



Driving Improvements in Palliative Care in Medi-Cal (SB 1004)

Virtual Convening Day One
April 27, 2021

Virtual Conference Housekeeping

- Please keep yourself on mute in all sessions except the breakout sessions.
- If you are using your phone for audio, PLEASE link your phone audio to your Zoom online profile.
 - Click on “Join Audio” icon (lower left), select “Phone Call”, enter “# Participant ID #” on your phone.
- If using computer for audio be sure to have your computer microphone on so you can be heard in breakouts.
- Please change your display name to your full name and organization.
 - Hover over your own picture on Zoom; three dots will appear in the upper right; click on “Rename.”
- Slides and recordings from the main sessions (not breakouts) will be available on the CHCF website within a week or two.



State of SB 1004 Palliative Care: Looking Back – Looking Forward

Part A: Reports from Plans and Providers on Volume and Quality

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3rd Annual Medi-Cal Palliative Care Survey

- Purpose:
 - Assess growth of and changes in Medi-Cal palliative care services, since implementation of SB 1004 in Jan 2018
 - Identify common challenges and successful strategies to get services to patients/members who need them, and share important lessons learned
- March 2021 Plan and Provider Survey
 - 19 plans, 31 provider organizations responded
 - Respondents from different regions
 - When possible, results compared to prior surveys

Thank You!!

Roadmap

Part A – Framing, Volume,
Quality

Q&A

Reflection (5 min)

Part B – Processes of Care,
Sustainability

Q&A

Plan Characteristics

Varying sizes (range 20,000 – 1.3M adult members)

- Small (< 100,000 members): 4
- Medium (100,001-500,000 members): 8
- Large (> 500,000 members): 4

Number of provider partners

- Range 1-16, approx. 2/3 have ≥ 4
- Most have a smaller number of vendors who actually delivered services in Q4 2020 (≤ 4)

Provider Characteristics

- Affiliation, for-profit status
 - 81% independent, 16% affiliated with health system
 - 56% not-for-profit status
- Vast majority care for patients with other insurance
 - 94% Commercial
 - 77% Dual-eligible (Medicare + Medi-Cal)
 - 65% Medicare Advantage
 - Fee-for-service Medi-Cal (55%), Medicare (48%)
 - 35.5% uninsured

Provider Characteristics

- Other business lines
 - 86% hospice
 - 31% home health
 - 17+% transition support (e.g. hospital to home)
 - 14% stand alone ACP/education program
 - 10% home-based primary care
 - 10% private duty nursing
 - Other: peds, SNF primary care, hospice facility

“Offering Palliative has over all helped our agency grow as a whole. It benefits that we can also directly bring on our own HH team or hospice.”

Provider Characteristics



Nearly all are experienced in delivering palliative care (90% have 3+ years experience)



Most (81%) provide services in multiple counties

53% of counties explicitly covered

2 providers cover regions/state



Half have ≤ 2 Medi-Cal plan partners (range 0-10+)

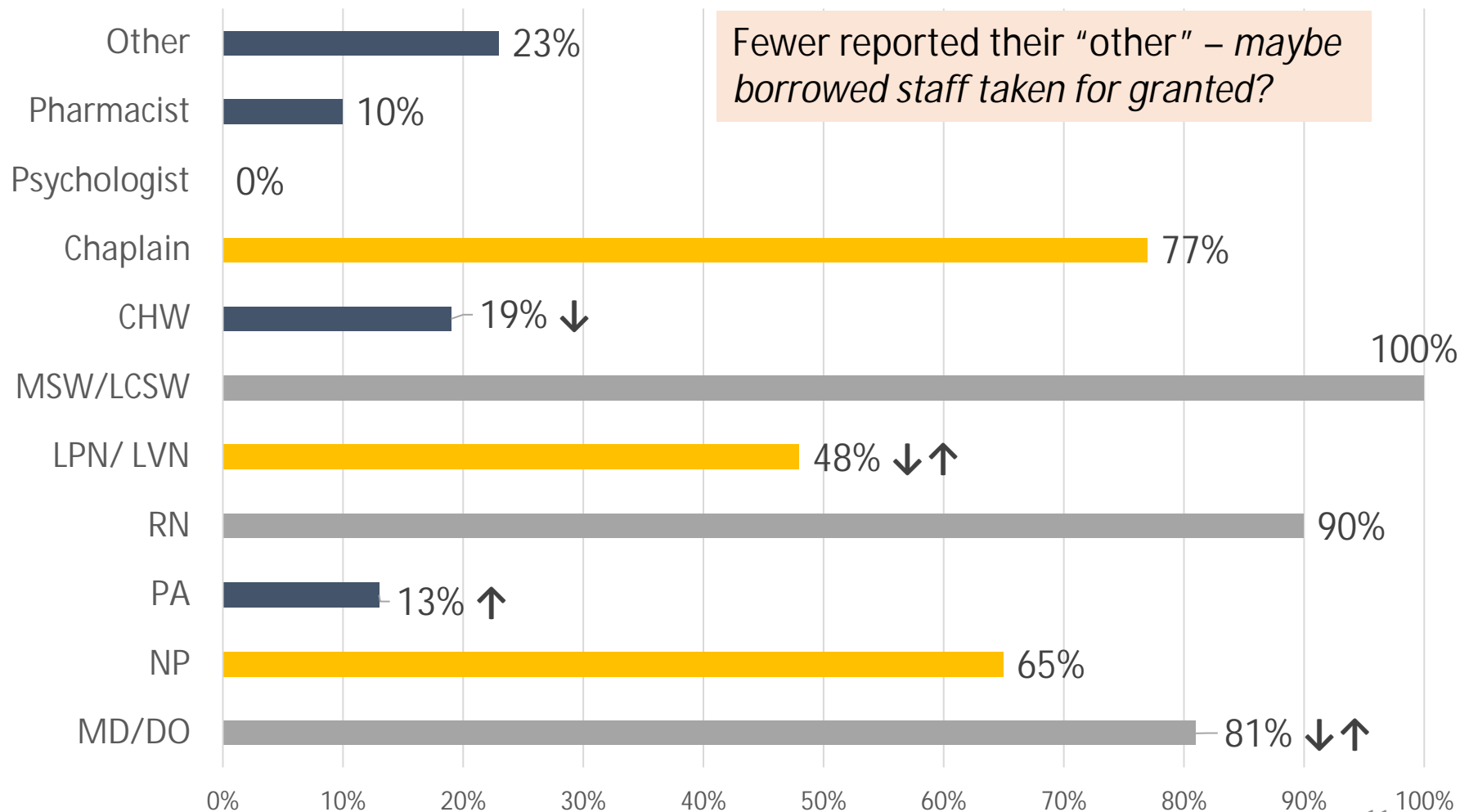
Where is care provided?

