

Updates in Palliative Care for Medi-Cal Beneficiaries

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Outline

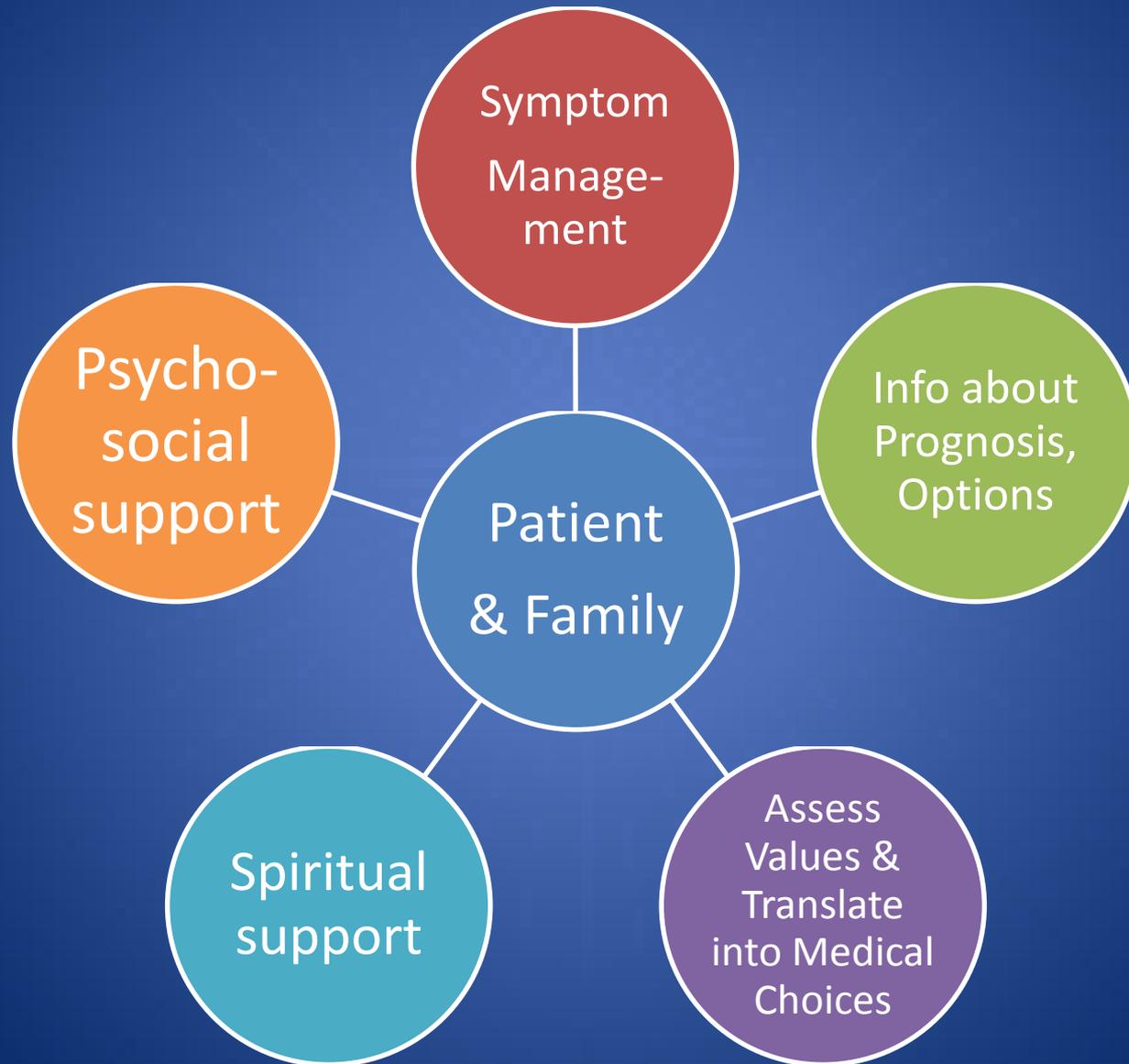
- Palliative Care for Vulnerable Patients
- Care Models
- Medi-Cal Initiatives

