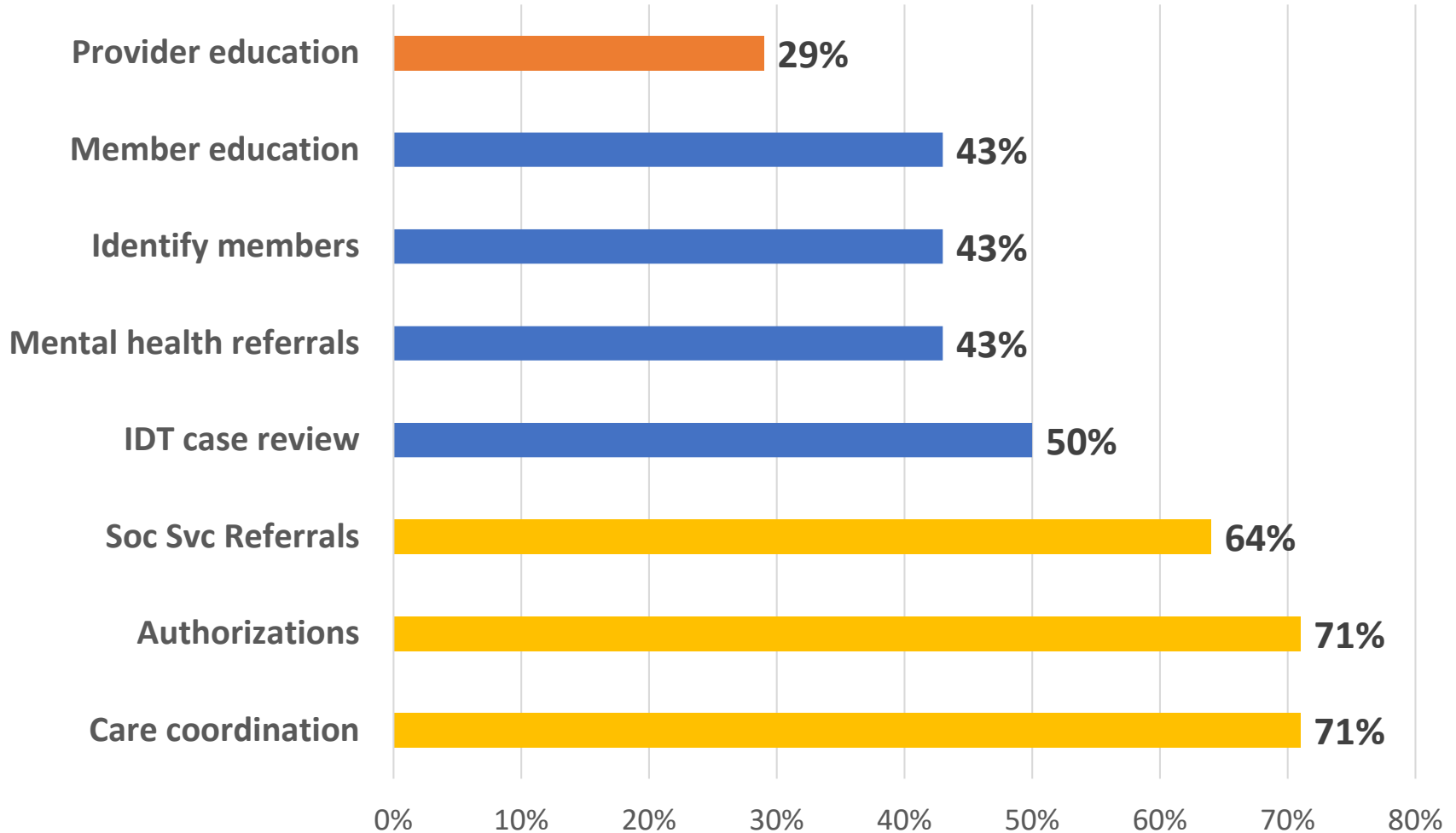
2019 Survey: Who delivers SB 1004 palliative care?

