



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

SB 1004 Services in 2019: Who is Being Served and How?

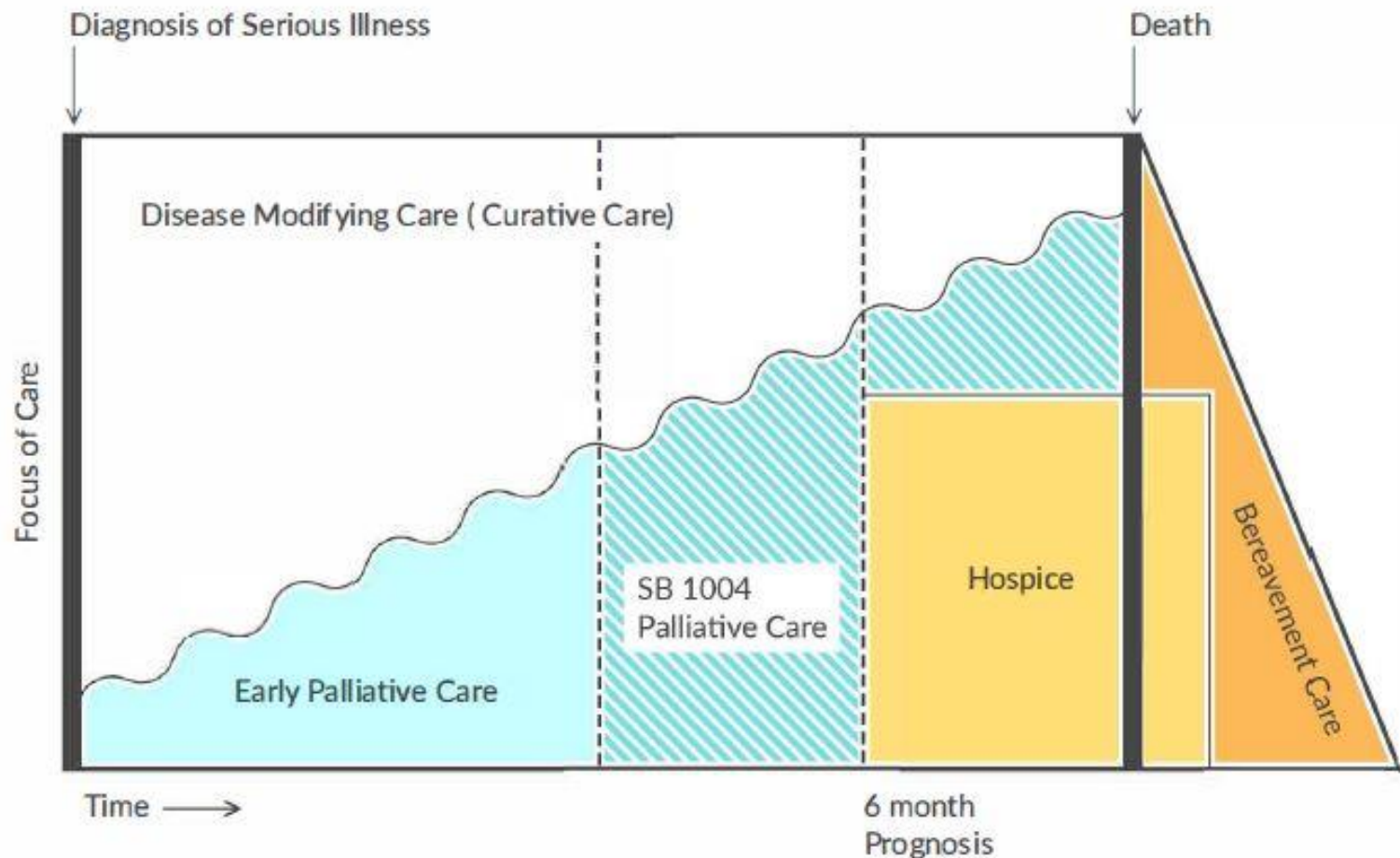
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What is SB 1004?

- Senate Bill 1004 (2014) requires Medi-Cal managed care plans (MCPs) to ensure access to palliative care services for eligible members
- Implemented January 1, 2018 for adults, expanded to pediatrics in 2019
- Today we will ONLY be focusing on the adult program

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

SB1004 Required Services

- ✓ Advance Care Planning
- ✓ PC Assessment & 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)




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

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
- 16 plans (67%), 27 provider organizations (~50%) responded, representation from across state
- When possible and useful, results compared to 2018

