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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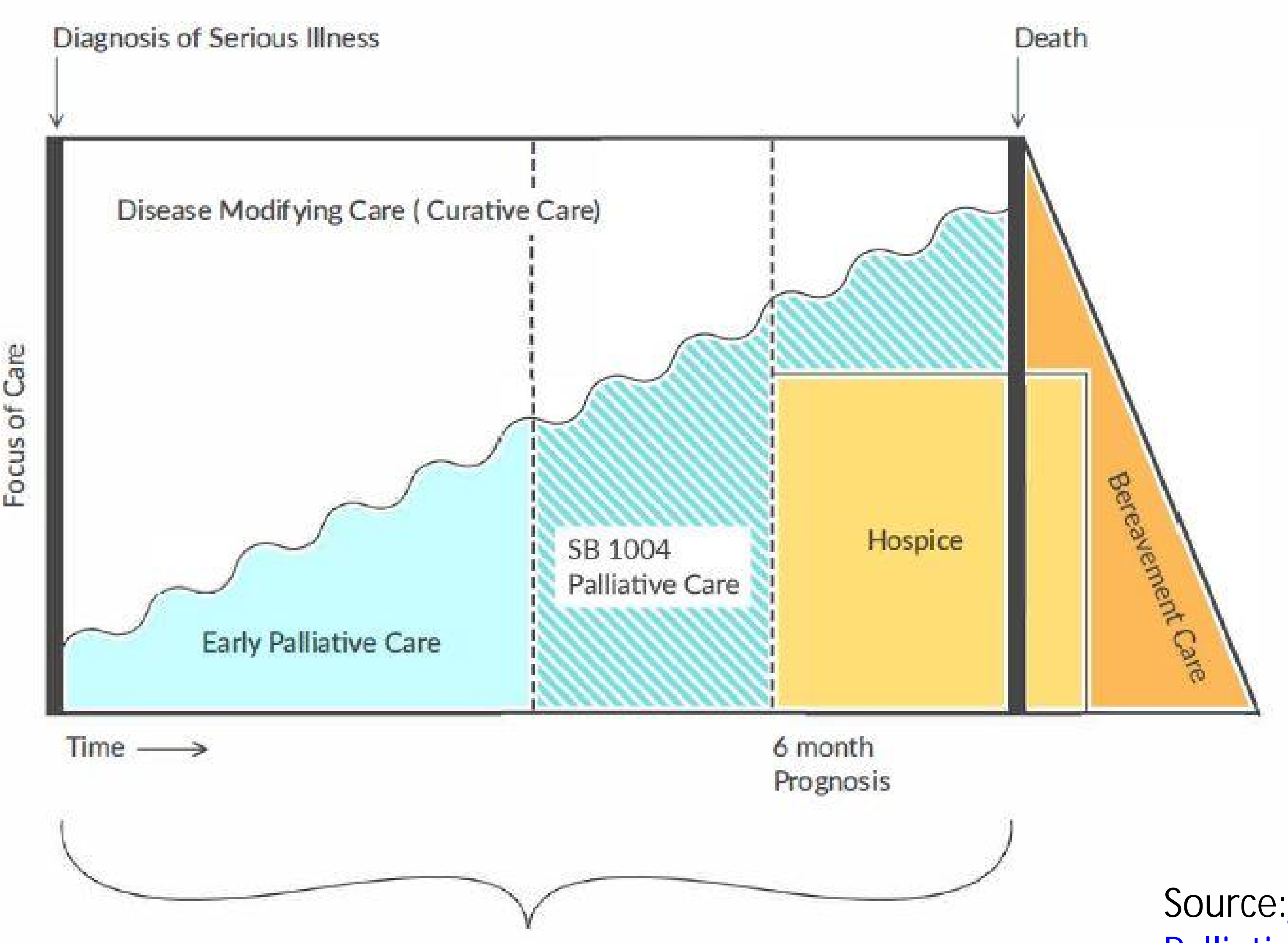
Palliative Care as Defined in SB 1004



Source: [DHCS Palliative Care and SB 1004]

SB 1004 Eligibility Criteria

General Criteria	Specific Diseases	Disease-specific Criteria
Using hospital or ED to manage disease, willing to engage in ACP, etc.	Cancer, COPD, Heart Failure, Liver Disease	Ejection fraction, MELD score, etc.

81% plans expanded eligibility criteria by loosening requirements for the 4 diseases, added diseases, or both