- Settings where care is delivered
 - 97% Home
 - 90% SNF/RCFE
 - 55% Homeless Shelter/Medical Respite
 - 29% Hospital
 - 26% Offices/Clinics



Who delivers SB 1004 Palliative Care?

Disciplines directly and routinely involved in delivering services



Fewer reported their "other" – *maybe borrowed staff taken for granted?*

COVID-related staffing changes

- Increase in HH aide and NP
- Higher than normal RN turnover
- Added MD virtual visits
- Staffing shortages
 - Most reported these were temporary
 - 1 organization listed this as part of feasibility concerns
- (Expanded answering service)
- (Increase in remote delivery of care, especially MSW, chaplain)

“Due to COVID, some do not staff in homes for referral visits, patients are lonelier due to distance from family during COVID and unable to have family visits.”

Reflections on Survey Participants

- Plans
 - Representative of different sizes, regions
 - Most have a small number of active provider partners
- Providers
 - Majority are independent organizations (approx. 50/50 for-profit status), most with hospice services
 - Most are experienced in palliative care (≥ 3 years)
 - Many are making room for very vulnerable patients (e.g. in shelters/respite, uninsured)

Program Monitoring

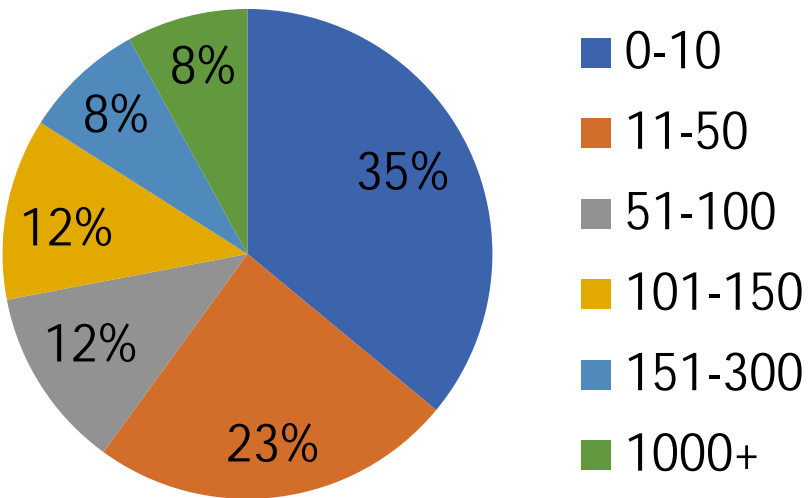
What are Plans and Provider Organizations Tracking?

What are Plans/Providers Tracking?

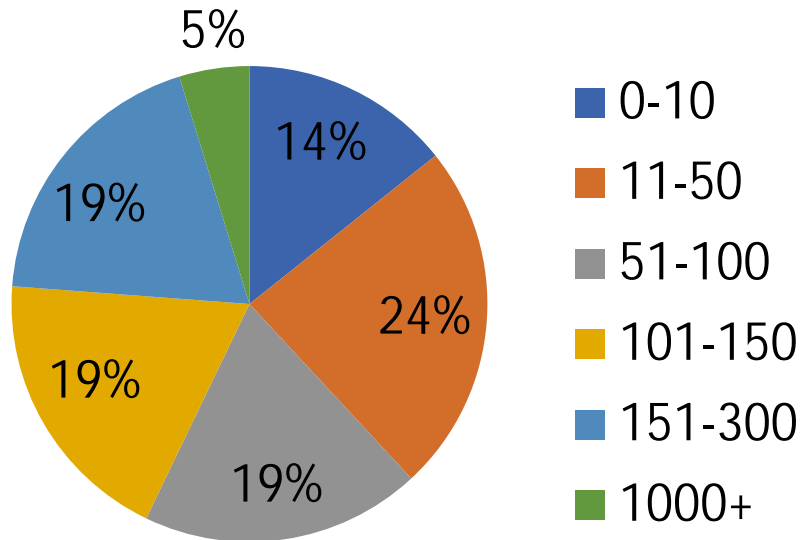
- Referral and enrollment data is no longer required by DHCS
- Our questions:
 - How many patients/members were referred?
 - How many actually enrolled?
 - Are volumes changing?
 - To what extent are other quality measures being monitored?