Survey Topics

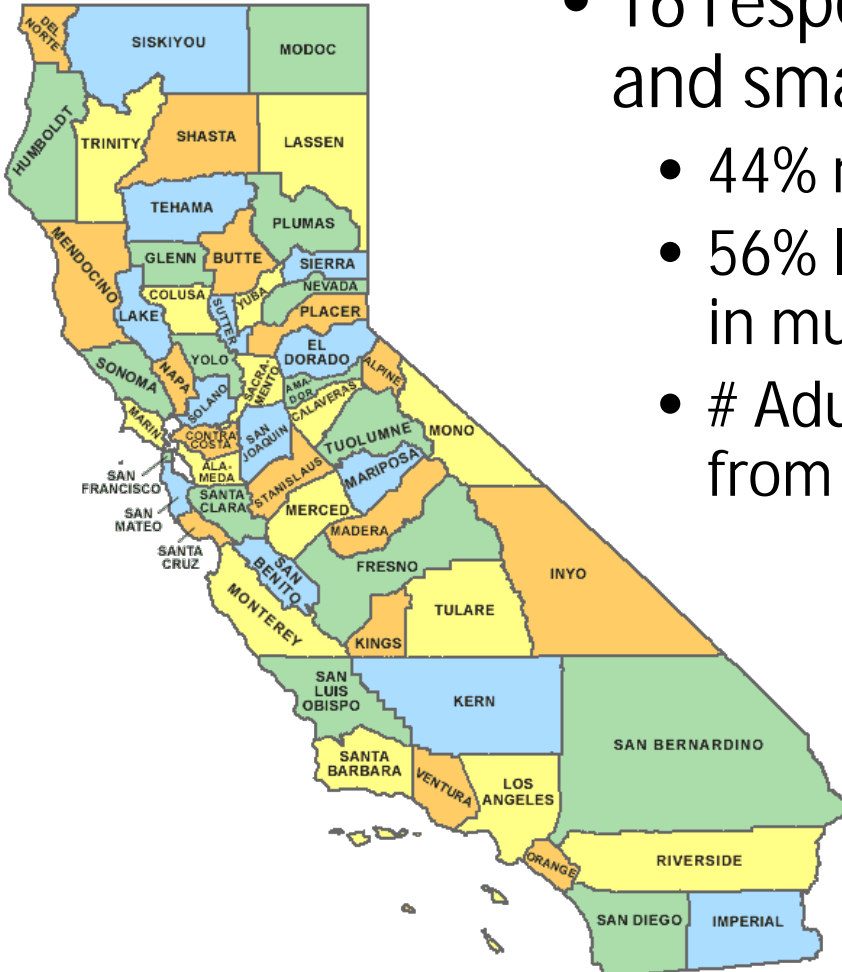
Who is Being Served and How? (now)

- Plan and provider organizational characteristics
- Structural components of SB 1004 programs
- Referrals and enrollments
- Care models
- Payment models
- Approaches to quality assessment

Looking Ahead (up next)

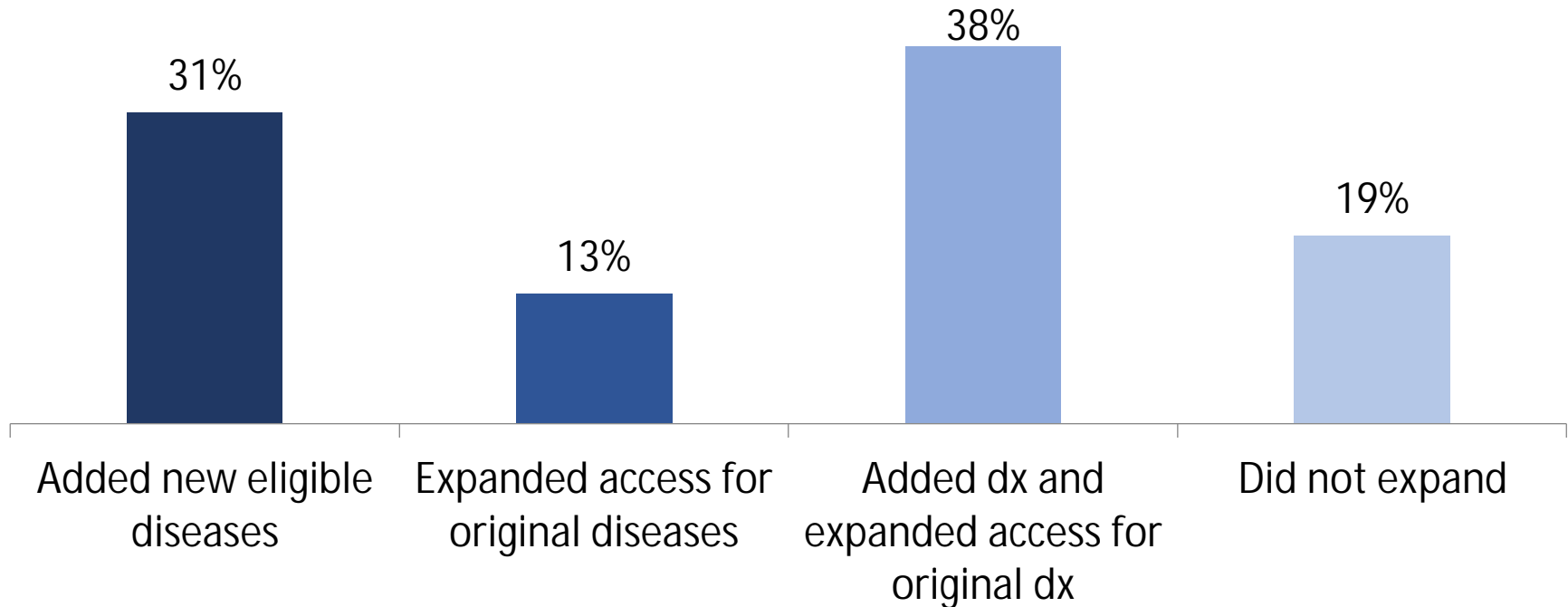
- Strengths
- Challenges
- Collaboration
- Sustainability

The Plans



- 16 respondents representing large and small MCPs
 - 44% regional coverage
 - 56% larger plans that offer products in multiple regions CA
 - # Adult Medi-Cal members ranged from 9,000 – 1.2 million

Expanding Eligibility



Several plans described very flexible policies:

“Anyone that may benefit”

“Other Terminal/End Stage Chronic Diseases with case by case approval”

“All members with end stage disease who meet the general criteria”