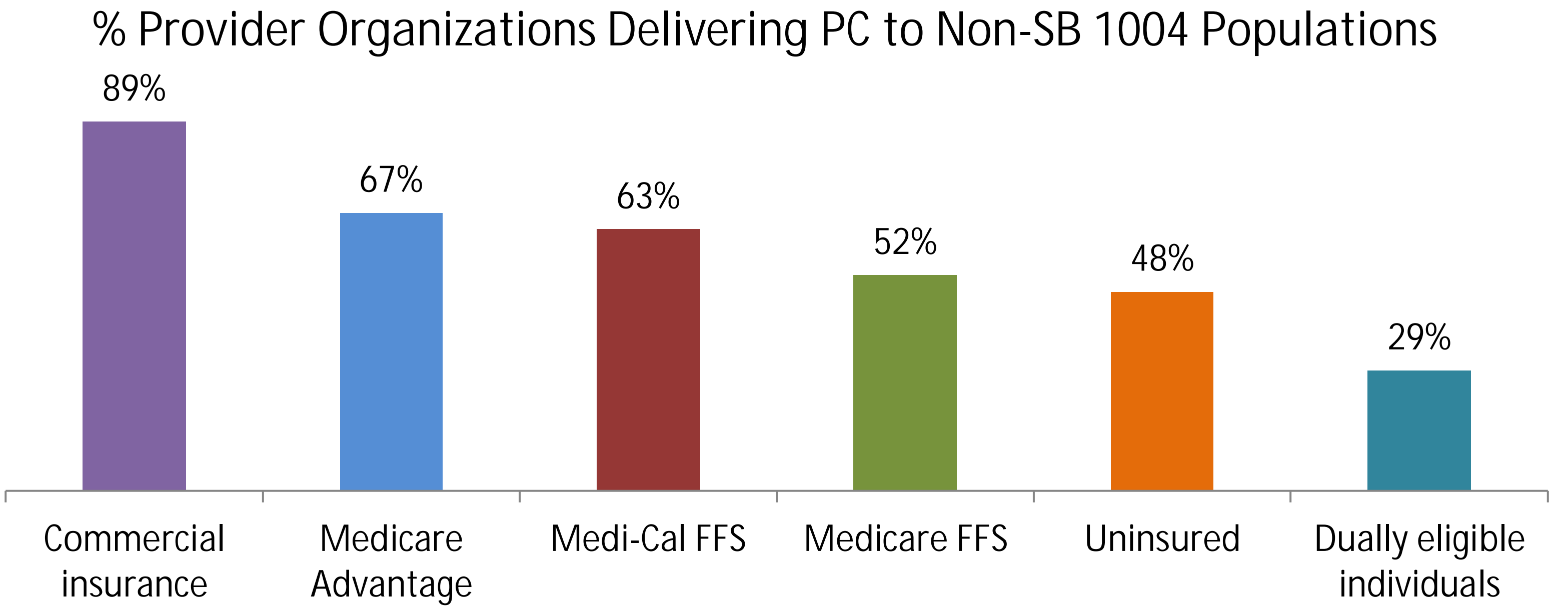
SB 1004 Required Services

- ✓ 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



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

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

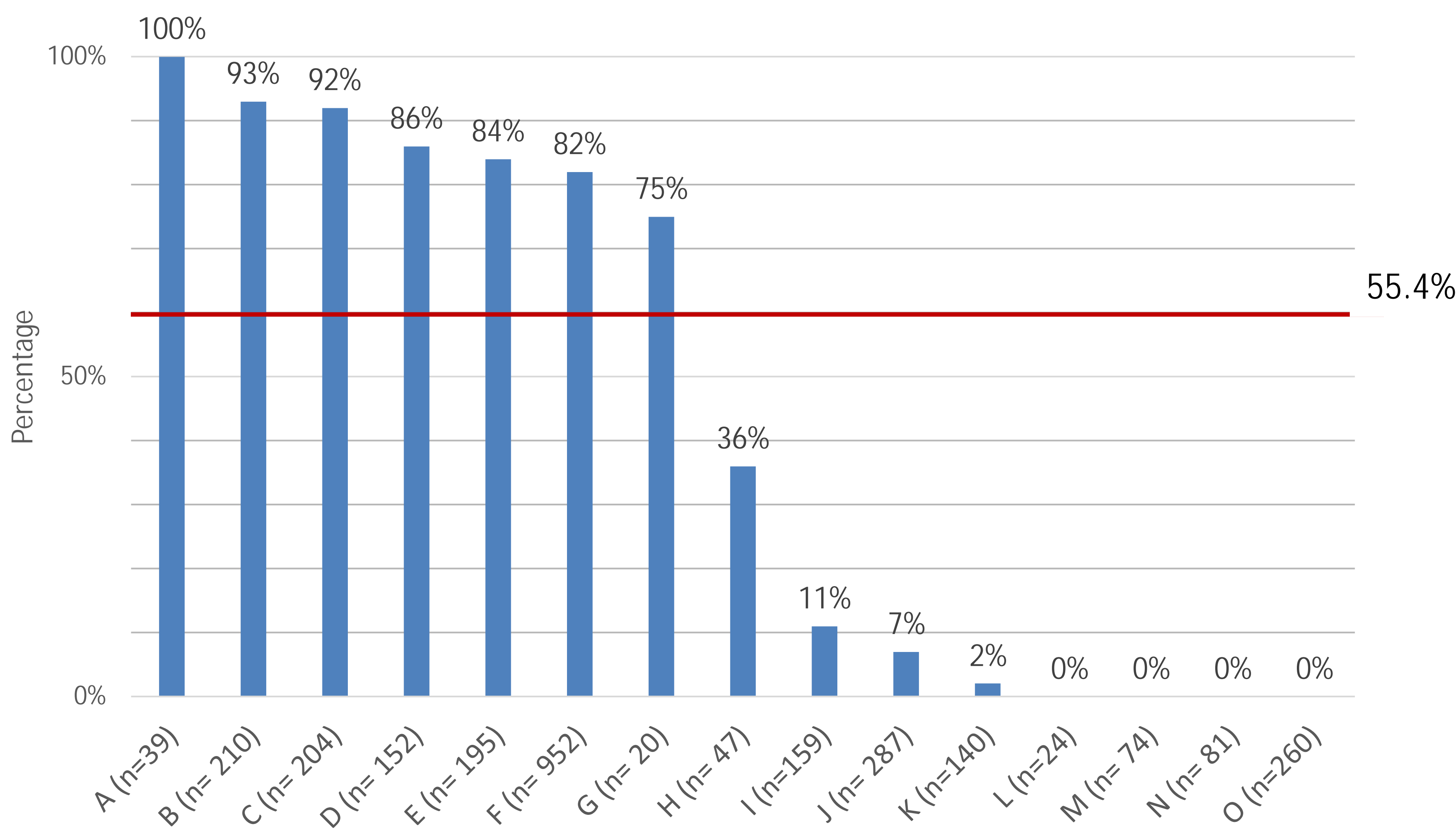
Focus of PCQN SB 1004 Analysis

PATIENT CHARACTERISTICS	Age, sex, primary diagnosis, code status preference, functional status at time of initial visit, reasons for referral
CARE PROCESSES	Disciplines involved in visits, screenings and assessments, timing and number of visits
TREATMENT OUTCOMES	Change in symptom scores, advance care planning, discharge dispositions

