COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

with funding from California Health Care Foundation

State of Medi-Cal Palliative Care: Complete Findings from the 2022 Plan and Provider Surveys

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Survey Details

- Annual survey of Medi-Cal palliative care activity
  - Surveys were also administered in 2019, 2020, 2021
- Distributed by Coalition for Compassionate Care of California, funded by California Health Care Foundation
- Surveys look at structural elements, process/policy, outcomes, and sustainability issues
- Questions focused only on ADULT palliative care programs
- 2022 surveys
  - 20 Palliative care provider respondents
  - 15 Plan respondents
  - Respondents reported on activities and experiences for **calendar year 2021**

Responses from Palliative Care Providers

Provider Characteristics
Experience and geographic coverage

- Experience delivering palliative care
  - ***All respondents had >2 years experience***
  - 3-4 years experience: 35% (n=7)
  - 5+ years experience: 65% (n=13)
- Wide range of geographic areas covered
  - Operating in 33 of 58 California counties
  - Northern and Southern CA, Central Valley
  - Urban and rural areas
- Most respondents deliver palliative care in multiple counties (range 1-18)
  - 5 organizations (25%) work in 1 county
  - 10 organizations (50%) work in 2-3 counties
  - 4 organizations (20%) work in 4+ counties

Provider Characteristics
Number of contracts

Number of contracts with Medi-Cal Plans

- 1 Plan – 55% (n=11)
- 2 Plans – 15% (n=3)
- 3 Plans – 15% (n=3)
- 4 Plans – 10% (n=2)
- 5 Plans – 5% (n=1)

45% of providers have contracts with more than one Medi-Cal managed care plan. For these providers, consistency in contractual requirements across plans (required visit frequency, reporting requirements, staffing model, etc.) is especially important

Provider Characteristics

Insurances accepted

Insurance accepted

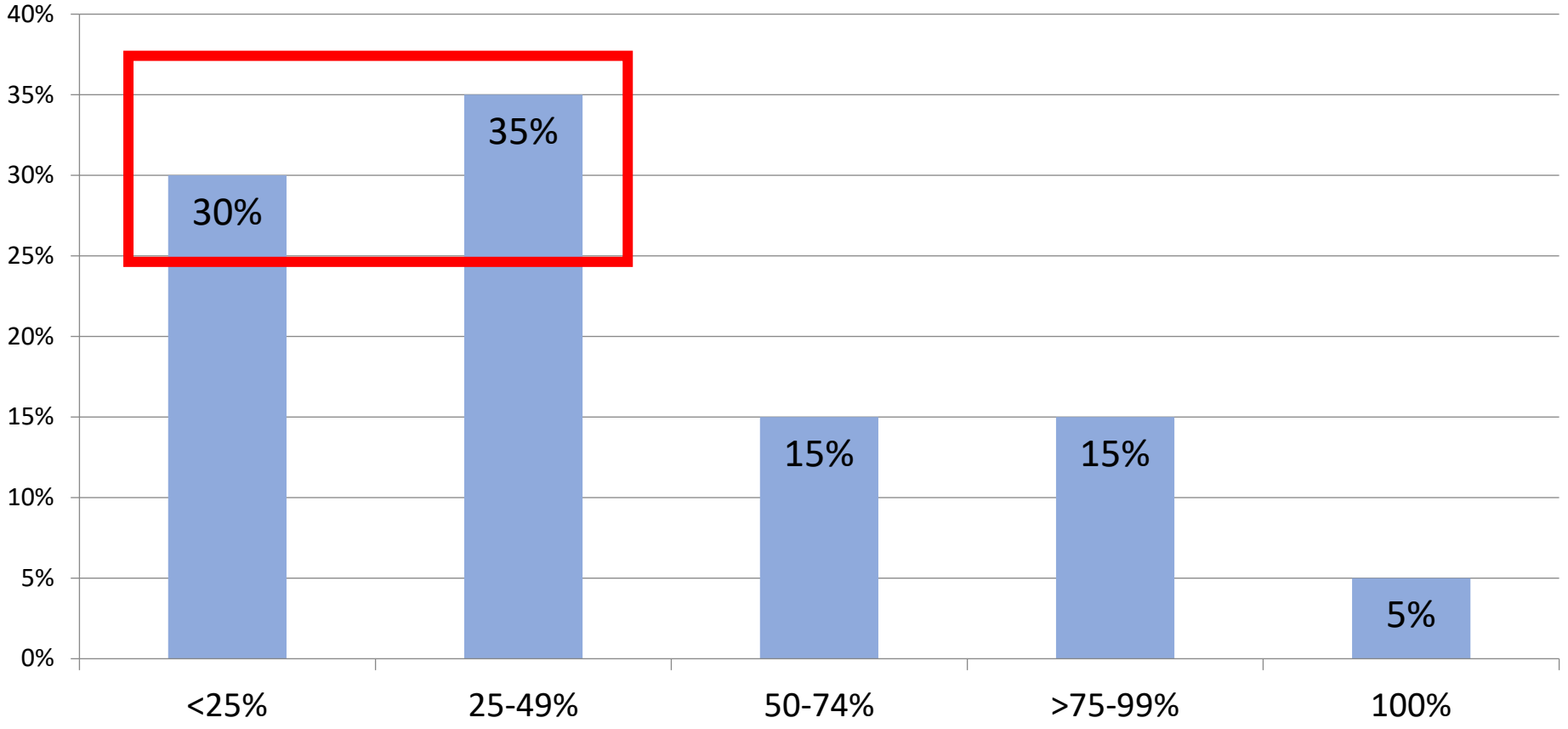
Insurance Type	Frequency
Medi-Cal managed care	**75% (n=15)**
Medi-Cal fee-for-service	**35% (n=7)**
Medicare Advantage	**50% (n=10)**
Medicare fee-for-service	45% (n=9)
Dually eligible Medicare/Medi-Cal	**50% (n=10)**
Commercial insurance	**65% (n=13)**
No insurance	20% (n=4)
All of the above	**45% (n=9)**

While all surveyed providers serve Medi-Cal enrollees, half of respondents also deliver palliative care to individuals with Medicare Advantage, Medicare/Medi-Cal, and commercial insurance

Provider Characteristics

Medi-Cal as % of all PC business

In 2021, Medi-Cal palliative care accounted for about what percentage of your overall palliative care business?



For 65% of respondents, Medi-Cal palliative care accounts for less than half of their overall palliative care business

Provider Characteristics

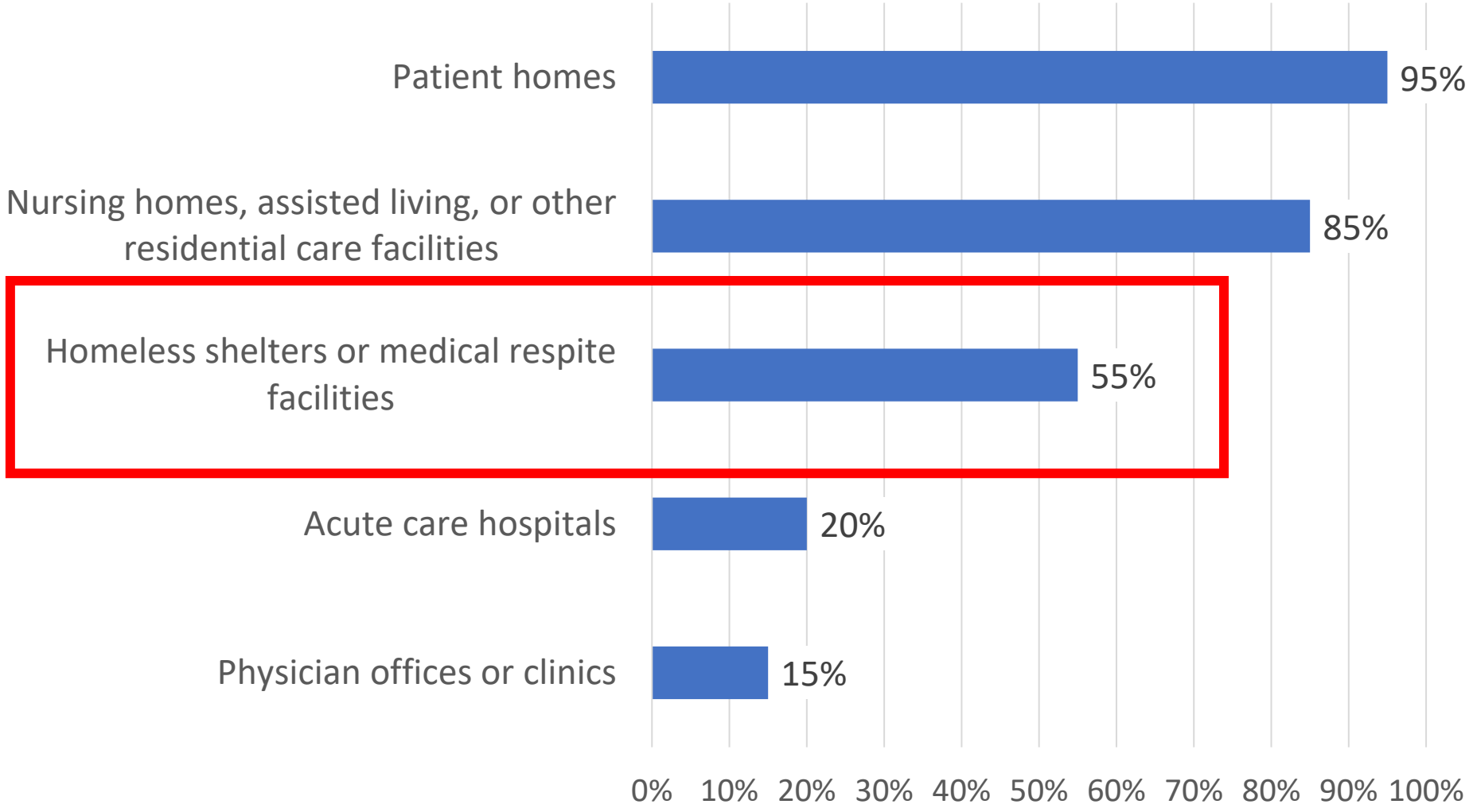
Organization type and clinical services

- Organization type
  - ***60% (12) independent not-for-profit***
  - 35% (7) independent for-profit
  - 5% (1) affiliated with a health system
- Other services provided
  - ***Hospice -- 79% (n=15)***
  - Home Health -- 21% (n=4)
  - Enhanced Care Management -- 11% (n=2)
  - 1 organization each reported providing private duty nursing, home-based primary care, hospital-to-home transition support
  - OTHER: Bereavement support, hospice volunteers, loan closet (DME), hospice facility, concurrent care for children

The typical Medi-Cal palliative care provider is an independent not-for-profit entity that delivers both hospice and palliative care

