

WELCOME to today's MCP Learning Community Webinar



MEDI-CAL PALLIATIVE CARE MCP LEARNING COMMUNITY

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Ways to Engage

CCCC is a statewide collaborative community of individuals and organizations promoting high-quality, compassionate care for all Californians who are living their best lives in the face of serious illness.

How can your organization support the movement?

Become a Sustaining Supporter

Become an Organizational Member

Sponsor California's Premier Palliative Care Summit

Hire CCCC to Provide Training for your Staff

Housekeeping

- This webinar is being **recorded**.
- Links to the recording and slides from this webinar will be emailed to you in the next few days.
- **Post questions in the Q&A or chat box** at any time.

Reducing Inequities in the Experience of Serious Illness

**Brittany Chambers -- Director Health Equity and
Special Initiatives**

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**Center to
Advance
Palliative Care™**

capc

The Center to Advance Palliative Care (CAPC)

CAPC provides tools, training, and technical assistance for all organizations caring for people with a serious illness, including:

- Guidance for sustainable palliative care program design and quality delivery
- Resources and insights for health plans and policy-makers
- On-line training in communication, symptom management, and risk reduction skills

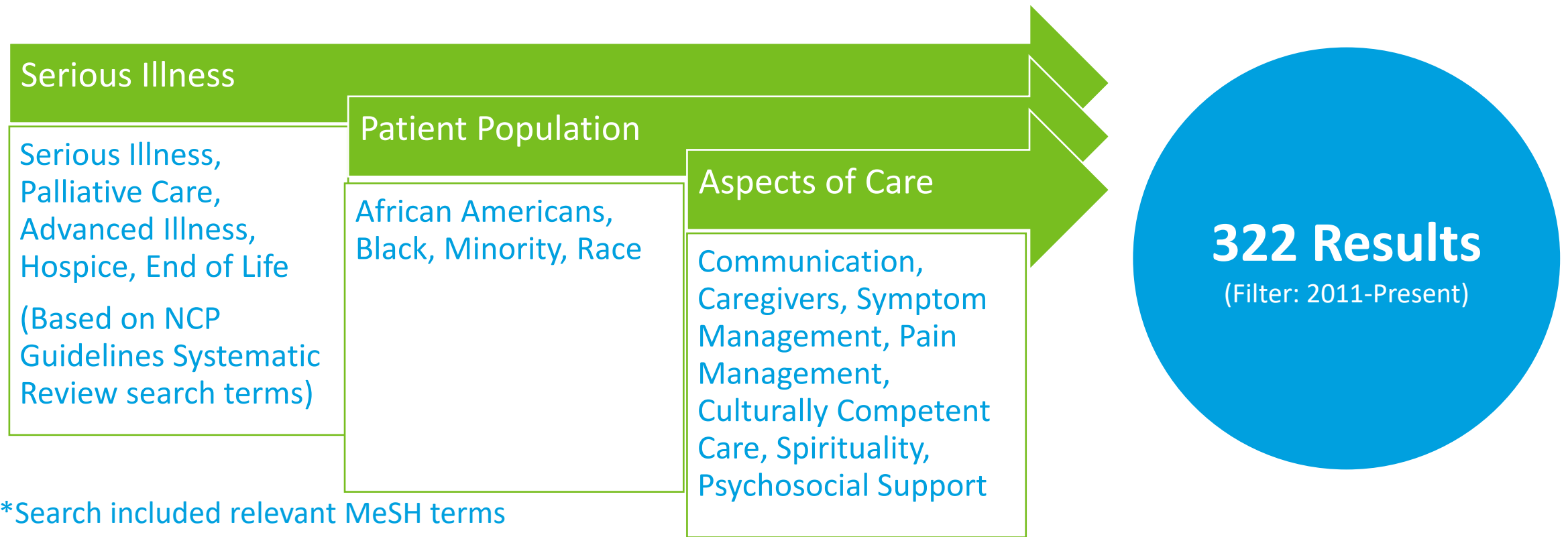
Agenda

- A Closer Look at Racial Inequities during Serious Illness
- Key Lessons from Promising Interventions
- Connecting the Dots between Best Practices in Population Management during Serious Illness and Addressing Disparities

What goes wrong for Black patients facing serious illness?

What Goes Wrong for Black Patients with Serious Illness?

