CA PPC Collaborative

Home-Based Palliative Care
Housekeeping

• This webinar is being recorded.
• Post questions in the questions box at right at any time.
• All participants will stay muted throughout the call – please use the questions box liberally!
• Polls during call, survey will pop up afterwards
CA PPC Collaborative

Home-Based Palliative Care
PEdiATRICS AT CCCCC

Judy Thomas, JD, CEO
Pre-call Survey Results

Regional Collaboratives

- 33 Southern
- 29 Northern – NCCPPC
- 9 Central Coast - most already NCCPPC
- 8 Central Valley
Pre-call Survey Results

- Hospital-Based Team Member
- Community-Based Team Member
- Health Plan Staff
- CCS County Staff
- Parent/Family Member
- Community Member
- Other (please specify)
Pre-call Survey Results

- Most interested in education, home-based PPC, concurrent care, and hospital-based PPC

- Least interested in examples from adult PPC
## Pre-call Survey Results

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
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</thead>
<tbody>
<tr>
<td>Successful clinical models of home-based PPC (ex: what services are provided and by whom, relationship between home-based providers and hospital-based team, etc.)</td>
<td>67.05% 59</td>
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<tr>
<td>Patient identification/referral/enrollment to home-based PPC</td>
<td>40.91% 36</td>
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<tr>
<td>Examples from adults and SB 1004</td>
<td>18.18% 16</td>
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<td>Contracting for home-based PPC services (ex: per member per month (PMPM) vs. fee-for-service (FFS), service bundles/ tiers, etc.)</td>
<td>34.09% 30</td>
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<tr>
<td>Using telehealth for home-based PPC</td>
<td>46.59% 41</td>
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<tr>
<td>Hospital/community collaboration for home-based PPC</td>
<td>65.91% 58</td>
</tr>
<tr>
<td>Concurrent care</td>
<td>60.23% 53</td>
</tr>
<tr>
<td>Hospital-based PPC team structure and hospital administration buy in for PPC team and activities</td>
<td>45.45% 40</td>
</tr>
<tr>
<td>Educational opportunities – webinars, in person trainings, self-directed trainings, etc</td>
<td>70.45% 62</td>
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<tr>
<td>PPC activities in other states</td>
<td>39.77% 35</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>12.50% 11</td>
</tr>
</tbody>
</table>

Total Respondents: 88
POLL TIME!
2019 Pediatric Webinar Series

September 19 - PAIN MANAGEMENT FOR CHILDREN WITH SERIOUS ILLNESS IN THE CONTEXT OF THE OPIOID EPIDEMIC

October 17 - AN EXPENSE WORTH EXPRESSING: THE ROLES OF EXPRESSIVE ARTS IN PEDIATRIC PALLIATIVE CARE

November 21 - COMPATIBLE WITH LIFE: RETHINKING CARE OF CHILDREN WITH TRISOMY 18

FOR ADDITIONAL INFORMATION: https://coalitionccc.org/training-events/pediatrics-palliative-care-advance-care-planning/
Transition from PPC Wavier to SB1004

• Waiver approved in December 2008, first child enrolled in March 2009

• Waiver not renewed in 2018 – last day of PPC under the waiver was December 31, 2018

• Transition to SB 1004, with eligibility requirements and benefit guidelines outlined in APL 18-020 and NL 16-1218
DATE: December 7, 2018

ALL PLAN LETTER 18-020
SUPERSEDES ALL PLAN LETTER 17-015

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: PALLIATIVE CARE

PURPOSE:
The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care health plans (MCPs) of their obligation to provide palliative care to their members pursuant to Senate Bill (SB) 1004 (Hernandez, Chapter 574, Statutes of 2014) and under their contract relative to the provision of Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. The requirements discussed in this APL specifically apply to Medi-Cal managed care members who are not dually eligible for Medicare and Medi-Cal.
DATE: April 9, 2019

TO: ALL COUNTY CALIFORNIA CHILDREN’S SERVICES (CCS) PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS, NURSING STAFF, STATE INTEGRATED SYSTEMS OF CARE DIVISION STAFF

SUBJECT: PALLIATIVE CARE OPTIONS FOR CCS ELIGIBLE CHILDREN - REVISED

I. INTRODUCTION

The purpose of this Numbered Letter (NL) is to update policy and guidelines for authorizing pediatric palliative care (PPC) services through the CCS Program.
SB1004 for Pediatrics

- DHCS committed to revising NL 16-1218 to reflect MCP responsibility for home-based PPC
- DHCS working with individual providers and payers to resolve sticking points on specific patient cases
- Reach out to CCCC with any issues implementing this benefit
A guide to help payers, providers, and other stakeholders in pediatric palliative care (PPC) navigate the transition from the PPC waiver program (Partners for Children) to the Medi-Cal state benefit for home-based palliative care services (SB 1004)

