Essential Elements of Medi-Cal Palliative Care Services: Primary Care and Referrer Role in Member Engagement

This resource is part of "Section D: Define (or refine) strategies to identify and engage MCP members" of the California Health Care Foundation publication *Essential Elements of Medi-Cal Palliative Care Services: Tips and Tools for Medi-Cal Managed Care Plans and Palliative Care Providers*.

Medi-Cal managed care plans and their palliative care provider partners shared information from their programs for this guide, including internal policies and procedures. CHCF is grateful for this leadership and willingness to contribute for the benefit of more people whose health and lives can be improved with high-quality palliative care.

Medi-Cal managed care plans (MCPs) and palliative care (PC) providers rely on primary care providers and specialists to lead the care relationship with their patient as the patient considers palliative care and then enrolls when appropriate. Primary care and specialists also serve as palliative care advocates and generate referrals for the program.

ADVICE FROM MCP PROGRAM LEADERS

These two MCPs engage primary care for a discussion of the patient's needs and goals between the referral and enrollment steps of the process. One contacts the primary care provider first, and the other contacts the patient and then the primary care provider.

MCP 1

Program manager: "It's very important that the community-based palliative care organizations have a relationship with the primary and/or specialty care providers. We require the palliative care provider to contact the primary or specialty care provider to confirm if the member is truly a good candidate for palliative care services *before* reaching out to the member. This builds trust and connects palliative care to the ongoing care with the primary care provider, so we don't alienate our providers or our plan members."

MCP 2

Medical director: "Anyone can refer a member for palliative care evaluation. After the evaluation by the palliative care agency, if the person wants to be enrolled, then we get the [primary care] provider involved. If the provider does not agree that palliative care is appropriate, it comes back to me to call the provider to hear their perspective. But this has yet to happen. In the primary care office, there are so many points along the way to start the conversation. I train the front office staff to start the dialogue about supportive care."

TRAINING SUPPORT FOR DIFFICULT CARE CONVERSATIONS

Support for effective provider-patient communication includes helping providers succeed in difficult conversations about serious illness. One MCP includes the following information in its PC program resources for providers, as part of its broad role in helping providers with quality of care and patient experience, and as a way to help providers have more palliative care conversations during patient visits.

GUIDE TO DELIVERING BAD NEWS

Turn this difficult topic into an effective plan of care for your patients.

Use this guide to help you deliver bad news.

You must inform your patient before you can move forward with a plan. This may be the most remembered event by the patient and their family.

- Medical reality and patient expectations may be quite different.
- The initial reaction to bad news may be anger, denial, depression, or blame.
- Respect cultural preferences and social disparities.
- Tell the patients and their families that they have a right to informed consent.

Discuss next steps.

Provide an overview to make sure the patient understands medical reality. You cannot proceed with a plan until you get through the emotion. This may take more than one discussion.

- Let the patient and their family know what to expect.
- Support the patient with a comprehensive plan.
- Educate patients and their families. This may lessen fears.

Be aware of barriers.

No one likes delivering bad news. Helping your patients to overcome the emotional shock of bad news can help your patients to prepare the best plan of action, even though the physician may feel uncomfortable. Physician discomfort may be related to:

- Fear of causing emotional harm to the patient.
- Fear of taking away hope.
- Knowing the patient's initial response may not be pleasant.
- Focusing away from a cure can be perceived as failure.

Practice these techniques for your conversations with your patients.

- Show concern. Choose a private, quiet setting to explain and talk about the patient's chronic condition or progressive disease. Discuss it at eye level. Be sure there are no interruptions.
- Validate. Address their concerns and spend time to answer their questions.
- Show empathy. Give them time to absorb the news. Acknowledge the way they feel.
- Probe further. Find out what the patient needs or is worried about. Ask them to summarize what they heard. Ask them if they have family members to help support them.

You and your patients have help.

Delivering the bad news may be an essential step in developing the right care plan for your patient. Your patients may qualify for additional help and supportive services through [MCP PC PROGRAM].