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



Patient Characteristics

SB 1004 Patient Characteristics

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

SB 1004 Compared to Non-SB 1004

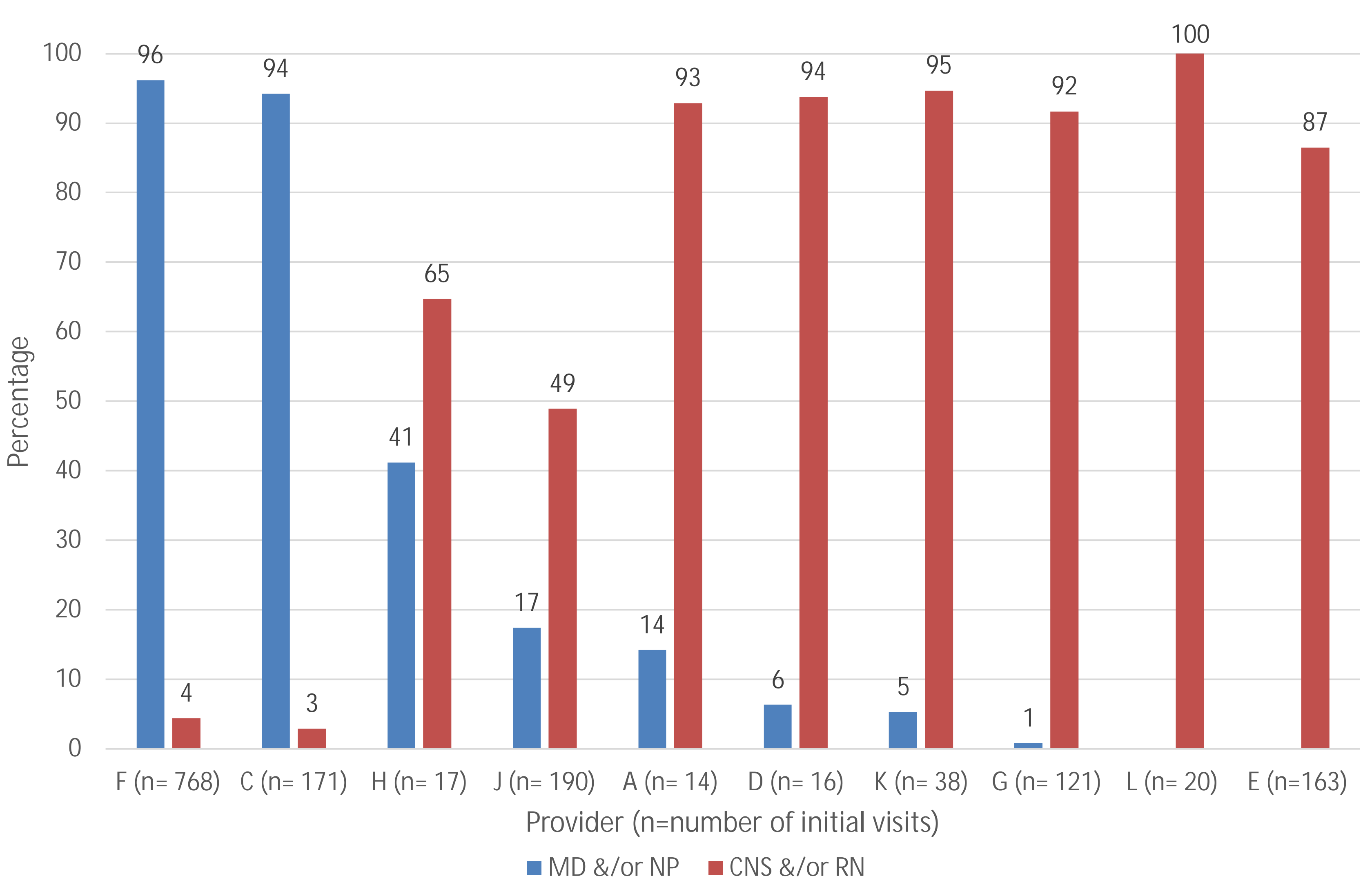
Characteristics	SB 1004	Non-SB 1004	P-Value
Age (Mean 95%CI)	56.2 (56, 57)	72.7 (72, 74)	<0.001
	%	%	
Sex: Female	53.4	55.7	0.28
Race/Ethnicity: Non-Hispanic White	38.4	58.4	<0.001
Primary Diagnosis:			
Cancer	21.2	35.3	<0.001
Cardiovascular	12.3	12.4	
Pulmonary	5.8	10.0	
Liver Disease	4.0	2.3	
Other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

Reasons for Referral: SB 1004 Patients

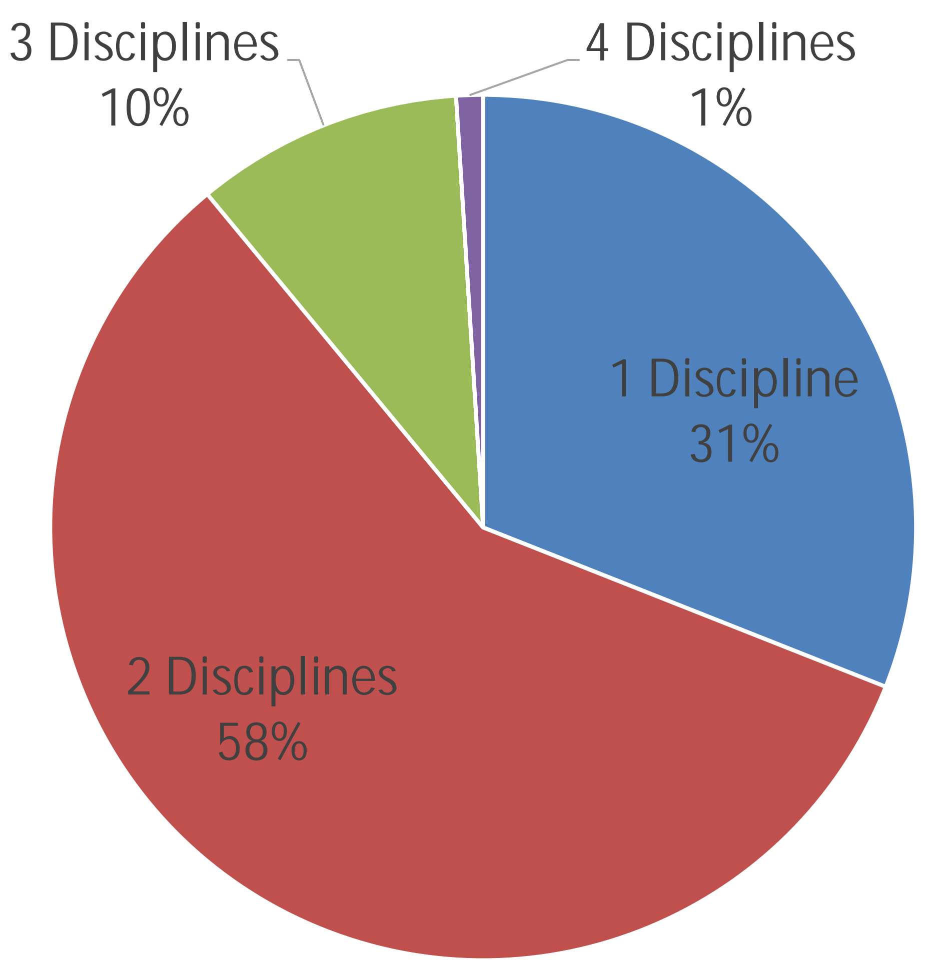
Referral Reason	% All SB 1004 Cases	Range Across Providers (%)
Patient/Family Support	73	35 – 100
Other Symptom Management	63	11 – 94
Goals of Care /ACP	53	7 – 100
Pain Management	39	4 – 74
Hospice Referral/Discussion	16	1 – 71