Targeted Literature Search



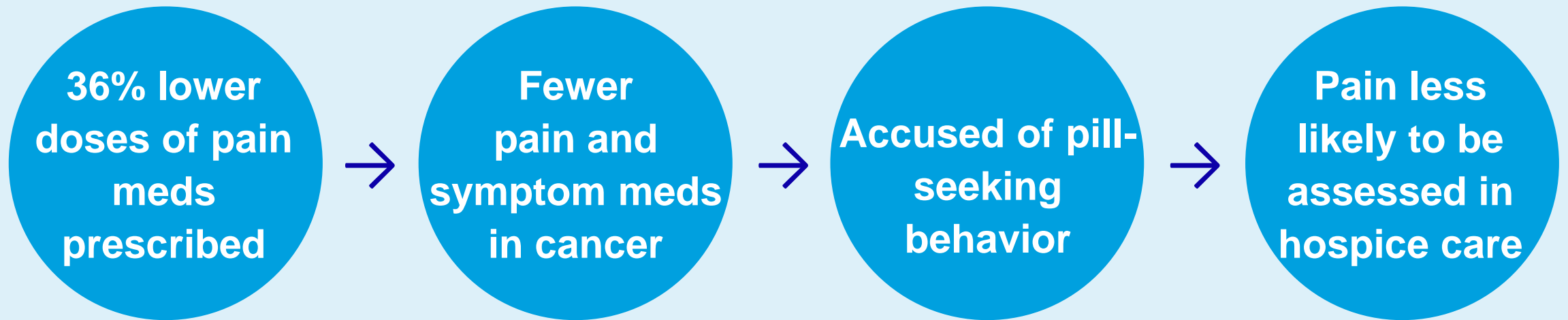
*Search included relevant MeSH terms

Major Themes from the Investigation

- Poorer quality pain/symptom management
 - Less assessment and less treatment
- Poorer quality clinician-patient communication
 - Verbal and non-verbal differences noted
- Measurable differences in caregiver experiences, leading to greater impacts on the health and finances of future generations

Even recent studies show that nearly half of physicians in training believe that Black patients having a higher pain tolerance

Symptom Management Inequities: Examples



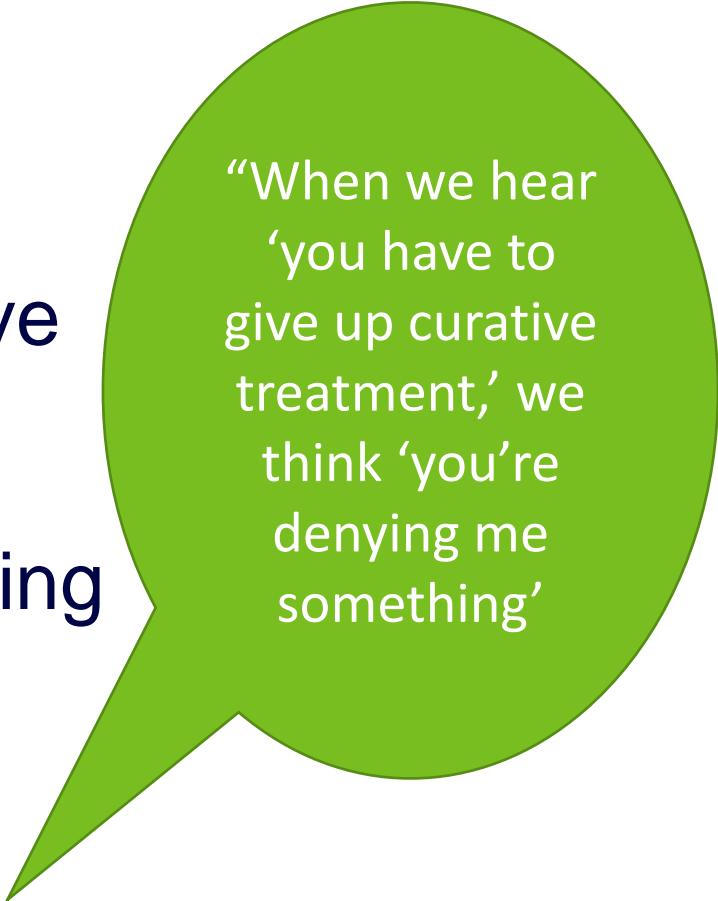
Palliative Care Can Help Alleviate Suffering in Precisely the Domains Where Disparities Exist

- ✓ Specialized medical care for people living with a serious illness
- ✓ Relieves suffering from symptoms and stress
- ✓ Improves quality of life for both patient and the family
- ✓ Assists with decision-making



Major Themes (continued)

- Some studies have shown less availability of palliative care interventions in hospitals that serve higher proportions of non-white patients
- Greater use of hospitals and ICUs when nearing the end of life
- Lower rates of hospice enrollment and higher rates of hospice disenrollment



“When we hear ‘you have to give up curative treatment,’ we think ‘you’re denying me something’

Health Equity Experts Offer Additional Insights

“A lot more work must be done to develop partnerships with Black communities . . . Interventions must involve non-traditional partners”

“Need for policies that would advance the diversity of palliative care workforce...patients more likely to trust clinicians who look like them”

“There is a bias towards home-based care – let’s check if those studies about patient preferences were representative of the US population today”

Key Lessons from Promising Interventions/ Models Found in the Literature

What Interventions have been Tested to Improve Quality Care for Black Patients with Serious Illness?