Palliative Care for Vulnerable Patients



Juliet Wood, *Arbol de la Vida*

Palliative Care Needs

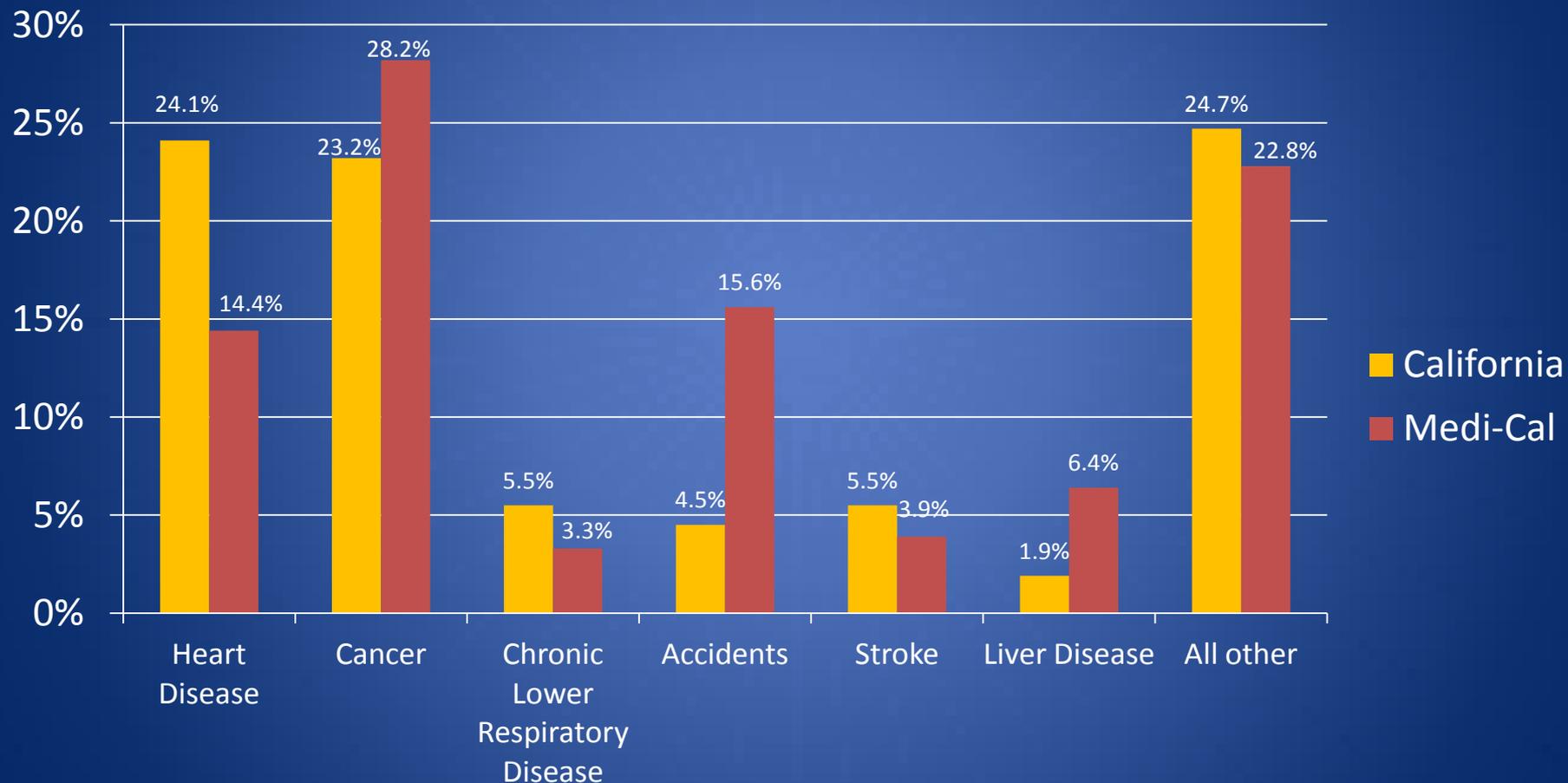






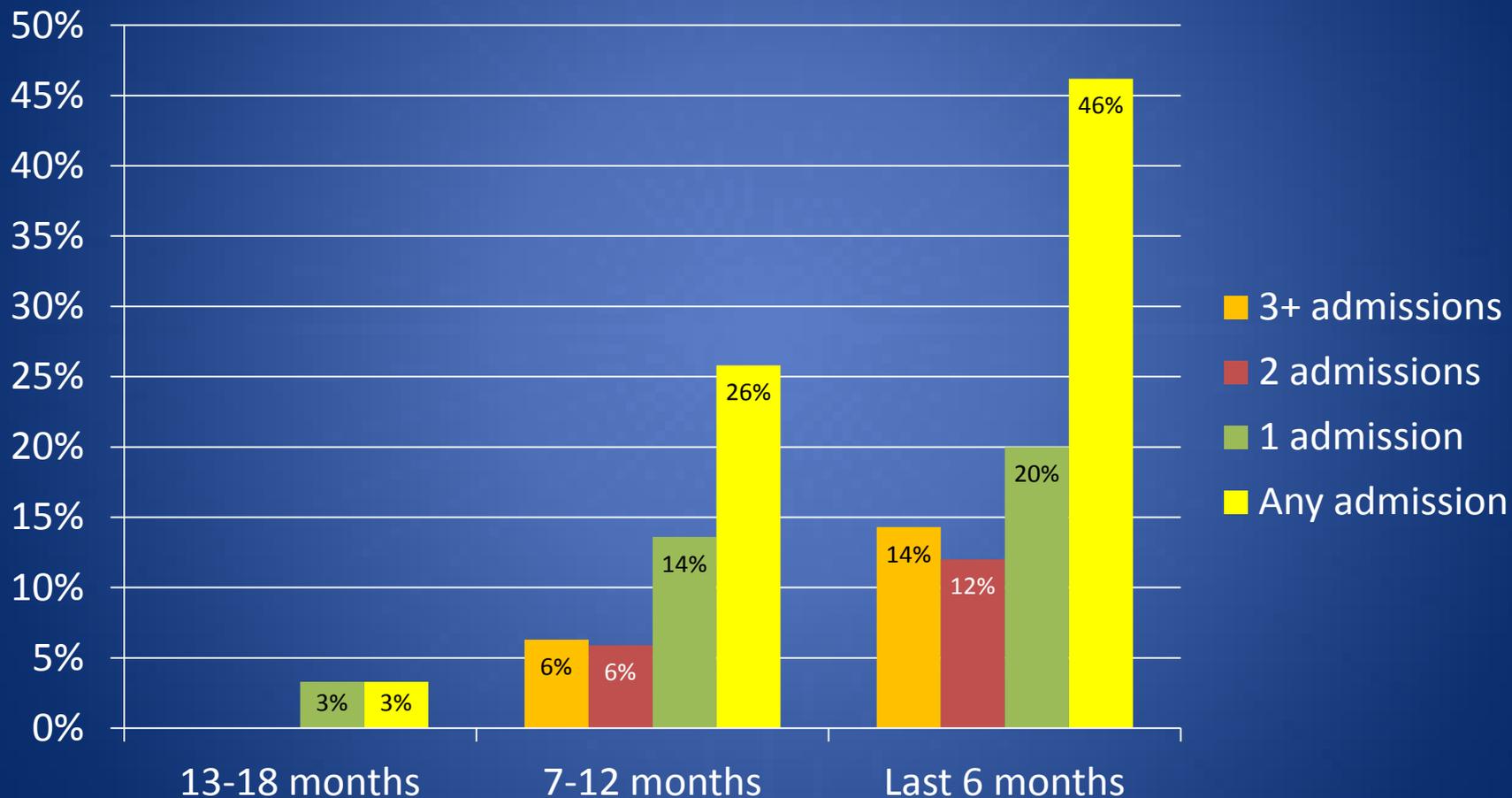


Causes of Death are Different

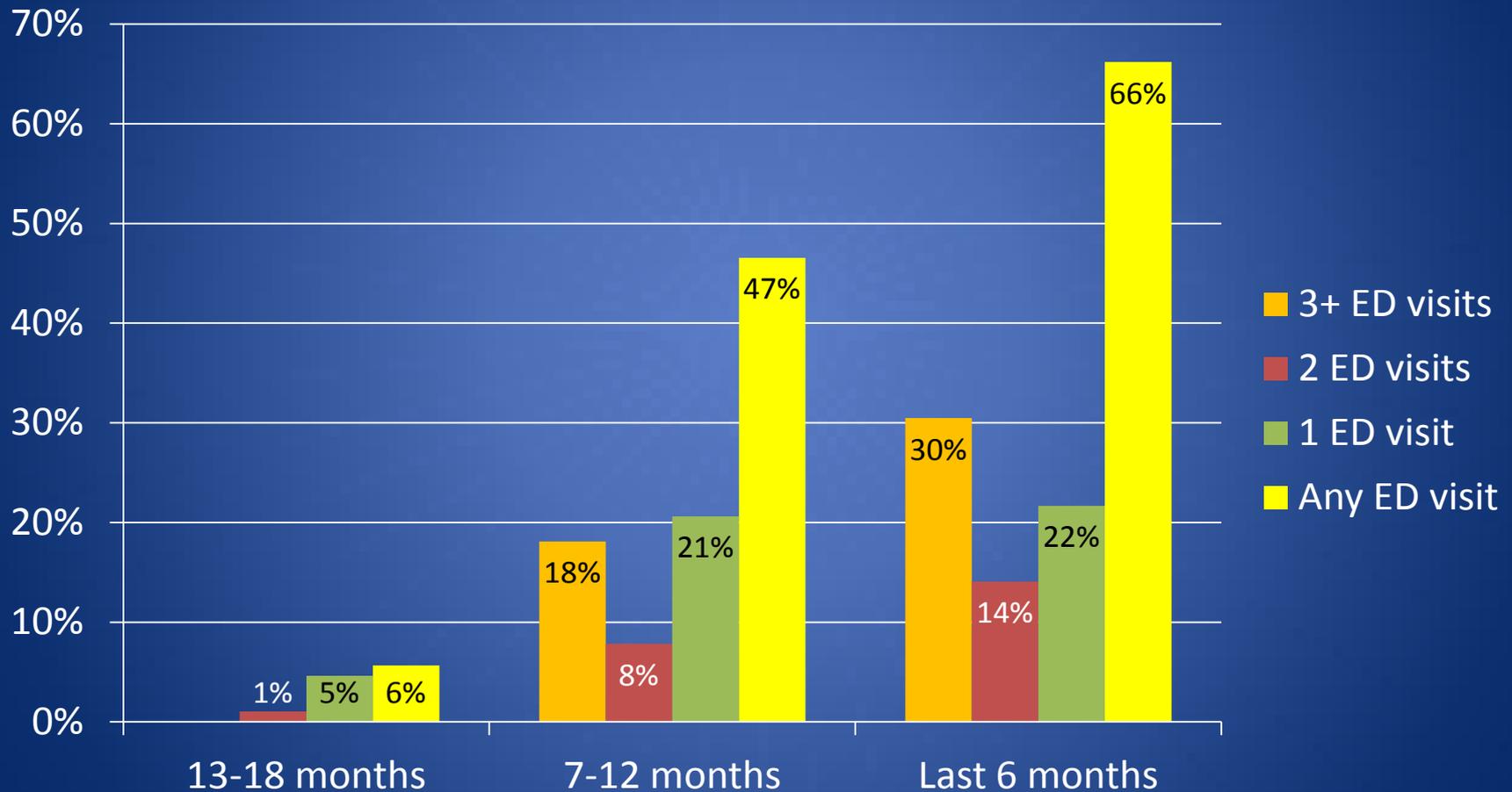