- 54% cover PC services for dual-eligible members

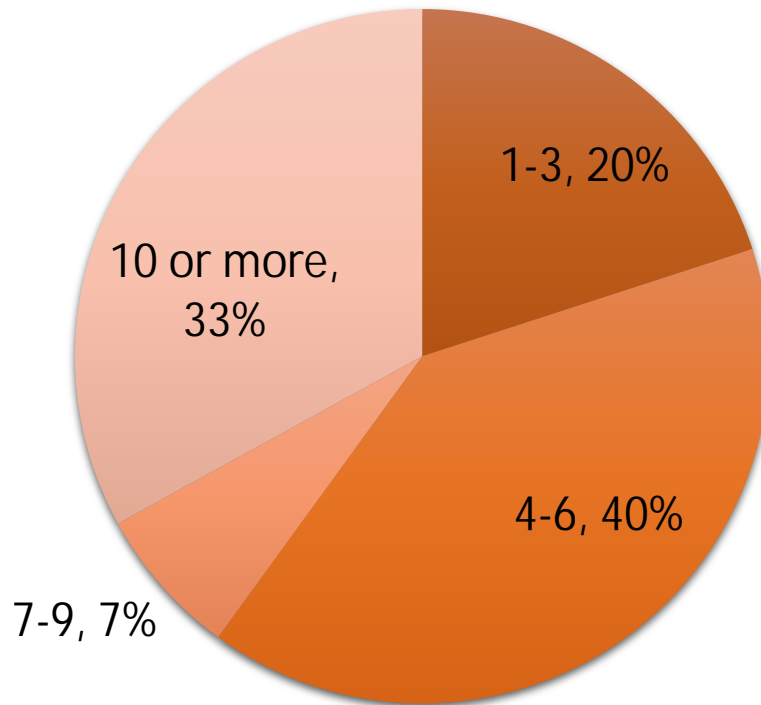
Plan Investments in SB 1004

Efforts aimed at increasing enrollment of eligible members	63%
Activities to educate referring providers about SB 1004 / PC	63%
Efforts aimed at improving collaboration with PC provider partners	44%
Analysis of fiscal outcomes	31%

88% have dedicated staff for the SB 1004 PC program
63% started in that role in 2018 or earlier

Plan Networks

Providers Contracted With



Range 1-17 provider partners

- Total 106 contracts reported by plans
 - 60% of that network was used in Q4 2019

The Providers

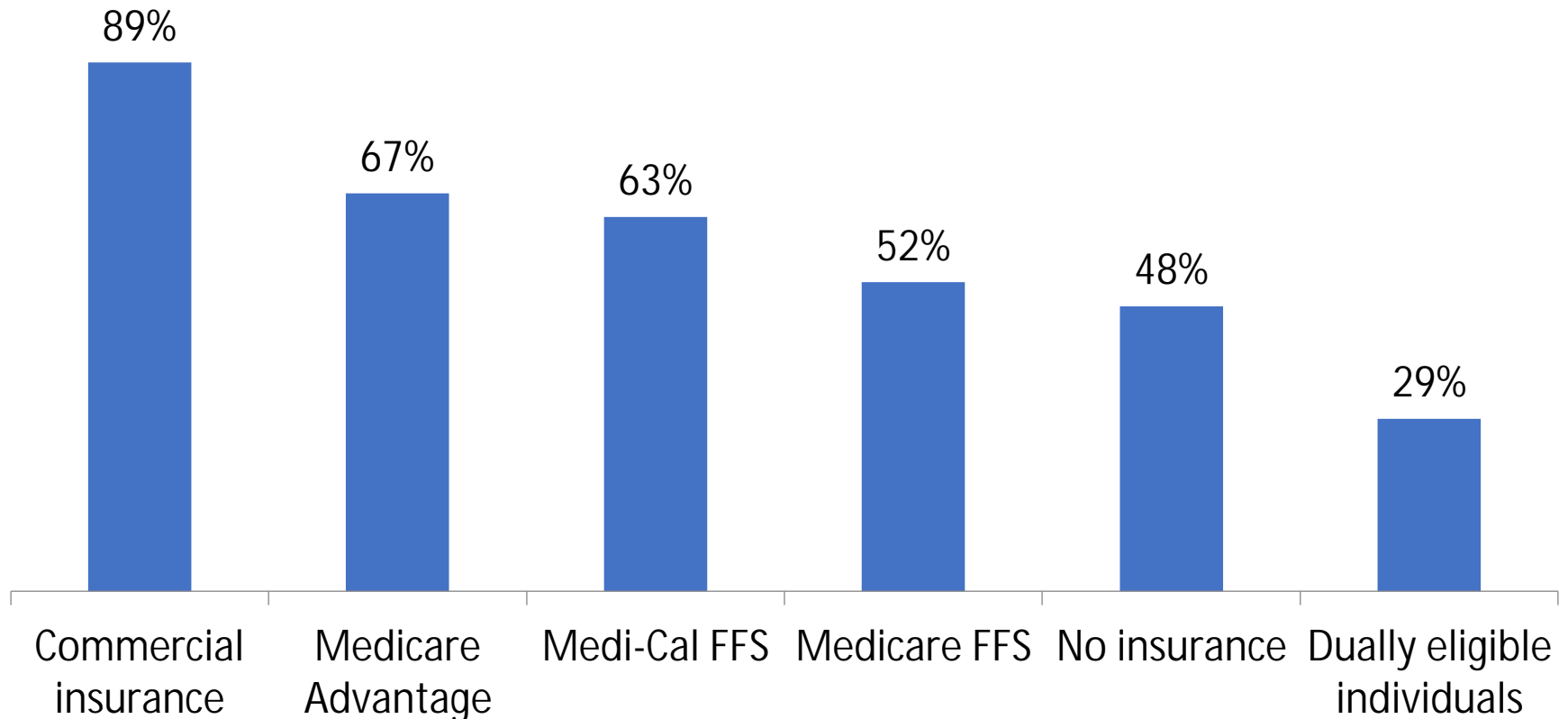
- 89% providers are affiliated with independent organizations; 11% with health systems
- 78% are hospice/home health/PC organizations; remainder are medical groups or specialty practices that only offer serious illness care