Disciplines directly and routinely involved in delivering services



2019 Survey: In what areas are plans and providers most frequently collaborating?

Areas where plans reported frequent or routine direct involvement



2019 Survey: Patient/Member Eligibility

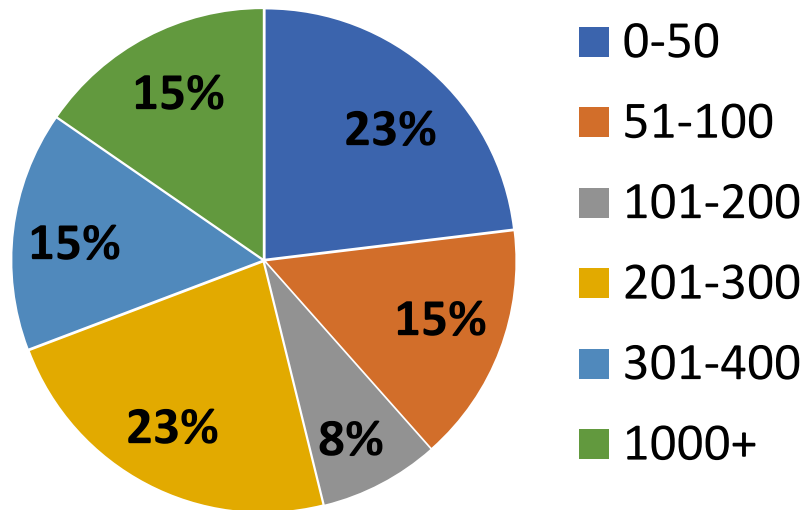
- **Did you expand the SB 1004 eligibility criteria?**
 - ✓ Yes (79%)
 - No (14%)
 - Unsure (7%)
- **How did you expand eligibility?**
 - Included other diseases (91%)
 - Expanded eligibility for required diagnoses by relaxing disease specific criteria (73%)

“We do not limit access.”

“It's very flexible, anyone who has a serious illness who could benefit.”

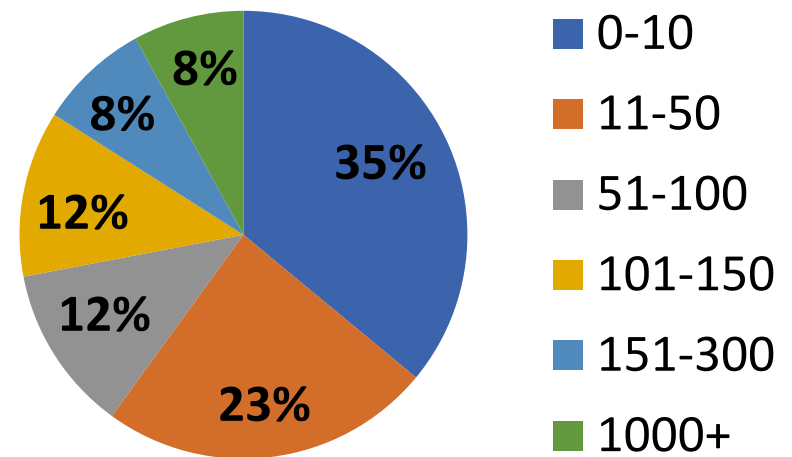
2019 Survey: Members/Patients Referred in 2018