Provider Practices

Where delivering palliative care

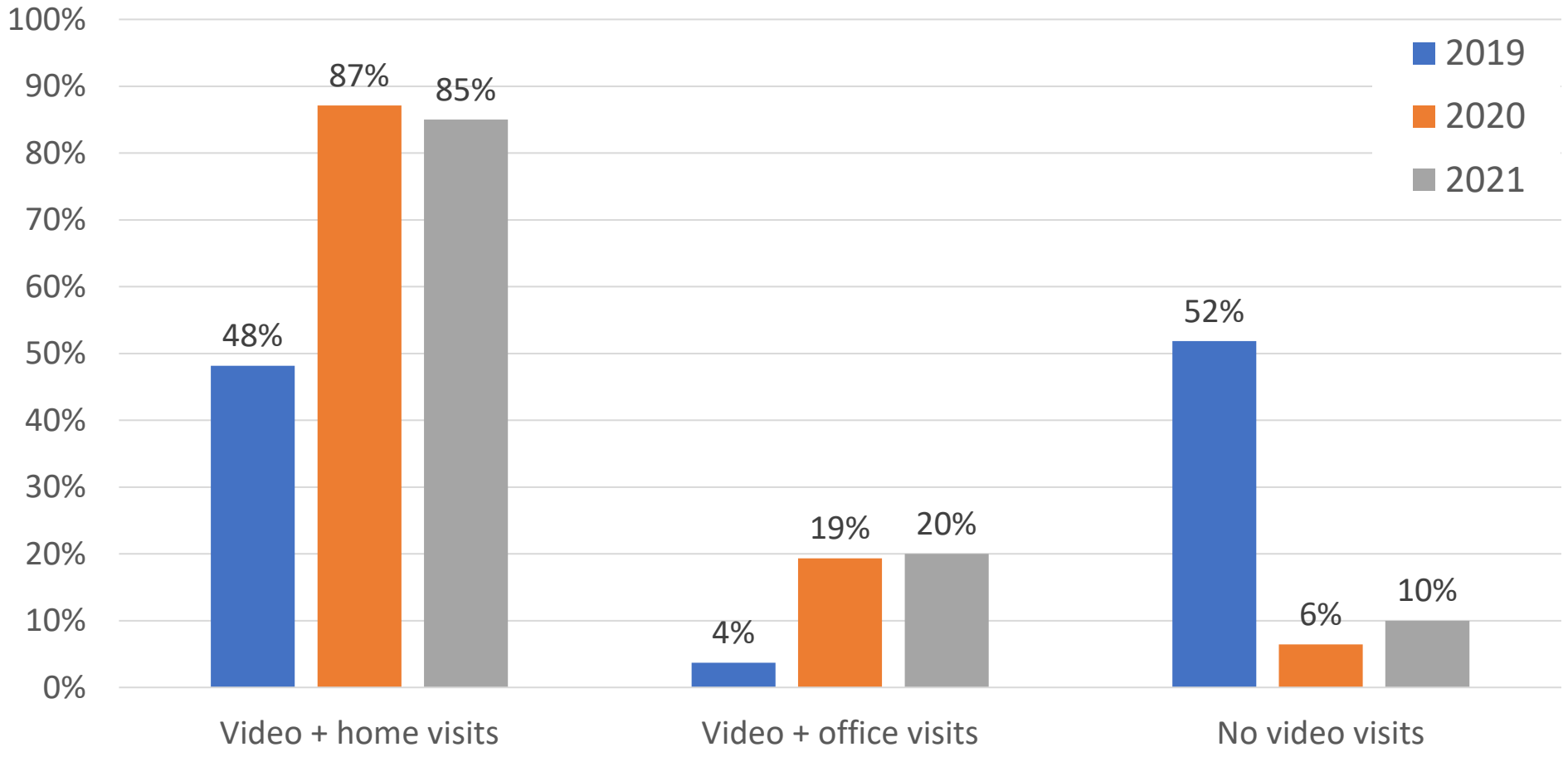


More than half of providers offer services in homeless shelters or medical respite facilities – an important factor for the Medi-Cal population

Provider Practices

Use of video visits

Please specify if and how you use video visits in combination with in-person visits when delivering palliative care.

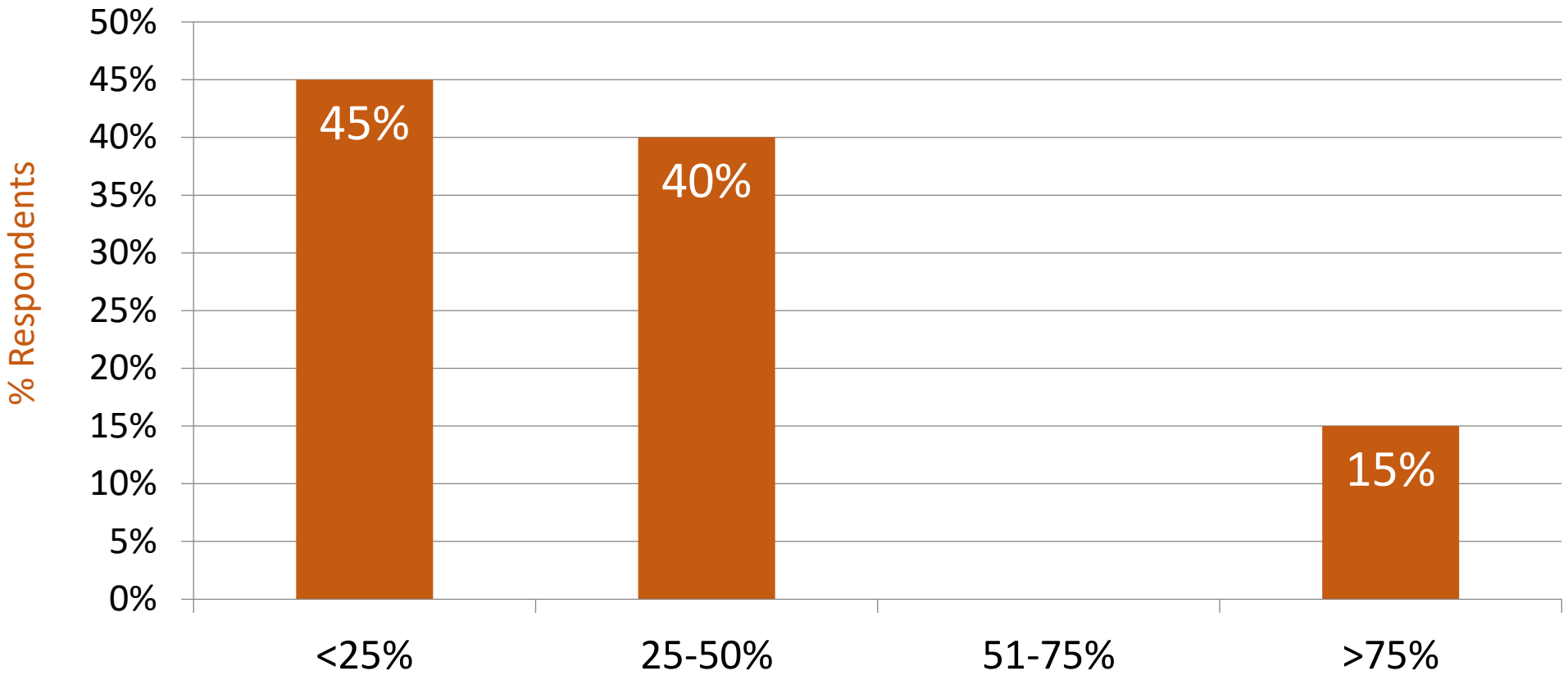


Nearly 90% of providers reported using video visits in 2021

Provider Practices

Proportion of visits provided remotely

Approximately what proportion of your palliative care visits with Medi-Cal patients are provided remotely (by video or phone)?

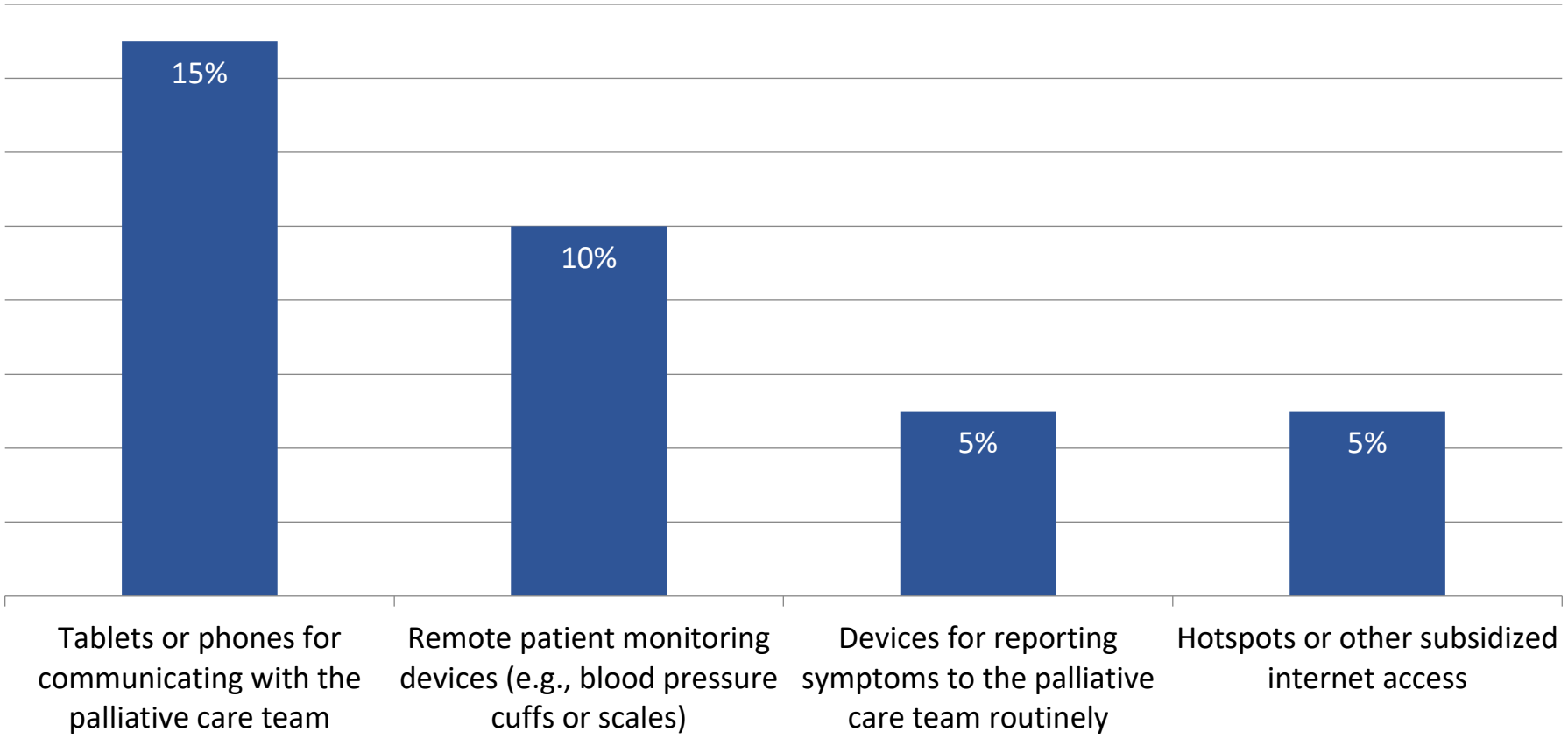


Most providers (55%) use phone or video for at least 25% of their encounters with Medi-Cal patients

Provider Practices

Use of smart devices/monitoring

Do you provide any of the following for your palliative care patients?