Other Services Offered by SB 1004 PC Providers

Service	% Offering
Hospice	78%
Home health care	33%
ACP education/support program	26%
Hospital-to-home transition support	15%
Private duty nursing	7%
Home-based primary care	7%

Beyond Medi-Cal Managed Care

In addition to Medi-Cal Managed care, many SB 1004 provider organizations also provide palliative care to individuals with a range of insurance coverages



Reach of PC Services and Experience Delivering Palliative Care

Locations Where PC Offered

Patient homes	100%
Nursing homes, assisted living or other community-based facilities	78%
Acute care hospitals	37%
Physician offices or clinics	11%

- Counties covered
 - Range 1-58
 - 22% offer services in just one county
 - 11% offer services in 15 or more counties
- Length of time delivering palliative care
 - 1-2 years = 41%
 - 3-4 years = 15%
 - 5 or more years = 44%

Provider Investments in SB 1004

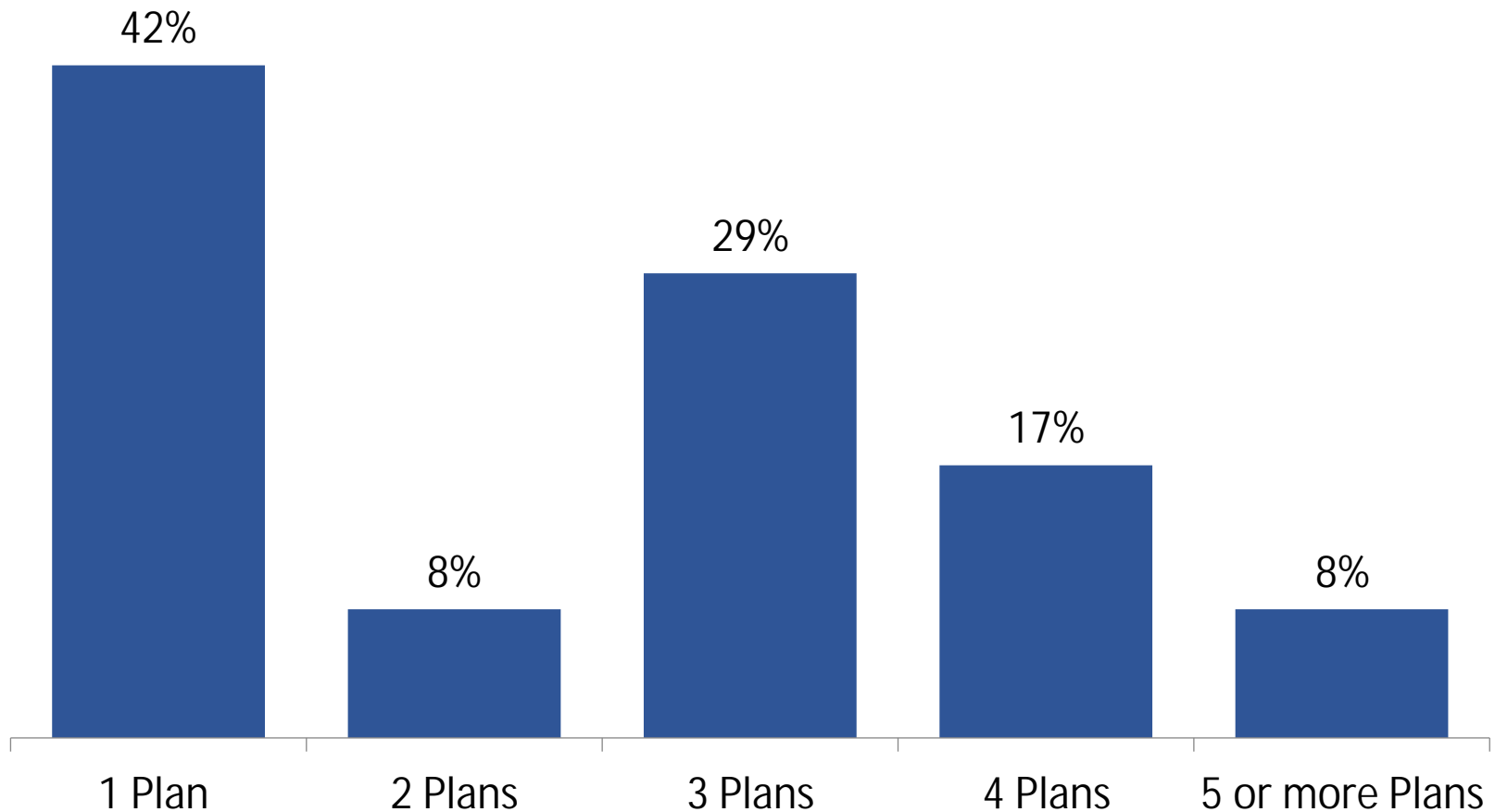
Investments Related to Delivering SB 1004 Palliative Care

Provided staff training	88%
Informatics investment (electronic health record or billing system)	42%
Hired new staff to do billing or engaged a vendor to do billing	46%
Hired additional patient care staff	73%
Hired additional administrative staff	62%
Secured certification in palliative care from The Joint Commission or similar organization	62%

