

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!



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



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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

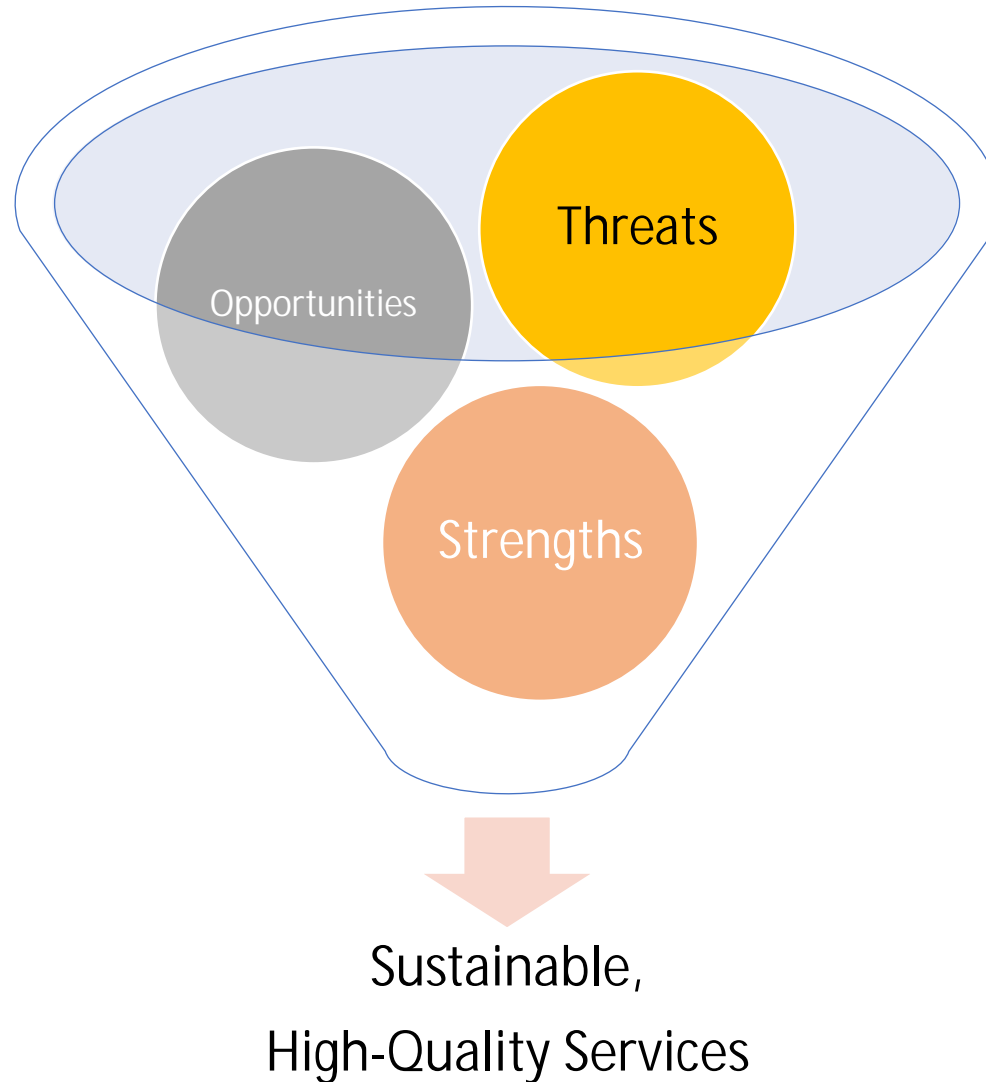
2019 Survey Content: Focus on Collaboration, Sustainability

- 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?



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

Strengths and Successes to Build On

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

Threats to Recognize

Fewer Enrolled than Desired

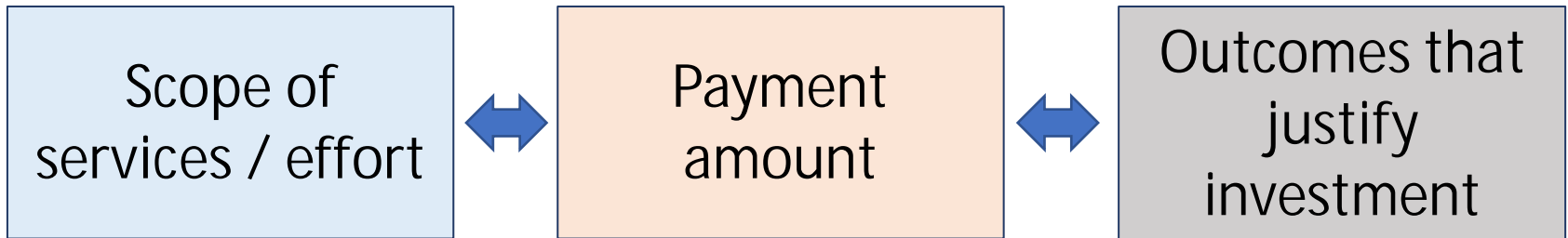
- Top concern for Plans, Providers
 - 44% of Plans
 - 65% of Providers
 - Almost half of Providers worry that this will impact service sustainability
- Contributing factors
 - 61% of Providers report moderate-significant barriers due to referring providers not introducing palliative care benefits to 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

Threats to Recognize

Still Working on Service-Reimbursement Balance

- 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



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

Opportunities to Seize: Reflections

- 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?



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Community Health Workers or Patient Navigators



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Community Case Managers, Supportive Housing Staff



Homeless Care Providers



Lessons Learned: Reminders from the 1st Year+

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



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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

CHCF SB 1004 Resource Center



California Health Care Foundation

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Topics Projects **Resource Centers** Collections



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](#)