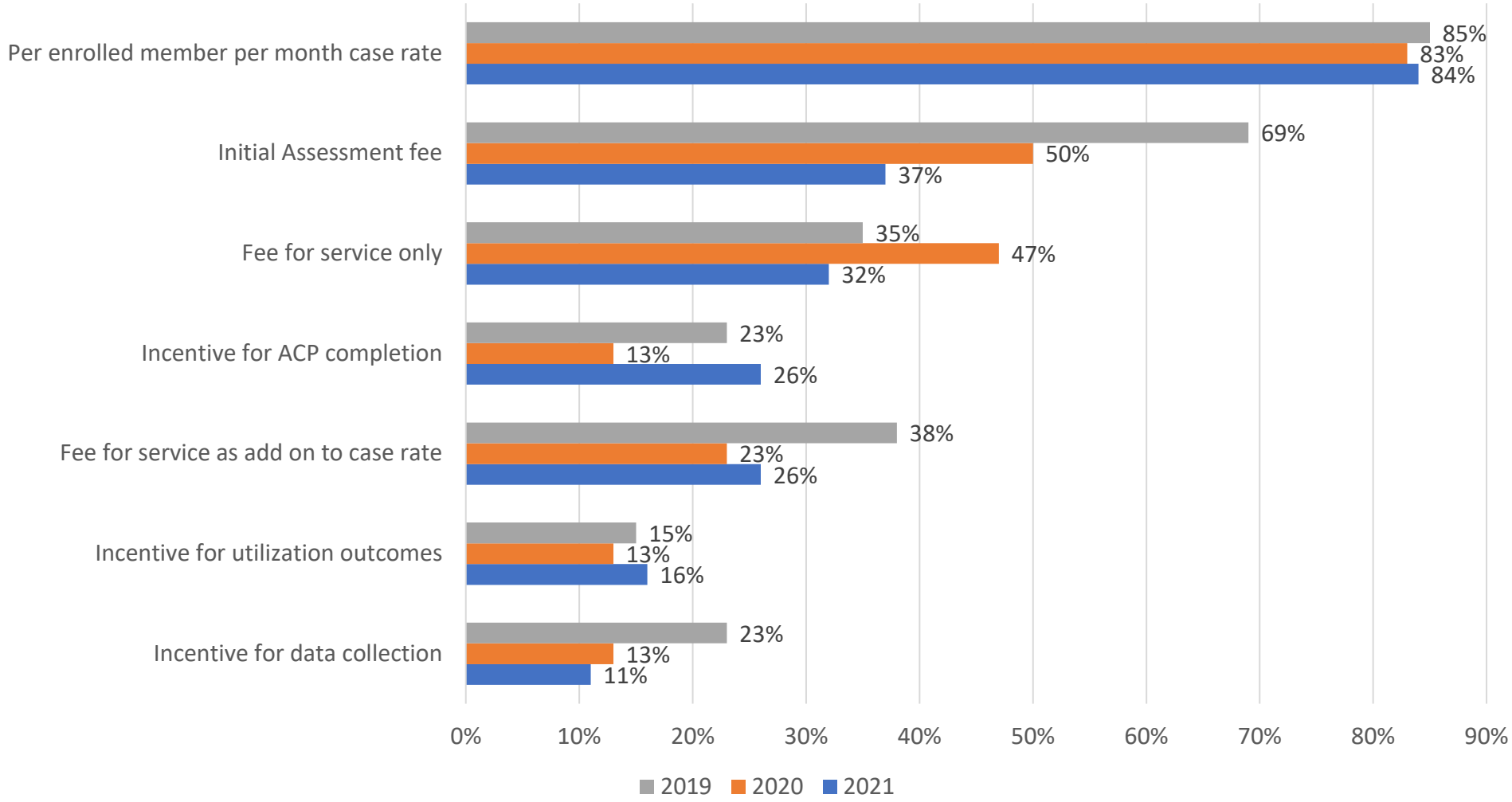


A minority of provider organizations reported using smart devices for patient monitoring

Provider Contract Characteristics

How Medi-Cal palliative care is paid for

Which of the following payment mechanisms are featured in your contract(s) for delivering palliative care to Medi-Cal patients?



PMPM (case rate) payments have remained the most common payment mechanism reported by palliative care providers

Provider Quality Assessment & Improvement

Provider Quality

Certification and formal assessment programs

- Organization certification or accreditation in palliative care (from The Joint Commission or CHAP)
  - 85% of organizations – YES (2021 survey: 71% reported being certified)
  - 5% of organizations plan to apply in 2022
- Certification in palliative care is required for:
  - Physician – 100%
  - Nurse – 30%
  - Social worker – 20%
  - Chaplain – 20%
- Organization reports formal quality assessment program
  - 95% (n=19) – Yes
  - 5% (n=1) -- No

Provider Quality

Metrics providers are tracking

Metric	Frequency
Percentage of referred patients that receive palliative care services	85% (n=17)
Number of days between referral and initial visit	75% (n=15)
Percentage of patients for whom a spiritual assessment is completed	45% (n=9)
Percentage of patients for whom a functional assessment is completed	80% (n=16)
Some indicator of assessing, managing, or impacting physical symptoms	70% (n=14)
Some indicator of assessing, managing, or impacting emotional or spiritual distress	70% (n=14)
An indicator that addresses completion or timeliness of medication reconciliation	50% (n=10)
Percentage of patients with advance care planning discussed	90% (n=18)
Percentage of patients with advance directive or POLST completed	85% (n=17)
Patient or family satisfaction survey responses	95% (n=19)
We do not assess any of the above metrics	0%

Provider Quality

Barriers to delivering best care possible

% Providers Flagging as Moderate-Significant Issue

Most common

- Too few referrals (60%)
- Primary and specialty providers are unwilling to introduce or recommend palliative care to their patients (50%)

Less common

- Difficult to recruit trained/qualified staff for our palliative care service (40%)
- Referrals come too late (37%)
- Competition with other plan programs for seriously ill patients creates confusion and limits enrollment (30%)

Least common

- Patients have clinical needs that are beyond the scope of our service (21%)
- Patients have psychosocial needs that are beyond the scope of our service (20%)
- Lack of effective coordination with other care providers (20%)
- Loss of enrollees due to annual open enrollment and change in plans (20%)
- Lack of effective collaboration with plan (15%)

Provider Quality

Comments on other barriers to delivering best care possible

"Lack of adequate community resources, Primary Care, specialty, and oncology providers are overwhelmed with patient/provider ratio (and several other issues) - making it difficult for us to collaborate effectively and provide timely interventions and appointments for interventions. "

"Lack of population health initiatives directing eligible individuals to qualified programs."

Patients with competing priorities or instability

"Pts without PCP or de facto access to PCP"

Limits on controlled substances for rural patients

Provider Quality
Improvement plans

Please identify your top priorities for improving or enhancing your palliative care program in the coming year

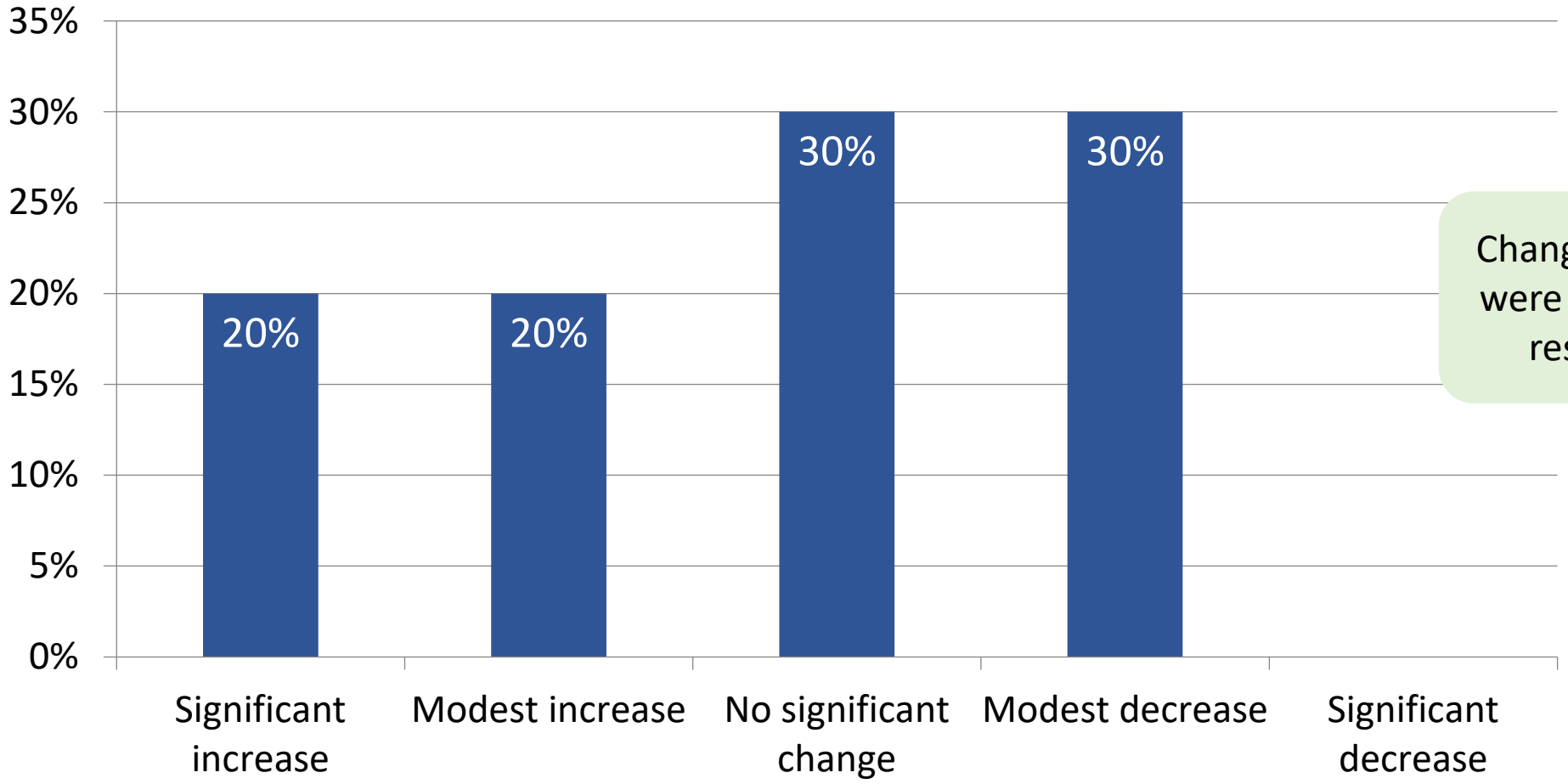
Improvement Area	Frequency
Identify more eligible patients	90%
Educating referring providers about palliative care	85%
Collaboration with existing health plan partner(s)	85%
Engage new payer partners	85%
Increase number of patients who accept services when offered	80%
Enhance our ability to serve patients with complex psychosocial needs	50%
Assessing quality of palliative care delivered to patients	45%
Lowering our cost of care delivery/becoming more efficient	40%
Attend to operational issues such as billing and documentation	35%
Enhance our ability to serve patients with complex medical needs	30%
No specific improvement plans	0%

Provider Sustainability Assessment & Concerns

Provider Sustainability

Patient volume

Compared to 2020, how did your volume of patients who received Medi-Cal palliative care services change in 2021?