Care Processes

SB 1004 Pts: Disciplines Involved in Initial Visit

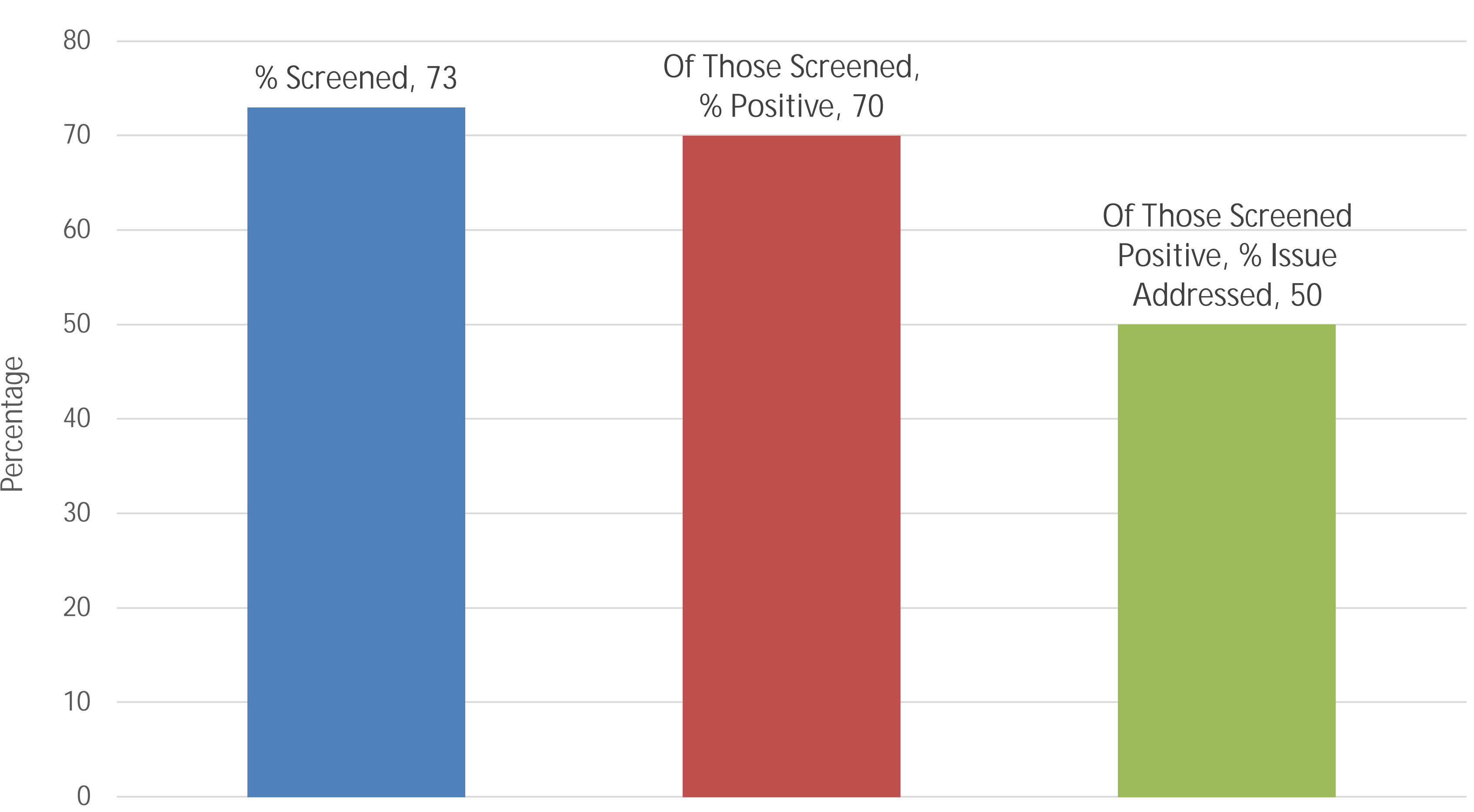


Total Disciplines Involved in Any Visit

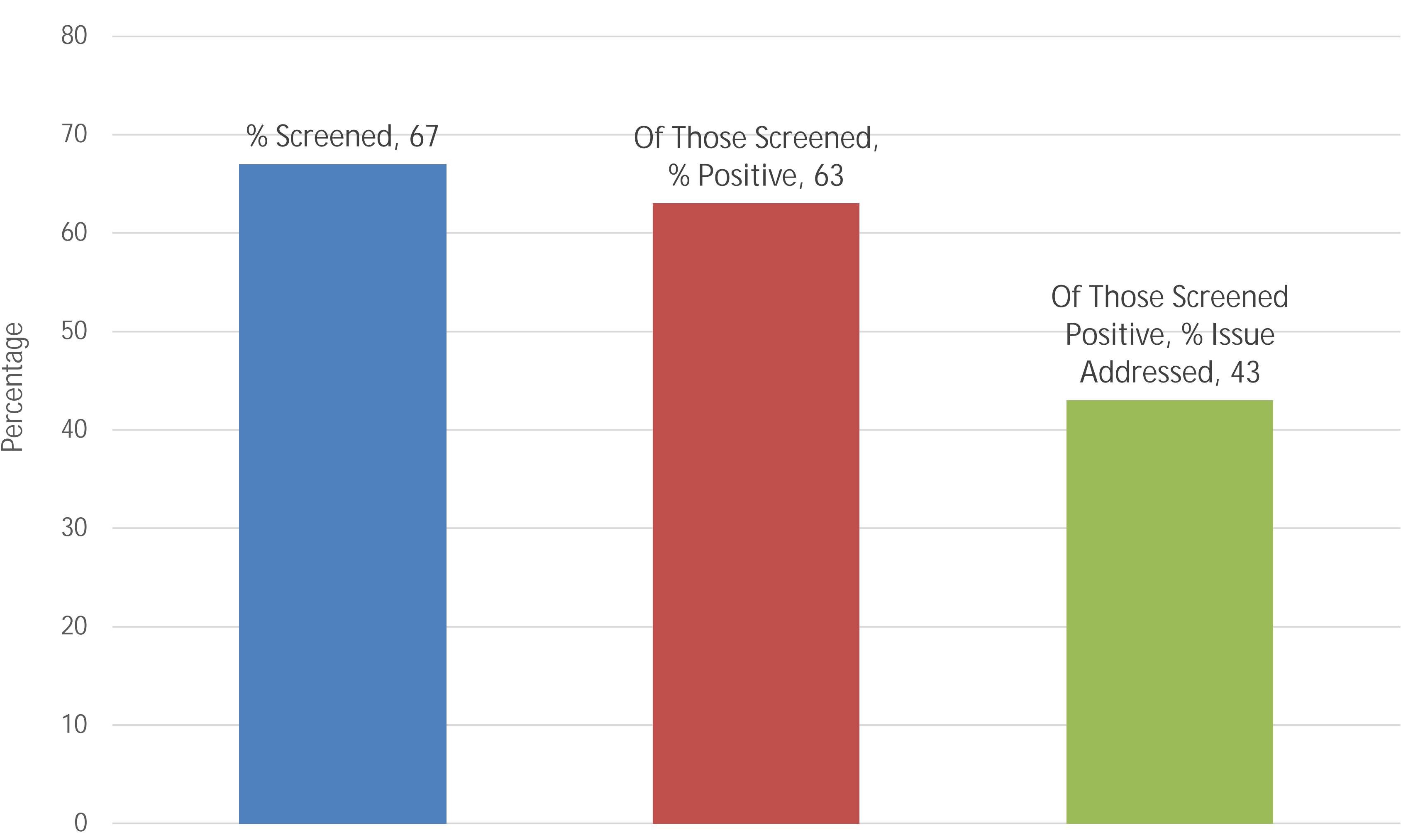