- *CAPC's Project Equity workgroup catalogued the interventions found in both the peer-reviewed and the gray literature search*
- *Fielded a national questionnaire to more than 100,000 health care professionals, including special requests for input by other key organizations.*
- *CAPC then reviewed all responses for appropriateness, and created a catalogue of more than 150 interventions*

Known Interventions

- Efforts spanned more than 46 states
- Most common settings for targeted improvements in the care of Black patients with serious illness were hospitals, then hospices

Known Interventions Spanned Several Key Approaches

- Community education about palliative care and hospice
 - Faith-based organizations were the most common partners
 - Use of storytelling in the African-American tradition
 - Staff DEI education and workforce diversification (for palliative care and related programs)
- Addition of Community Health Workers/Lay Navigators
 - CHWs were also instrumental in improving serious illness communications/clarifying goals of care/advance care planning
 - Data collection and targeted analysis of Black patients' needs
 - Accommodation of social needs

What CAPC Also Learned . . .

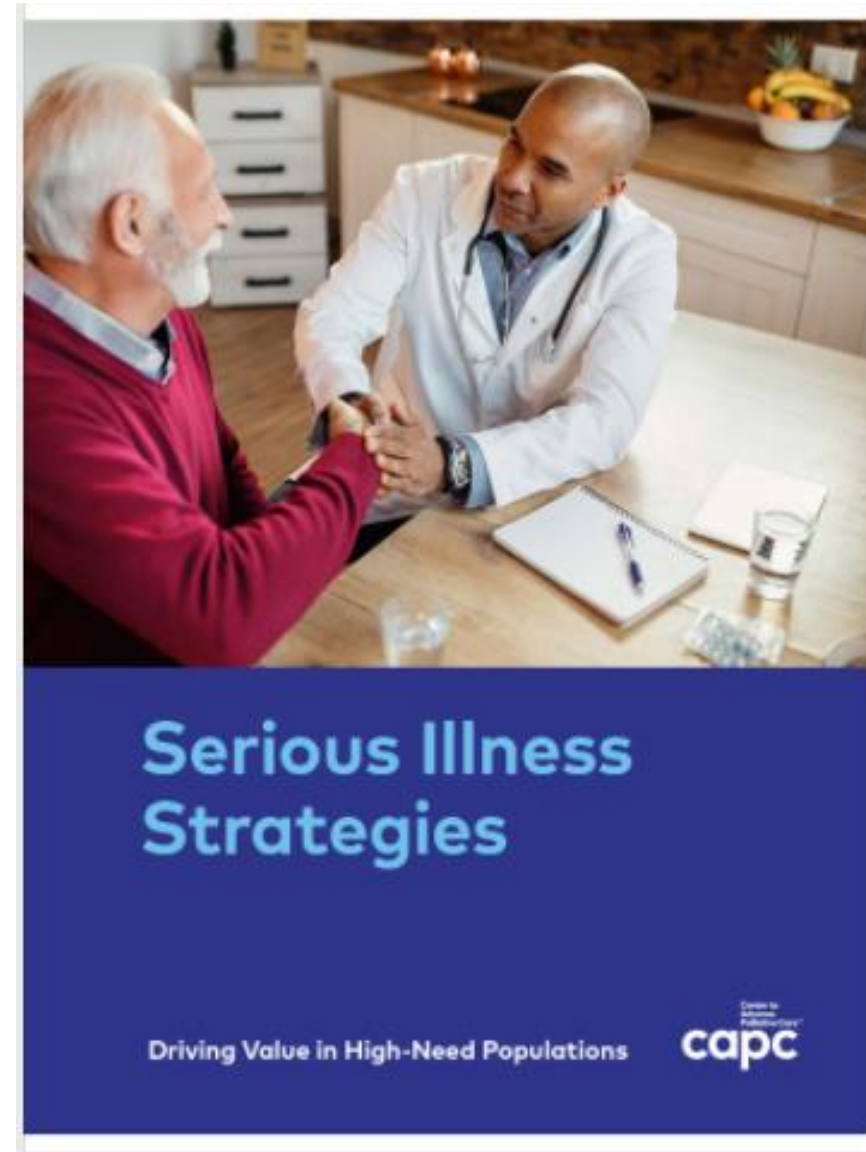
Many professionals responded to this question:
“Has your team planned or implemented an initiative to improve care specifically for Black patients with serious illness and their caregivers?”