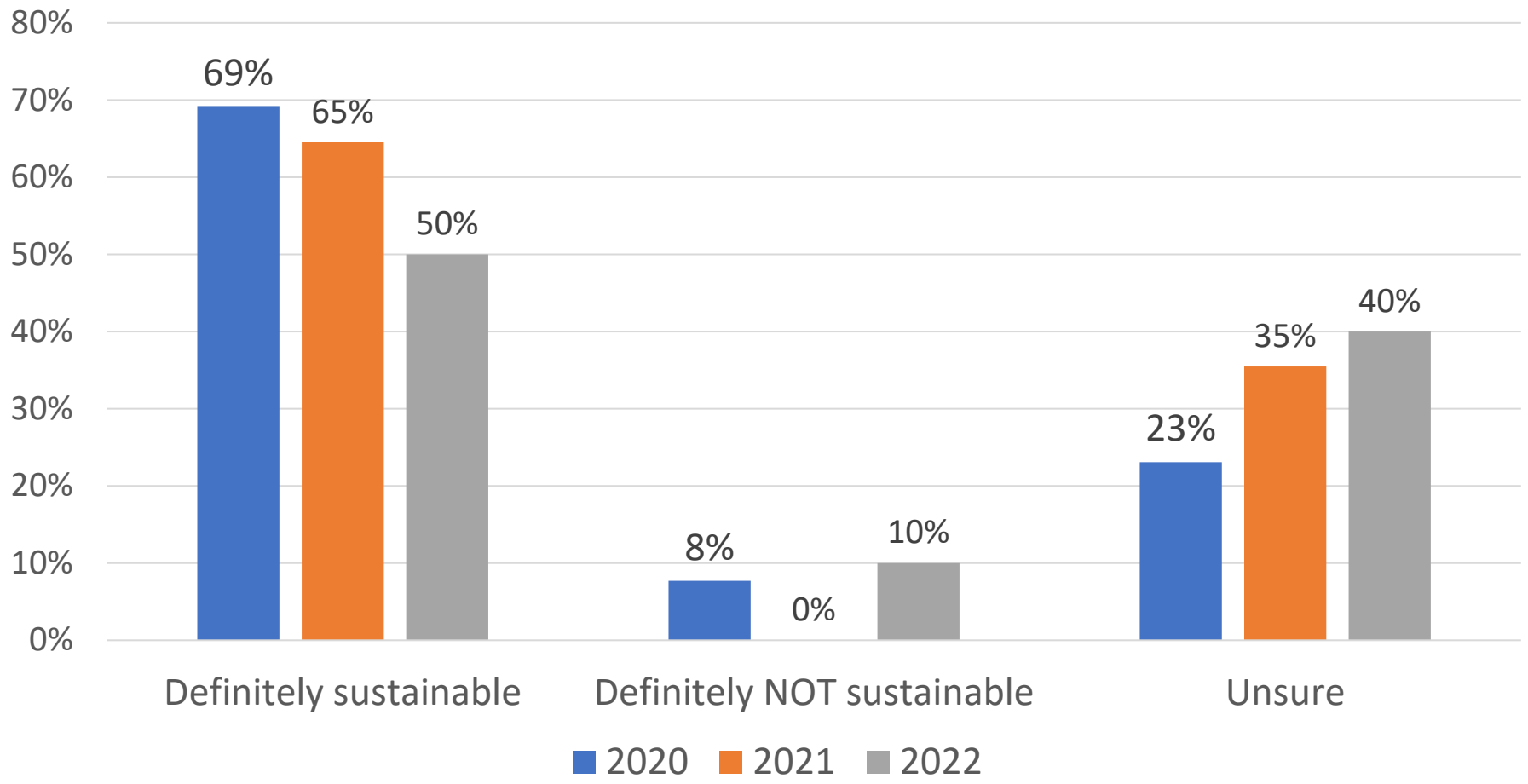
Changes in volume were mixed across respondents

Provider Sustainability

Perception of sustainability

To what extent is providing palliative care services to Medi-Cal enrollees sustainable for your organization?

Responses from all organizations that answered the question in any of the three surveys



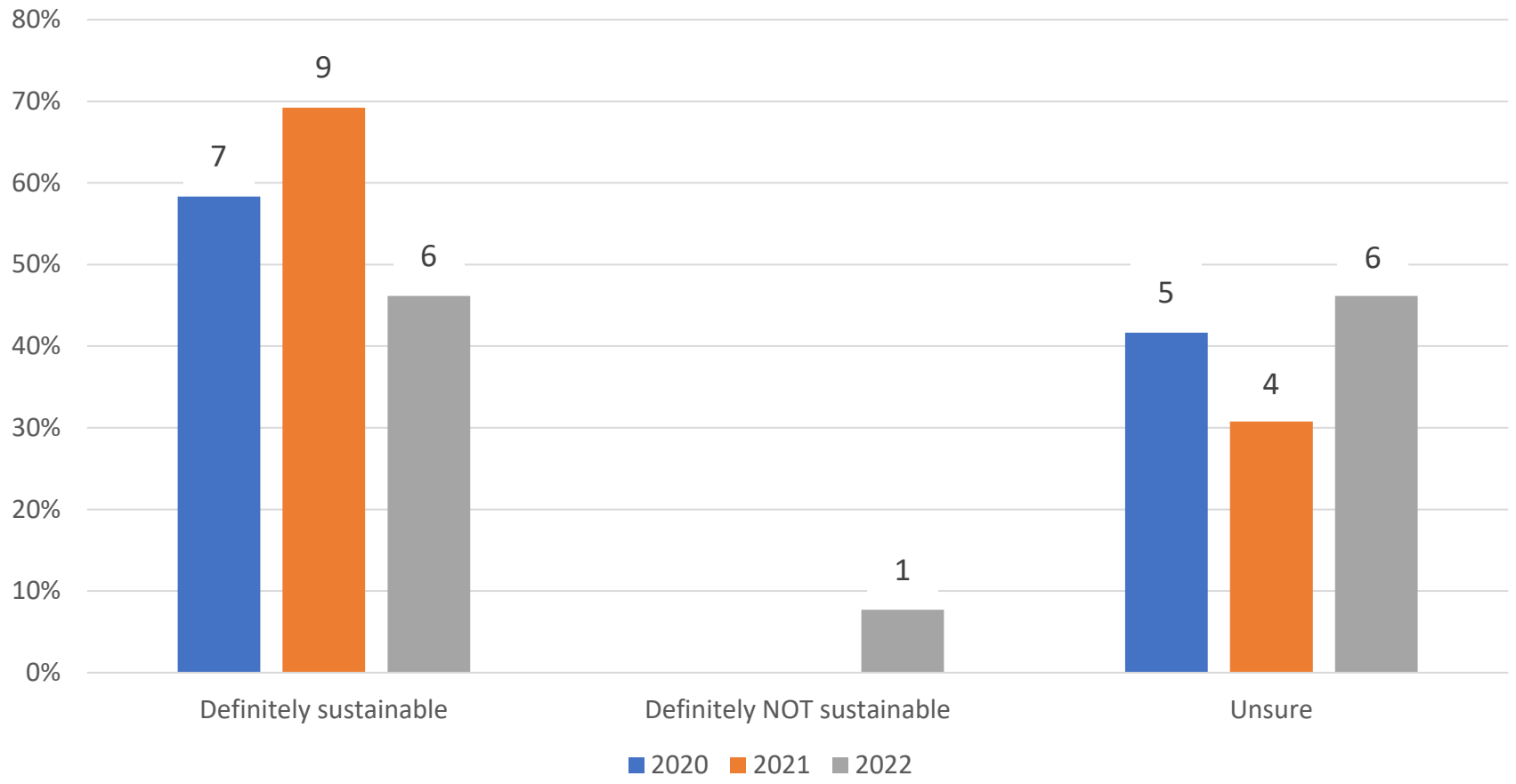
Differences in which providers responded to a survey in any given year makes it difficult to interpret trends

Provider Sustainability

Sustainability trend

To what extent is providing palliative care services to Medi-Cal enrollees sustainable for your organization?

Responses from 13 organizations that responded to the question in all three surveys



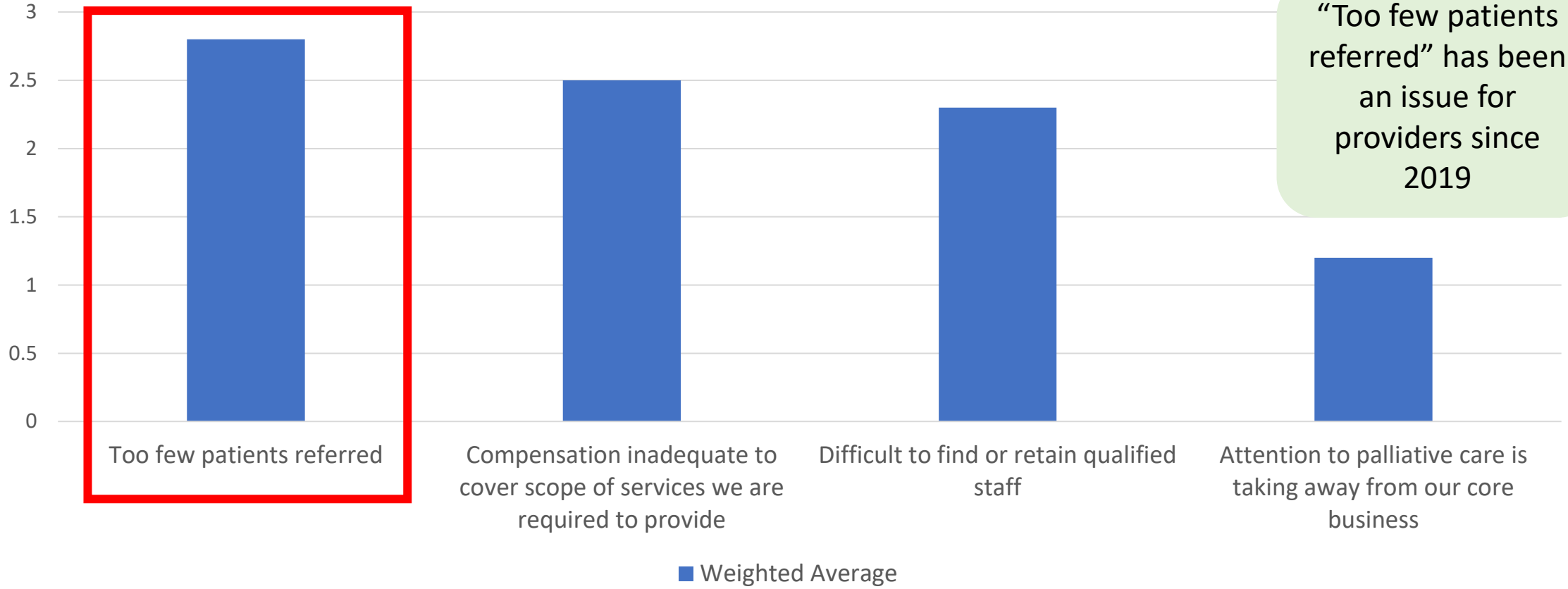
For this group of providers, there was a reduction in confidence that services were sustainable

Provider Sustainability

Sustainability threats

Rate the extent to which the following issues are impacting the feasibility of continuing to provide Medi-Cal palliative care for your organization

(5-point Likert scale: 5= significant issue, 0=not an issue for us)



"Too few patients referred" has been an issue for providers since 2019

Provider Sustainability

Comments on sustainability threats

"Compensation does not cover the cost of care"

"Too few patients referred and too few referred patients are agreeable to palliative care services."

About half of the comments offered by palliative care providers focused on reimbursement not covering costs. The other half focused on low referral numbers or education needs of patients and primary care or specialty providers who are expected to refer patients to palliative care.

