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?

Kathleen Kerr, BA
Kerr Healthcare Analytics

Anne Kinderman, MD
Director, Supportive & Palliative Care Service
Zuckerberg San Francisco General Hospital
Associate Clinical Professor of Medicine, UCSF
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

The diagram illustrates the progression of care from the diagnosis of a serious illness to the end of life, highlighting the focus of care at different stages. It shows:

- **Early Palliative Care**: Begins at diagnosis and continues as needed.
- **Disease Modifying Care (Curative Care)**: Initially predominant, gradually shifting to palliative care.
- **SB 1004 Palliative Care**: này 6 month Prognosis
- **Hospice**: This care is provided when palliative care is no longer sufficient.
- **Bereavement Care**: After the patient's death.

The timeline extends from the diagnosis of a serious illness to death. 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)*
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.
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

<table>
<thead>
<tr>
<th>Efforts aimed at increasing enrollment of eligible members</th>
<th>63%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities to educate referring providers about SB 1004 / PC</td>
<td>63%</td>
</tr>
<tr>
<td>Efforts aimed at improving collaboration with PC provider partners</td>
<td>44%</td>
</tr>
<tr>
<td>Analysis of fiscal outcomes</td>
<td>31%</td>
</tr>
</tbody>
</table>

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

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

# Providers Contracted With

- 7-9, 7%
- 4-6, 40%
- 10 or more, 33%
- 1-3, 20%

Range 1-17 provider partners
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

<table>
<thead>
<tr>
<th>Service</th>
<th>% Offering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice</td>
<td>78%</td>
</tr>
<tr>
<td>Home health care</td>
<td>33%</td>
</tr>
<tr>
<td>ACP education/support program</td>
<td>26%</td>
</tr>
<tr>
<td>Hospital-to-home transition support</td>
<td>15%</td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>7%</td>
</tr>
<tr>
<td>Home-based primary care</td>
<td>7%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient homes</td>
<td>100%</td>
</tr>
<tr>
<td>Nursing homes, assisted living or other community-based facilities</td>
<td>78%</td>
</tr>
<tr>
<td>Acute care hospitals</td>
<td>37%</td>
</tr>
<tr>
<td>Physician offices or clinics</td>
<td>11%</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Investment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided staff training</td>
<td>88%</td>
</tr>
<tr>
<td>Informatics investment (electronic health record or billing system)</td>
<td>42%</td>
</tr>
<tr>
<td>Hired new staff to do billing or engaged a vendor to do billing</td>
<td>46%</td>
</tr>
<tr>
<td>Hired additional patient care staff</td>
<td>73%</td>
</tr>
<tr>
<td>Hired additional administrative staff</td>
<td>62%</td>
</tr>
<tr>
<td>Secured certification in palliative care from The Joint Commission or similar organization</td>
<td>62%</td>
</tr>
</tbody>
</table>

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

- 1 Plan: 42%
- 2 Plans: 8%
- 3 Plans: 29%
- 4 Plans: 17%
- 5 or more Plans: 8%
How are providers paid for SB 1004?

<table>
<thead>
<tr>
<th>Payment Method</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight FFS</td>
<td>35%</td>
<td>24%</td>
</tr>
<tr>
<td>PMPM</td>
<td>85%</td>
<td>72%</td>
</tr>
<tr>
<td>Assess Fee</td>
<td>69%</td>
<td>41%</td>
</tr>
<tr>
<td>FFS add-on</td>
<td>38%</td>
<td>17%</td>
</tr>
<tr>
<td>Incentives</td>
<td>23%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Incentives:
- Health care utilization
- Data submission
- Advance Care Planning
- Member satisfaction
Disciplines directly and routinely involved in delivering services

- MSW/LCSW: 96%
- RN: 96%
- MD/DO: 88%
- Chaplain: 73%
- NP: 69%
- LPN/ LVN: 54%
- HH Aide: 46%
- CHW: 19%
- Pharmacist: 8%
- PA: 12%
- Psychologist: 0%

92% report using 4 or more disciplines
69% report using classic model: “provider + nurse + SW + chaplain”
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%
Referrals for SB 1004 in 2019

- 0-10: 5%
- 11-50: 41%
- 51-150: 23%
- 151-300: 18%
- 301+: 14%

- Range 8-2,000
  - 2018 = 58%
  - 2019 = 46%

- >150
  - 2018 = 16%
  - 2019 = 32%
Plan Responses: How many members received services?

Number of Members

- 1-25: 15% (2018), 21% (2019)
- 26-50: 31% (2018)
- 51-100: 8% (2018), 7% (2019)
- 151-300: 8% (2018), 21% (2019)
- 301-400: 23% (2018), 7% (2019)
- >400: 8% (2018), 28% (2019)
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?

- **Number of Patients**
  - 1-25: 32% (2019) vs. 45% (2018)
  - 26-50: 9% (2019) vs. 10% (2018)
  - 51-100: 23% (2019) vs. 7% (2018)
  - 151-300: 5% (2019)
  - 301-400: 9% (2019) vs. 7% (2018)
  - >400: 0% (2019)
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?”

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on fiscal outcomes</td>
<td>50%</td>
</tr>
<tr>
<td>Impact on utilization outcomes</td>
<td>71%</td>
</tr>
<tr>
<td>Impact on clinical outcomes</td>
<td>21%</td>
</tr>
<tr>
<td>Impact on member experience of care</td>
<td>43%</td>
</tr>
</tbody>
</table>

64% expect to do 2 or more
### Reporting Required by Plans

<table>
<thead>
<tr>
<th>% Plans that ask providers to report on specific processes or outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeliness or amount of service delivered</td>
</tr>
<tr>
<td>Assessment or management of physical symptoms</td>
</tr>
<tr>
<td>Assessment or management of psychosocial needs</td>
</tr>
<tr>
<td>Assessment or management of spiritual needs</td>
</tr>
<tr>
<td>Assessment or documentation of member goals or advance care planning</td>
</tr>
<tr>
<td>Discharge status for enrolled patients (transition to hospice, death)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>% Providers routinely monitoring for palliative care</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Referred patients that receive PC services</td>
</tr>
<tr>
<td># Days between referral and initial visit</td>
</tr>
<tr>
<td>% Patients receiving spiritual assessment</td>
</tr>
<tr>
<td>% Patients receiving functional assessment</td>
</tr>
<tr>
<td>Assessing, managing, or impacting physical symptoms</td>
</tr>
<tr>
<td>Assessing, managing, or impacting emotional or spiritual distress</td>
</tr>
<tr>
<td>Completion or timeliness of medication reconciliation</td>
</tr>
<tr>
<td>% Patients with Advance Care Planning discussed</td>
</tr>
<tr>
<td>% Patients with Advance Directive or POLST completed</td>
</tr>
<tr>
<td>Patient or family satisfaction</td>
</tr>
</tbody>
</table>
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:

• What is the enrollment target?

• Are the barriers that have kept enrollment low for some plans modifiable?

Your Questions?