Community-Based Palliative Care: Lessons on Standardization and Scaling

Session #3 of 3: Building on California's Efforts to Drive Consistency and Quality in Palliative Care

February 9, 2022

Housekeeping

• This webinar is being recorded.
• Information on how to access the recording and slides from this webinar will be emailed to you in a few days.
• Post questions and comments in the chat box at any time.
About us.

- Founded in 1998
- Collaborative approach
- Committed to improving serious illness care

Thank you to our co-sponsors

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Community-Based Palliative Care: Lessons on Standardization and Scaling

✓ January 26, 2022, 11:00am-12:00pm PST
Community-Based Palliative Care Standards: Rationale and Impact

✓ February 2, 2022, 11:00am-12:00pm PST
Affordability and Sustainability of Palliative Care Services across Medicaid, Medicare, and Commercial Insurance

• February 9, 2022, 11:00am-12:00pm PST
Building on California's Efforts to Drive Consistency and Quality in Palliative Care. How payers, providers, and policymakers can leverage what was learned about developing or implementing standards for community-based palliative care.

Today’s Session

• Brief review of the standards for community-based palliative care
• Reflections on development
• Reflections on implementation
• Reflections on evaluation
• Questions and discussion

The webinar is being recorded.
The presentation slides and a link to the recording will be
distributed to session registrants.

Consensus Standards for CBPC Delivery

• 2016: CCCC convened development team – the California Advanced Illness Collaborative (CAIC) – including payers, CBPC providers, policy advocates, researchers
• March 2017: Standards released
• Intended to specify minimums acceptable to any payer or provider
• Intended to inform contracting for home-based palliative care
• Generally aligned with Medi-Cal palliative care mandate (SB 1004)

https://coalitionccc.org/CCCC/Our-Work/CAIC.aspx
https://www.dhcs.ca.gov/provgovpart/Pages/Palliative-Care-and-SB-1004.aspx
What the Standards Address

- Eligibility
- Services
- Staffing / Providers
- Payment Model*
- Measurement and Reporting*

* Not addressed in Medi-Cal palliative care (SB 1004) guidance

In Addition to Clinical Guidelines

NCP Clinical Guidelines

- Hospital-based palliative care
- Community (home) based palliative care
- Clinic / office-based palliative care

California Consensus Standards

Operationalize delivery; set expectations for contracting; focus on both providers and payers.
Demonstration Project 2018-2021

**Goals:** Implement standards with payers and providers. Evaluate outcomes and variation in care delivery. Determine if the Standards make it easier for payers and providers to develop and implement contracts that increase access to quality, sustainable CBPC services.

**Features:**
- Participants assembled in 2018
- Multiple payers and providers delivering CBPC in Sacramento and/or Los Angeles
- Contract requirements met or exceeded the Standards or SB 1004 requirements
- Many but not all providers had contracts with multiple participating payers
- Claims analyses focus on new palliative enrollees Jan 2019-Mar 2020
- Qualitative data collection and group activities through Dec 2021
- Project led by CCCC, funded by CHCF, supported by evaluation team and advisory group

A Few Demonstration Findings

1. Standards were largely successful in promoting delivery of team-based care that aligned with NCP guidelines and other descriptions of best practices
2. Evaluation revealed variation in how the Standards were enhanced and implemented
3. Mix of manageable and problematic variation; measurement and reporting was the area with the most problematic variation
4. Preliminary assessment of fiscal outcomes showed positive results, with variation across insurance types and plans
5. Variation in fiscal outcomes was likely the result of implementation choices
LESSONS RELATED TO DEVELOPING STANDARDS

Standards Are Needed

“We need to take a multifaceted approach to ensure home-based palliative care programs are to some extent standardized, and held accountable for the care they provide. It is critical for the future of home-based palliative care, and for patients’ and families’ health and safety, that when an organization says, “Yes! We have a home-based palliative care program!” that patients, families, referring clinicians, and payers know what they are getting.”

"Yes! We Have a Home-Based Palliative Care Program!". Calton BA, Ritchie C. JAGS 2019 Jun;67(6):1113-1114.
Assemble a Diverse Team

- Payers
- Palliative care providers
- Academics
- Philanthropy
- Government officials
- Palliative care advocacy organizations
- Specialists that care for seriously ill individuals
- The voice of patients and caregivers

A neutral 3rd party (like CCCC or CHCF) can play an important role

Define a Floor and Optional Enhancements

- Aim for defining a floor
  - Based on the California experience, both payers and providers will build on that
- Specify enhancement options
  - (Medi-Cal Standards did this)
- Put emphasis on “what”, not necessarily “how”
- Recommendations should be evidence-based, and acceptable to payers and providers
Be Clear on the Role of Standards

Be mindful of the difference between palliative care as an essential aspect of care for all seriously ill individuals vs. a health plan benefit that provides home-based palliative care for a specific population.