With this response:

“We treat all patients the same”

Connecting the Dots between Best Practices in Population Management during Serious Illness and Addressing Disparities

Simultaneously, CAPC has collected best practices in improving serious illness care through health plans, many of which can also drive more equitable care



Systematic, Data-driven Identification of Patients with Palliative Care Needs

Can Help to Reduce Clinician Biases

Two-Factor Population Identification

First, a qualifying diagnosis must include at least one of these:

- Advanced cancer
- End stage or stage V renal disease
- Advanced dementia
- Advanced lung disease
- Advanced heart failure
- Advanced liver disease
- Diabetes (with severe complications)
- Advanced Parkinson's disease
- ALS, Huntington's, progressive supranuclear palsy, or other neurodegenerative disease
- Hip fracture, over age 70
- Stroke requiring hospital admission

AND

At least one of these indicators of unmet need, impaired function, and/or high symptom burden:

- One or more ED visits within the past six months
- One or more hospital admissions within the past six months
- Use of home oxygen
- Home health episode with date of admission not following a hospital discharge (i.e., community referral)
- Sequential home health episodes
- Durable medical equipment claims consistent with impaired function or high symptom burden
- Documented difficulty with activities of daily living, either captured in ICD-10 codes* or documented in post-acute data
- Documented social needs (e.g., unsafe housing, food insecurity) captured in ICD-10 codes or documented in a social needs screen such as in the Accountable Health Communities program

Required Care Manager Assessments

Can Reduce Disparities in Pain Assessment and Treatment

Improved Care Management

- Assess for symptom burden, including pain, anxiety, depression, constipation, fatigue, and weakness
 - Assess for caregiver burden
 - Work with care team to preemptively address symptoms and other needs
-
- Ensure that patient and family understand prognosis, what to expect, and what to do as the disease progresses
 - Clarify patient's values, goals, and preferences in the context of a realistic understanding of what to expect
-
- Work with clinical team to align treatment plan to the goals and values articulated by patient/family

Incentivize Provider Training in Equitable Pain/ Symptom Management and Communication

Training Recommendations By Discipline

- Physicians
- Advanced Practice Providers
- Registered Nurses
- Social Workers
- Chaplains
- Clinical Care Managers
- Home Health Aides and Certified Nursing Assistants
- Speech-Language Pathologists

[Download a PDF of All Recommendations](#)

DOWNLOAD

Use Two New Patient Reported Outcome Measures and Monitor for Racial Disparities

1

How much patients felt heard and understood

+ READ THE MEASURE DESCRIPTION

2

If patients got the help they wanted for their pain

+ READ THE MEASURE DESCRIPTION

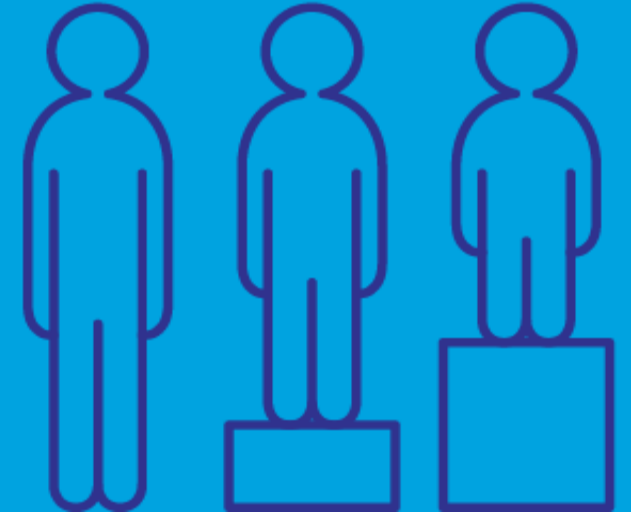
Expand Access to Quality, Culturally-Informed Palliative Care



Hospital Palliative Care

□ No ■ Yes

Improving Health Equity for People with Serious Illness



- Equitable Access to Quality Palliative Care for Black Patients: A National Scan of Challenges and Opportunities
 - *Literature findings and links available through that page*
- Health Equity in Palliative Care Toolkit
- Resources for Health Plans –All FREE
- Clinician Training Recommendations by Discipline and Role

Contact Us



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Health Equity Policy Examples

Problem	Examples
Pain and symptom management	Standardize use of symptom assessment in Medicare Advantage (federal regulation) Enable exceptions to opioid restrictions for people with serious illness (state regulation)
Clinician communication (and false beliefs)	Utilize the “heard and understood” measure (NQF 3665) in Medicare value-based purchasing programs (federal regulation)
Caregiver support	Standardize the use of caregiver burden assessment in Medicare Advantage (federal regulation) Promote caregiver respite and support in Medicare Advantage supplemental benefits (federal regulation)
Access to palliative care	Require access to palliative care in order to participate in accountable care models (federal regulation)
Financial toxicity	Expand access to aging service programs (federal and state budgets)