Patients referred in 2020

Providers -- 2019



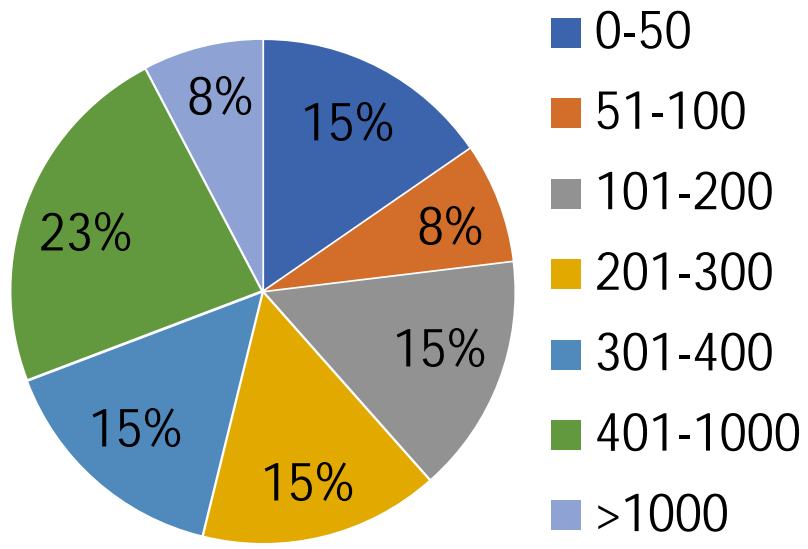
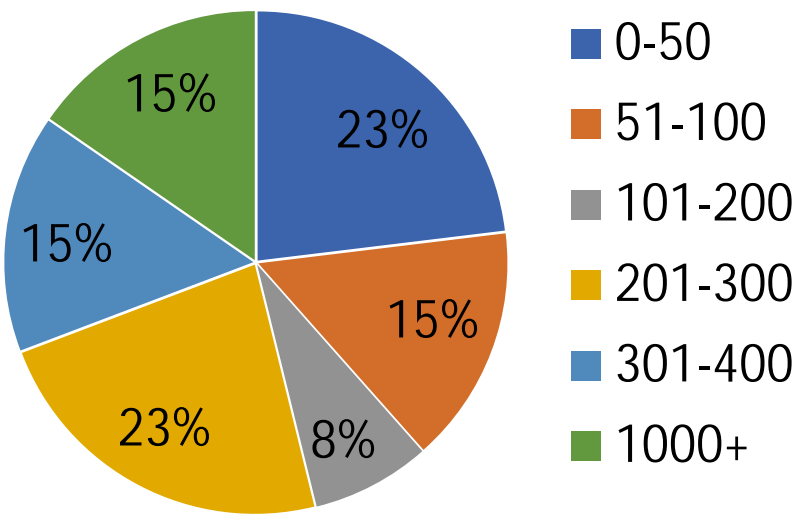
Providers -- 2020



Members referred in 2020

Plans -- 2019

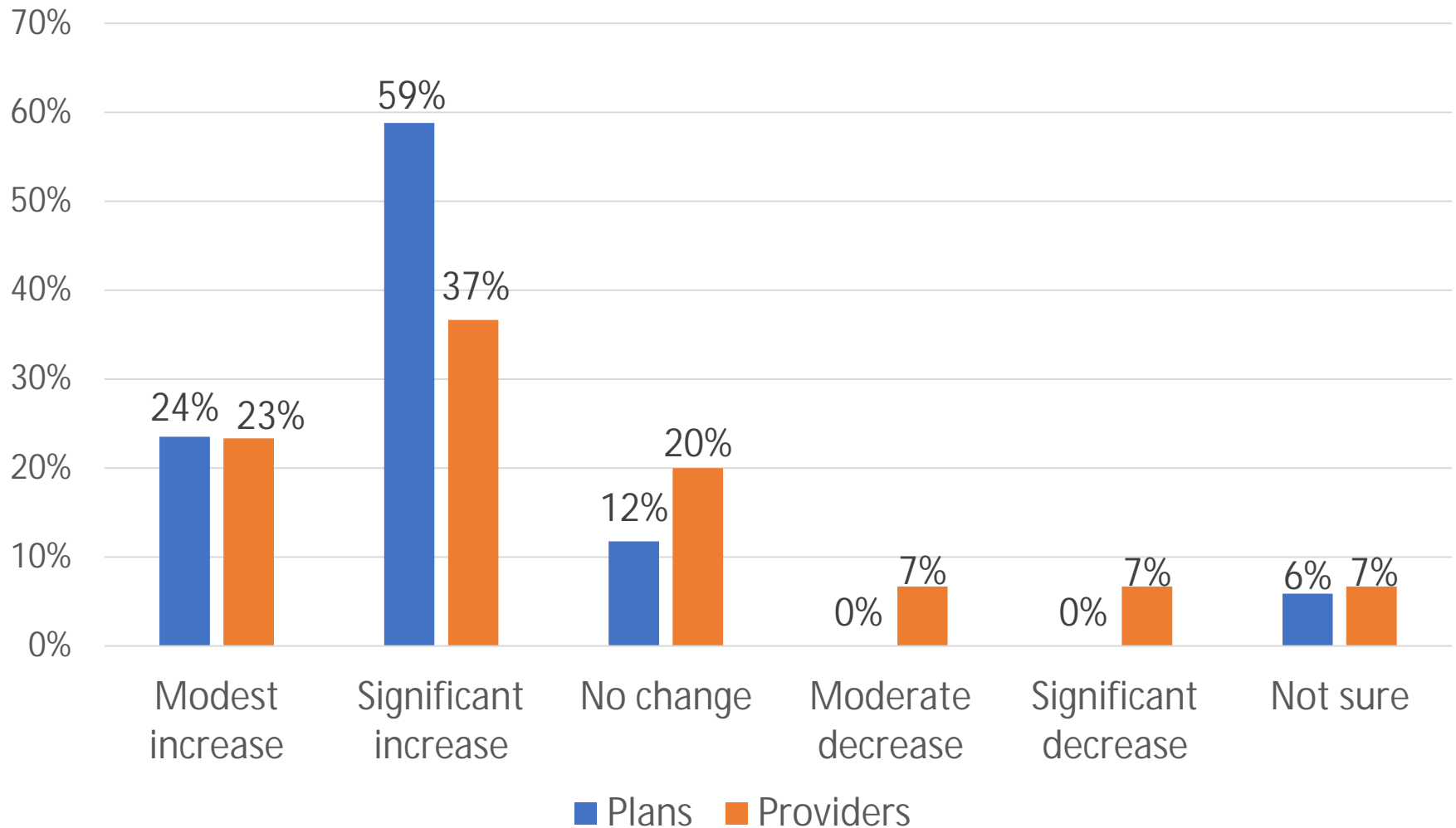
Plans -- 2020



3,641 members
13 plans

5,323 members
13 plans

How is the volume of referrals changing?



