COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

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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

Anne Kinderman, MD
Clinical Professor of Medicine, UCSF

Kathleen Kerr, BA
Transforming Care Partners

Annual surveys of Medi-Cal plans and provders

- Annual survey of Medi-Cal palliative care activity, starting Winter 2019
- Surveys look at structural elements, process/policy, outcomes, and sustainability issues
- 2022 surveys
  - 20 Provider respondents
  - 15 Plan respondents
  - Range of organization size and region
- Highlights of results presented at Medi-Cal palliative care convening (March 2022) and distributed to convening registrants (April 2022)

Today’s focus

- Deeper dive into survey results
- Discuss how some plans are using the findings, or ways that findings could be used
- Medi-Cal Plan Participants

  Kim Bower, MD

  Medical Director

  Blue Shield of California

  Jim Cotter, MD

  Associate Medical Director

  Partnership HealthPlan of California

  Brenda Hill, RN, CCM

  Complex Case Management Supervisor

  Central California Alliance for Health

4 areas of discussion

1. Quality assurance/monitoring
2. Addressing low enrollment
3. Use of payment model/incentives to promote access and quality
4. Plan Palliative Care program structures and processes

1. Quality assurance/monitoring

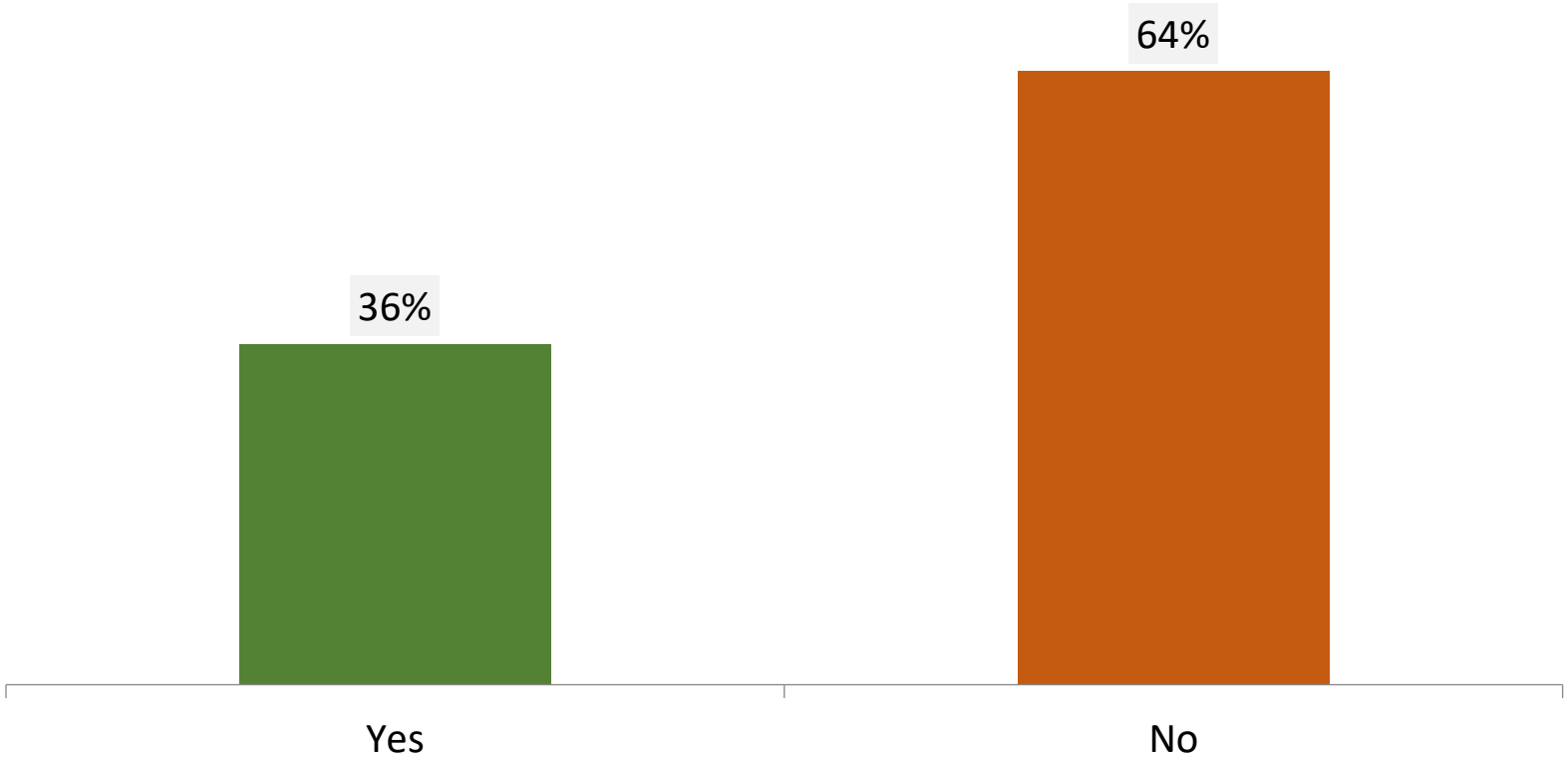
RESPONSES FROM PALLIATIVE CARE PROVIDER ORGANIZATIONS

- Organization certification or accreditation in palliative care (from TJC 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

1. Quality assurance/monitoring

Organizations required to be certified?

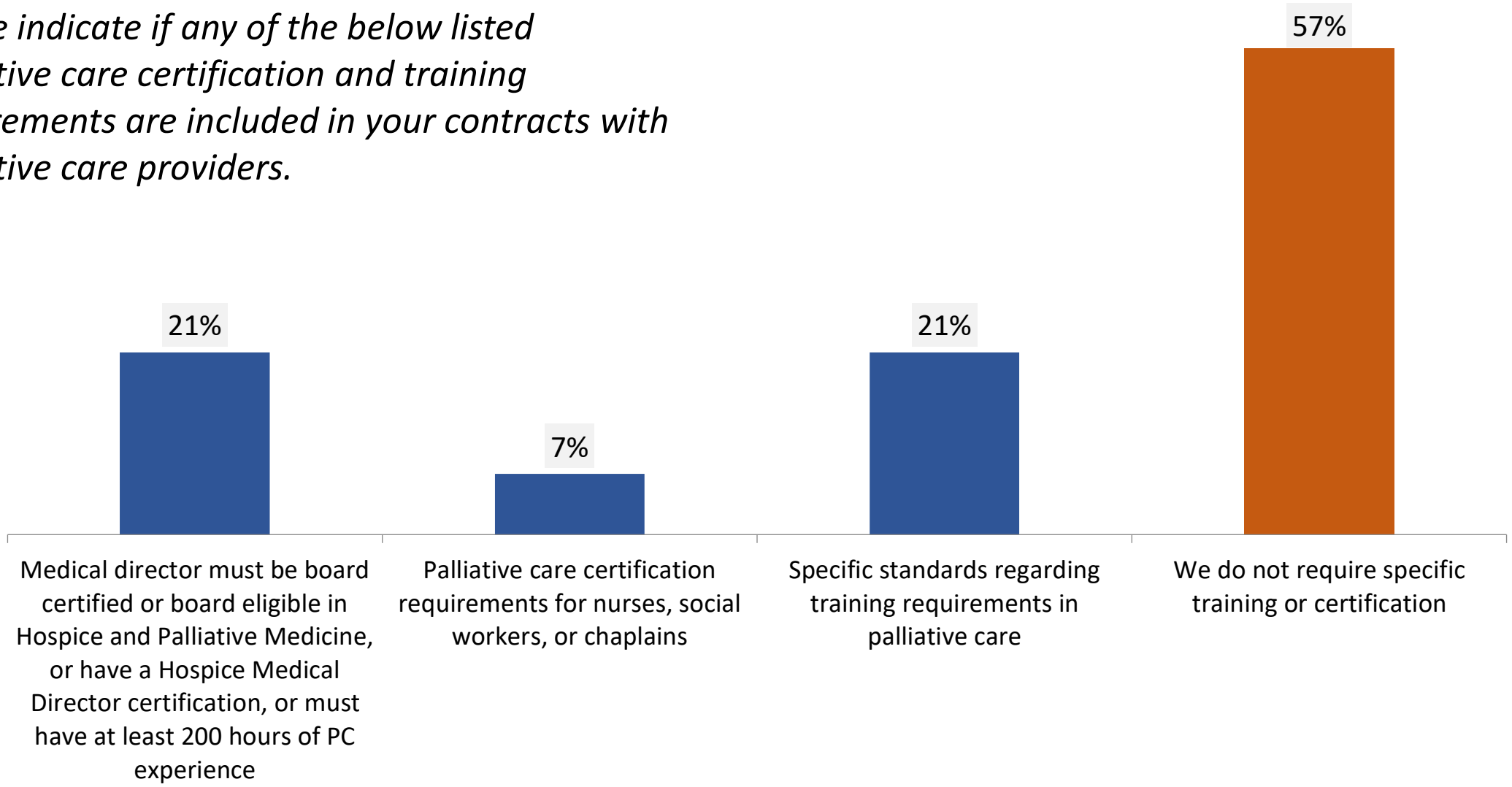
Do you require your palliative care provider organizations to be certified in palliative care?



