Driving Improvements in Palliative Care in Medi-Cal (SB 1004)

April 7, 2020
Virtual Conference
Overview and Logistics

- Three webinars today – in lieu of statewide convening
  - *Who is Being Served and How?* (10:00-10:45am)
  - *Looking Ahead* (11:15am-12:00pm)
  - *Examining Quality* (1:00-2:00pm)
- Come to one or all – registration links in past e-mails
- All webinar recordings will be posted to CHCF website
- Please use “Chat” function to:
  - Share observations or reactions in real time
  - Ask questions – we’ll try to address today or offline
  - Respond to other people’s comments or questions
  - Describe what jumps out at you and what actions you want to take to keep making improvements
Examining Quality in SB 1004 Palliative Care

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UCSF Division of Palliative Medicine
Director of Research and Analytics for the Palliative Care Quality Network
Palliative Care as Defined in SB 1004

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

General Criteria: Using hospital or ED to manage disease, willing to engage in ACP, etc.

Specific Diseases: Cancer, COPD, Heart Failure, Liver Disease

Disease-specific Criteria: Ejection fraction, MELD score, etc.

81% plans expanded eligibility criteria by loosening requirements for the 4 diseases, added diseases, or both.
SB 1004 Required Services

- Advance Care Planning
- PC Assessment and Consultation
- Plan of Care
- Interdisciplinary PC Team
- Care Coordination
- Pain and Symptom Management
- Provide or Refer to Mental Health and Medical Social Services
  - *(Chaplain Services)*
  - *(24/7 telephonic support)*
SB 1004 Providers

- 50-60 provider organizations contracted to deliver SB 1004 PC in 2019
- >80% are independent organizations, remainder affiliated with health systems
- >75% are hospice/home health/PC orgs, remainder are medical groups or specialty practices that only offer serious illness care
- Most deliver palliative care to more than just SB 1004 patients

% Provider Organizations Delivering PC to Non-SB 1004 Populations

- Commercial insurance: 89%
- Medicare Advantage: 67%
- Medi-Cal FFS: 63%
- Medicare FFS: 52%
- Uninsured: 48%
- Dually eligible individuals: 29%
Reporting to the State

• # Individuals referred
• # Actually enrolled
• 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 PC provider or organization delivering services

Much more we would like to know about patients, processes and outcomes
Palliative Care Quality Network

The Palliative Care Quality Network (PCQN) is a national learning collaborative committed to improving care delivered to seriously ill patients and their families.

- **Patient-level data registry** with real-time, easy to access reports that allow for benchmarking across member sites.
- **Quality improvement** activities including mentored multi-site QI projects, QI education, and case reviews.
- **Education & community building** opportunities including monthly educational webinars and in-person conferences.

Learn More: [https://pcqn.org](https://pcqn.org)
PCQN: Dataset

PCQN members collect a standardized set of data that establishes benchmarks and allows for direct comparisons across teams.

Three data collection / entry options:

- Data are entered on a paper card then manually input into the PCQN database
- Data are entered directly into the PCQN database in real time using a laptop, tablet, or smartphone
- Data are entered directly into the EHR and are extracted and uploaded to the PCQN database
### Focus of PCQN SB 1004 Analysis

<table>
<thead>
<tr>
<th>PATIENT CHARACTERISTICS</th>
<th>Age, sex, primary diagnosis, code status preference, functional status at time of initial visit, reasons for referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE PROCESSES</td>
<td>Disciplines involved in visits, screenings and assessments, timing and number of visits</td>
</tr>
<tr>
<td>TREATMENT OUTCOMES</td>
<td>Change in symptom scores, advance care planning, discharge dispositions</td>
</tr>
</tbody>
</table>
Study Population: Providers and Patients

- 15 PCQN members entered data describing home-based palliative care delivered to 2,844 Californians between 1/18-12/19
  - Range 20-952 cases per member organization
- 55.4% (n=1,575) were SB 1004 patients
  - Identified by flags in PCQN database or information provided by PCQN member
- 11/15 organizations cared for SB 1004 patients
  - 1 organization had only SB 1004 cases
  - 4 organizations had zero SB 1004 cases
  - 10 organizations had mix of SB 1004 and Non-SB 1004 cases
SB 1004 Patients as % of All Patients

Percentage

Providers (n= total home-based PC pts)

