

## Medi-Cal Palliative Care Medi-Cal Managed Care Plan (MCP) Learning Community December 15, 2021, Webinar Highlights

Judy Thomas, CEO, Coalition for Compassionate Care of California (CCCC) opened the webinar. She reminded attendees about CCCC's annual Palliative Care Summit May 4-5, 2022, at the San Francisco Airport Hyatt Regency Hotel, and underscored the primary purpose of the MCP Learning Community: to ensure timely access to quality palliative care for seriously ill Medi-Cal enrollees.

The focus of the December webinar was to provide MCPs with some guidance on conducting analyses to assess financial outcomes for community-based palliative care programs. The keynote speaker, Brian Cassel, PhD, Palliative Care Researcher Director and Associate Professor, Virginia Commonwealth University School of Medicine, presented, "Using Between-Patient Comparisons to Quantify Outcomes."

Dr. Cassel emphasized that when assessing outcomes, health plans should align their methods with their evaluation goals. Health plans typically have three goals for evaluating palliative care programs: to monitor program implementation, to quantify program impact, and to test whether the palliative care intervention produces the desired outcomes. The first goal can be accomplished through *within patient (pre-post) analyses*, the second through *between-patient analyses with careful matching*—which can be combined with pre-post analysis to examine difference-in-differences, and the last is best addressed through a *randomized control trial*, a method that is extremely difficult for most plans to use.

Dr. Cassel reviewed eight observational studies that examined fiscal outcomes and used a comparison group to quantify savings that could be attributed to palliative care. All studies found positive fiscal impacts. These studies used different approaches to conducting between-patient analyses: some compared decedents to decedents, others compared participants to eligible members who did not use the program.

Regardless of the approach, conducting a robust between-patient analysis requires creating homogenous groups, despite the lack of true randomization. This can involve simple matching, which can be done manually, or by using propensity scores. Propensity scores reduce many variables into a single score representing the likelihood that people would have received treatment. In essence, the score is a single variable that represents the combined predictors of treatment (intervention) in a real-world sample. While true randomization will usually create groups that are equal in both measured and unmeasured variables, propensity scores only allow you to balance on measured variables. Dr. Cassel reviewed several steps for constructing propensity scores, including a description of matching and weighting strategies, and then reviewed published studies that featured these methods.

Dr Cassel offered the following caveats and suggestions:

- How you implement is more important than how you measure.
- Who you offer the program to, and when, are the major drivers of outcomes.
- Continually evaluate program implementation to identify problems before they become ingrained:
  - Variables to focus on include enrolled patients' characteristics, length of service and healthcare use before and after enrollment, provider characteristics, and measures of care quality
  - This also sets the stage for more rigorous comparison when implementation is mature.
- Poor matching in palliative care may result in comparing highly complex patients at the end of life (who received palliative care) with a more heterogeneous set of somewhat complex patients, most not at the end of life.

Dr. Cassel concluded his presentation noting that within-patient analyses are an effective evaluation tool and should be a part of recurring analyses. He emphasized that while between-patient analyses are more difficult, they should be performed if they can be done well. He also noted there is no single right way of doing between-patient analyses for home-based palliative care. It is, however, common to use the decedent cohort approach and to focus on the end-of-life period (at least for programs with relatively short enrollment prior to death).

In January, webinar attendees will receive a handout outlining considerations and processes for assessing palliative care outcomes. Dr. Cassel and Kathleen Kerr will also offer an office hour in January. MCPs interested in discussing the methodological issues addressed in the webinar or data challenges they are experiencing are encouraged to attend.

MCPs interested in getting a free, structured assessment of their current palliative care program are encouraged to contact Keeta Scholl: [kscholl@coalitionccc.org](mailto:kscholl@coalitionccc.org). 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 Monday, January 24, 2022, 12 Noon – 12:30 PM. MCPs are encouraged to e-mail any questions or topics they would like to discuss at the forum to Keeta Scholl: [kscholl@coalitionccc.org](mailto:kscholl@coalitionccc.org).