Responses from Medi-Cal Managed Care Plans

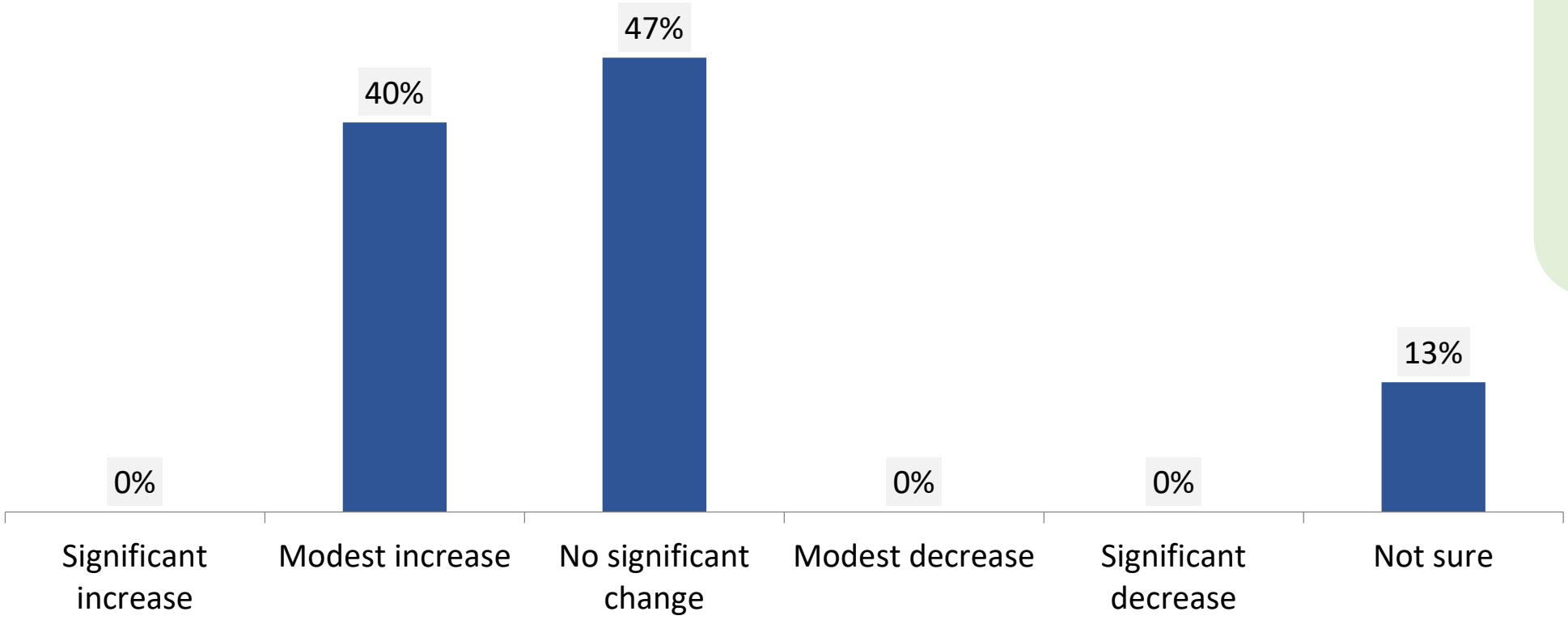
Plan Characteristics

Number of adult members and geographic coverage

- 15 organizations responded
  - 23 plans offer Medi-Cal managed care products; response rate = 65%
- Number of adult members ranged from 1.4 million to <25,000
- Wide range of geographic areas covered
  - Northern and Southern CA, Central Valley
  - Urban and rural areas
- 1-11 contracted palliative care providers (median 5)

Plan Enrollment in Palliative Care
2020 vs. 2021

How does the number of adult Medi-Cal members who received palliative care in 2021 compare to the number who received palliative care in 2020?

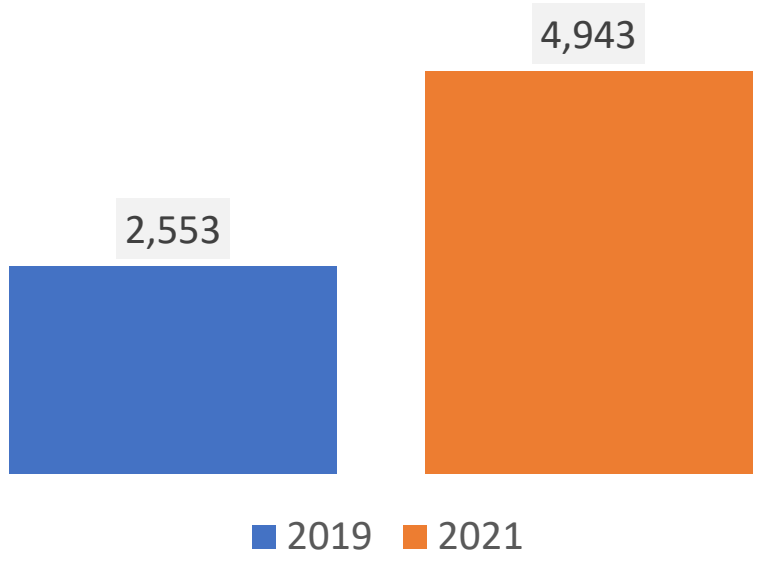


Among the 12 plans that provided data for 2021, enrollment in PC ranged from 40-2,117 members

Plan Enrollment in Palliative Care
2019 vs. 2021

- Increased enrollment reported by 9/10 plans that reported enrollment in both 2019 and 2021
- 5/10 plans more than doubled enrollment
- As a group, 94% increase in enrollment

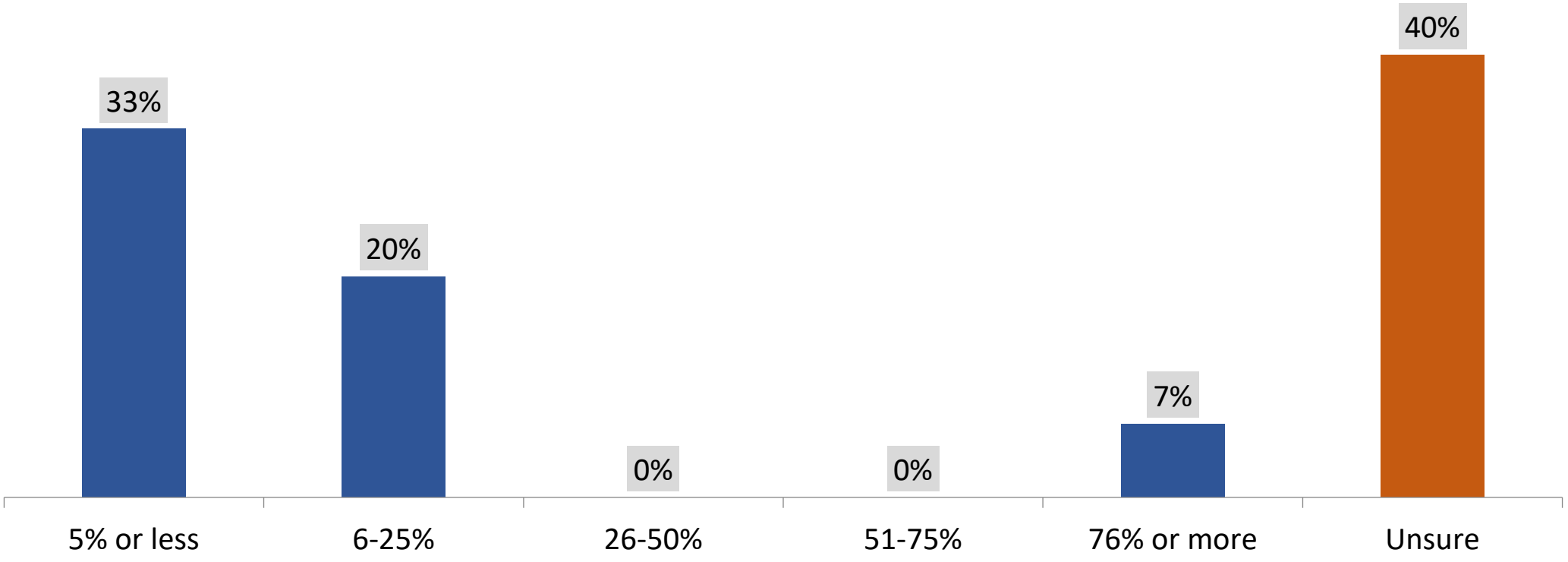
PC Enrollment Among 10 Plans that Reported for Both 2019 and 2021



Plan Enrollment in Palliative Care

Eligible vs. enrolled

What proportion of Medi-Cal members who were eligible for palliative care from your plan do you believe received services in 2021?

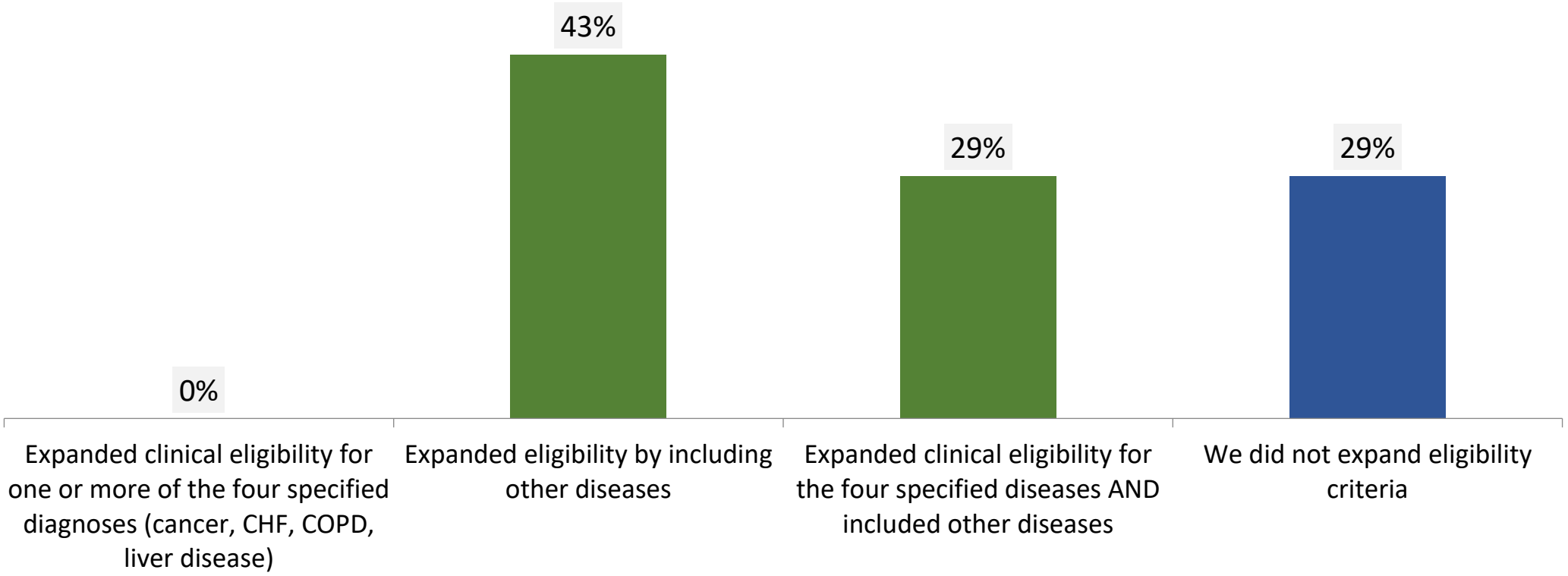


Majority believe <25%, but a significant minority of respondents (40%) are unsure

Plan Benefit Design

Expanding access

Has your organization expanded upon DHCS' minimum required eligibility criteria for palliative care for adults?