Hospitalizations toward End of Life



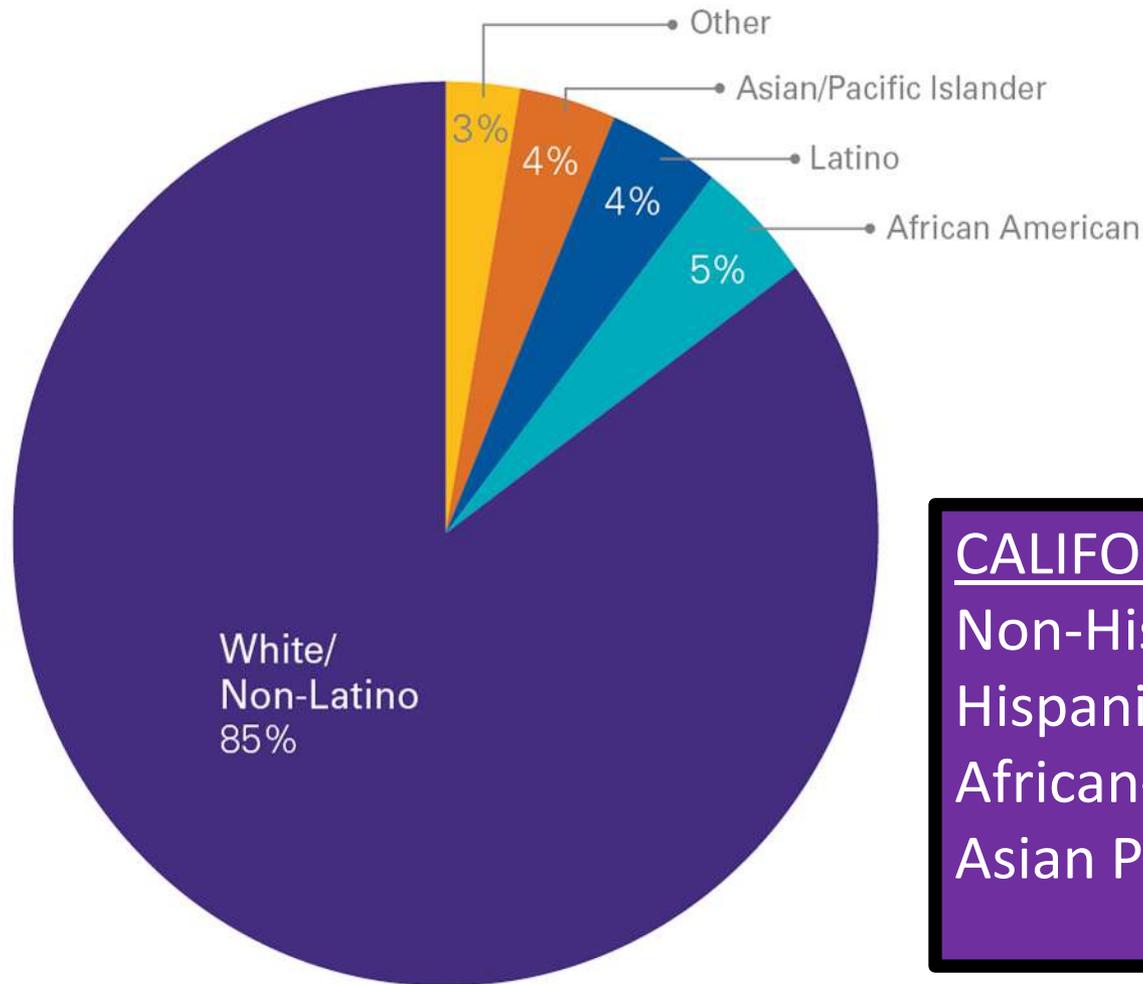
ED Visits toward End of Life



Evidence of Disparities in End of Life Care

- Pain management
- Preferences regarding life-sustaining treatments
- Access to palliative care
- Access to hospice services

Deaths in Hospice Care, by Ethnicity/Race, Medicare Beneficiaries, California, 2010



CALIFORNIA 2010:
Non-Hisp Caucasian 40%
Hispanic 38%
African-American 6%
Asian Pacific Islander 13%

Note: Segments may not add to 100% due to rounding.