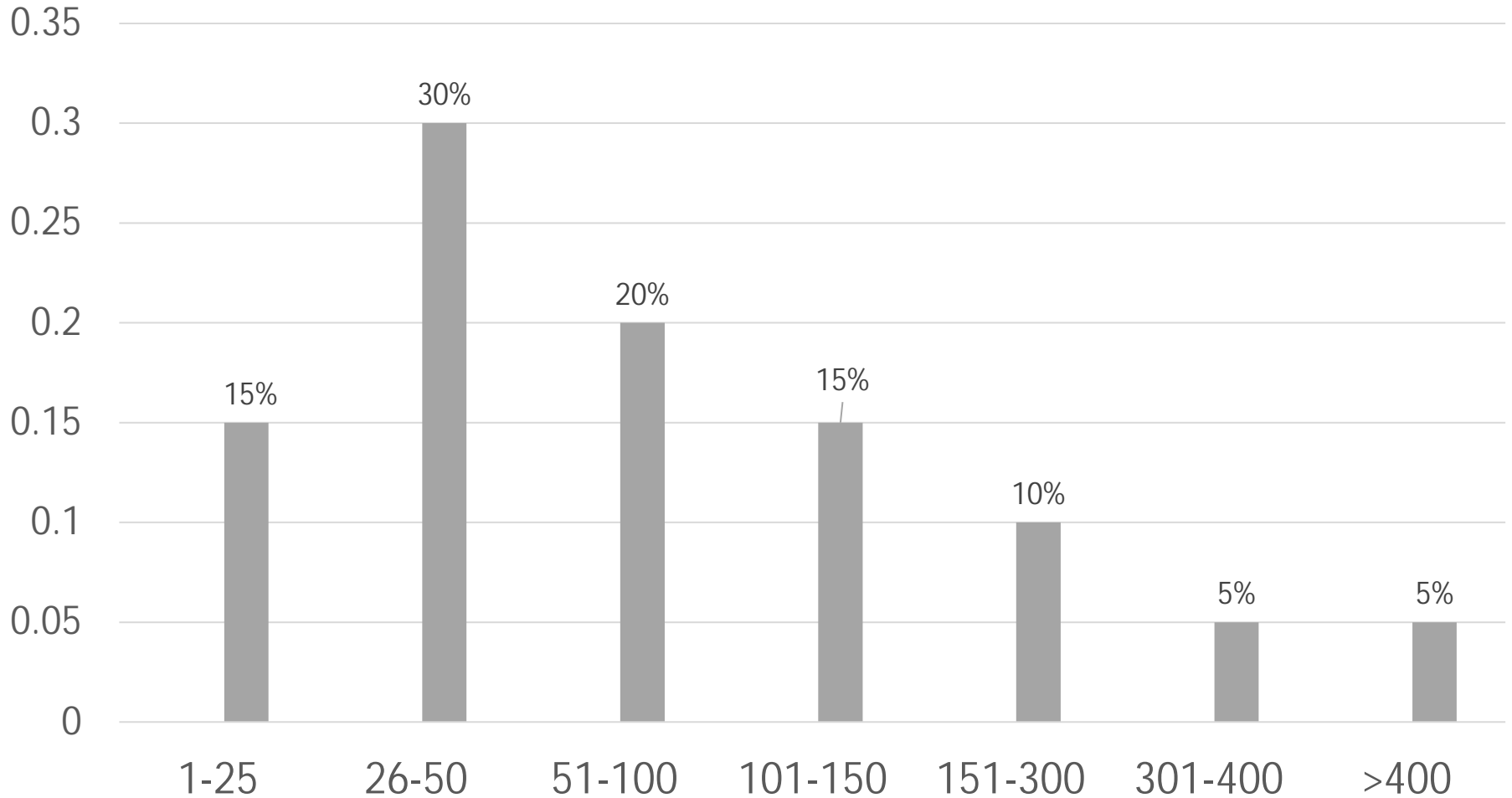
Comments on referrals

“Ongoing struggle to bring awareness to community providers and referring eligible members to the program.” –Health Plan

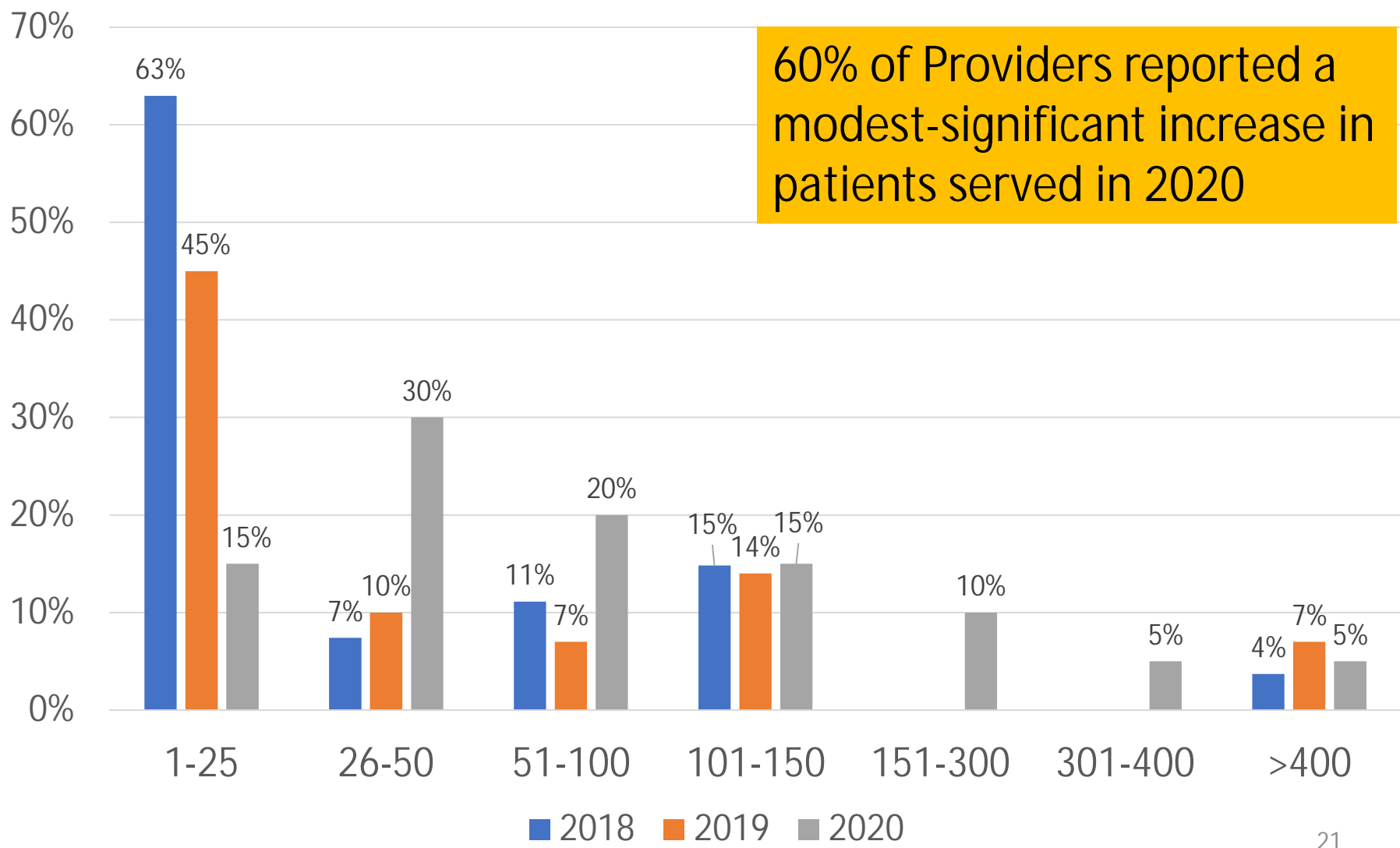
“Increased awareness/education to be provided to the medical groups, physicians/clinics about what palliative care is-to be initiated by the state to encourage palliative services.” -Provider