1. Quality assurance/monitoring

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.



1. Quality monitoring

Certification and training requirements

- Should plans require palliative care provider organizations to be certified in palliative care?
- Should plans specify training or certification requirements for individual staff who are delivering palliative care to members?

1. Quality assurance/monitoring

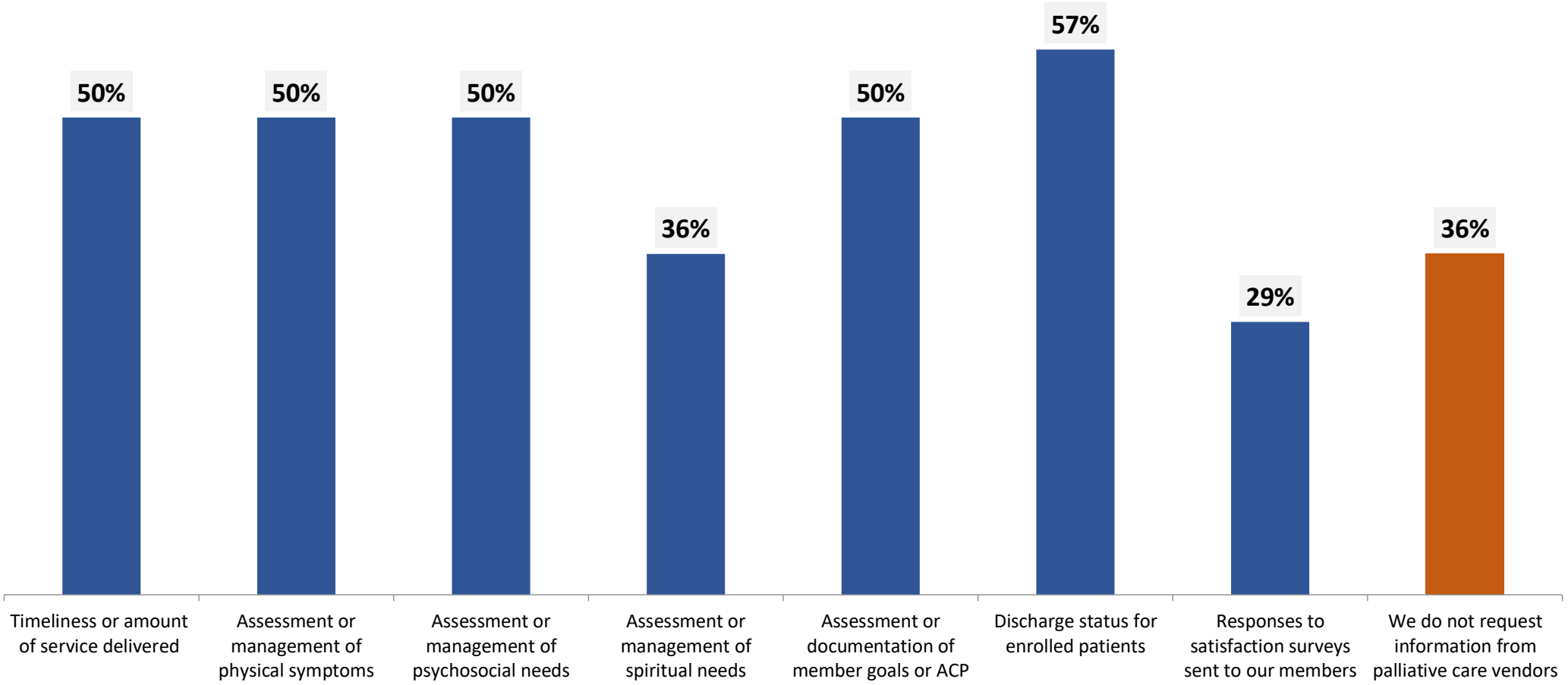
Metrics providers report tracking

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%

1. Quality assurance/monitoring

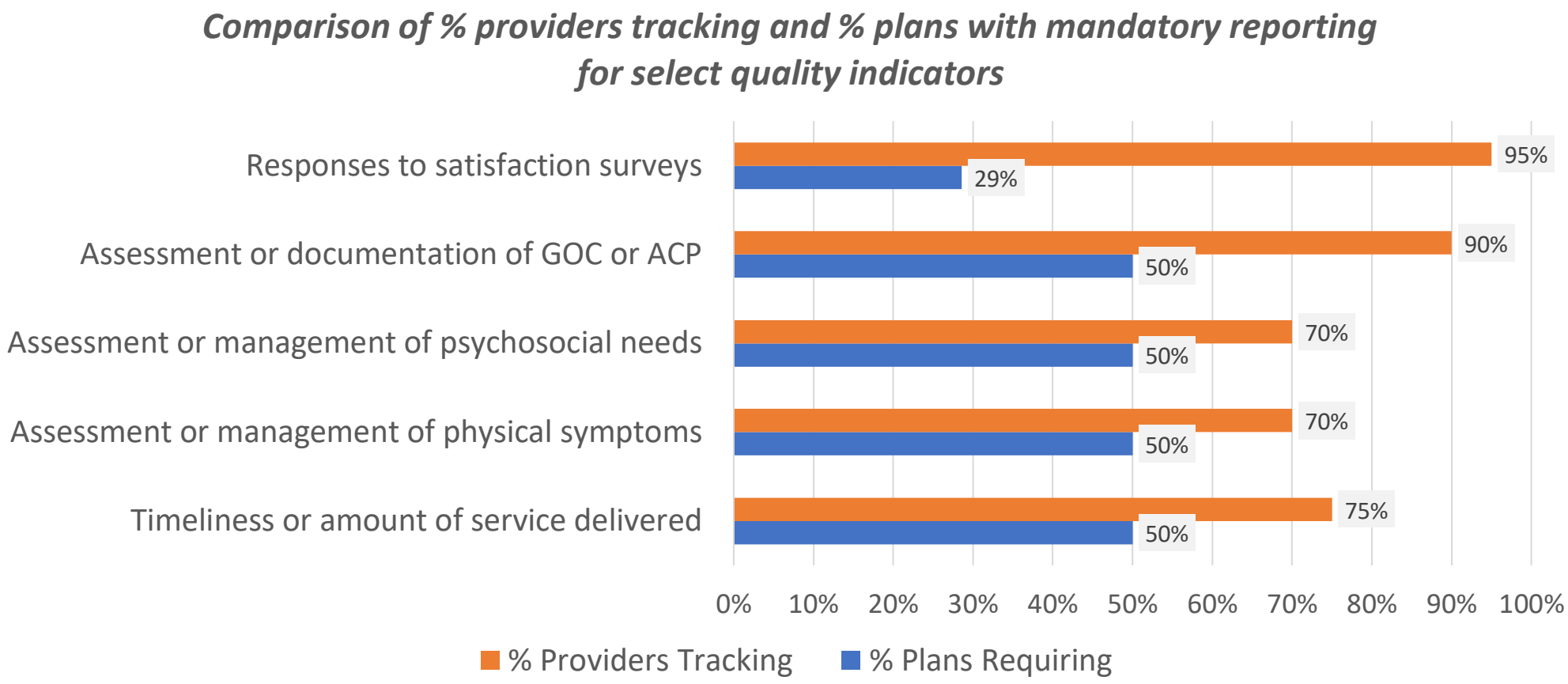
Mandatory reporting from providers

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



1. Quality monitoring

Provider tracking vs. mandatory reporting



1. Quality assurance/monitoring

- Should plans require providers to share data on specific care processes to assure adherence to best practices?
- What information provides the most help in assessing the quality of palliative care being delivered?
  - Certification/training?
  - Assurance that certain processes of care/best practices are happening?
  - Specific outcomes?

2. Addressing low enrollment
Alignment in desire to increase enrollment in Palliative Care

Providers

- 60% of providers identify “too few referrals” as moderate-significant barrier to delivering high-quality care, **and** the most significant threat to sustainability
- 90% of providers want to focus on identifying more eligible patients in the coming year

Plans

- “Enrollment too low” was the most common sustainability concern raised by plans (40%)
- 64% of plans want to focus on increasing enrollment of eligible members