A (n=39) B (n= 210) C (n= 204) D (n= 152) E (n= 195) F (n= 952) G (n= 20) H (n= 47) I (n=159) J (n= 287) K (n=140) L (n=24) M (n=74) N (n= 81) O (n=260)

Percentage: 55.4%
Patient Characteristics
# SB 1004 Patient Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Mean</th>
<th>Range Across Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>56.2 yrs.</td>
<td>54.5 – 59.2</td>
</tr>
<tr>
<td>Sex: Female (%)</td>
<td>53.3 %</td>
<td>24 – 70%</td>
</tr>
<tr>
<td>Race/Ethnicity: Non-Hispanic White</td>
<td>38.4%</td>
<td>0 – 71%</td>
</tr>
<tr>
<td>Primary Diagnosis:</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Cancer</td>
<td>21.2</td>
<td>17 – 80</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>12.3</td>
<td>17 – 34</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>5.8</td>
<td>0 – 17</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>4.0</td>
<td>0 – 25</td>
</tr>
<tr>
<td>Other</td>
<td>56.6</td>
<td>0 – 100</td>
</tr>
<tr>
<td>Palliative Performance Scale Score (Initial Visit)</td>
<td>56%</td>
<td>51 – 63</td>
</tr>
</tbody>
</table>
# SB 1004 Compared to Non-SB 1004

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>SB 1004</th>
<th>Non-SB 1004</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Mean 95%CI)</td>
<td>56.2 (56, 57)</td>
<td>72.7 (72, 74)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Sex: Female</td>
<td>53.4</td>
<td>55.7</td>
<td>0.28</td>
</tr>
<tr>
<td>Race/Ethnicity: Non-Hispanic White</td>
<td>38.4</td>
<td>58.4</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Primary Diagnosis:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>21.2</td>
<td>35.3</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>12.3</td>
<td>12.4</td>
<td></td>
</tr>
<tr>
<td>Pulmonary</td>
<td>5.8</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>Liver Disease</td>
<td>4.0</td>
<td>2.3</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>56.6</td>
<td>40.0</td>
<td></td>
</tr>
<tr>
<td>Palliative Performance Scale Score (Initial Visit)</td>
<td>56.2</td>
<td>52.3</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Code Status at Initial Visit = Full Code</td>
<td>83.6</td>
<td>41.3</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
## Reasons for Referral: SB 1004 Patients

<table>
<thead>
<tr>
<th>Referral Reason</th>
<th>% All SB 1004 Cases</th>
<th>Range Across Providers (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Family Support</td>
<td>73</td>
<td>35 – 100</td>
</tr>
<tr>
<td>Other Symptom Management</td>
<td>63</td>
<td>11 – 94</td>
</tr>
<tr>
<td>Goals of Care /ACP</td>
<td>53</td>
<td>7 – 100</td>
</tr>
<tr>
<td>Pain Management</td>
<td>39</td>
<td>4 – 74</td>
</tr>
<tr>
<td>Hospice Referral/Discussion</td>
<td>16</td>
<td>1 – 71</td>
</tr>
</tbody>
</table>
Care Processes
SB 1004 Pts: Disciplines Involved in Initial Visit

Percentage

Provider (n=number of initial visits)

- F (n=768)
- C (n=171)
- H (n=17)
- J (n=190)
- A (n=14)
- D (n=16)
- K (n=38)
- G (n=121)
- L (n=20)
- E (n=163)

MD &/or NP
CNS &/or RN
Total Disciplines Involved in Any Visit

- 1 Discipline: 31%
- 2 Disciplines: 58%
- 3 Disciplines: 10%
- 4 Disciplines: 1%

Disciplines:
- Physician or NP
- Nurse
- Social worker
- Chaplain

PCQN PALLIATIVE CARE QUALITY NETWORK
SB 1004 Pts Initial Visits: Screening for and Addressing Pain

- % Screened, 73%
- Of Those Screened, % Positive, 70%
- Of Those Screened Positive, % Issue Addressed, 50%
SB 1004 Pts Initial Visits: Screening for and Addressing **Psychosocial** Issues

- % Screened, 67
- Of Those Screened, % Positive, 63
- Of Those Screened Positive, % Issue Addressed, 43
SB 1004 Pts Initial Visits: Screening for and Addressing GoC/ACP