How many patients are providers serving?

2020 Patient Enrollment

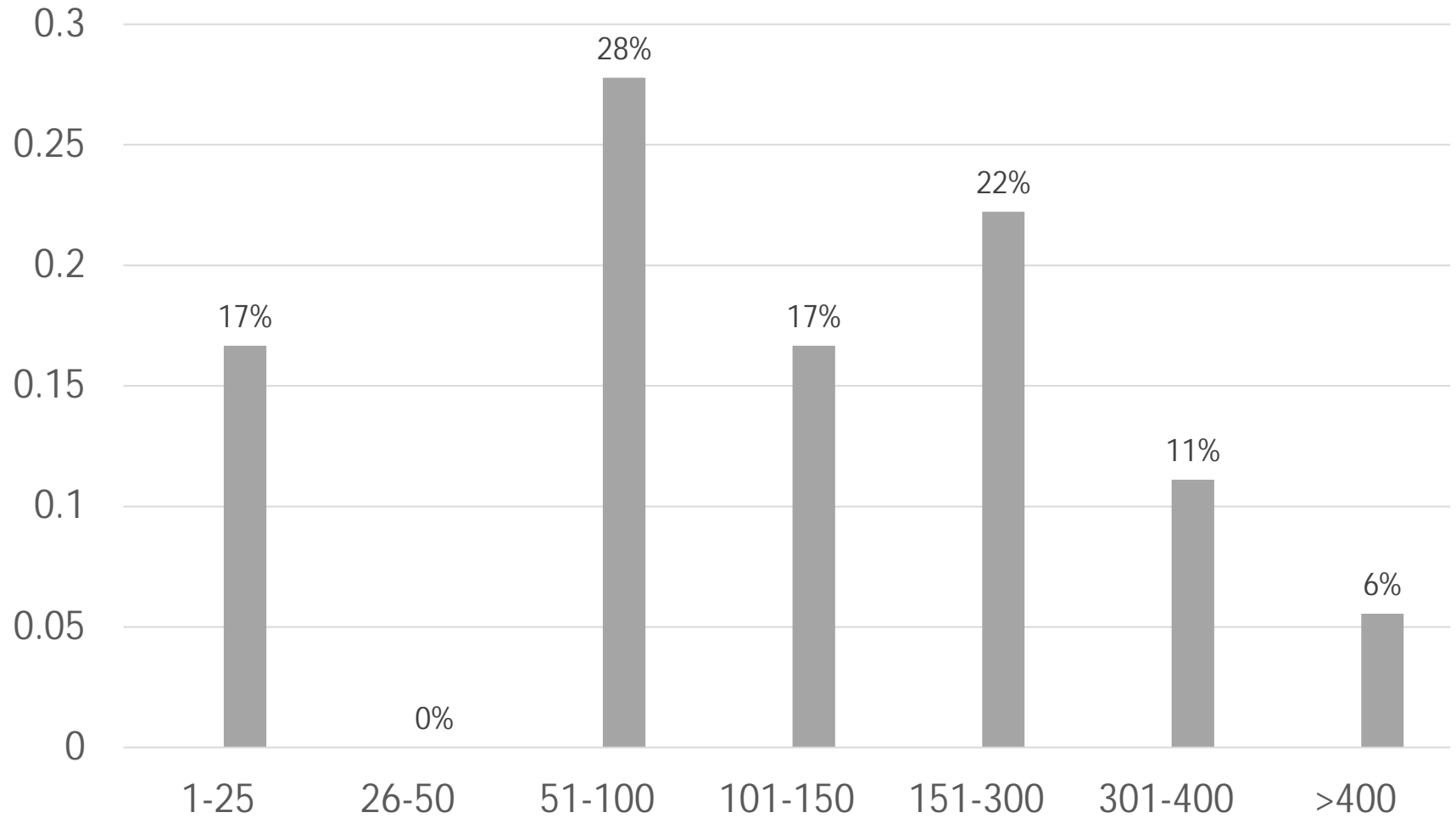


How many patients are providers serving?