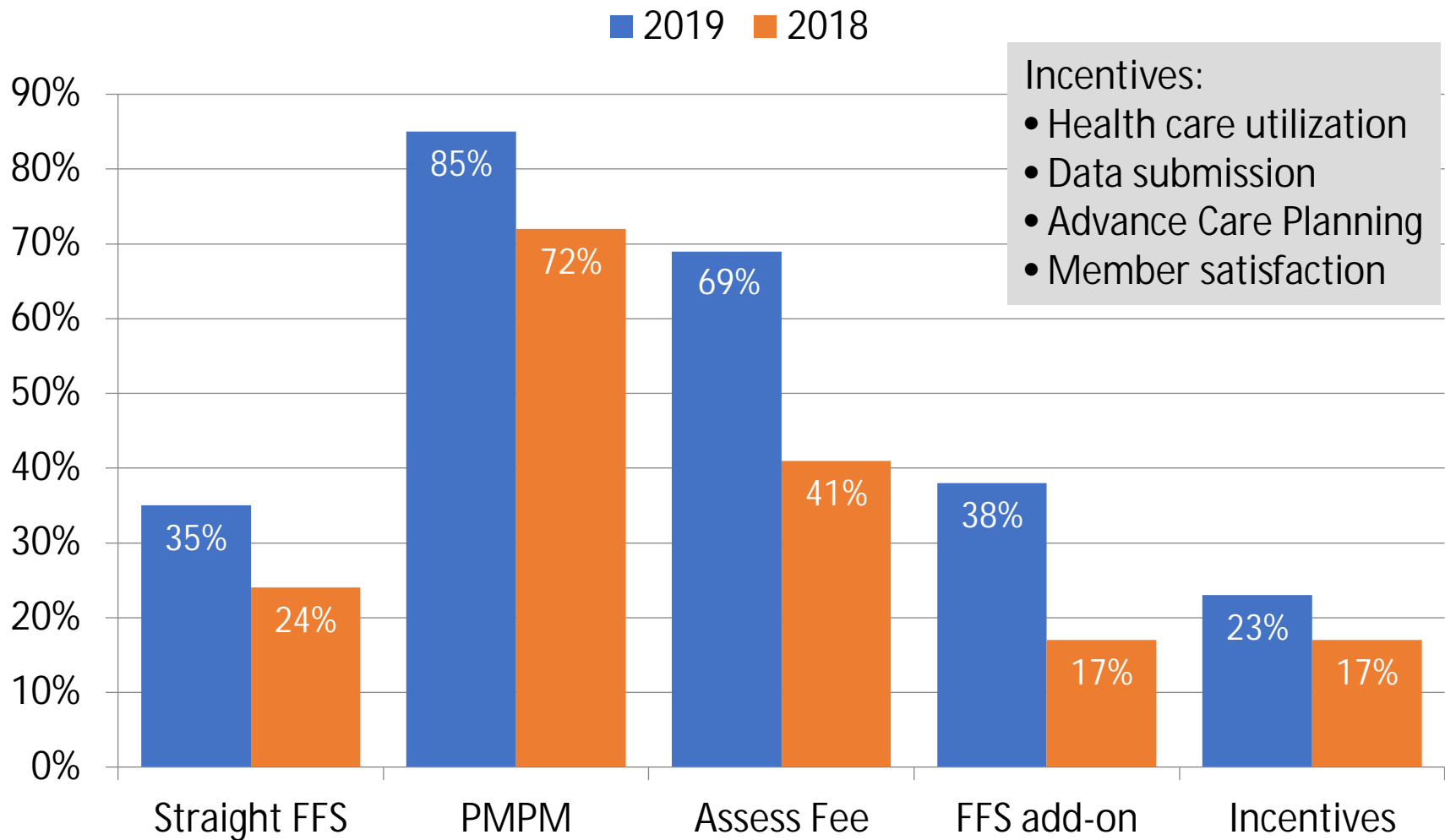
73% have dedicated outreach staff who engage with potentially eligible Medi-Cal pts and / or referring providers about PC services