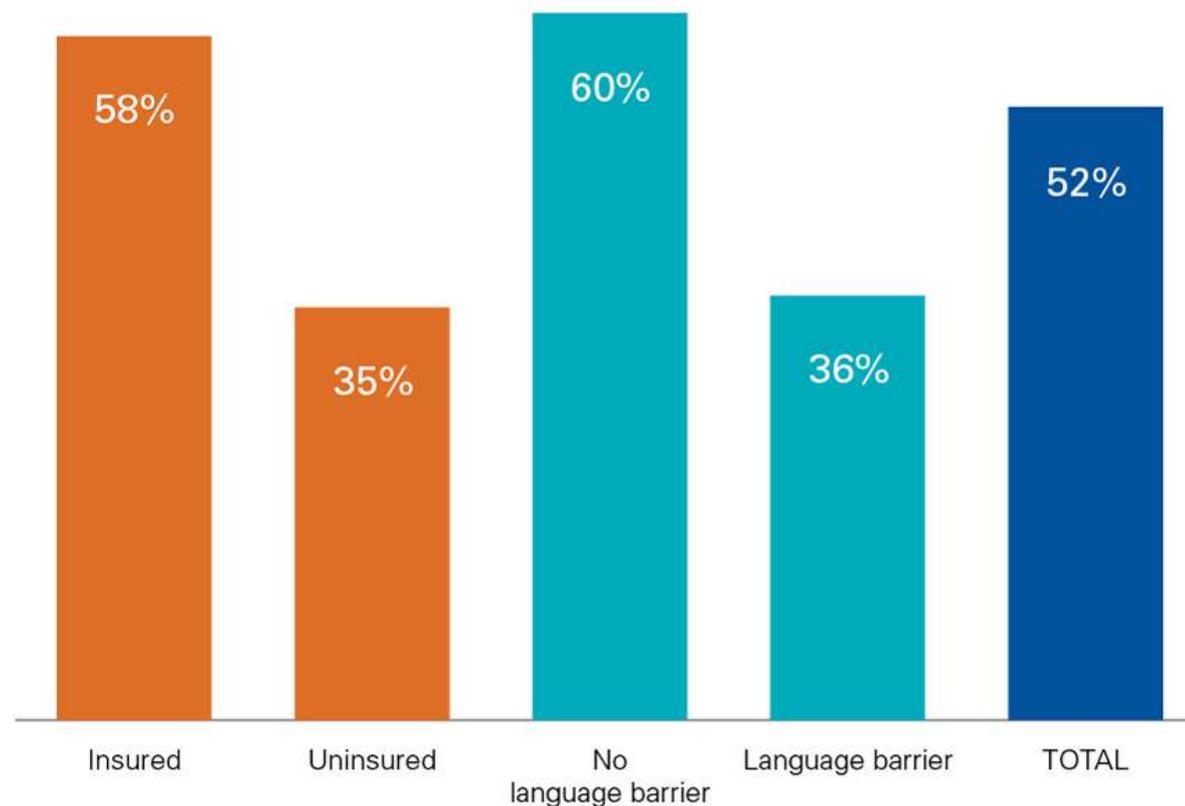
Source: California Hospice and Palliative Care Association, California State Hospice Data Report, 2012.

Overall Rating of End-of-Life Care of Loved One, by Insurance Status and Language Barrier, California, 2011

Overall, how would you rate the care your loved one received at the end of their life?

PERCENT SAYING "EXCELLENT" OR "VERY GOOD"

n = 393



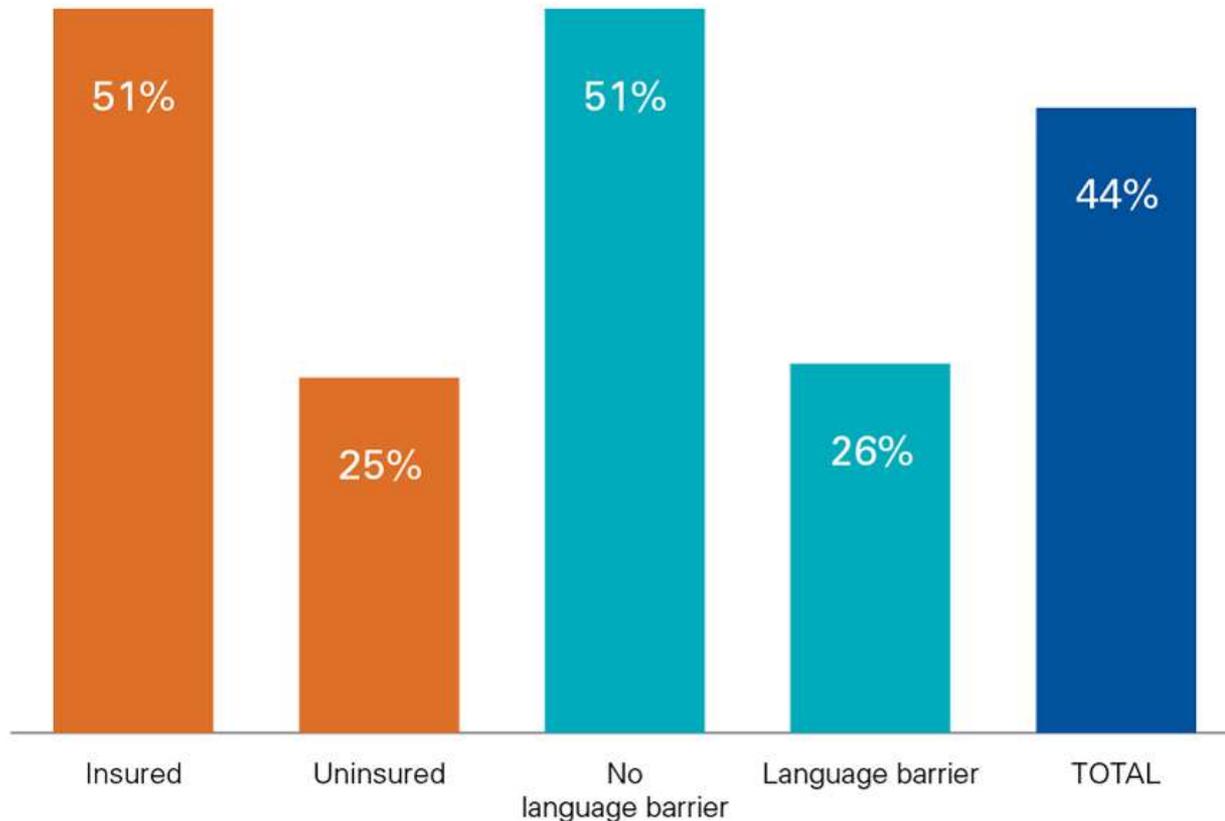
Note: Because sample sizes for uninsured (n=70) and facing a language barrier (n=71) are smaller than ideal, statistical tests of the differences across groups were conducted using Chi-Square tests. The difference between insured and uninsured is statistically significant at 99% level of confidence. Likewise, the difference between language barrier and no language barrier is statistically significant at 99% level of confidence.