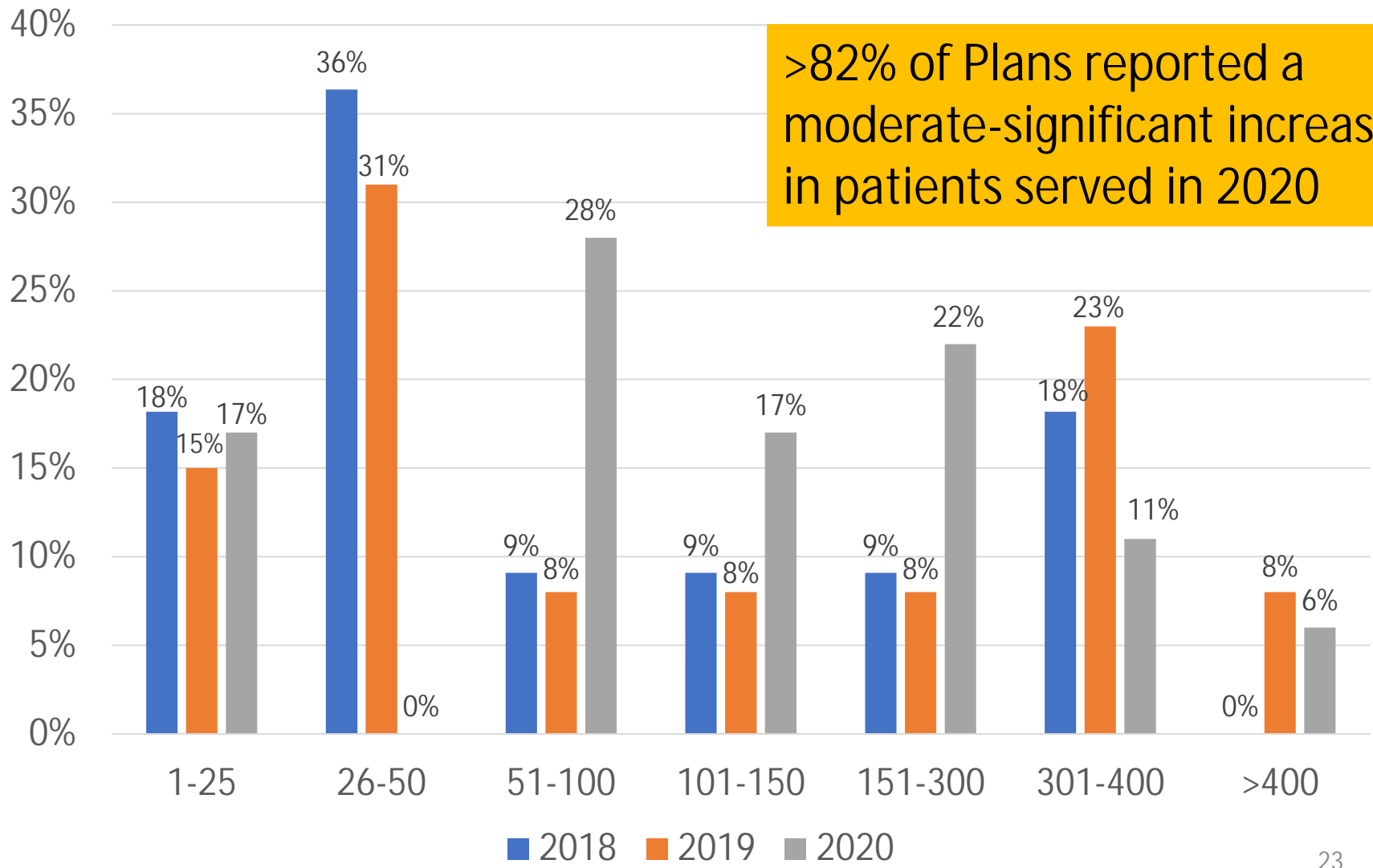


How many members received services?

