

Medi-Cal Palliative Care Medi-Cal Managed Care Plan (MCP) Learning Community May 18, 2022, Webinar Highlights

Dr. Anne Kinderman, Clinical Professor of Medicine, University of California San Francisco and Kathleen Kerr, Transforming Care Partners, both members of the MCP Palliative Care Learning Community project team, co-presented the May Learning Community webinar, “Next Steps: Using Medi-Cal Plan and Palliative Care Provider survey data to inform plan quality assessment and improvement efforts for Medi-Cal Palliative Care.”

The focus of the May webinar was to discuss topics surfaced by the annual survey with a panel of MCP representatives: Kim Bower, MD, Medical Director, Blue Shield of California; Jim Cotter, MD, Associate Medical Director, Partnership HealthPlan of California; and Brenda Hill, RN, CCM, Complex Case Management Supervisor, Central California Alliance for Health. Webinar highlights are presented below. For greater webinar details, please click on the webinar recording: <https://youtu.be/bUtSI0kLpTU>

Two topics were discussed in the webinar: **Quality assurance/monitoring** and **Addressing low enrollment**. [Discussion of two additional topics, *Use of payment model/incentives to promote access and quality* and *Plan Palliative Care program structures and processes*, was deferred, due to time constraints.] Survey results for the two focus areas were presented to frame issues for MCPs to consider and then panelists were asked to share their experiences, insights, and perspectives.

Quality assurance/monitoring

The initial focus of the quality assurance and monitoring discussion was whether *plans should require palliative care organizations be certified in palliative care*. There was a mixed response about the value of this certification among panelists representing different health plans. In a follow-up discussion about whether *plans should specify training or certification requirements for individual staff who are delivering palliative care to members*, not all the health plans represented require that the palliative care medical director be certified (or board eligible for certification or have at least 200 hours of hospice or palliative care experience), but there was agreement that requiring this certification is important. Partnership additionally requires palliative care staff without a background in palliative care to complete a training in the field relevant to their profession within three months of their hire (e.g., accessing CSU Shiley Institute for Palliative Care training courses).

Regarding the second central question of this discussion: *should plans require providers to share data on specific care processes to assure adherence to best practices?* panelists unanimously highlighted the importance of selecting and benchmarking good quality measures for palliative care. Partnership noted they conduct on-site visits with providers once they have five members enrolled in palliative care, i.e., their nurse reviewer looks at certification, education, training, notes.

Survey results addressing this question affirmed that many palliative care organizations are collecting data. Nearly all conduct patient and family satisfaction surveys, and many track advance care planning metrics as well as several process metrics around the timing of when they get involved and the percentage of referred patients that receive palliative care services. Health plans usually require reporting for less data than providers are collecting, and one-third of plans do not require their palliative care providers to share any data.

Partnership shared that they formerly used the Palliative Care Quality Network (PCQN) to standardize data collection across provider groups. They currently use the new Palliative Care Quality Collaborative (PCQC) for this purpose but noted that PCQC does not yet allow for comparisons across practices for the health plan, as PCQN had done. However, they anticipate that this will be allowable in PCQC in the near future. All three MCP

panelists shared that they conduct in-depth audits to assess the quality of care provided by contracted palliative care providers.

Addressing Low Enrollment

Low enrollment is a challenge for nearly all MCPs. Panelists reported approaching this challenge in different ways: educating/training internal health plan staff (UM/CCM/SWs); sending a palliative care RN into members hospital rooms to discuss the program before discharge; identifying and working with a champion in the community to identify and refer patients; and developing and giving lists of eligible members to contracted palliative care providers. Review of these strategies led to a follow-up discussion on *whether plans should take steps to increase access to the benefit beyond the four minimum conditions*. Panelists shared their different experiences of exploring this approach. Given the diversity of approaches and the fact that some plans have expanded the criteria, it was recommended that health plans consider sharing their eligibility criteria to inform development of an expanded list of conditions that could be used by multiple plans.

The final discussion addressed whether plans *should track enrolled versus eligible members as an indicator of quality*. The panelists noted the importance of this issue but highlighted several challenges to addressing it at this time. These included the lack of a viable algorithm to conduct this analysis and the fact that MCPs are currently focused on meeting CalAIM initiative requirements.

Because of the highly interactive webinar discussion, there was not enough time to address the two remaining discussion areas: **Use of payment model/incentives to promote access and quality**, and **Plan Palliative Care program structures and processes**. The Learning Community Advisory Committee will review the best avenue to address these remaining areas (e.g., in an open forum or follow-up webinar).

The next MCP Learning Community activity is an open forum (a bi-monthly informal MCP discussions on palliative care program issues, needs, solutions to various challenges, etc.) on **Tuesday, June 13, 2022, 12 Noon – 12:30 PM**; the next webinar is scheduled for **Friday, July 15, 2022, 12 Noon – 1:00 PM**. MCPs are encouraged to e-mail any questions or topics they would like to discuss at the Open Forums or address in a webinar to Keeta Scholl: kscholl@coalitionccc.org.