Disciplines:
- Physician or NP
- Nurse
- Social worker
- Chaplain

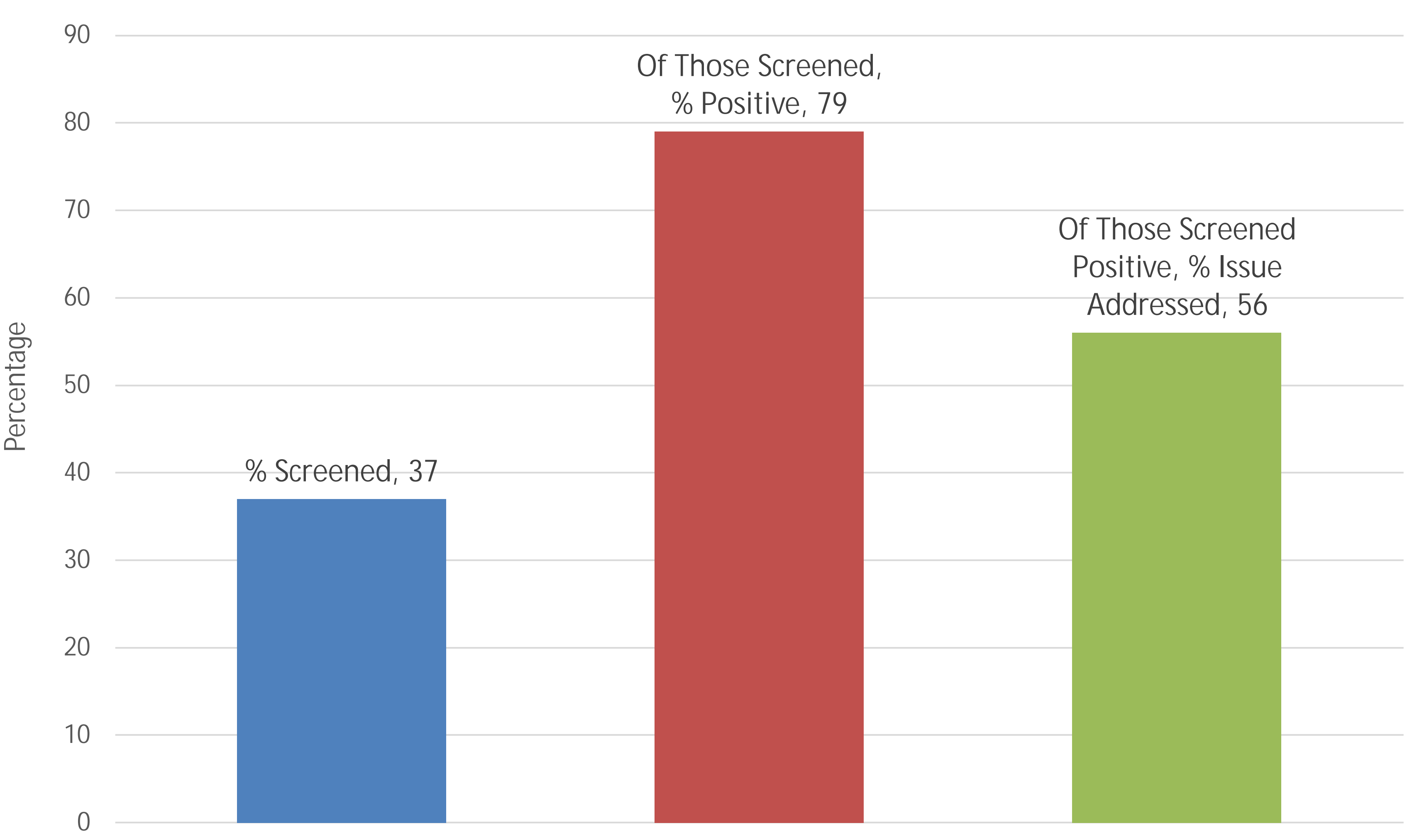
SB 1004 Pts Initial Visits: Screening for and Addressing Pain