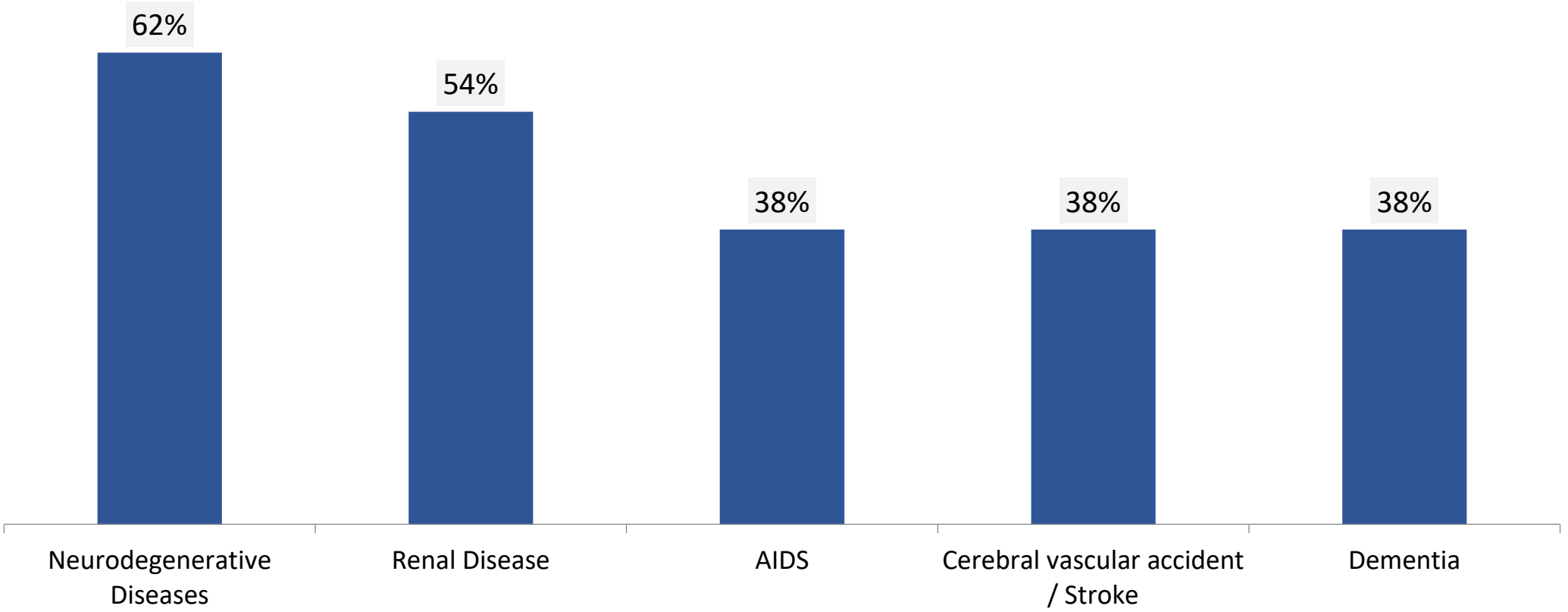


>71% expanded eligibility

Plan Benefit Design

Adding specific diseases

If you expanded eligibility, did you add any of the below listed diseases?



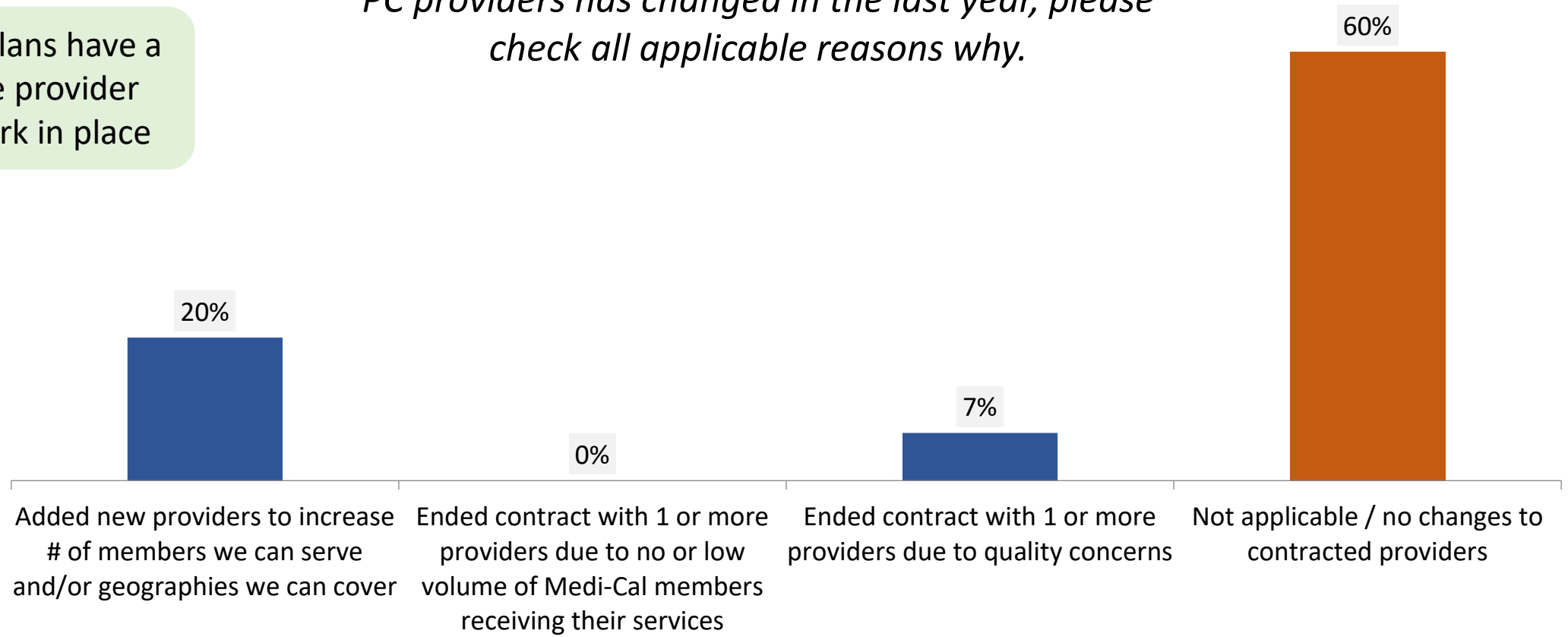
Plan Contracting Issues

Plan Contracting Issues

Changes in contracted PC providers

Most plans have a stable provider network in place

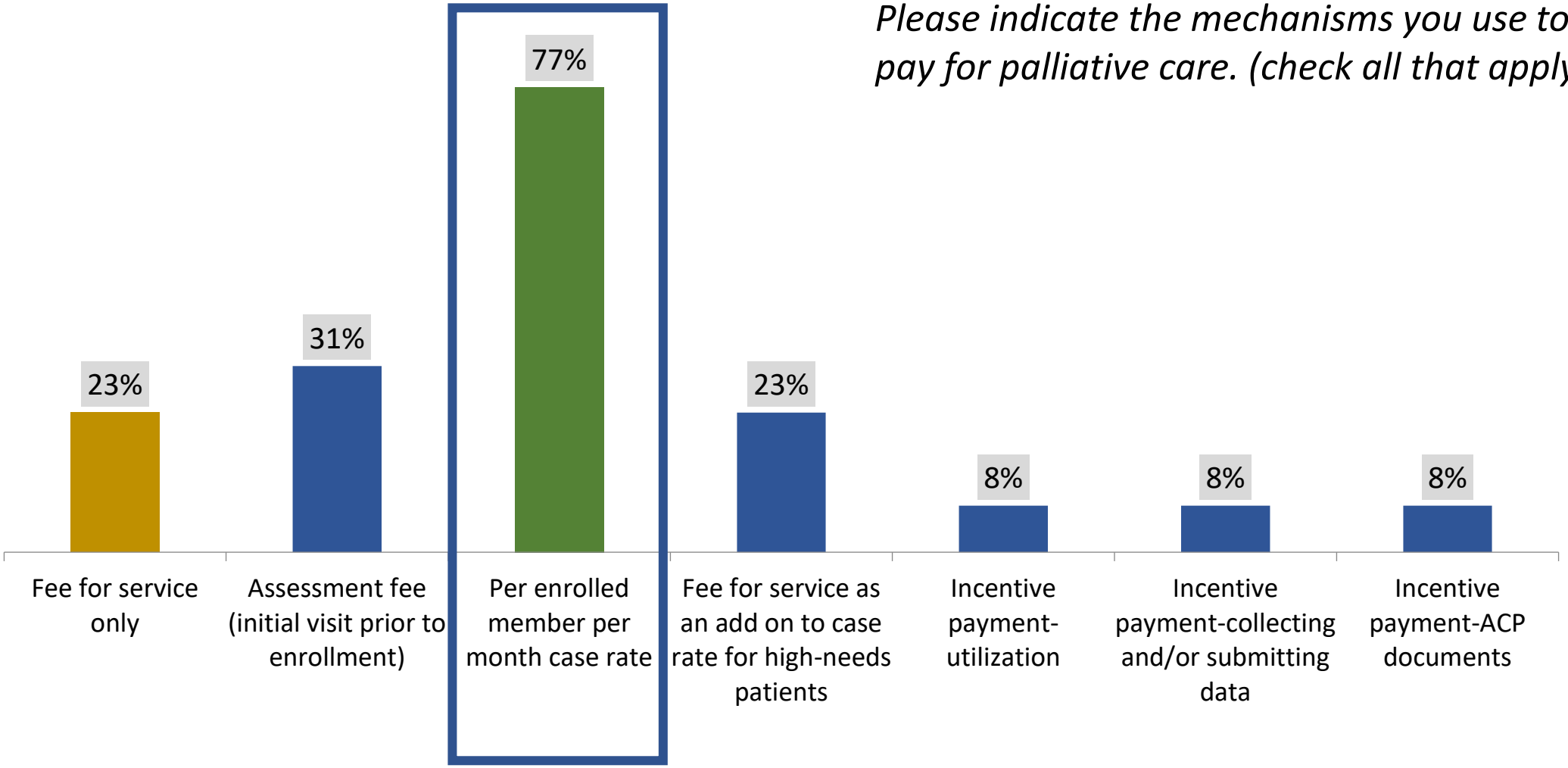
If the number or composition of your contracted PC providers has changed in the last year, please check all applicable reasons why.



Plan Contracting Issues

Payment mechanisms

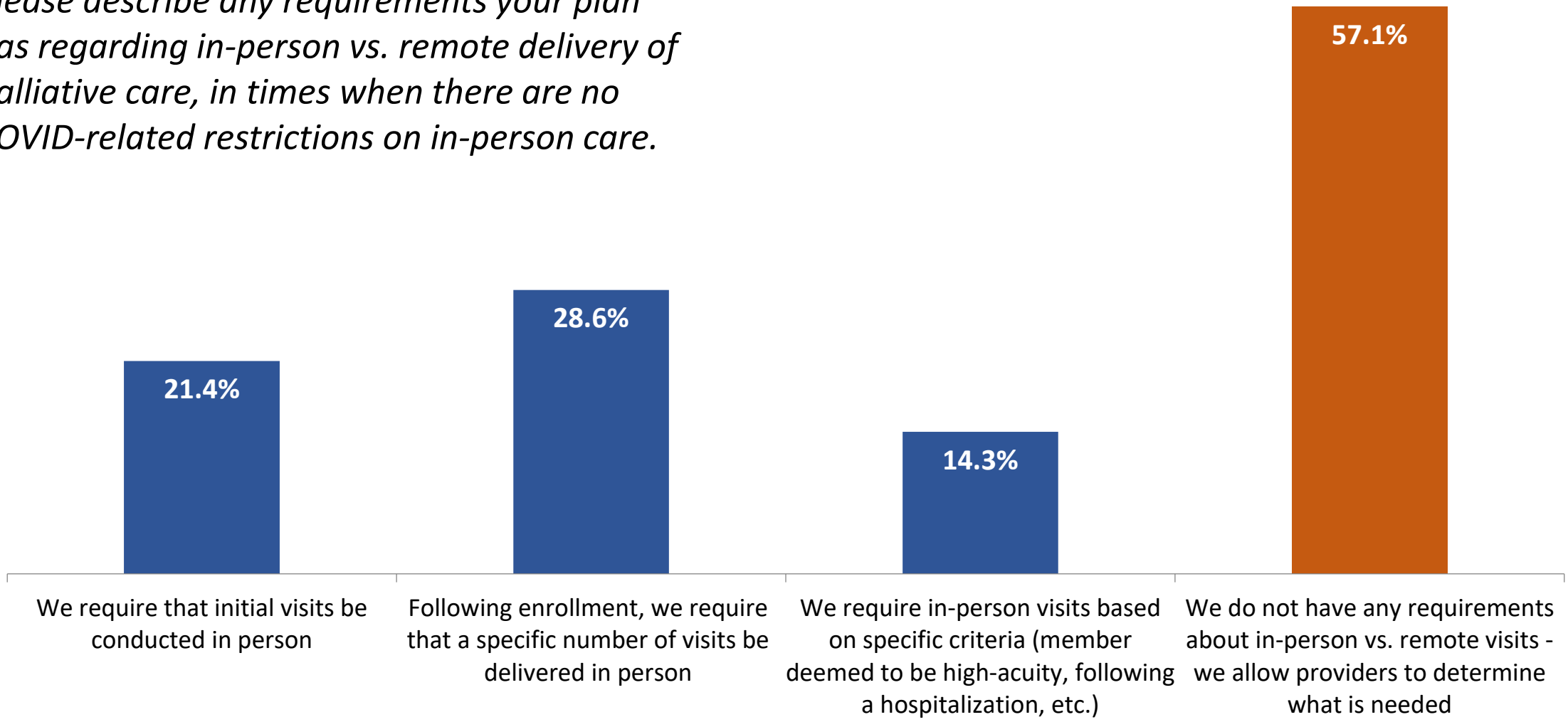
Please indicate the mechanisms you use to pay for palliative care. (check all that apply)