NCP Clinical Guidelines

Hospital-based palliative care

Community (home) based palliative care

Clinic / office-based palliative care

California Consensus Standards

Operationalize delivery; set expectations for contracting; focus on both providers and payers.

Be Mindful of Context

- Be aware of state/federal programs and policies that standards need to align with
- Be aware of regional differences that might impact uptake and feasibility (i.e., workforce availability in rural vs. metropolitan areas)
- Make sure the standards are flexible enough to accommodate variation
Be Mindful of Process

- Project management
- Influential leadership
- Encourage open communication and strive for regular meetings
- Brainstorming by video or phone has limitations
- This takes time & reaching consensus can be difficult
- Consider how organizations make decisions

Questions about developing standards?
LESSONS RELATED TO IMPLEMENTING STANDARDS

Outcomes are Driven by ‘What’ and ‘How’

+ GOOD IMPLEMENTATION CHOICES = REDUCED PROBLEMATIC VARIATION AND NEGATIVE OUTCOMES
# Standards are a Starting Point

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<th>Enhancements to “What”</th>
<th>Choices for “How”</th>
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| **Eligibility** | • Add specific diseases?  
• Relax dx-specific criteria? | • How to identify potentially eligible members  
• Method for verifying eligibility  
• Strategies for promoting referrals  
• Member engagement strategies |
| **Services** | • Add specific services? | • Requirements for frequency and mode of contact by specific team members  
• Require use of specific screening and assessment tools |
| **Staffing/Providers** | • Add specific team members?  
• Specific training requirements?  
• Requirements for individual or organizational certification? | • How to find and vet providers  
• Whether to support provider training |

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# Starting Point (continued)

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<th>Enhancements to “What”</th>
<th>Choices for “How”</th>
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| **Measurement / Reporting** | • Require participation in national registry?  
• Add process or outcome measures? | • Content, format, method and frequency of reporting by providers  
• Does plan share data with provider?  
• Method for assessing fiscal outcomes  
• Plan or provider to gather PROs?  
• Joint rounding/meetings to supplement data reporting?  
• Regional or plan-specific quality collaborative? |
| **Payment Model** | • Use of tiered payment model | • Payment amount  
• Incentives linked to process or outcome measures  
• Supplemental payment for high-utilizers |
Demonstration Project Implementation Supports

- In-person and virtual meetings
- Developed Universal Referral Form
- Qualitative and quantitative evaluation of standards in practice
- Cross-provider review of patient/family experience assessments

Implementation Supports for Medi-Cal Standards

- **PILOT TEST** • Test the standards and disseminate findings
- **MONITORING** • Monitor uptake and promising practices
- **PEER LEARNING** • Create peer-peer learning opportunities
- **TECHNICAL ASSISTANCE** • Offer practical /focused /flexible technical assistance that makes progress possible
- **RESOURCES** • Create or collate tools and resources that feature data, documents and approaches used by plans and providers, + access to external resources

In all of the above, highlight how palliative care aligns with other state / plan programs, and support integration
“Even with the costs of the program included, the total cost of care was 33 to 50 percent less for PHC members that received palliative care, primarily due to a marked decrease in hospital days while enrolled in the program.”

Monitor with Annual Surveys

- Plans and providers curious about collective experiences
- CHCF/CCCC really interested in identifying challenges and opportunities to help
Effort Required to Achieve High Response Rate

Approach used for annual surveys

Send a few requests and hope

Stalking

2021: responses from 19/23 plans and 31 providers

Promote Peer-Peer Learning with Convenings

- Forum for reporting out survey results
- Chance for peer-peer learning
- Showcase innovations developed by plans and providers
- Booster shot of visibility for PC program
Plan-Specific Meetings Can Be Helpful

**Medi-Cal Managed Care Plan Learning Community**

- Monthly opportunities for plans to interact (Zoom meetings)
- Open sessions
  - Do you have ‘X’? How do you do ‘Y’? Anyone else struggling with ‘Z’?
- Focused (practical) sessions
  - Presentation of tool, data, case example, etc. + discussion
  - *[Wherever possible link to CalAIM, a new massive Medi-Cal initiative]*

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Offer Individual and Group Technical Assistance

**Plan-Provider Technical Assistance Workshops**

- Estimating the number of eligible individuals and appreciating baseline utilization patterns and costs in the final year of life
- Estimating the Cost of Care Delivery
- Assessing Palliative Care Capacity and Launching Palliative Care Services
- Gauging and Promoting Sustainability and Success
- Strategy Exchange to Address Common Challenges