- Of Those Screened, % Screened, 37
- Of Those Screened, % Positive, 79
- Of Those Screened Positive, % Issue Addressed, 56
## SB 1004 Pts: Symptom Severity Initial Visit

<table>
<thead>
<tr>
<th>Symptom</th>
<th>ESAS Score</th>
<th>Mod/Severe</th>
<th>OR (95%CI)*</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (95%CI)</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>3.8 (3.6, 4.0)</td>
<td>41.3</td>
<td>1.2 (0.9, 1.5)</td>
<td>0.3</td>
</tr>
<tr>
<td>Nausea</td>
<td>1.4 (1.2, 1.5)</td>
<td>33.2</td>
<td>1.9 (0.8, 3.0)</td>
<td>0.2</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.8 (2.6, 2.9)</td>
<td>37.5</td>
<td>1.1 (0.8, 1.5)</td>
<td>0.5</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>2.4 (2.2, 2.6)</td>
<td>49.2</td>
<td>1.0 (0.7, 1.4)</td>
<td>0.9</td>
</tr>
<tr>
<td># Mod/Severe</td>
<td>3.2 (3.1, 3.4)</td>
<td>–</td>
<td>0.9 (0.9, 1.1)</td>
<td>0.8</td>
</tr>
</tbody>
</table>

*SB 1004 vs. Non-SB 1004 patients adjusted for clustering of patients within providers*
SB 1004 Pts: Quality of Life and Well-Being at Initial Visits

**Quality of Life**

- Very poor/poor: 19
- Fair: 36
- Good/Excellent: 45

**Are You at Peace?**

- Not at All: 21
- A Moderate Amount: 22
- Quite a bit/Completely: 57
## Timing and Number of Visits

<table>
<thead>
<tr>
<th>Time (Days)</th>
<th>SB 1004</th>
<th>Non-SB 1004</th>
<th>P-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean 95%CI</td>
<td>Mean 95%CI</td>
<td></td>
</tr>
<tr>
<td>Number of visits</td>
<td>6.6 (6.1, 7.0)</td>
<td>4.1 (3.8, 4.4)</td>
<td>0.03</td>
</tr>
<tr>
<td>Consult request to 1\textsuperscript{st} visit</td>
<td>6.1 (1.7, 10.4)</td>
<td>4.5 (3.5, 5.6)</td>
<td>0.7</td>
</tr>
<tr>
<td>1\textsuperscript{st} to 2\textsuperscript{nd} assessment</td>
<td>30 (27, 31)</td>
<td>21 (18, 23)</td>
<td>0.9</td>
</tr>
<tr>
<td>Consult request to last visit</td>
<td>146 (125, 167)</td>
<td>95 (82, 109)</td>
<td>0.7</td>
</tr>
</tbody>
</table>

*Adjusted for clustering of patients within providers
SB 1004 Pts: Total Number of Visits

Mean = 6.6
Median = 3.0
Range: 1 – 56

# visits

Percentage Pts

1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55

29 (1 visit, n=462)
13 (2 visits, n=208)
9 (3 visits, n=141)
# Symptom Improvement 1\textsuperscript{st} to 2\textsuperscript{nd} Visit: SB 1004 vs. Non-SB1004

<table>
<thead>
<tr>
<th>Symptoms*</th>
<th>SB-1004</th>
<th>Non-SB 1004</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (n)</td>
<td>% (n)</td>
<td></td>
</tr>
<tr>
<td>N= 404</td>
<td>N= 231</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>37.6 (152)</td>
<td>39.0 (90)</td>
<td>0.7</td>
</tr>
<tr>
<td>N= 120</td>
<td>N= 32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>74.2 (89)</td>
<td>68.8</td>
<td>0.5</td>
</tr>
<tr>
<td>N= 262</td>
<td>N= 88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>50.8 (133)</td>
<td>61.4 (54)</td>
<td>0.1</td>
</tr>
<tr>
<td>N= 305</td>
<td>N= 152</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appetite</td>
<td>50.5 (154)</td>
<td>57.9 (88)</td>
<td>0.1</td>
</tr>
<tr>
<td>n= 229</td>
<td>N= 120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspnea</td>
<td>52.4 (120)</td>
<td>62.5 (75)</td>
<td>0.07</td>
</tr>
</tbody>
</table>

