Enhancing Medi-Cal Palliative Care Through Innovation

Community Healthcare Workers – A Value Proposition

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Health Net of California

health net™

HEALTH NET

Health Net of California

- California Health & Wellness (legacy rural Centene)
- Cal Viva (county program)
- Wellcare by Health Net (Medicare)

Palliative Care Program (Started 2014)

- **2,140,000** Medi-Cal members
- **15** vendors
- **41** counties
- **340** adult ADC
- **Staff (Dedicated)**: 1 manager, 3 nurses, 1 coordinator
- **Model:** Home-based plus telehealth
- **Payment**: Monthly case rate with several levels of intensity
- **Service Requirement**: 24/7 phone line
- **Criteria**: Any diagnosis
- **Plan-Provider Communication**: Monthly rounds

Innovation: Community Health Workers

Health Net engaged Community Health Care Workers (CHWs) to facilitate work being done by physicians, nurses, social workers, and other professional staff to **improve clinical service delivery**, **partnerships**, **operations/workflow**, and **payment and sustainability** in two projects: ResolutionCare/Vynca and Neighborhood Networks

PROJECT PARTNER: ResolutionCare/Vynca

PROJECT PARTNER: Neighborhood Networks

Challenge/Need Addressed

ResolutionCare

Rural setting for home visits means driving time for professionals is inefficient use of staff time

- Telehealth only without home visits means the home environment cannot be easily assessed, technology problems are more difficult to solve, and assessment of Social Determinants of Health (SDoH) is time-consuming

Neighborhood Networks

- High- cost high- risk members may be better influenced by members of their local community who have expertise in identifying and remediating SDoH in a face-to-face environment
- Members with HEDIS care gaps also may be better influenced by members of their local community
- Members with HEDIS care gaps associated with racial disparities may need even more influence from their peers with emphasis on SDoH and ACE screenings

Innovation Contribution

1

- CHWs doing the home visit makes the palliative telehealth visit more effective while minimizing travel time for the physicians, nurses, and SWs.

2

- CHWs can do SDoH screens during the home visit

Innovation Partners

PARTNER: ResolutionCare

- ResolutionCare (Vynca Health)
- Health Net Community Health Workers

PARTNER: Neighborhood Networks

- Neighborhood Networks (SD Accountable Community for Health – San Diego Wellness Collaborative)
- Radys Childrens Medical Group
- Health Net (Palliative Care, Quality, Population Health)

Useful Resources

- Pathways Community HUB
- Agency for Healthcare Research and Quality (AHRQ) website: Pathways HUB Manual
- SDoH screening tool
- Multiple pathways for remediation of the identified problem (e.g., housing, food security, medical, etc.)
- Software to track the process and tabulate outcomes

Innovation Surprises

There is a gap between community services and clinical services that needs to be bridged.

CHWs are not used to working with PCPs.

CHWs do not have strong background in diseases (the clinical) and managed care (how to navigate the system).

*PCPs/ office staff are very happy to have assistance with following up on positive **ACE** screenings (adverse childhood experiences).*

Innovation Learnings

Value	Merit	Data	Partner
Community based organizations have **value**	That value should **merit** compensation	Community-based organizations do need to show **data** to highlight the value proposition	Community-based organizations need to **partner** with clinical/ health care and payer systems to embrace the community

Innovation Takeaway

- ☑ Community Health Workers are a valuable asset in caring for “complicated” Medi-Cal members, working with the PCP, but they need training in some clinical basics and how to navigate the managed care system

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Home Based Palliative Care: Maximizing the Value in Building Strategic Partnerships

Phaedra Kunze, MA, Director of Palliative Care and Business Services, Elizabeth Hospice