SB 1004 Pts Initial Visits: Screening for and Addressing Psychosocial Issues



SB 1004 Pts Initial Visits: Screening for and Addressing GoC/ACP

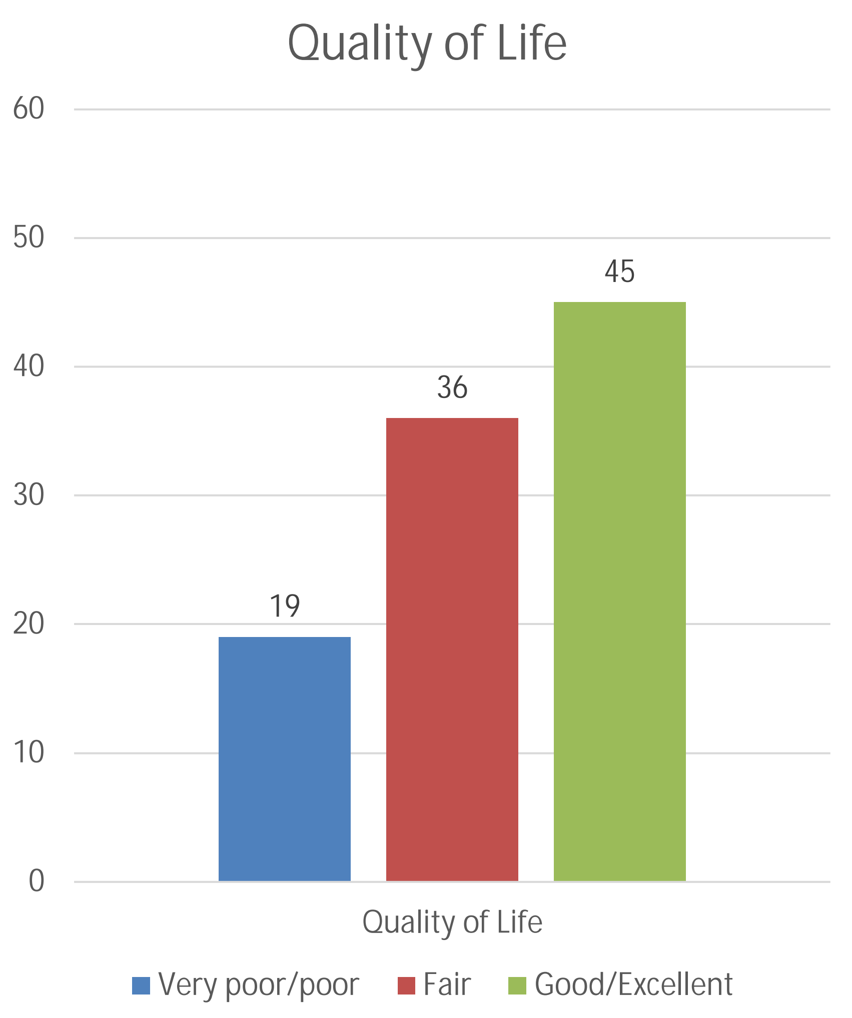


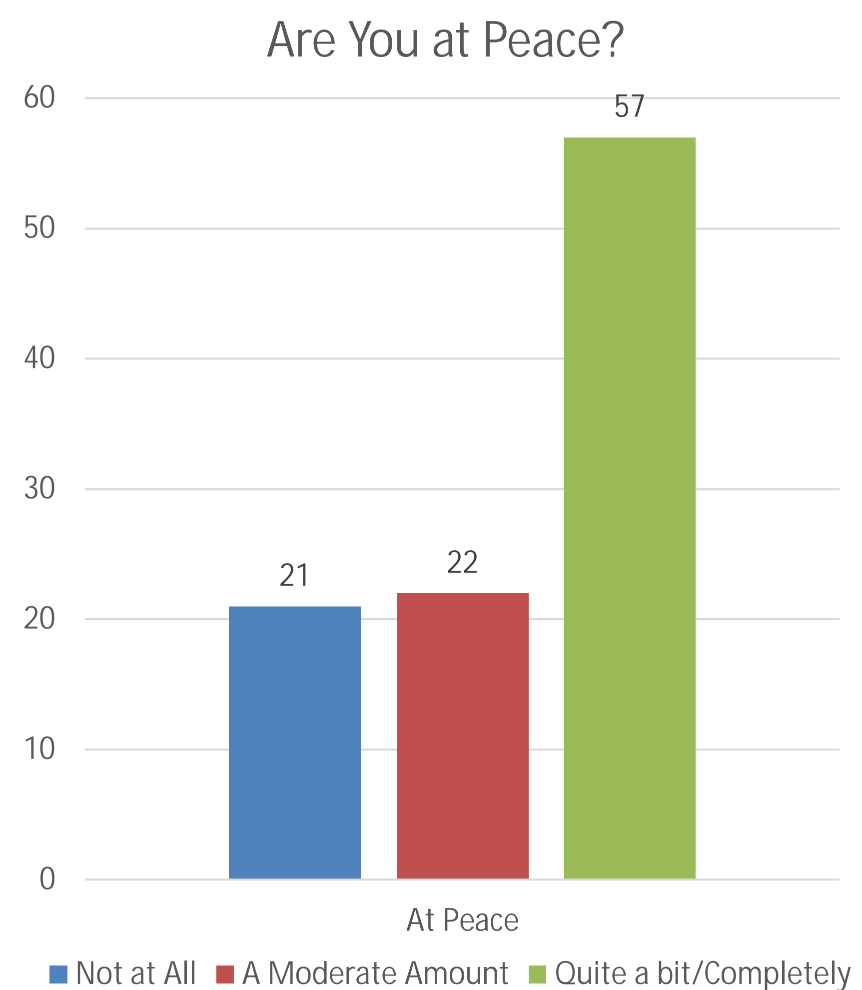
SB 1004 Pts: Symptom Severity Initial Visit