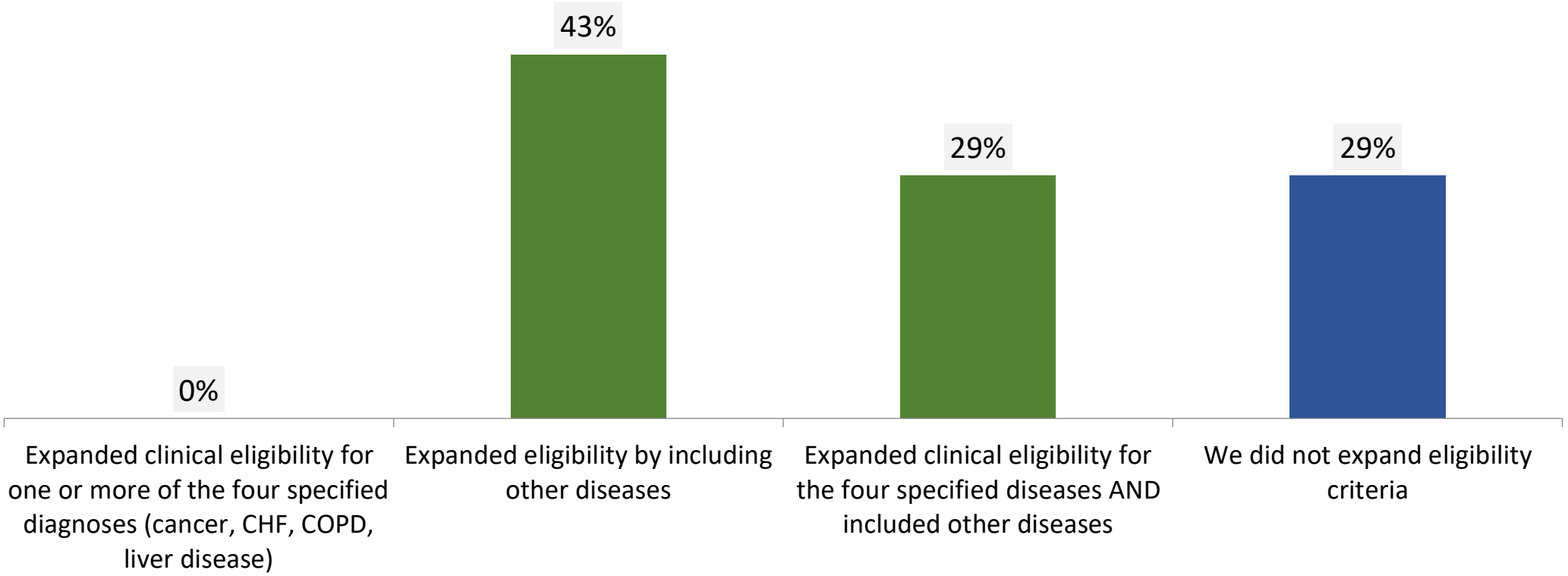
2. Addressing low enrollment

- Low enrollment was seen as the biggest threat to program sustainability for plans and providers
- What new approaches or strategies to increase identification of eligible members or enrollment might be available now that weren't in the past?