Elizabeth Palliative Care

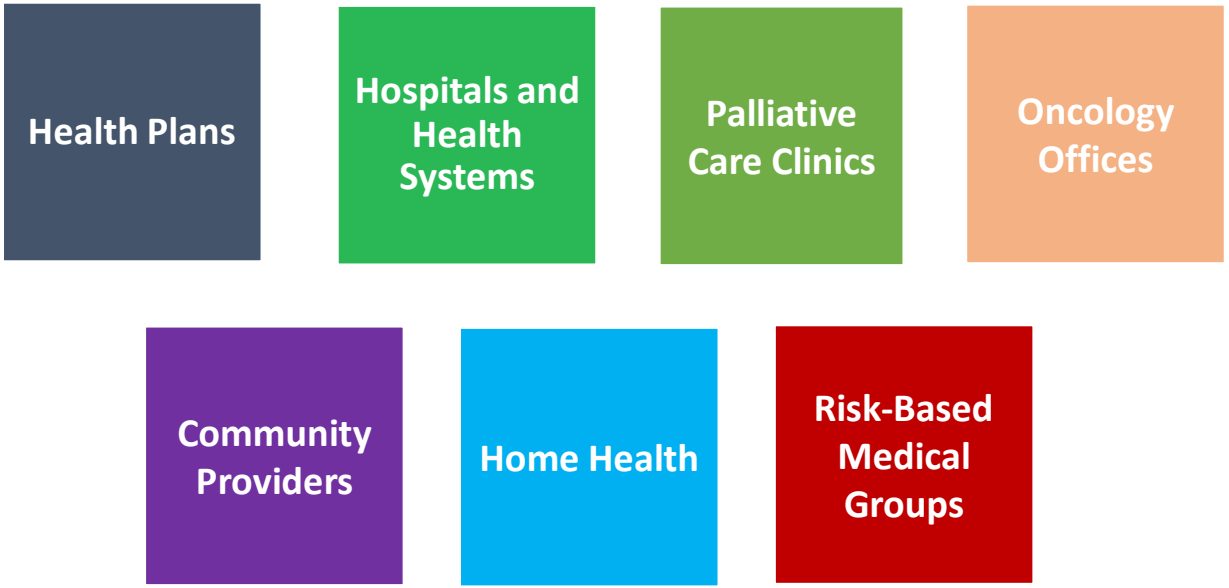
ELIZABETH PALLIATIVE CARE

Parent Company: Elizabeth Hospice

Community-Based Palliative Care Program (Started 2014)

- **Medicare Part B license**: 2018
- **First PMPM contract:** 2018 (Medi-Cal managed care)
- **Service Area**: San Diego and SW Riverside County
- **ADC**: 80 patients
- **Clinical Team**: MD/NP, RN, MSW and Spiritual Counselor, Intake Coordinator and volunteers
- **Setting**: Patient's place of residence
- **Program Delivery System**: Same for all patients
- **Payer Contracts**: 4 Medi-Cal managed care organizations
- **Pediatric Palliative Care**
- **Telehealth**

Strategic Partners



Innovation: Developing and Strengthening Strategic Partnerships

- Meet payor requirements through flexibility/adaptability
- Educate the provider community about CBPC
- Collaboration with all types of partners to meet mutual goals
- Gather data (as possible) on processes and outcomes
- Assisting with Advanced Care Planning, POLST
- Length of stay under 6-12 months
- Use skills and processes to enhance quality (in-home support, weekly contact, IDT)
- Patient engagement with care plan

Impact

- Decreased utilization of other medical services (hospitalizations, home heath, Skilled Nursing)
- Earlier conversion to hospice
- Decreased health care costs at end of life
- Increased patient/family satisfaction/compliance with clinical recommendations

Challenge: Reimbursement

Supporting a standard clinical model with a variety of compensation structures/sources

Compensation Structures

- FFS (Consultative)
- PMPM/Case Rate
- Value Based/Pay for Performance (currently under review)

Reimbursement Sources

- Medi-Cal fee-for-service
- Medi-Cal Managed Care
- Medicare Part B/fee-for-service
- Medicare Advantage
- Managed Care/HMO
- Commercial plans, PPO, EPO
- ACOs