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

*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



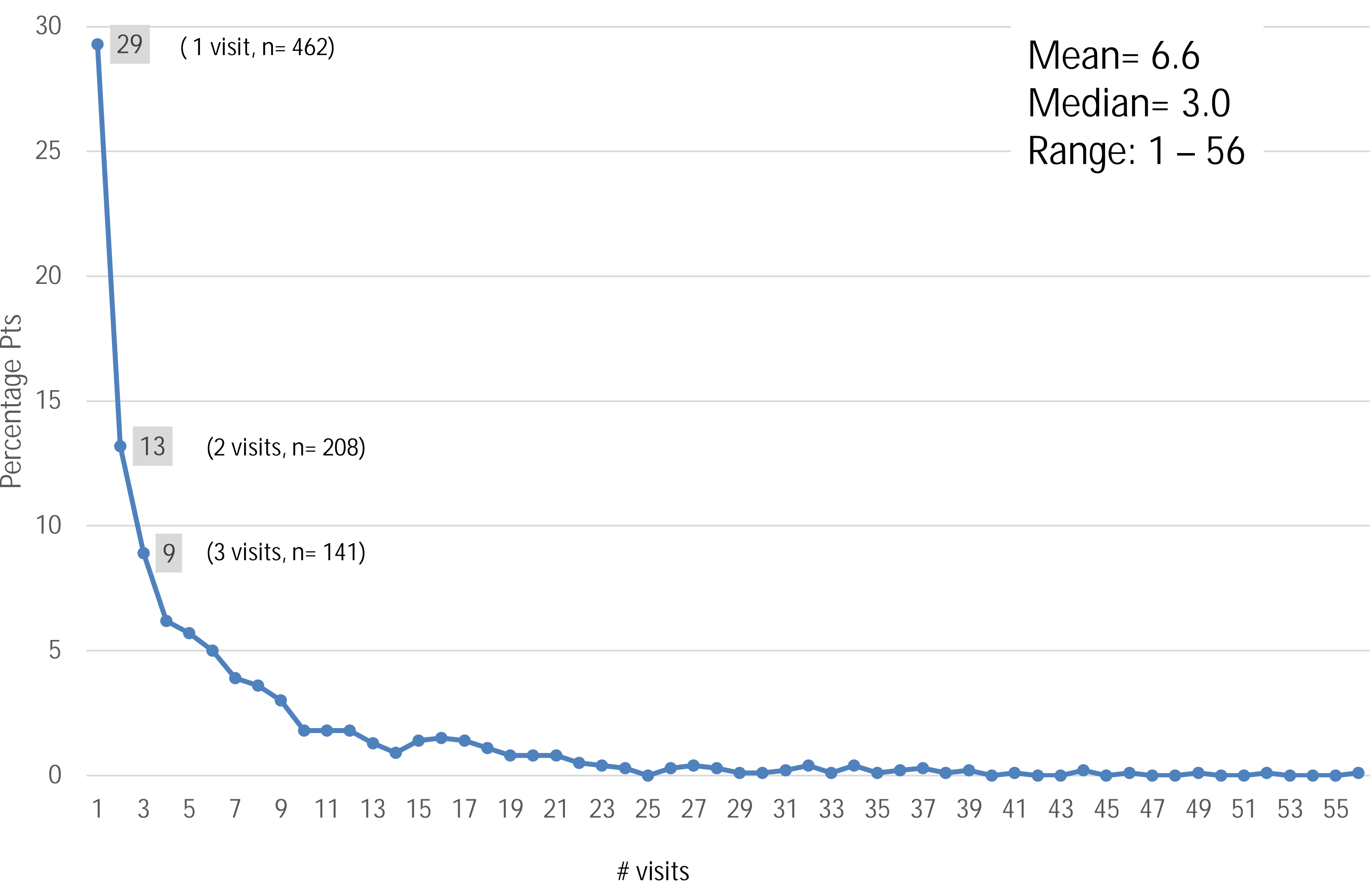


Timing and Number of Visits

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

*Adjusted for clustering of patients within providers

SB 1004 Pts: Total Number of Visits



Outcomes

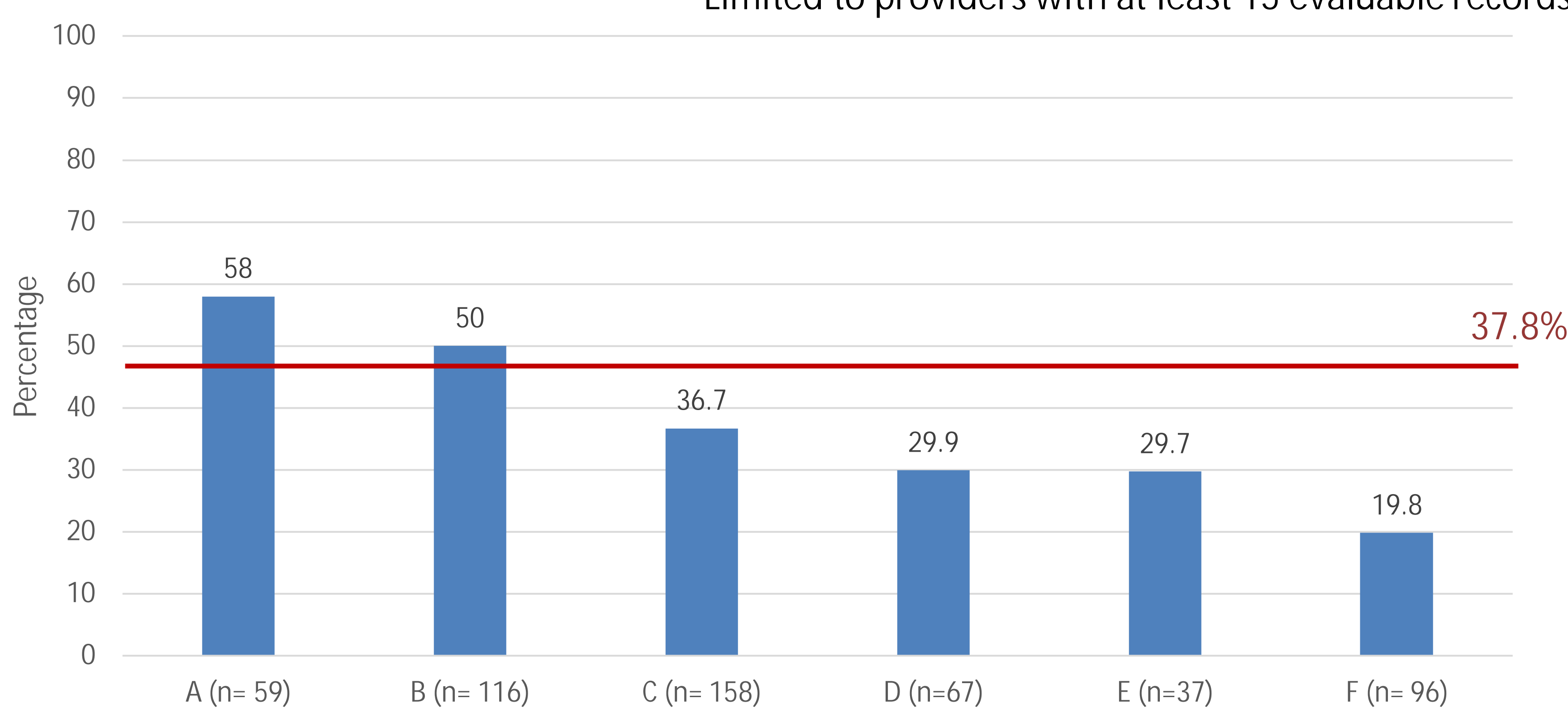
Symptom Improvement 1st to 2nd Visit: SB 1004 vs. Non-SB1004