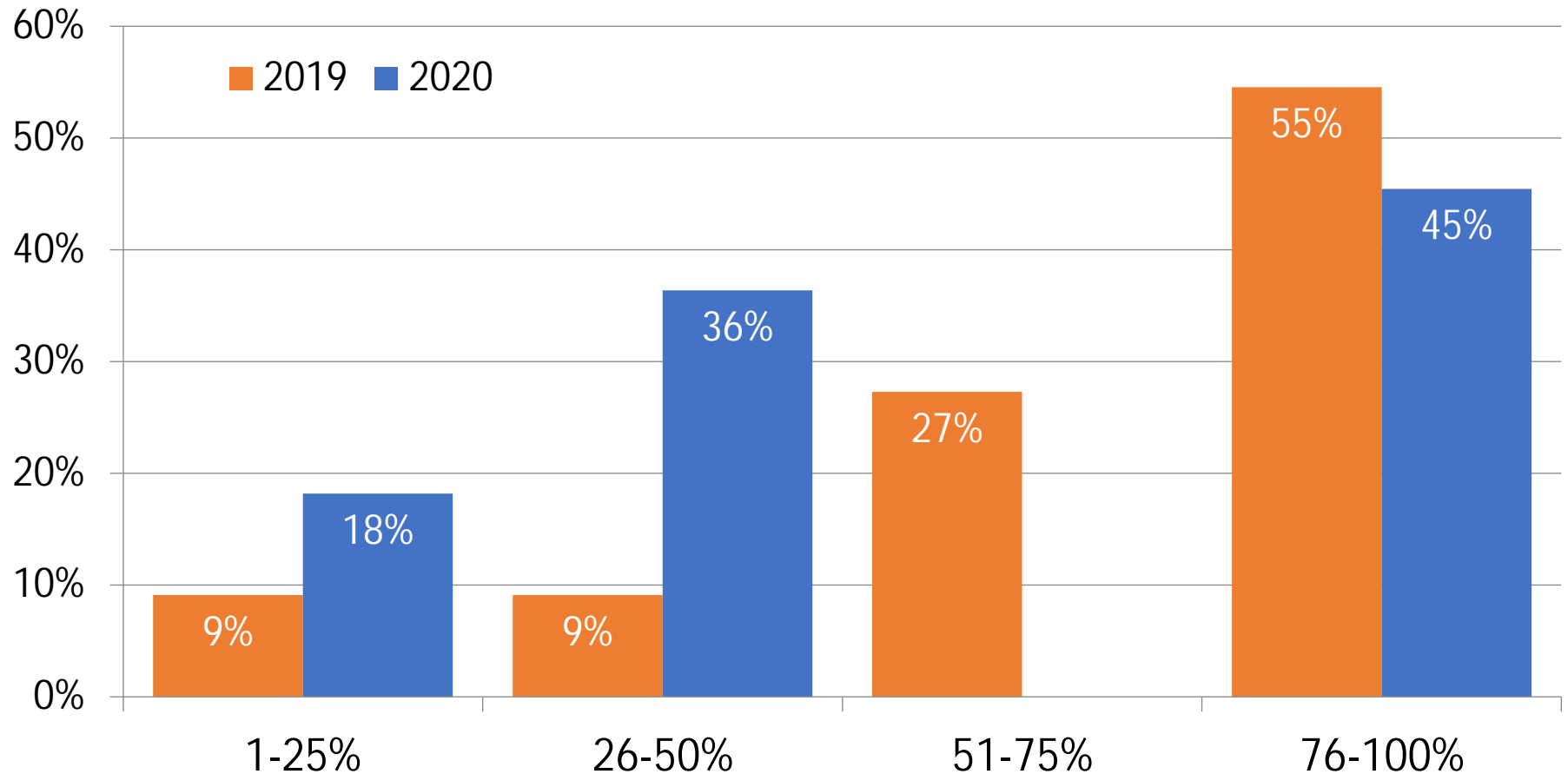
2020 Member Enrollment



How many members received services?



What proportion of members referred actually received services?



Proportion of Referred Members Who Receive Services

Comments on enrollment

"This benefit offers great options for many of our members it would be wonderful if members were more receptive/open to take part in the program."

-Health Plan

"More analysis should be done to address issues leading to low utilization." -Health Plan

"We need more consistent referral and growth to continue the program we operate today." -Provider

Reflections on Referral & Enrollment

- Growth is happening, for the majority of plans and providers – both in terms of referrals and actual enrollment
 - Most plan respondents had 50-300 members enrolled in 2020
- More plans are reporting difficulty converting referred members to enrolled members, compared to 2019 – unclear why



Improvement

What quality metrics are being monitored?

How are organizations hoping to improve?

How are organizations focusing on quality?

- 71% of organizations report that they are certified by the Joint Commission or Community Health Accreditation Partner (and another 13% soon)
 - 53% of Plan respondents *require* TJC/CHAP certification
- 87% of organizations report that they have a formal quality assessment program for their palliative care program

What are Providers monitoring?

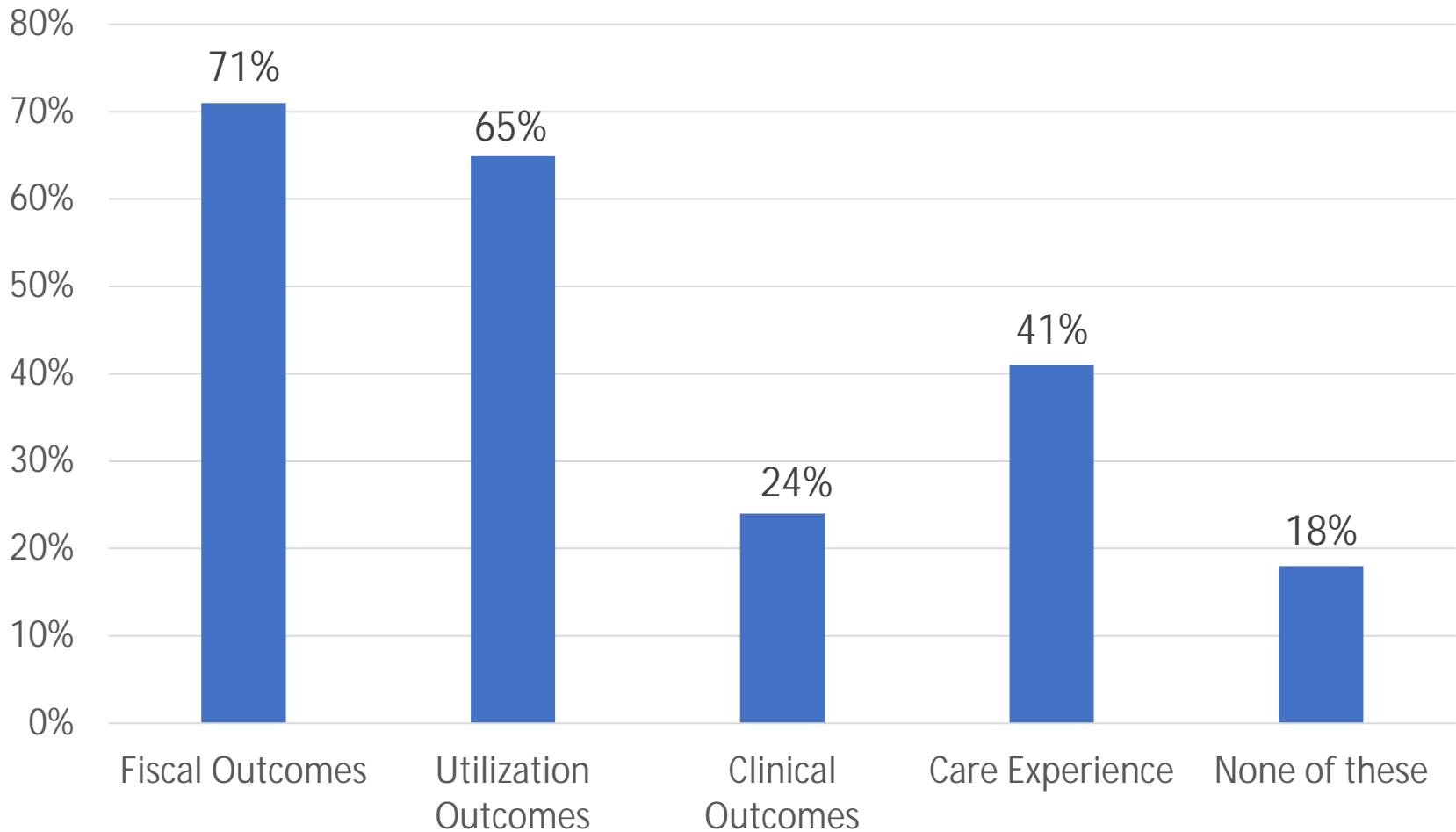
Metric	% Who Are Tracking
Assess/manage/impact physical symptoms	83%
% for whom AD or POLST was completed	83%
% for whom advance care planning was discussed	80%
Patient/family satisfaction	80%
Assess/manage/impact emotional symptoms	77%
% of referred patients that receive palliative care services	67%
Number of days between referral and initial visit	60%
% Patients with completed functional assessment	60%
Completion or timeliness of medication reconciliation	53%
% Patients with completed spiritual assessment	47%
None of these	3%

What quality data do Plans receive?