Source: Californians' Attitudes Toward End-of-Life Issues, Lake Research Partners, 2011. Statewide survey of 1,669 adult Californians, including 393 respondents who have lost a loved one in the past 12 months.

Loved One's Wishes Completely Followed, by Insurance Status and Language Barrier, California, 2011

PERCENT WHO SAID WISHES WERE COMPLETELY FOLLOWED AND HONORED

n = 393



Note: Because sample sizes for uninsured (n=70) and facing a language barrier (n=71) are smaller than ideal, statistical tests of the differences across groups were conducted using Chi-Square tests. The difference between insured and uninsured is statistically significant at 99% level of confidence. Likewise, the difference between language barrier and no language barrier is statistically significant at 99% level of confidence.

Source: Californians' Attitudes Toward End-of-Life Issues, Lake Research Partners, 2011. Statewide survey of 1,669 adult Californians, including 393 respondents who have lost a loved one in the past 12 months.



Challenges in Caring for Seriously Ill, Vulnerable Patients

- The simplest tasks can be a challenge
- Resources are limited
 - Patient resources
 - Program development
- Bureaucracy issues
- Taking on too much responsibility

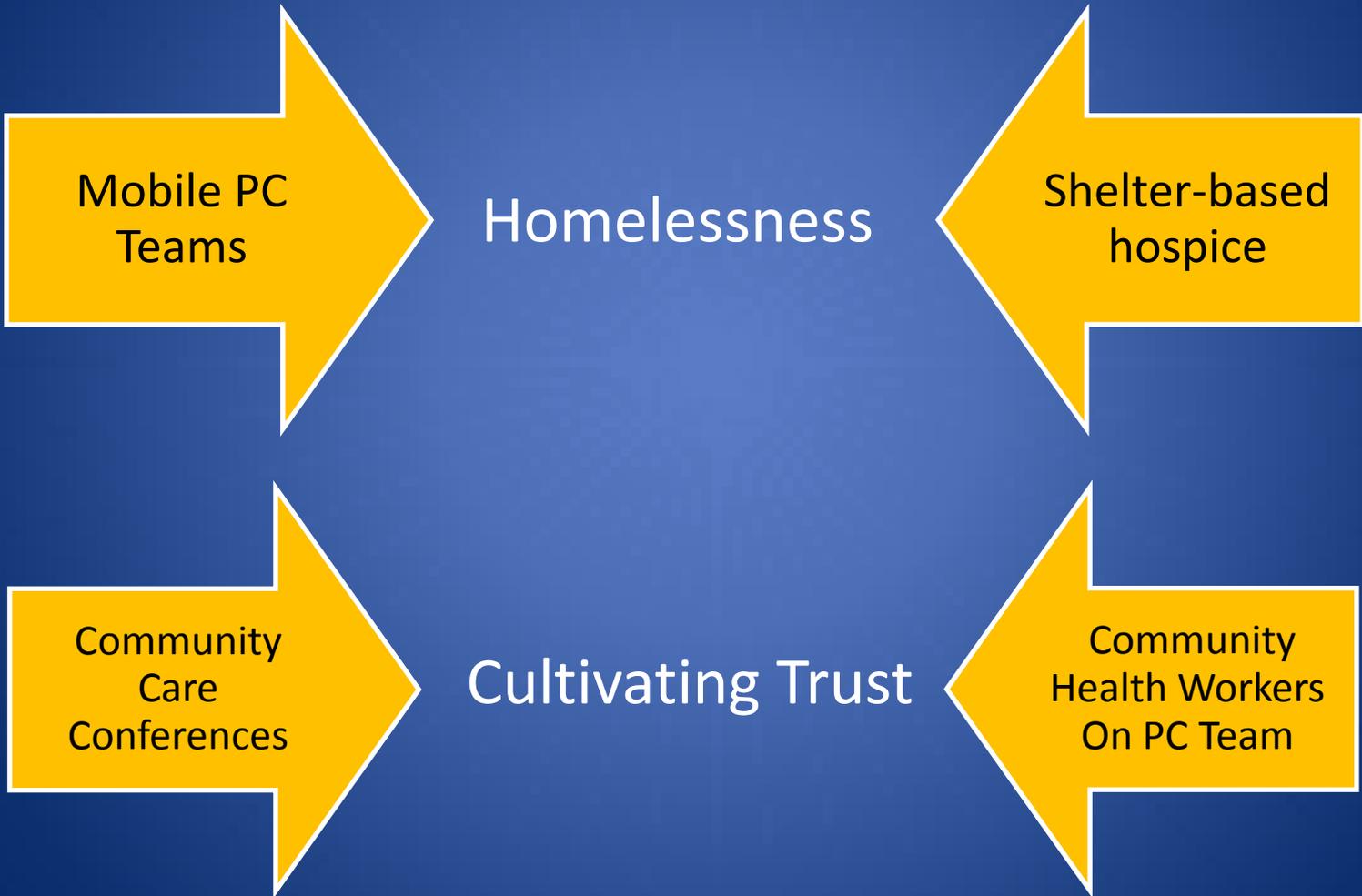
“Palliative Care Martyr”