Building a Sustainable Program

- Identify/maximize/monitor efficiencies
  - Sustainable staffing model
  - Creative use of volunteers
  - PC staff help with hospice admissions
- Determine capacity/thresholds/grow goals
  - Build referral base/increase census to meet revenue goals
- Remember economies of scale
  - Higher census means lower indirect cost per case

Innovation Surprise

- Medi-Cal Managed Care plan engagement in PC has helped us grow our program
  - Joint IDTs
  - Collaboration on patient care (plan care managers help connect to other treating providers)
  - Joint marketing (planned)
- Plan priorities match our priorities and what we aim to deliver

Takeaways

- Maintain collaborative efforts with your strategic partners
- Share quality indicators to illustrate your program's value
- Maximize efficiencies through innovation
- Remember we are all here to enhance patient and family outcomes

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Palliative Care Innovation

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Tracy Hitzeman, RN, CCM, Executive Director Clinical

Health Plan of San Joaquin

Health Plan of San Joaquin (HPSJ)

Serving members in the heart of the Central Valley since 1996

Publicly sponsored, not-for-profit HMO

Leading Medi-Cal Managed Care provider in San Joaquin & Stanislaus Counties, serving approximately 384,000 members

Community Partnership Wellness

Innovation Partners

- Pacific Palliative Care
- Community Care Choices
- Local hospitals
- Clinics
- Key community providers
- Members and their caregivers
- Case management

Innovation: Patient Engagement

Inpatient Setting

Outpatient Setting

Case Management

Challenge: COVID Impact

- Limited access for Palliative Care teams to hospitals and outpatient clinics
- Patients uncomfortable with home visits
- Increased Member isolation
- COVID conflicting information/ recommendations

Health Plan of San Joaquin

Challenge: Response

Alleviate member isolation

Support behavioral health needs

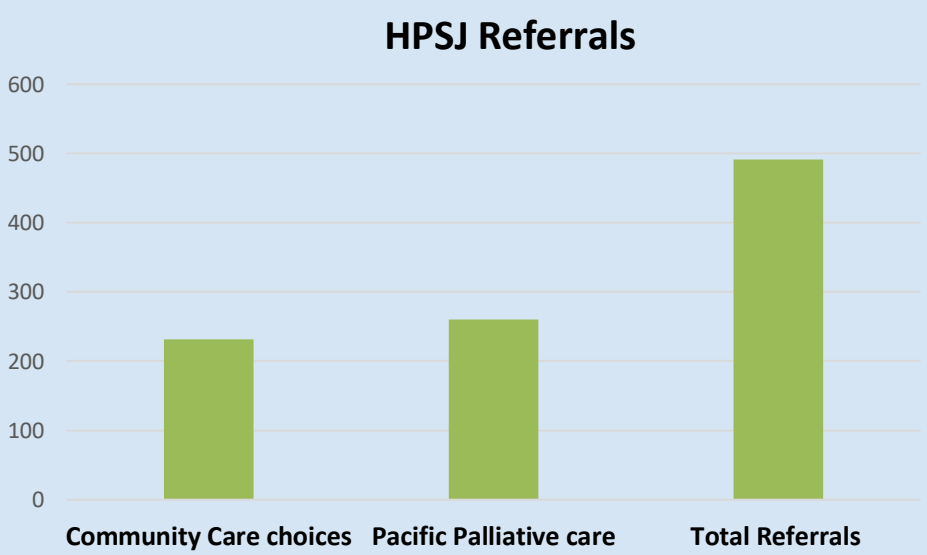
COVID prevention Caregiver and member education and support-

Telehealth visits

"Touch Base" Frequent calls

Outcomes

Dec.2020 –Dec.2021



Innovation Takeaway

- Addressing isolation significantly impacts health outcomes
- Family members and caregivers provide much-needed support to members struggling with serious health conditions
- The importance of frequent interaction with members and their caregivers to reassure them they are not alone