Today’s Presenters

Mary Johanna Ford
RN, MSN-CNL, FNP, CHPN
Pediatric Care Program Manager
Hospice By The Bay/By The Bay Kids

Margy Mayfield
RN, BSN
Executive Director
Coastal Kids Home Care
Hospice by the Bay / By the Bay Kids

- Have been providing end of life care to pediatric patients since 1975
- Began providing pediatric palliative care in 2012 as a PFC waiver provider, transitioned with that program in January 2019 to contracts with managed care plans under SB1004

- **OUR TEAM:** RN (4) / SW (3) care coordinator teams assigned to each patient
  - Pediatric palliative care physicians (2)
  - Team spiritual support counselors (2)
  - Massage (6), music (3), child life therapists (2)
  - Team leader / program manager
  - Shared Coordinator
Our Pediatric Palliative Care Population

Have cared for 67 children under SB1004 in 2019

• Approximately 25% have cancer diagnoses, stage 3 or 4 or refractory to treatment
  o 40% Leukemias
  o 36% CNS tumors
  o 21% other (bone, liver or kidney, etc)

• 20% Neurologic conditions, progressive or non

• 13% Neuromuscular diagnosis (muscular dystrophies, myopathies or neuropathies)

• 13% Pulmonary issues (HTN; chronic or severe respiratory failure)

• 6% with gastrointestinal anomalies

• 5% with Congenital cardiac anomalies
Our Core Services

• Monthly RN / SW visits (minimum, with increased frequency as needed)
• Telephonic / video call check in as needed
• Spiritual support for patient and family as indicated and accepted
• Coordination with primary and specialty providers as indicated for updates, pain and symptom management, medication reconciliation, scheduling of urgent and follow up visits, etc.
• Expressive therapy visits as indicated and accepted by patient / family
• Anticipatory grief and bereavement therapies for patient, parents and siblings
• 24/7 telephonic support
• Monthly care conference with BTBK interdisciplinary team to evaluate responses to care and ongoing eligibility for services (provider and payor participation welcomed)
Our Care Coordination / Collaboration Services

- Attendance at clinic visits as indicated
- Attendance at school meetings, IEPs / 504s as indicated
- Troubleshooting medication refills, equipment, supplies and services, coordination with ancillary services
- Troubleshooting and collaborating on symptom management issues with involved providers
- Assistance with care transitions as indicated
- Research into and connection with local and regional resources for financial support, memory making and legacy building for patient and family
Challenges and Lessons Learned

• Important to include all stakeholders in discussions of program design, delivery, payment model and outcomes monitoring

• Strong relationships and regular communication is key to successful collaboration

• Important to establish reasonable and sustainable payment models across payors

• Identifying and operationalizing quality metrics for this population = “measuring what matters”
PROVIDING PEDIATRIC PALLIATIVE CARE IN MONTEREY, SANTA CRUZ, SAN BENITO AND SANTA CLARA COUNTIES

MARGY MAYFIELD RN, BSN
DIRECTOR
What is your current PPC census?

40 children

How any children have you cared for under SB 1004 since January 2019?

46 children

Who is on your PPC team? (ex: disciplines of providers & number of each)

- Director – RN ELNEC trainer
- LCSW – Director of Palliative Care
- 8 nurses
- 4 social workers
- 9 Expressive Therapist (2 Music, 1 Art, 5 Massage therapist, 1 Child Life)
What range of services do you provide to PPC patients?

- Skilled nursing – pain and symptom management
- Social worker – basic needs assessment and care coordination
- Expressive Therapy
- Child Life
- Counseling – anticipatory/bereavement
- Private Duty Nursing (EPSDT)

Who are your biggest referral sources? How do you receive referrals?

- Specialty Hospitals – UCSF Benioff Oakland/San Francisco, Stanford Children’s
- Social workers, NP’s but most are referred for Home health and we assess them for PPC
How do you collaborate with the hospital-based team?

- We get a point of contact when referred to PPC
- Phone calls, e-mails, text messages with updates. Telemed or planned phone conferences in home

What are your biggest lessons learned in working with health plans? County CCS?

- We have to be persistent
- Present your plan but be willing to negotiate. Know what you’re not willing to negotiate.
What has helped to facilitate smooth relationships with hospital-based teams, health plans, and CCS?

- Presentation on our PPC program and stats from the waiver
- Focus on the ways you save the plan money
- Hospital needs constant updates and info on program and MCPs you’re contracted with

What are the biggest barriers to working with those teams?

- Staff turnover
- Not a priority to them
- Slow process working through regulations and policies created for adults
COASTAL KIDS HOME CARE

PEDiatric Palliative Care Program

Questions?
Q&A
Post questions in the chat or Q&A box to the right of your screen.
THANK YOU!

Don’t forget to complete the survey after the call!