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

*Of patients with moderate/severe symptoms at 1st visit

SB 1004 Pts: % Pts with Pain Improvement from 1st to 2nd Visit*

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



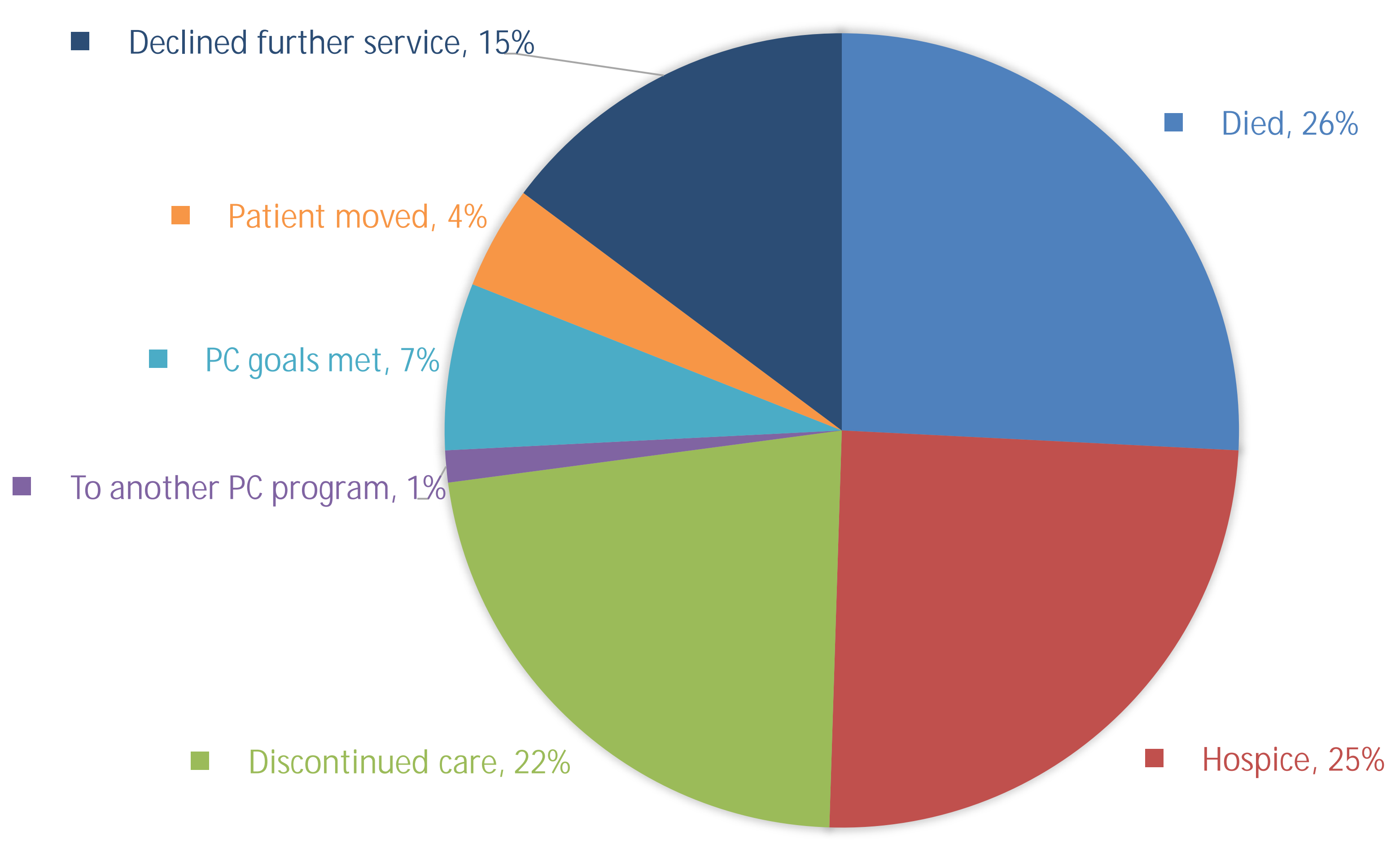
Advance Care Planning at Initial Visits: SB 1004 Pts vs Non-SB 1004 Pts

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

*Adjusted for clustering of patients within providers

SB 1004 Discharge Dispositions*

*Optional data element (N= 384)



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 1st visit, 37-74% improve by 2nd 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?

CHCF SB 1004 Resource Center

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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.

SB 1004 Basics · **Patient Population** · **Services, Costs, Payment** · **Engaging Patients and Providers**

Optimizing for Success · **Quality and Impact** · **Webinars**