Medi-Cal Palliative Care Medi-Cal Managed Care Plan (MCP) Learning Community
September 29, 2022, Webinar Highlights

Judy Thomas, Chief Executive Officer of the Coalition for Compassionate Care of California, opened the Medi-Cal Palliative Care MCP Learning Community September 2022, webinar, "Social Needs in Palliative Care: Learning from Enhanced Care Management (ECM)," and introduced the two webinar presenters, Aulina Bradley, RN, Director of Care Management, Aetna Better Health of California and Neil Solomon, MD, Co-Founder and Chief Medical Officer, MedZed. The webinar recording is available at https://www.youtube.com/watch?v=OP6DtnWell0 I.

Ms. Bradley and Dr. Solomon provided an overview of Aetna and MedZed's collaborative approach to addressing the interconnected drivers of health for Medi-Cal members participating in the CalAIM ECM and palliative care programs. They focus on understanding the clinical and social factors influencing the health and well-being of patients, the services they need, and how to coordinate services to optimize outcomes and reduce complexity for patients and caregivers.

Three of the six ECM populations of focus are actively being addressed now by MCPs (individuals experiencing homelessness, adult high utilizers, adults with serious mental illness/substance use disorder); three will become active in 2023. The state does not specify whether members can participate in both ECM and palliative care programs but has provided guidance to MCPs regarding other programs that can and cannot overlap with ECM programs to avoid program duplication. Aetna's policy is that ECM members eligible for palliative care may be enrolled in both programs.

Aetna uses a targeted engagement list that includes data from an array of sources. The "pursuit" list is given to ECM providers so they can outreach to ECM members. The list additionally identifies members who would be eligible for palliative care. The health plan has a care management team that assists these members to make sure they are referred for palliative care. Aetna also offers all 14 Community Supports (Community Supports are optional for MCPs to offer and for members to utilize), many of which may benefit palliative care patients because of their wrap-around nature. These services may include any of the housing services—tenancy, deposit or transition, medically tailored meals (often provided post hospitalization), personal care, recuperative care, or respite care.

MedZed provides an end-to-end program focused on high-need, high-cost individuals. Health plans partner with MedZed to address the needs of these patients. Using a telemedicine model, MedZed RNs go into member homes with a mobile telehealth unit that connects with medical providers to perform comprehensive assessments. The model is used for multiple programs and purposes:

- Delivering in-home tech-enabled primary care and behavioral health support
- Providing palliative care, including emotional and spiritual support and advance care planning local culture, environment, challenges, as well as resources and organizations
- Coordinating and providing wraparound social services
- Closing specific care gaps

A critical component of MedZed's ECM model is the Community Health Navigator (CHN) program. CHNs are part of the MedZed team that creates a single medical and social care plan for each member. The plan includes an assessment of key social determinants of health (SDoH)—issues, needs, and recommended services for each member. In addition to training CHNs in technology, Covid-19 safety, motivational interviewing, how to work in

a team, and standardization of practices, MedZed supports CHNs through regularly scheduled team huddles and coaching in the field.

To ensure full collaboration and cooperation between Aetna and MedZed on behalf of members participating in the ECM and palliative care programs, Aetna regularly meets with MedZed. Interactions range from scheduled rounds and bi-monthly case conferences, to claims reviews and ongoing denial monitoring, to ECM scorecard review. The ECM scorecard is a collaborative work in progress between the health plan's quality and delegation oversight departments. Some of the scorecard measures are quality metrics (HEDIS, gaps in care). Scorecard categories include enrollment rates, completion of care plans, closure of gaps, and utilization plans. Aetna hopes to have a refined scorecard by the end of the year to share with ECM providers.

During the question-and-answer period, Ms. Bradley reported that the percent of Aetna Medi-Cal members eligible for ECM is estimated to be 14%. Using a variety of outreach strategies, MedZed is able to reach, engage, and enroll about 50% of the members in this group referred for ECM. MedZed reported a similar engagement and enrollment rate for Medi-Cal members referred to other programs, including palliative care. In response to a question about recruiting CHNs, MedZed affirmed that the individuals who tend to do well as CHNs are recent college graduates from the community interested in careers in nursing, social work, and medicine. MedZed's CHN retention strategy is to ensure that the work is sustainable (i.e., a manageable workload), safe, and enriching.

Upcoming MCP Learning Community activities include an **open forum** (**Tuesday, October 18, 2022, 12:00 PM - 12:30 PM**) discussion on data collection and other MCP activities to address disparities in health care access and quality, and a **webinar (Friday, November 18, 2022, 12:00 PM – 1:00 PM)** addressing CMS recommendations to improve equity during serious illness for Black Americans, presented by the Center to Advance Palliative Care (CAPC).

The Coalition for Compassionate Care of California (CCCC) is leading the serious illness movement in California. MCPs can support the movement by becoming a CCCC Sustaining Supporter, Organizational Member, Sponsor of California's Palliative Care Summit, and hiring CCCC to provide staff training. For more information, please contact Keeta Scholl: kscholl@coalitionccc.org.