Plan Contracting Issues

In-person vs. remote encounters

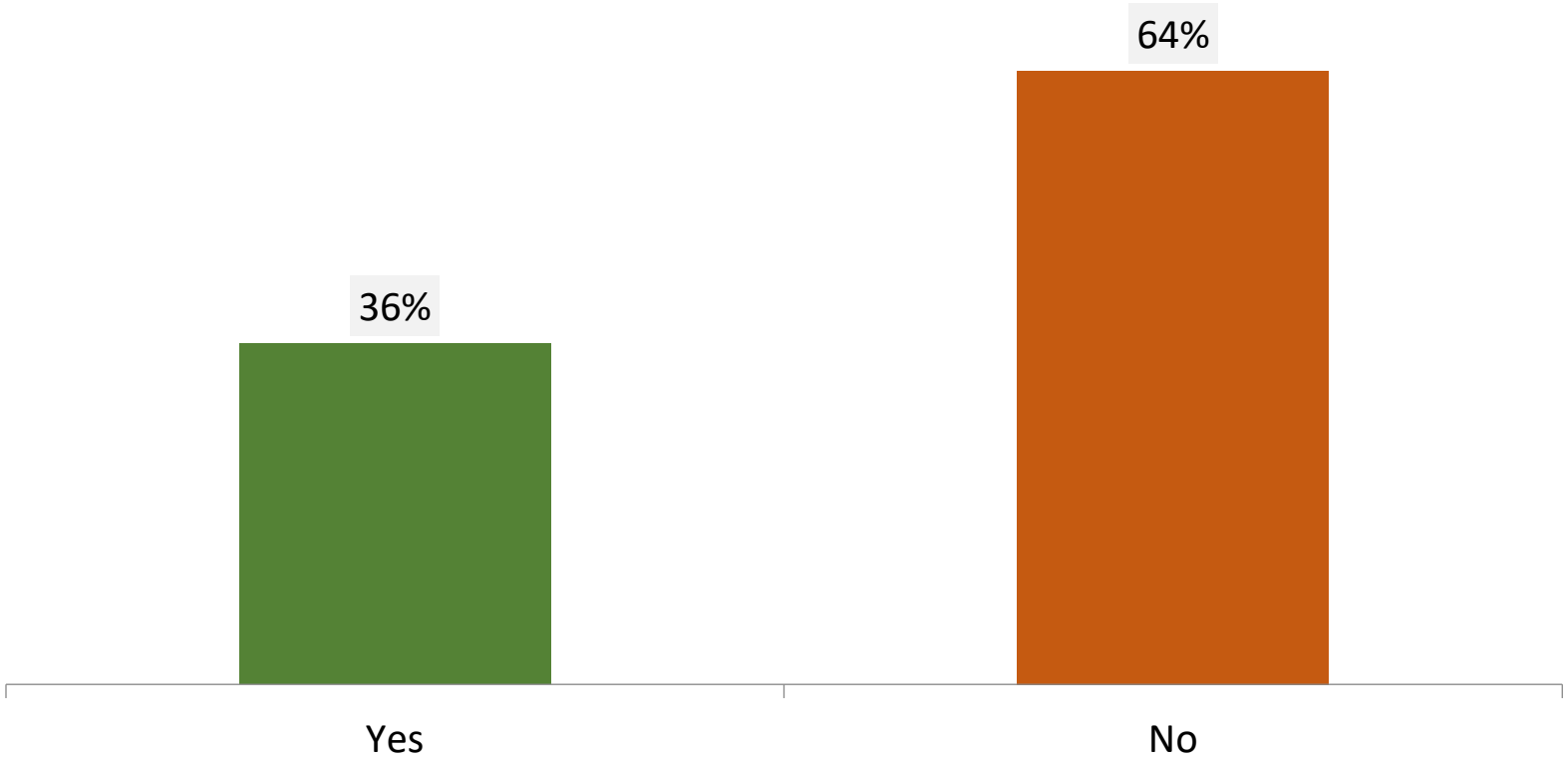
Please describe any requirements your plan has regarding in-person vs. remote delivery of palliative care, in times when there are no COVID-related restrictions on in-person care.



Plan Contracting Issues

Organizations required to be certified?

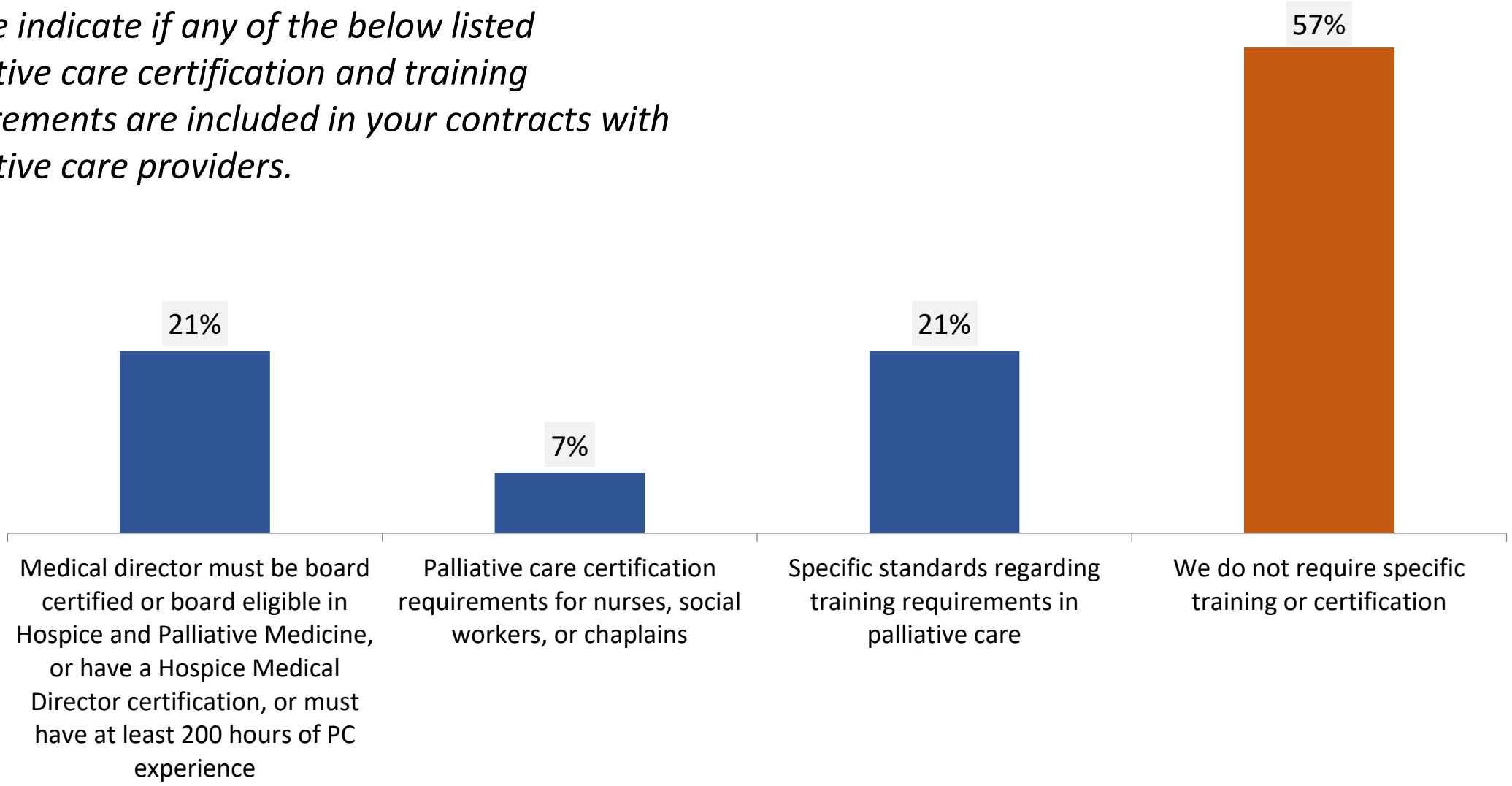
Do you require your palliative care provider organizations to be certified in palliative care?



Plan Contracting Issues

Certification and training requirements for individual providers

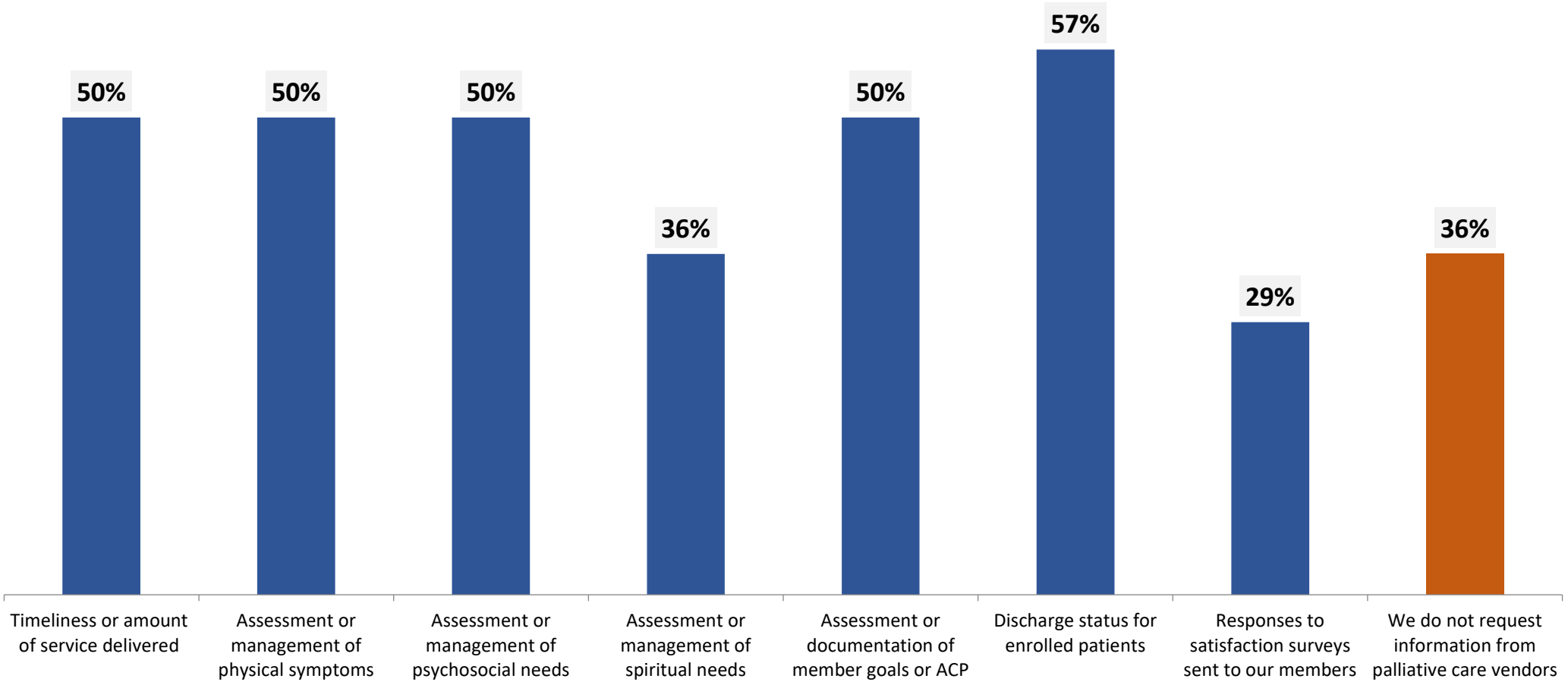
Please indicate if any of the below listed palliative care certification and training requirements are included in your contracts with palliative care providers.