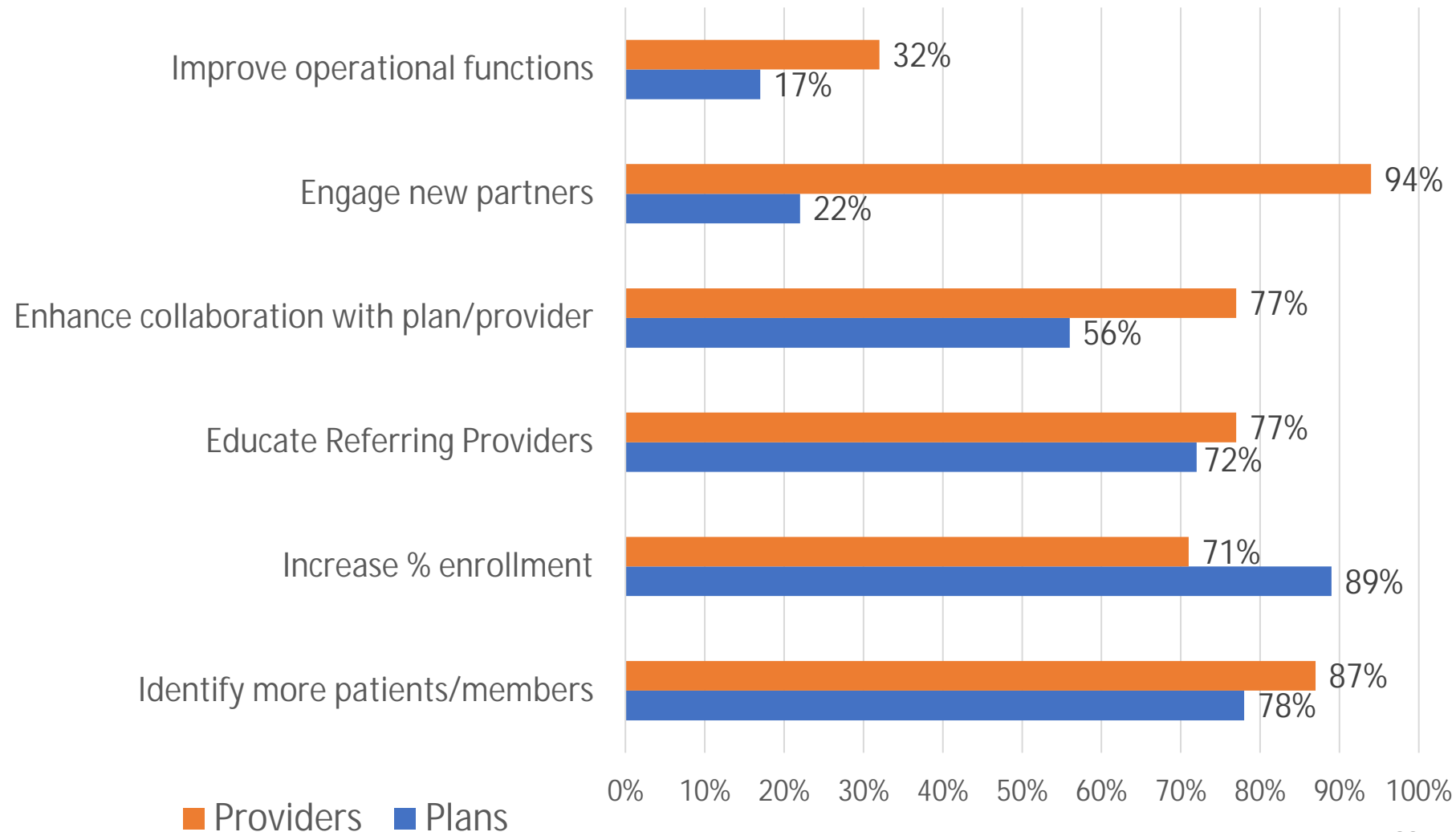
Metric	Percent Getting Data
Discharge status for enrolled patients, (e.g. transition to hospice or death)	67%
Timeliness or amount of service delivered <ul style="list-style-type: none">• number of days between referral and first contact• number of visits/month	61%
Assessment or management of physical symptoms	61%
Assessment or management of psychosocial needs	61%
Assessment or management of spiritual needs	61%
Assessment or documentation of member goals or advance care planning	61%
Member satisfaction	22%
<i>Information is not requested from vendors</i>	17%

What are Plans assessing?

Which of the following analyses to you plan to do in the next year?



What are organizations hoping to improve in the next year?



Reflections on Quality Assessment

- Most of our respondents (Plans and Providers) continue to actively assess the quality and/or impact of palliative care services
 - The majority of Provider respondents have TJC/CHAP certification already, and nearly all have a formal quality monitoring program
 - Perhaps since Providers share useful clinical process measures, Plans are focusing their internal analyses on fiscal and utilization outcomes (over clinical)
- Plans and Providers are aligned on wanting to identify and enroll more patients

Reflection – 5 min

- What surprised you? Why?
- What would you like to discuss further with your team?
- Are there any questions you want to ask or issues you would like to discuss during the Q&A schedule for Part B of this session? *If so, please take a moment to write them in the Chat box now.*