*Of patients with moderate/severe symptoms at 1\textsuperscript{st} visit
SB 1004 Pts: % Pts with Pain Improvement from 1\textsuperscript{st} to 2\textsuperscript{nd} Visit\(^*\)

Of patients with moderate/severe symptoms at 1\textsuperscript{st} visit
Limited to providers with at least 15 evaluable records

Providers (n=number of pts in analysis)

A (n=59): 58
B (n=116): 50
C (n=158): 36.7
D (n=67): 29.9
E (n=37): 29.7
F (n=96): 19.8

Total Improvement: 37.8%
## Advance Care Planning at Initial Visits: SB 1004 Pts vs Non-SB 1004 Pts

<table>
<thead>
<tr>
<th></th>
<th>SB 1004</th>
<th>Non-SB 1004</th>
<th>OR (95%CI)*</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Directive Initiated</td>
<td>3.2</td>
<td>9.0</td>
<td>1.2 (0.6, 2.4)</td>
<td>0.6</td>
</tr>
<tr>
<td>POLST Initiated</td>
<td>2.9</td>
<td>14.5</td>
<td>0.7 (0.4, 1.4)</td>
<td>0.3</td>
</tr>
<tr>
<td>Surrogate Decision Maker:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressed/Not Confirmed</td>
<td>32.0</td>
<td>19.8</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Identified &amp; Documented</td>
<td>48.3</td>
<td>68.6</td>
<td>1.2 (0.6, 2.5)</td>
<td>0.5</td>
</tr>
<tr>
<td>Not Addressed</td>
<td>19.7</td>
<td>11.6</td>
<td>0.8 (0.4, 1.5)</td>
<td>0.4</td>
</tr>
</tbody>
</table>

*Adjusted for clustering of patients within providers
SB 1004 Discharge Dispositions*

*Optional data element (N= 384)

- Died, 26%
- Hospice, 25%
- Discontinued care, 22%
- PC goals met, 7%
- To another PC program, 1%
- Patient moved, 4%
- Declined further service, 15%

[Image of a pie chart showing the discharge dispositions as per the text above.]
Data Highlights: SB 1004 Patients

- Younger and more diverse than others
- Variation in reasons for referral
- Significant symptom burden (average 3 moderate or severe symptoms)
- 45% rate QOL as “very poor”, “poor” or “fair” at 1st visit
- 86% have preference for Full Code at 1st visit
- (Apparently) in most cases “Cancer”, “Pulmonary”, “Cardiovascular” and “Liver disease” do not capture primary dx (57% “Other”)
Data Highlights: SB 1004 Providers and Processes

- 6/10 services use nurse led model for initial assessments, 2/10 provider led model, 2 mixed
- In 89% cases 1 or 2 disciplines (total) visit home
  - Others involved in IDT only?
- Not all patients are screened for common symptoms/needs, in initial visits and not all who screen positive have symptoms/needs addressed
- A typical patient waits 6 days for first visit, has 6.6 visits from the PC team, has 30 days between 1st and second visit, and is enrolled in the program for 146 days (4.7 months)
Data Highlights: Sb 1004 Outcomes

- For those with moderate or severe symptoms found on the 1\textsuperscript{st} visit, 37-74\% improve by 2\textsuperscript{nd} visit
  - There is no difference between symptom outcomes SB 1004 vs. others
- Very few patients have AD or POLST initiated on first visit
- Identifying the surrogate decision maker is addressed in 80\% of initial visits, but is only resolved (identified and documented) in 48\% of cases
- Half of SB 1004 pts die while under care of PC service or are discharged to hospice
Reflection Questions

• Are we getting the dose right?
  – Number of visits? Number of disciplines?
  – Less intra-professional than we thought, or just not captured in these data?

• Are our comprehensive assessments adequately comprehensive?
  – Documentation issue?
  – Reflection of complexity (too much to cover)?
  – Signal to use a more standardized approach?

• Are we doing enough to look at our processes and outcomes to so we can learn to do even more for the patients we serve?
SB 1004 Resource Center

Senate Bill 1004 (SB 1004) is the California law that requires Medi-Cal managed care plans to provide access to palliative care. Explore CHCF’s collection of tools and resources aimed at helping organizations implement, sustain, and improve SB 1004 programs.