Plan Contracting Issues

Mandatory reporting from providers

Does your plan require PC provider organizations to submit information describing their processes or outcomes in any of the following areas?



Plan Quality and Sustainability

Plan Program Design

Structures and processes

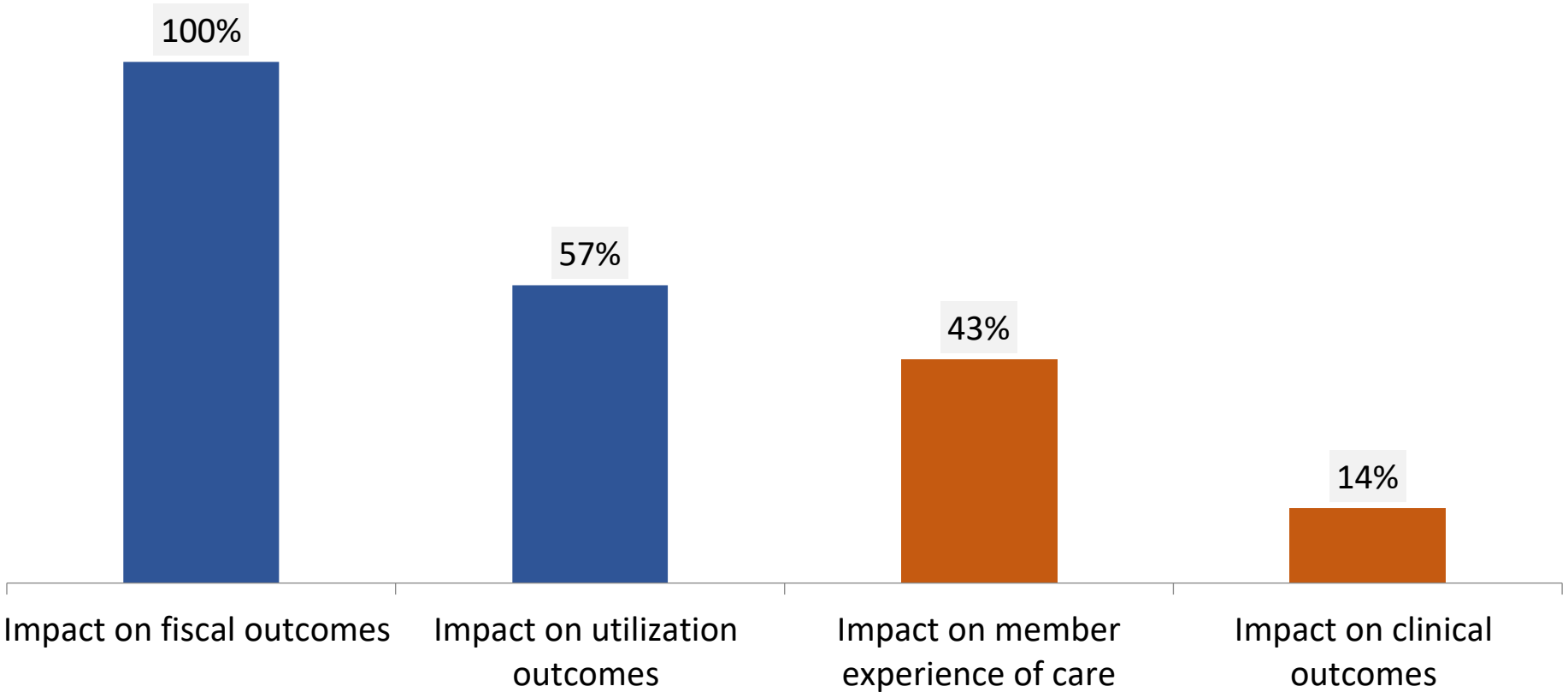
Please indicate which of the following are features of your palliative care program

Structure or Process	Frequency
We have a health plan clinical champion for our palliative care program	80%
At least once a year we train plan staff such as care managers on PC and the features of our PC program	**67%**
We regularly report to plan leadership on our palliative care program	73%
We have a dedicated contact person for our PC provider organizations, to assist them with administrative issues and the needs of specific members	**64%**
We have member-facing materials that describe palliative care and our Medi-Cal palliative care benefit	**67%**
We have provider-facing materials that describe palliative care and our Medi-Cal palliative care benefit	71%
Our palliative care program is described on the plan website separate and distinct from any descriptions of our hospice benefit	**57%**
We regularly monitor the number of referrals and enrollments	73%
We have a standardized process for assessing the quality of care delivered by each of our PC provider organizations	**64%**
We have standing operational or interdisciplinary care team meetings with our PC providers	**60%**

Plan Impact Assessments

Analyses conducted by plans

In 2021, did your plan conduct any of the following analyses for your Medi-Cal palliative care program?



Plan Quality

Improvement focus areas for 2022

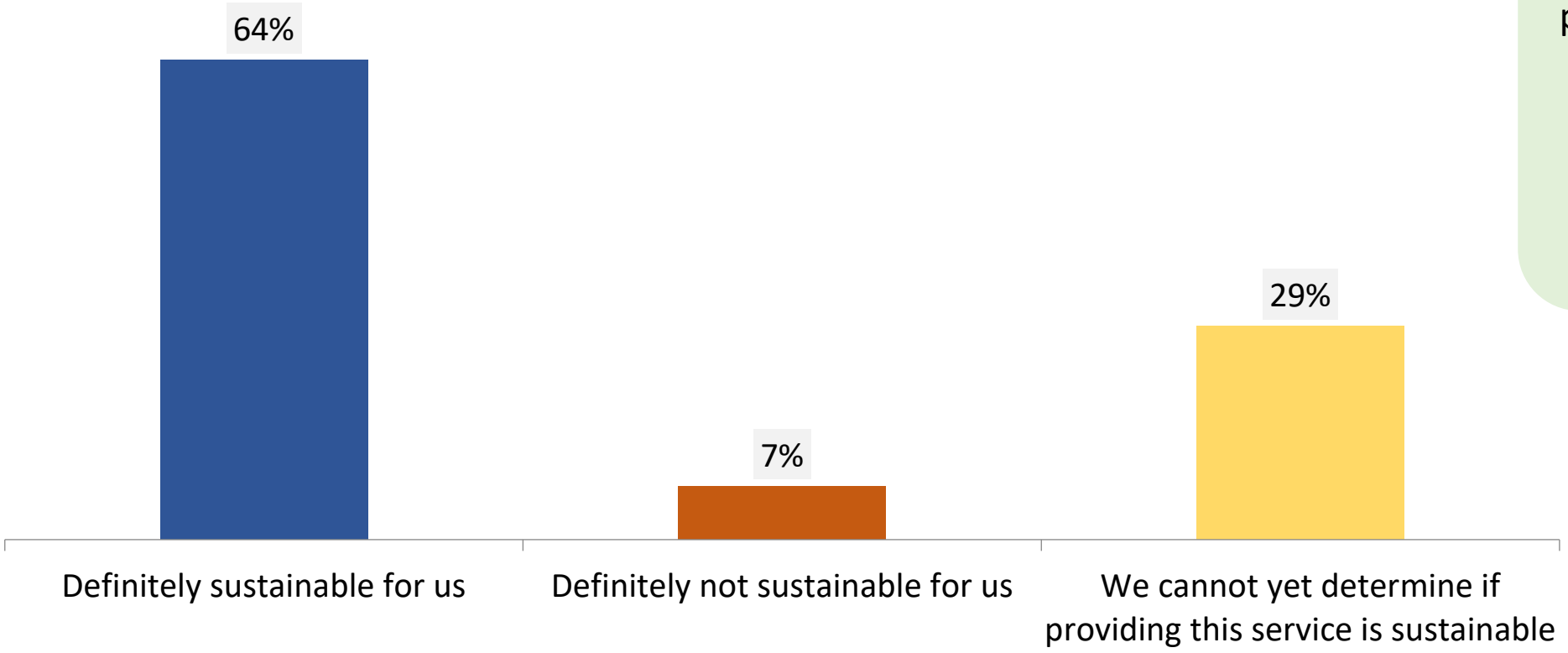
Please identify areas that you plan to improve or enhance your palliative care program in the coming year.

Educating referring providers about the benefit/palliative care	71%
Increase enrollment of eligible members	64%
Educating members about the benefit/palliative care	64%
Enhancing collaboration with palliative care provider organization partners	57%
Assessing quality of palliative care delivered to members	57%
Ability to identify members	50%
Engage new palliative care provider organizations	50%
Improving operational functions like processing claims or authorizations	35%
Offer palliative care to additional populations (expand eligibility criteria)	21%
No specific improvement plans	21%

Plan Sustainability

Sustainability assessment

Do you feel that your current model for providing Medi-Cal palliative care services is sustainable for your organization?



Even 4 years after implementation, nearly 30% of plan respondents are unable to determine if the palliative care program is sustainable

Plan Sustainability

Sustainability and efficacy concerns

If you have concerns about the sustainability or efficacy of your palliative care program, please indicate which issues are contributing.

% Plans Flagging as Moderate-Major Concern

Enrollment too low	***40%***
Quality of services members are receiving	30%
Program costs outweigh cost savings	20%
Too few palliative care partners, or partners do not have capacity to meet the need	20%
Members are identified too late to receive significant benefit	10%
Turnover of plan staff responsible for palliative care benefit	0%

Plan Reflections

Gratifying growth

"It is exciting to see our Palliative Care program evolving which has allowed more of our members to benefit from program services. Also focusing on decreasing utilization to ED and inpatient admissions as well as early advance care planning."

Plan Reflections

Competing priorities

"Our launch in earnest of this program has been significantly delayed due to COVID response work and the launch of other priority access areas including CalAIM and Dental. There is much opportunity for us to do more in this space, our biggest challenge currently is limited resources and competing priorities."

Plan Reflections

Palliative care and CalAIM

"We envision Palliative care program closely collaborating with many of CalAIM initiatives, while maintaining its unique purpose and services."