*“Feel much better prepared after the workshop.”*

*“Content was very clear and helpful. Attendee questions were also helpful in clarifying”*
Create and Curate Resources

Material presented in workshops was transferred to this web site

https://www.chcf.org/resource/sb-1004/

Summarize and Disseminate Promising Practices

- Challenges and Barriers
- Brief descriptions of 4-7 strategies (rationale and considerations)
- Key lessons learned
- Medi-Cal specific, but generalizable

https://www.chcf.org/resource/sb-1004/
Create a Flexible Ecosystem of Supports

- Curated Resources
  - Independent learners
  - Resource for TA
  - Resource for LC

- Learning Communities
  - Peer-peer learning
  - New resources to web sites, toolkits, etc.

- Technical Assistance
  - Group or 1:1 assistance
  - Curated resources used in TA
  - New resources to web sites, toolkits, etc.

Questions about implementing standards?
LESSONS RELATED TO EVALUATING STANDARDS AND SERVICES

Evaluation Aspects

**Provider evaluation efforts**
- Patient/family experience
- Self-assessment of some process and outcome measures

**Payer evaluation efforts**
- Compliance (eligibility, services)
- Enrollment duration
- Self-assessment of fiscal inputs and outputs

**CCCC evaluation efforts**
- Convened meetings for review and feedback about each domain
- 3rd party interviews with payers & providers
- Enrollment & claims data acquired, pooled, and analyzed by 3rd party
Evaluating Acceptability of Standards

- Acceptability is subjective, so important to ask stakeholders
- This is independent of quantitative results
  - A higher cost of care may be acceptable to some payers
  - Some plans may be fine with breaking even, some may have specific ROI expectations
  - Some providers may be fine with breaking even; some may expect a specific margin
- Also behavioral: do payers and providers continue, or drop out?

Challenges in 3rd-Party Fiscal Evaluation

**Goal:** All four payers would extract and transmit data to evaluation team in order to have a shared view of volumes, duration, costs of care

- One payer (out of 4) was not able to come to agreement on data sharing
- Asked all payers to acquire beneficiary death dates, 2 did
- Asked payers if they had records on beneficiaries who were referred for services but did not receive, 2 said yes
- Format of data did not allow for easy computation of number of hospitalizations and bed days
- Challenges with capturing costs of care when there is delegation or capitation
Patient / Family Perspective

- A lot of variation in providers’ assessments of patient experience
- Recommend use of new “Serious Illness Survey for Home-Based Programs” developed by RAND
- Some insights gleaned from proportion disenrolling due to patient choice
- Encourage efforts to evaluate patient / family outcomes

https://www.rand.org/pubs/tools/TLA1547-1.html

Innovate, Implement, and Disseminate

- Continue to innovate!
- Field needs evidence to support improving, sustaining, scaling home-based medical services and case-rate contracts
- Feedback loops: key findings from process and outcome measures can foster early identification of implementation issues and promising practices
- Make standards and findings easily accessible to all
Key Recommendations

Development
• Seek and incorporate input from a diverse group
• Define a floor and optional enhancements
• Balance specificity with need to accommodate regional and other variation

Implementation
• Provide a range of implementation supports for payers and providers
• Collect and share information about promising practices
• Create opportunities for peer-to-peer learning

Evaluation
• Assess acceptability, feasibility, impact, and sustainability
• Consider linking standards to a validated patient experience survey
• Make standards and evaluation findings easily accessible to all

Questions and Discussion
Acknowledgments

The CCCC team gratefully acknowledges the contributions of the health plans and palliative care providers that participated in the demonstration project, who shared their data, wisdom, perceptions, and recommendations.

2022 Annual Summit – Register today!

Emerging Stronger: Creating a New Normal

May 4 – 5, 2022
San Francisco Airport Hyatt Regency

Register today at CoalitionCCC.org/Summit!
2022 CCCC Webinar Series

Thursday, February 24
Caregiver Support: A Vital Component of Palliative Care
Teressa "TV" Vaughn, MPT, MHA
Caroline Etland, PhD

Thursday, March 24
Why the Right Words Matter When Talking about Series Illness Care
Anna Gosline

Wednesday, April 13
Kimberly D. Acquaviva, PhD, MSW, CSE

Wednesday, June 15
“Can We Still Have a Child After You’re Gone?” Navigating the Challenges of Reproductive Planning with Terminally-Ill Patients – Joanna Sharpless, MD

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Register today - CoalitionCCC.org/webinars

To learn more about this work and download a copy of the Consensus Standards for Community-Based Palliative Care, go to CoalitionCCC.org/CAIC

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