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
Looking Ahead in Medi-Cal Palliative Care: Making it Work for the Long Haul

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SB 1004: Much to Celebrate

- First of its kind mandate for Medicaid
- Applied lessons learned from other successful palliative care initiatives to Medi-Cal population
- Two years of services
  - Thousands served, mostly at home (or “home”)
  - Trend toward expansion
SB 1004 Turns Two!

- Two years makes an “established” palliative care program
- Lots of learning on behalf of both Plans and Providers
- Connections across communities, regions, state
February 2020 Plan and Provider Survey

- Builds on surveys done 6/2018 and 2/2019
- ~25 questions/survey, tested with 2-3 plans and providers prior to distribution
- Intention to capture SB 1004 activities of Plans and Provider organizations beyond data reported to DHCS
  - Structural components of SB 1004 program
  - Volume of patients referred/enrolled
  - Partnerships & collaboration
  - Strengths, challenges, sustainability
- 16 plans (67%), 27 provider organizations (~50%) responded, representation from across state
- When possible and useful, results compared to 2018
Reflections/summary of 2019 findings

• Expansion!
  • Most Plans report expanded eligibility criteria
  • Minority of Plan respondents had <50 referrals; majority had >200
  • 47% of Plans reported increased volume of enrolled members from 2018 to 2019
  • Almost half of Provider respondents reported using video visits in conjunction with in-person

• Majority of Providers report 3+ years of experience delivering palliative care

• Investments in program: dedicated staff, education, staff training, increasing enrollment
2019 Survey Content: Focus on Collaboration, Sustainability

• Questions for Plans
  • Plans to improve/enhance program in 2020 (e.g. identify members, provide education, expand eligibility, assess quality)
  • Collaboration with contracted palliative care partners on various activities
  • Engagement of community groups/organizations
    • To identify potentially-eligible members
    • To connect them with palliative care partners
  • Sustainability of service
2019 Survey Content: Focus on Collaboration, Sustainability

• Questions for Providers
  • Plans to improve/enhance program in 2020 (e.g. increase conversion rate, provide education, assess quality, lower costs of care)
  • Identify program strengths
  • Identify challenges/threats
  • Engagement of community groups/organizations
    • To identify potentially-eligible members
    • To deliver key social services (e.g. housing, mental health)
  • Sustainability of services
Where Do We Go From Here?

- Sustainable, High-Quality Services
- Strengths
- Opportunities
- Threats

Sustainable, High-Quality Services
Strengths and Successes to Build On

Plan-Provider Relationship

Community Partnerships

Internal Strengths

Future Plans
Strengths and Successes to Build On

Plan-Provider Relationship

- 88% of Providers report this as a moderate or significant strength of their program
  - Only 2/25 reported somewhat weak relationship
- Areas where Plans report regular-frequent collaboration with provider orgs
  - 69% -- Care coordination/case management
  - 63% -- Multiple areas
    - Social service referrals
    - Mental health referrals
    - Securing authorizations
    - Identifying potentially-eligible members
Strengths and Successes to Build On

Community Partnerships

- Most Plans are reaching out to clinical groups that can help identify potentially-eligible members
  - 75% -- PCPs, specialists
  - 69% -- Inpatient palliative care programs
  - 63% -- Hospital discharge planners/SWs, Other Plan programs
- Over half of plans report making connections with Provider partners and inpatient palliative care, other specialty care providers, PCPs, & other Plan programs
- 77% of Providers are working with inpatient palliative care, hospital discharge planners to identify patients
- Among common social needs, Providers report most effective partnerships to meet transportation needs
**Internal Strengths**

- Most Plans (63%) are collaborating with other internal programs to identify potentially-eligible members
- Providers know the population, know Palliative Care
  - 92% of Providers report experience with Medi-Cal population as a strength
- 88% of Providers report experience delivering palliative care as a strength
- Other strengths: Joint Commission Certification, Exceptional staff, Telehealth services
Strengths and Successes to Build On

Future Plans

• Majority of plans, provider organizations feel that services are definitely sustainable
  • 56% plans
  • 69% providers

• Investing in the future: Plans for 2020
  • Most Plans (75%): educating referring providers about benefit
  • Most Providers (>75%): work with plan to identify more patients, increase conversion rate, educate referring providers, strengthen relationship with Plan
Strengths and Successes: Reflections

- Solid relationships between Plans and Provider Organizations, multiple areas of collaboration
- Both Plans and Providers are investing in connections with hospital-based providers (palliative care, discharge planners)
- More Provider Organizations are now “established” in delivering community-based palliative care
- Think about how joint interests/intentions may present new opportunities for collaboration (e.g. educating referring providers)
Threats to Recognize

Enrollment below hopes

Making it work financially
Fewer Enrolled than Desired

- Top concern for Plans, Providers
  - 44% of Plans
  - 65% of Providers
    - Almost half of Providers worry that this will impact service sustainability
- Contributing factors
  - 61% of Providers report moderate-significant barriers due to referring providers not introducing palliative care benefits to their patients
  - 40% of Providers have limited access to clinical data
  - 19% of Plans concerned about members being referred too late to get significant benefit
About 1 in 5 Plans has a moderate concern about costs of the program outweighing savings.