Questions/Reflections

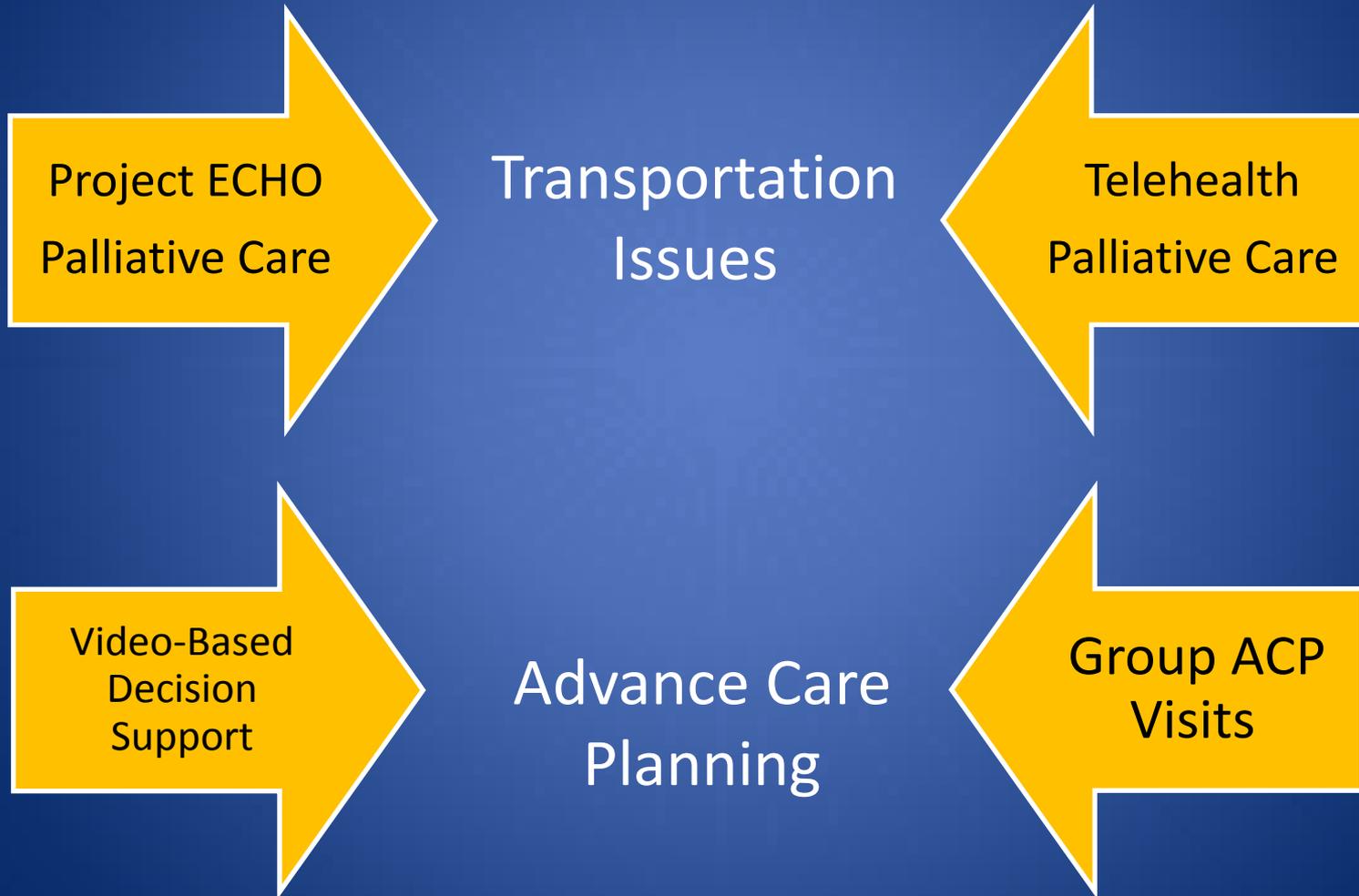




Different Ways to Meet the Needs



Different Ways to Meet the Needs





Be Creative



Questions/Reflections



Medi-Cal Updates



Medi-Cal Updates

- Pilot projects
 - Whole-Person Care
 - Health Homes
- PRIME
- Advance Care Planning
- Palliative Care Mandates (SB 1004)





Whole-Person Care Pilots

- 5-yr, federally-funded program to identify successful models of care targeting high utilizers with poor outcomes
- Pulls together physical and mental health, community organizations
- Allows flexibility in identifying subpopulation of interest
- Allows funding for infrastructure, covering services not usually reimbursed

Health Homes for Patients With Complex Needs

- Ongoing initiative, starting July 2017
- Led by Medi-Cal plans
- Supplemental services for high users
 - Emphasis on care plans and coordination
 - Integration of medical and mental health, social services
- Specific eligibility criteria
- Defined service components



PRIME

- “DSRIP 2.0”
- 5-yr, federally funded initiative focusing on continued delivery system reform
- Mandatory for 17 CA public health systems
- Defined projects, defined targets

PRIME

- Domain 2.6: Comprehensive Advanced Illness Planning and Care
 - Optional project
 - Palliative Care from time of diagnosis
 - Documentation of advance care planning
 - Concurrence of treatment rec'd and documented preferences
 - End of Life Care utilization
 - Patient and caregiver satisfaction