SB 1004 Contracts

MCP Contracts for Delivering SB 1004 PC

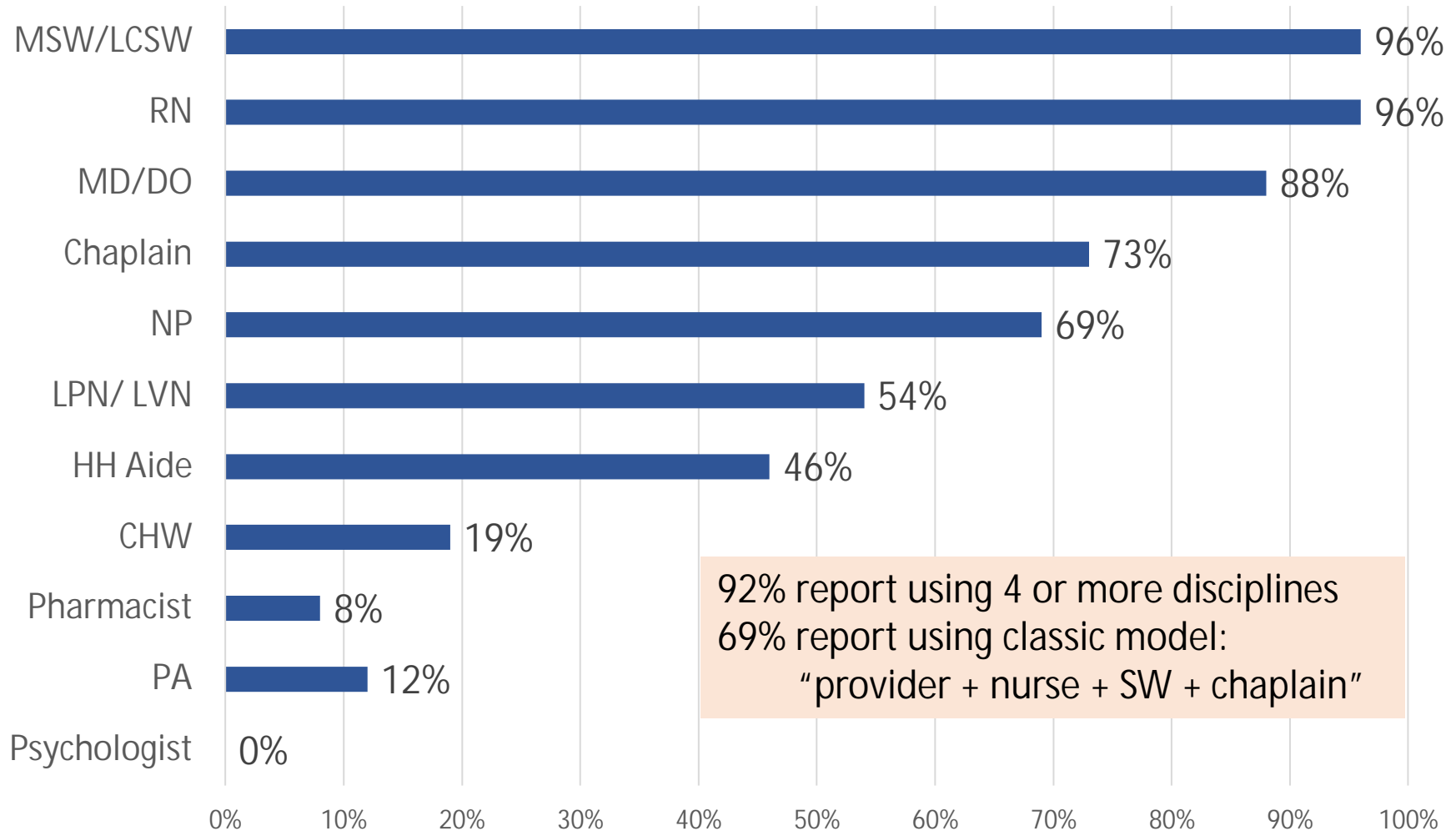


How are providers paid for SB 1004?



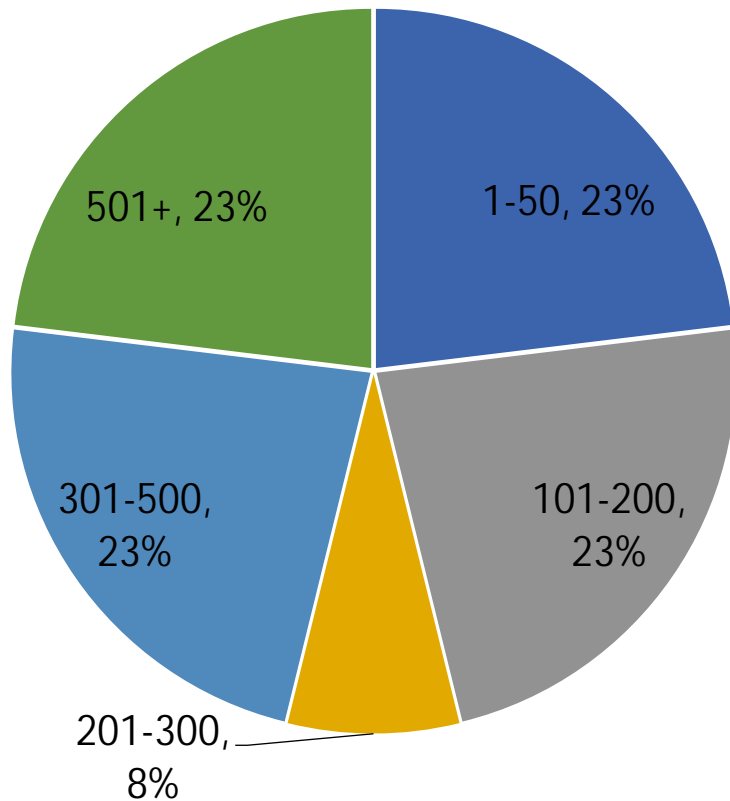
Who delivers SB 1004 Palliative Care?

Disciplines directly and routinely involved in delivering services



Plan Referrals to SB 1004

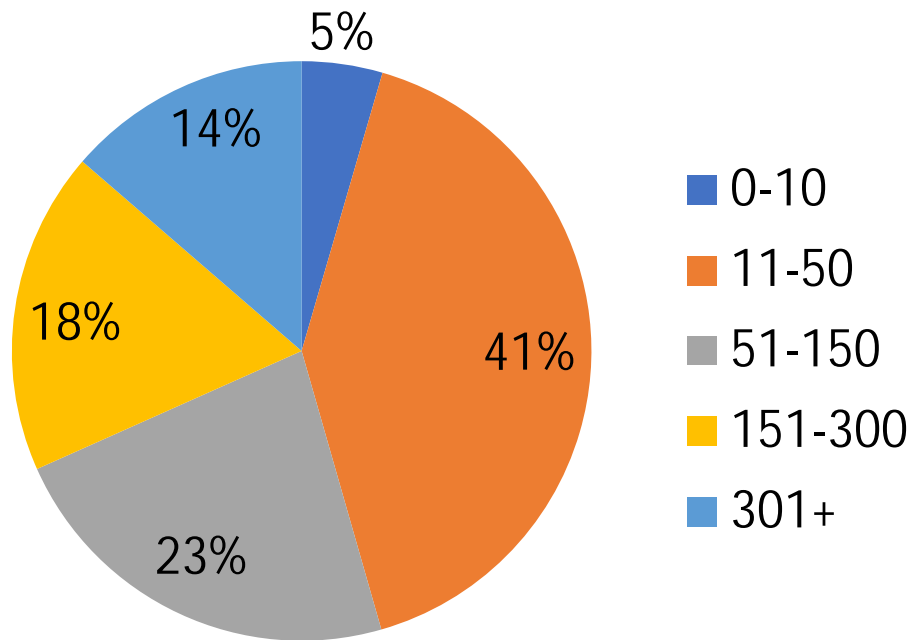
Referrals for SB 1004 in 2019



- Range 7-796
- 50 or fewer
 - ✓ 2018 = 23%
 - ✓ 2019 = 23%
- > 400 referrals
 - ✓ 2018 = 15%
 - ✓ 2019 = 38%