Frequently reported concern for Providers:
- 69% see this as a moderate-significant threat to sustainability.
- Reimbursement rates limit ability to meet patients’ complex needs.
- Some organizations highlight challenges of Fee for Service billing (feasibility, extra investment needed).
Balance is essential

- Scope of services / effort
- Payment amount
- Outcomes that justify investment

Balance is essential.
Threats to Recognize

Smaller (but real) Concerns

• Challenges of finding (and being) a rural Palliative Care Provider
• Staff turnover (particularly Plan staff assigned to oversee SB 1004)
• Effort to connect with patients remains high (no phone, not home or at appointments)
• Competing priorities
• Mismatch in desire to collaborate on marketing
Threats to Recognize: Reflections

- Survey findings highlight 2 important areas to focus on
  - Enhancing enrollment
  - Finding the balance between scope of services, payment, and outcomes

- Significant alignment in both Plan and Provider interest to make this work
Opportunities to Seize

Plan-Provider Relationship

Community Partnerships

Internal Strengths

Future Plans
Opportunities to Seize

Plan-Provider Relationship

- Making it even better
  - 88% of Providers report this as a moderate or significant strength of their program
  - 77% of Providers want to work on relationship in 2020
- Only 25% of Plans report that they’ve connected the Provider with their other programs (e.g. Health Homes)
  - Potential win-win: Easier/earlier patient identification, possibly better conversion rate, less strain on both programs
Opportunities to Seize

Community Partnerships

• Providers continue to highlight the complexity of patients’ psychosocial needs, but...
  • Almost none have very effective partners who can address significant mental health needs or substance use disorders
  • 80% are still missing a very effective partner to address food insecurity
• Many plans have helped make connections to identify patients, but...
  • Only 25% have facilitated connections between their Provider partners and Community-Based Care Management Entities (CB-CMEs)
Opportunities to Seize

Internal Strengths

• Both Plans and Providers report leveraging relationships with hospital-based palliative care teams, but...
  • Only 31% of Providers are collaborating with clinic-based palliative care programs to identify patients
    • *Public Hospital partners*!

• Most plans report regular-frequent involvement with referrals to social services and mental health care, but...
  • Only 27% of Providers report partnering with social service agencies to identify patients
Opportunities to Seize

Future Plans

- Alignment in focus on referring provider education in 2020
  - Opportunities for co-branding?
  - Opportunities for engaging more community organizations?
- Continued focus on quality measurement, quality improvement
- Alignment in desire to find the right balance between scope-payment-outcomes
• Plans are in a good position to help make connections
  • Internal programs
  • Social service partners
  • CB-CMEs
• Lots of groundwork done with links to clinical partners, but acknowledgement that referring provider education is never done
• With more experience, and hopefully more data, 2020 may be a great time to revisit balance of scope-payment-outcomes, to optimize chances for sustainability
Who Else is Needed on the Team?
Community Health Workers or Patient Navigators

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Homeless Care Providers
Lessons Learned: Reminders from the 1\textsuperscript{st} Year+

- Leverage trusted relationships to overcome skepticism and mistrust
  - “Covered by your plan” not “free”
  - Transfer of trust: provider-patient $\rightarrow$ new provider
  - Transfer of trust: provider-provider

- Meet patients where they are at – help with immediate needs

- Service development is iterative, programs are dynamic – adjustment is critical
End of Year 2: Step Back and Admire What You’ve Built
Reflection Questions

• What strengths in your SB 1004 program do you want to build on in 2020?
  • Plan-Provider Relationship
  • Connections to make/re-establish?
    • Community Partnerships
    • Internal Strengths (e.g. Health Homes, case management)
  • Alignment on goals for the year (quality/education/growth)

• In what ways might there be opportunities to collaborate with your Plan/Provider partner(s) on:
  • Efforts to increase enrollment
  • Reassessing balance between scope of work-payment
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.