Plans



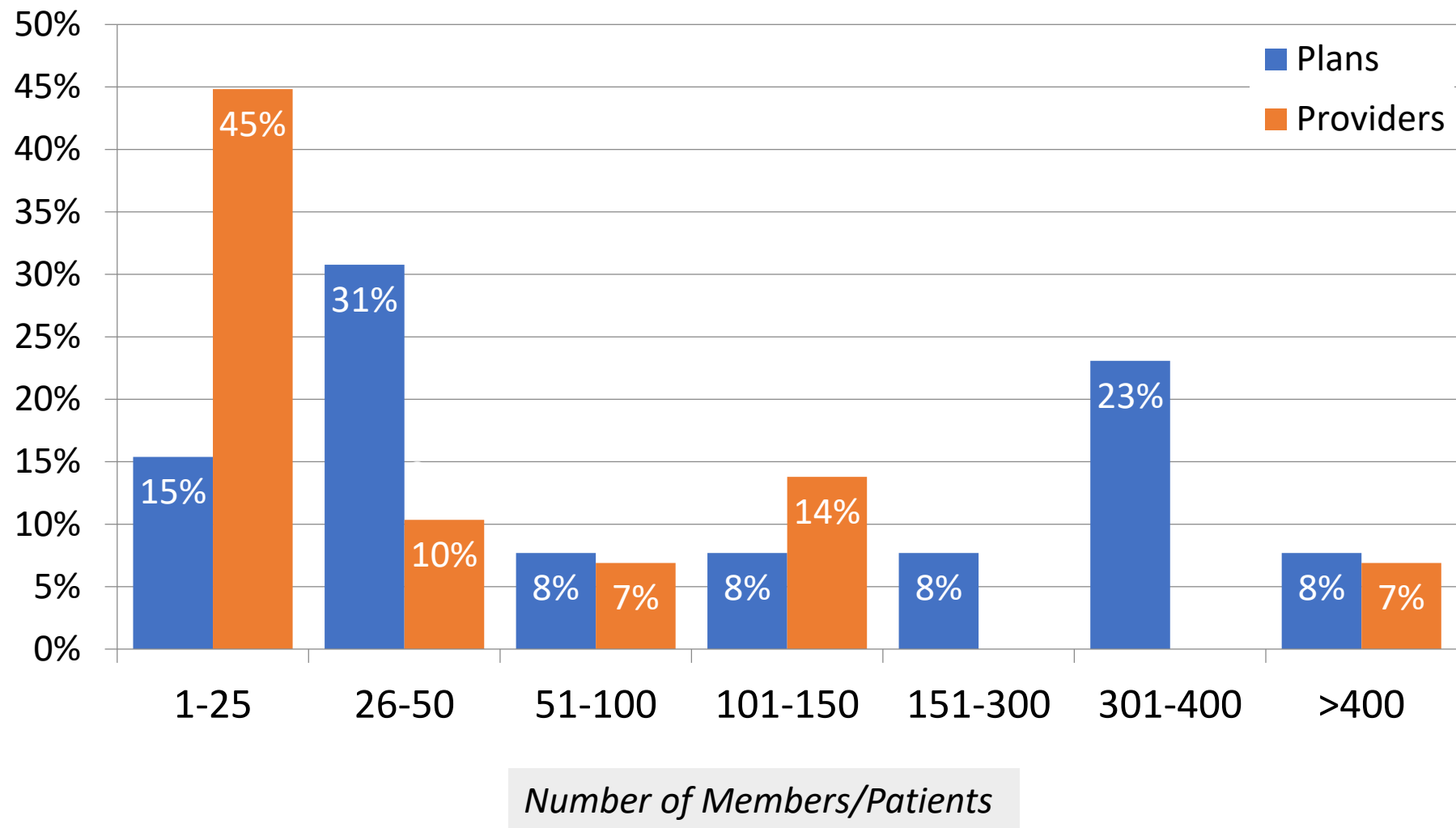
Almost two-thirds of plan respondents had more than 100 members referred