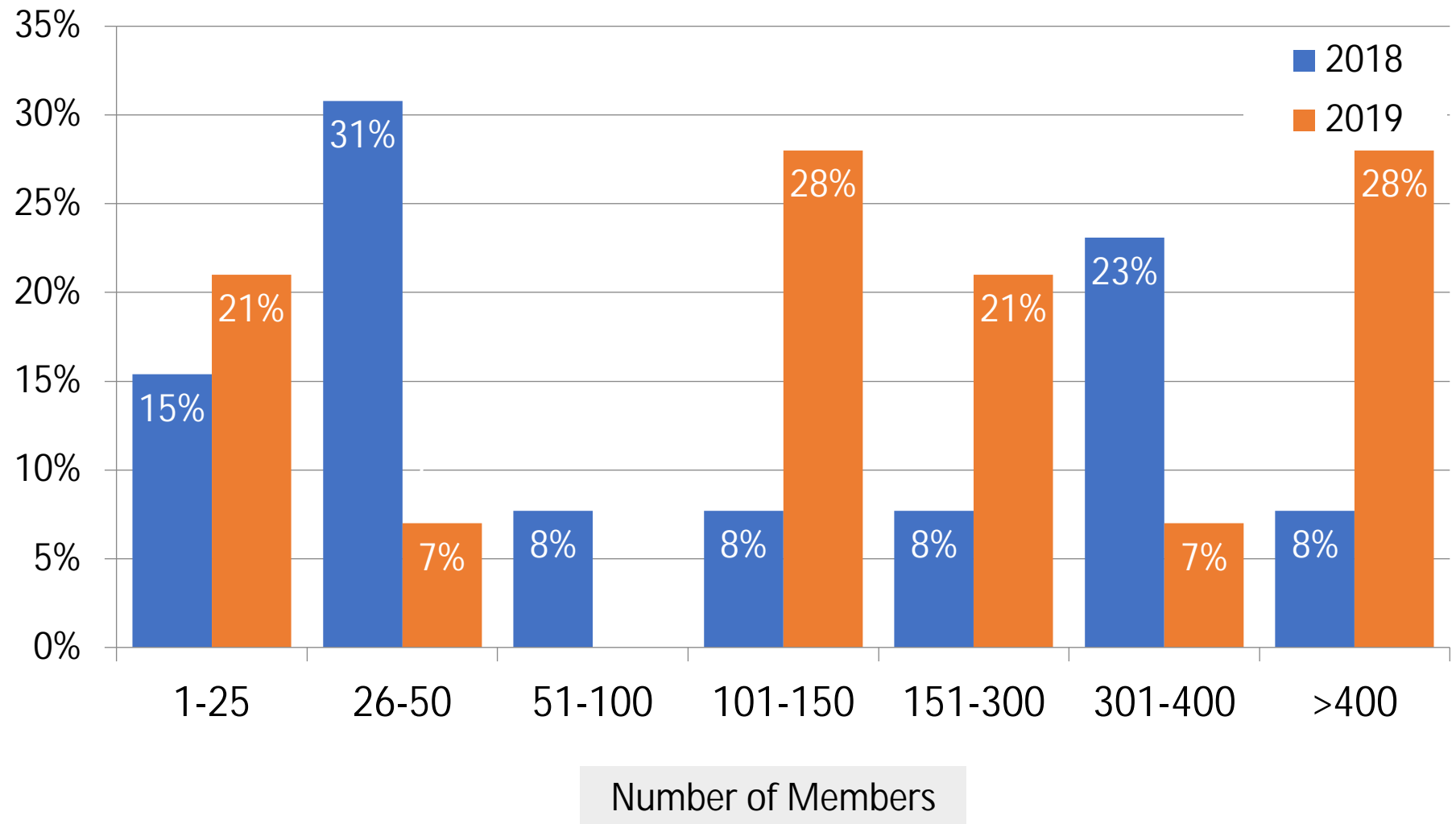
Provider Referrals for SB 1004

Referrals for SB 1004 in 2019



- Range 8-2,000
- 50 or fewer
 - ✓ 2018 = 58%
 - ✓ 2019 = 46%
- >150
 - ✓ 2018 = 16%
 - ✓ 2019 = 32%