2. Addressing low enrollment

Expanding access

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

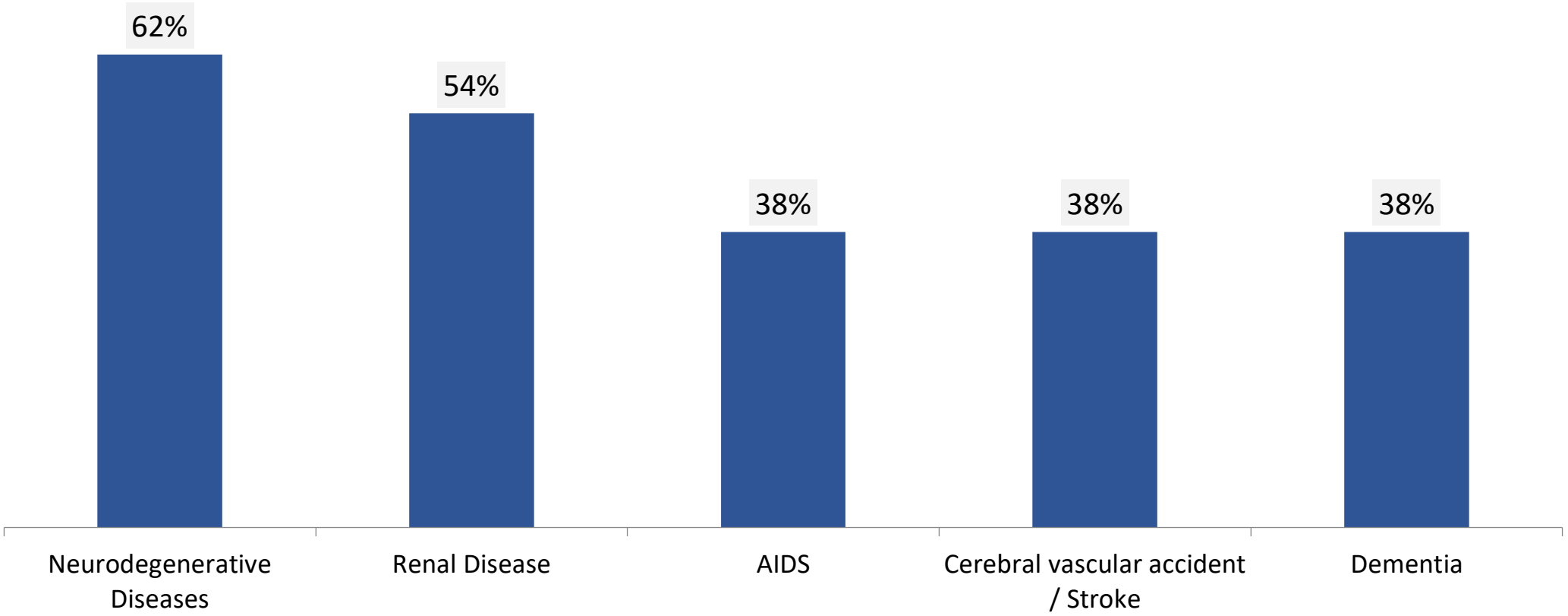


>71% expanded eligibility

2. Addressing low enrollment

Adding specific diseases

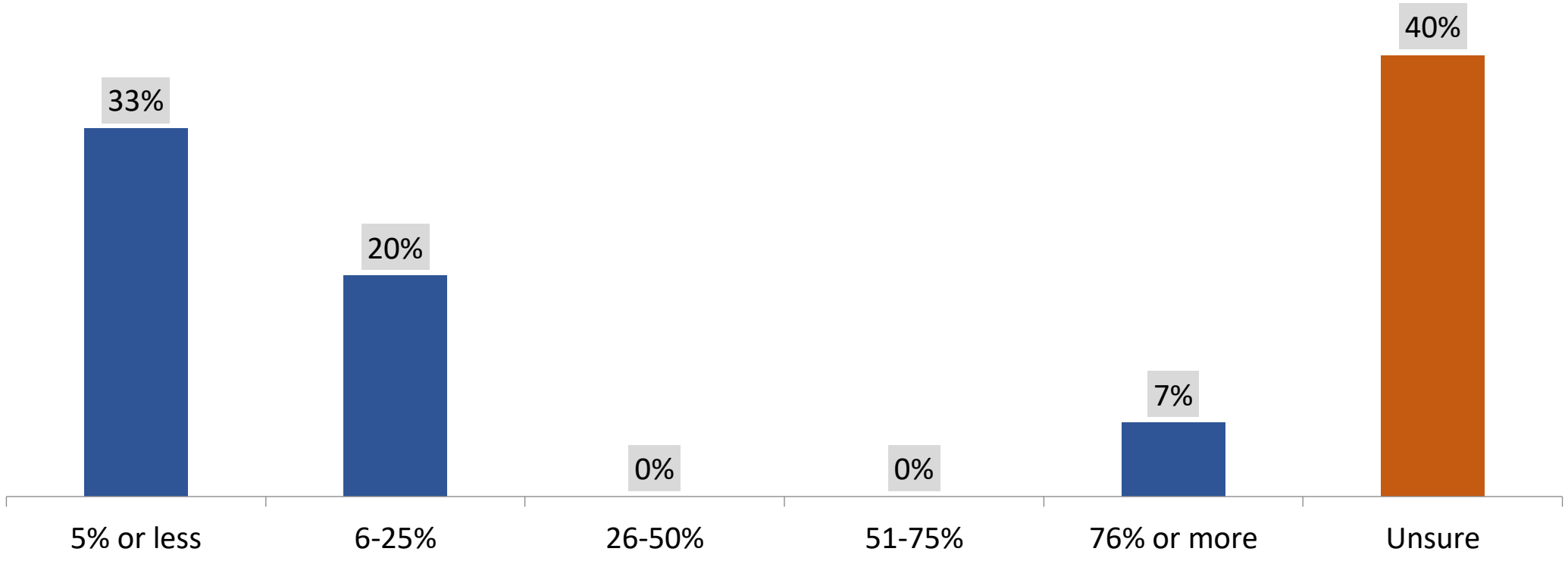
If you expanded eligibility, did you add any of the below listed diseases?



2. Addressing low enrollment

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

2. Addressing low enrollment
Expanding access

- Should plans take steps to increase access to the benefit beyond the 4 minimum conditions, by adding diagnoses or relaxing criteria for the required conditions, or both?
- Should plans track enrolled vs. eligible members as an indicator of quality?
- If your sense is that there are more members eligible who aren't being reached, what are the biggest drivers?
  - Main diagnosis outside of the qualifying conditions for the program
  - Challenges to identify eligible members
  - Eligible members are approached but don't choose to enroll