Providers

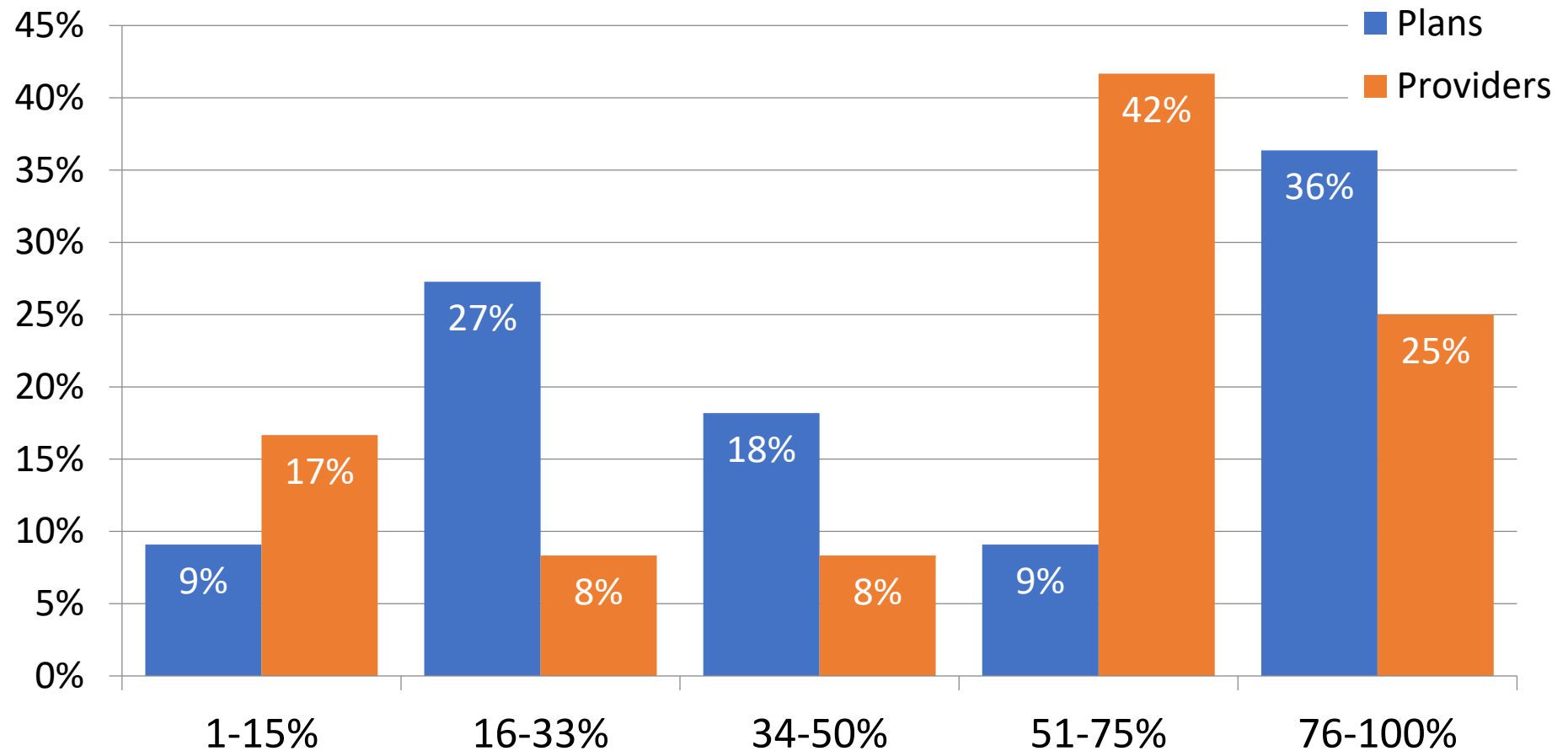


Most providers had 50 or fewer SB 1004 referrals

2019 Survey: How many members/ patients actually received services in 2018?



2019 Survey: Proportion of members referred actually receiving services



Proportion of Referred Members/Patients Who Receive Services

Key Points

- Palliative care is a valuable support for patients with serious illness and their families and caregivers
- SB 1004 mandates that MCPs ensure access to palliative care for eligible individuals
- PC is new for many MCPs and providers
- Most plans have expanded on minimum required services, and most have expanded eligibility
- While some MCPs enrolled hundreds of members in 2018, a significant minority enrolled 50 or fewer, and are still refining their processes for identifying and engaging with eligible members