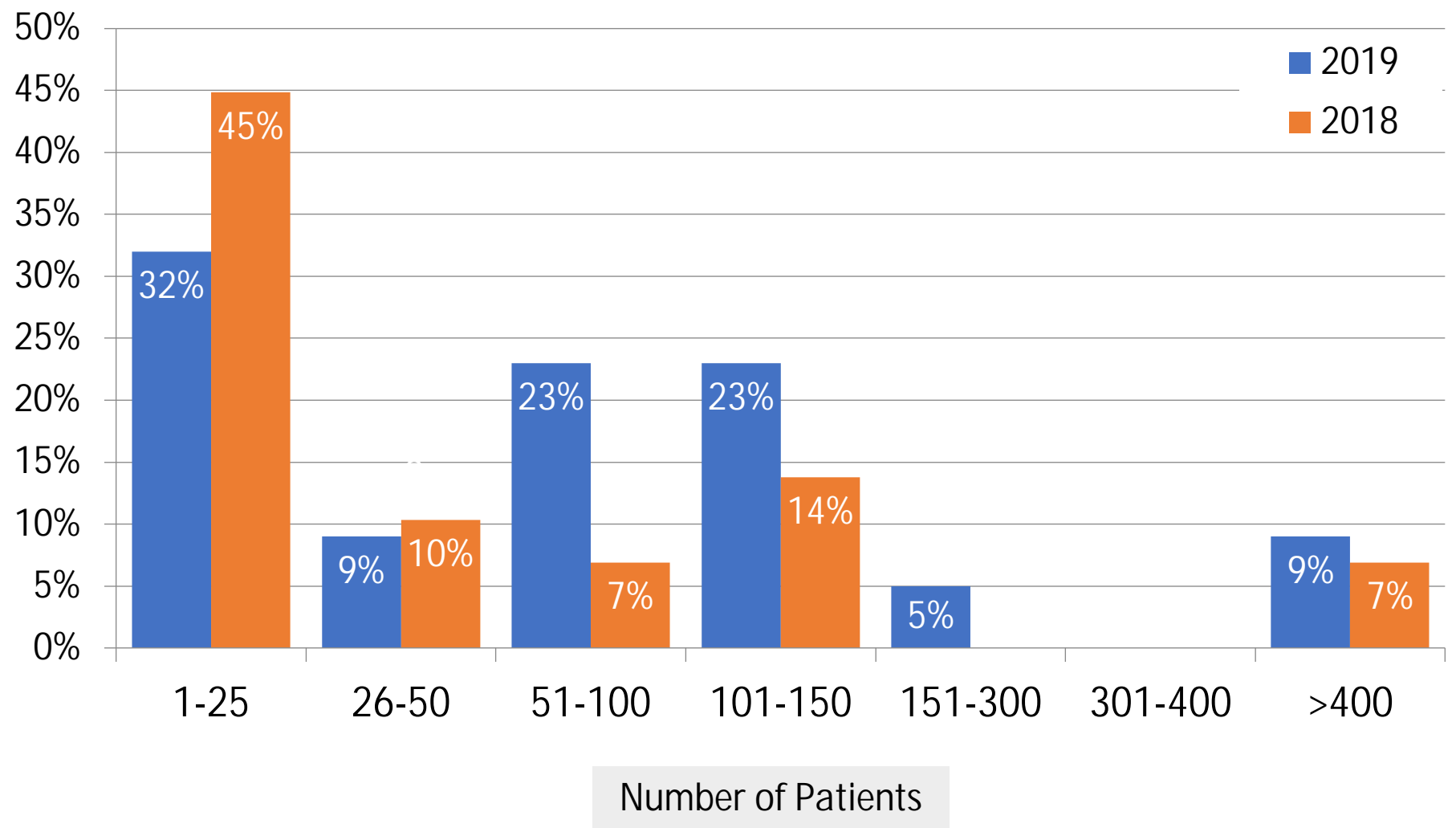
Plan Responses: How many members received services?



Reported Enrollment

- Approximately 2,900 individuals received SB 1004 PC in 2018
- The total number of individuals receiving SB 1004 PC in 2019 as reported by the 14 plans that shared enrollment information = 3,667
- Total served by all 24 plans in 2019 is likely between 5,000-6,000
- Enrollment rate, defined as “SB 1004 enrollees / total adult Medi-Cal members” ranged from 0.004% - 0.379%

Provider Responses: How many patients received services?



Plan Intending to Assess Value of SB 1004 PC

“In the coming year, will your plan conduct any of the following analyses for your SB 1004 palliative care program?”

Impact on fiscal outcomes	50%
Impact on utilization outcomes	71%
Impact on clinical outcomes	21%
Impact on member experience of care	43%

64% expect to do 2 or more

Reporting Required by Plans

% Plans that ask providers to report on specific processes or outcomes

Timeliness or amount of service delivered	36%
Assessment or management of physical symptoms	43%
Assessment or management of psychosocial needs	50%
Assessment or management of spiritual needs	36%
Assessment or documentation of member goals or advance care planning	50%
Discharge status for enrolled patients (transition to hospice , death)	57%
We do not request information from provider organizations	36%

Only 1 plan flagged “quality of care members are receiving”
as a moderate or major concern

Provider Quality Assessment Practices

85% of providers report having a formal quality assessment and performance improvement program for their PC service

% Providers routinely monitoring for palliative care

% Referred patients that receive PC services	81%
# Days between referral and initial visit	65%
% Patients receiving spiritual assessment	50%
% Patients receiving functional assessment	77%
Assessing, managing, or impacting physical symptoms	100%
Assessing, managing, or impacting emotional or spiritual distress	88%
Completion or timeliness of medication reconciliation	58%
% Patients with Advance Care Planning discussed	96%
% Patients with Advance Directive or POLST completed	96%
Patient or family satisfaction	77%

Reflections

- Referrals and enrollments are increasing!
- Plans have expanded eligibility
- Plans and providers are investing resources (administrative effort, outreach, quality measurement) in their programs
- Most plans contract with multiple providers, and now most providers contract with multiple plans
- Providers report having robust intra-professional teams
- FFS is not the dominant payment model; providers and plans are using a range of payment mechanisms including assessment fees, case rates and incentives

My Questions, and Thank You!

My Questions:

- What is the enrollment target?
- Are the barriers that have kept enrollment low for some plans modifiable?

Your Questions?