Advance Care Planning

Medi-Cal followed Medicare's lead in reimbursing for ACP visits

Procedure Type	Procedure Code	Procedure Descript	Unit Value	Basic Rate	Conv Ind	Non-Phys Med. Pract. Ind. *
Medical	99497	Advance care plan – 30 min	69.59	\$69.59	009	Y
Medical	99498	Advance care Plan Addl 30 min	62.64	\$62.04	009	Y

Physicians and “non-physician practitioners”

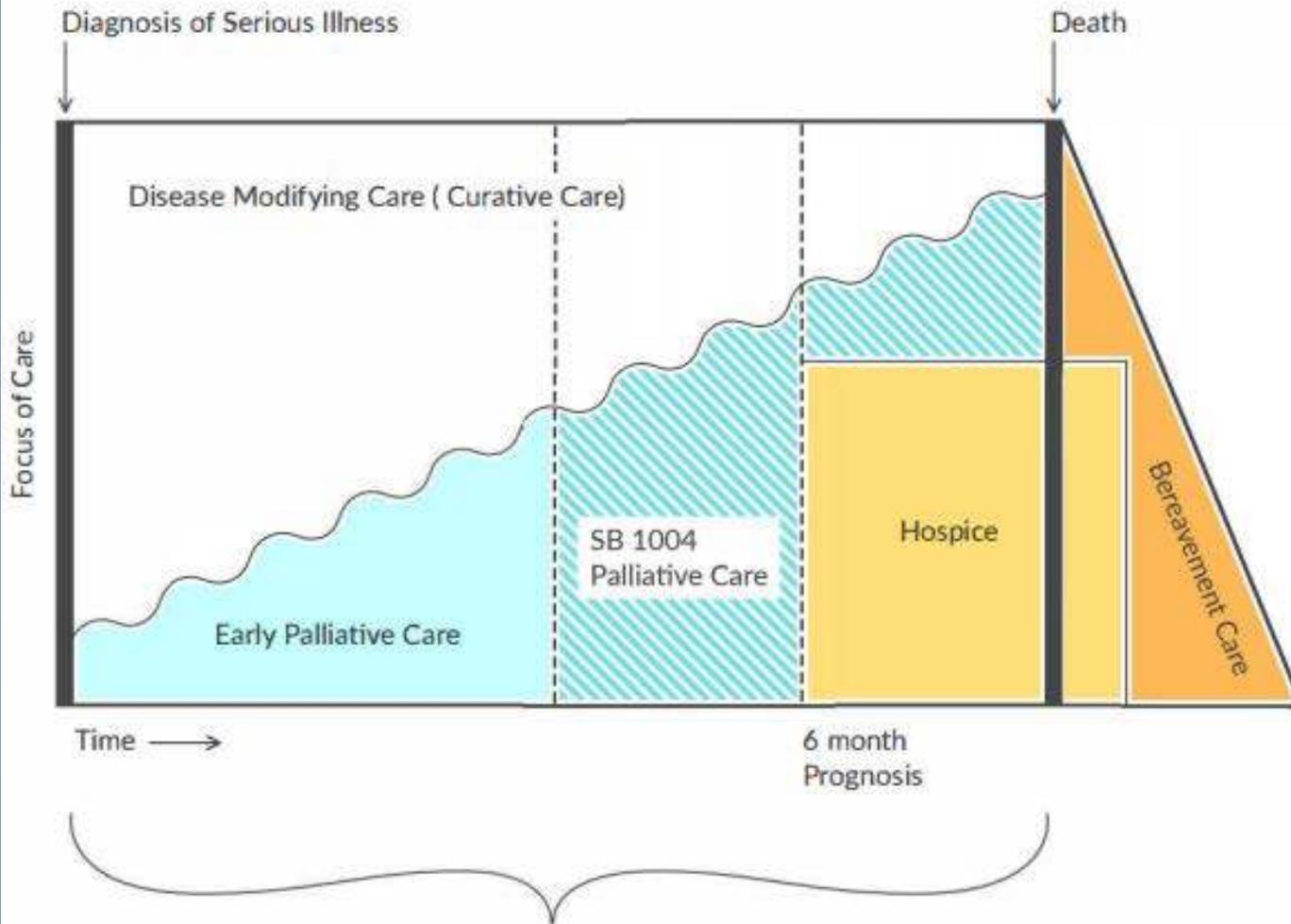
SB 1004



SB 1004: Groundbreaking Legislation for Medi-Cal Patients

- Signed into law Sept 2014
- Mandates
 - Access to palliative care services
 - State must provide
 - Guidance for patient eligibility
 - Standards for palliative care
 - Technical assistance
 - Budget neutral

Care Model for SB 1004 Medi-Cal Palliative Care



Advance Care Planning can occur at any time, including the POLST* form for those with serious illness.

SB 1004: Who qualifies?

- General Eligibility

- Late stage of illness, expected to decline
- Appropriate disease-modifying treatment has been implemented or offered
- Patient/family willing to engage in advance care planning and with the PC team (first)

- Disease-Specific Eligibility

- CHF
- COPD
- Advanced Cancer
- Liver Disease



**52% of
deaths**

SB 1004: What services are included?

- Advanced Care Planning
- Palliative Care Assessment and Consultation
- Plan of Care
- Pain and Symptom Management
- Mental Health and Medical Social Services
- Care Coordination
- Palliative Care Team
- Chaplain Services*
- (24/7 Telephonic Palliative Care Support)

*Not reimbursable



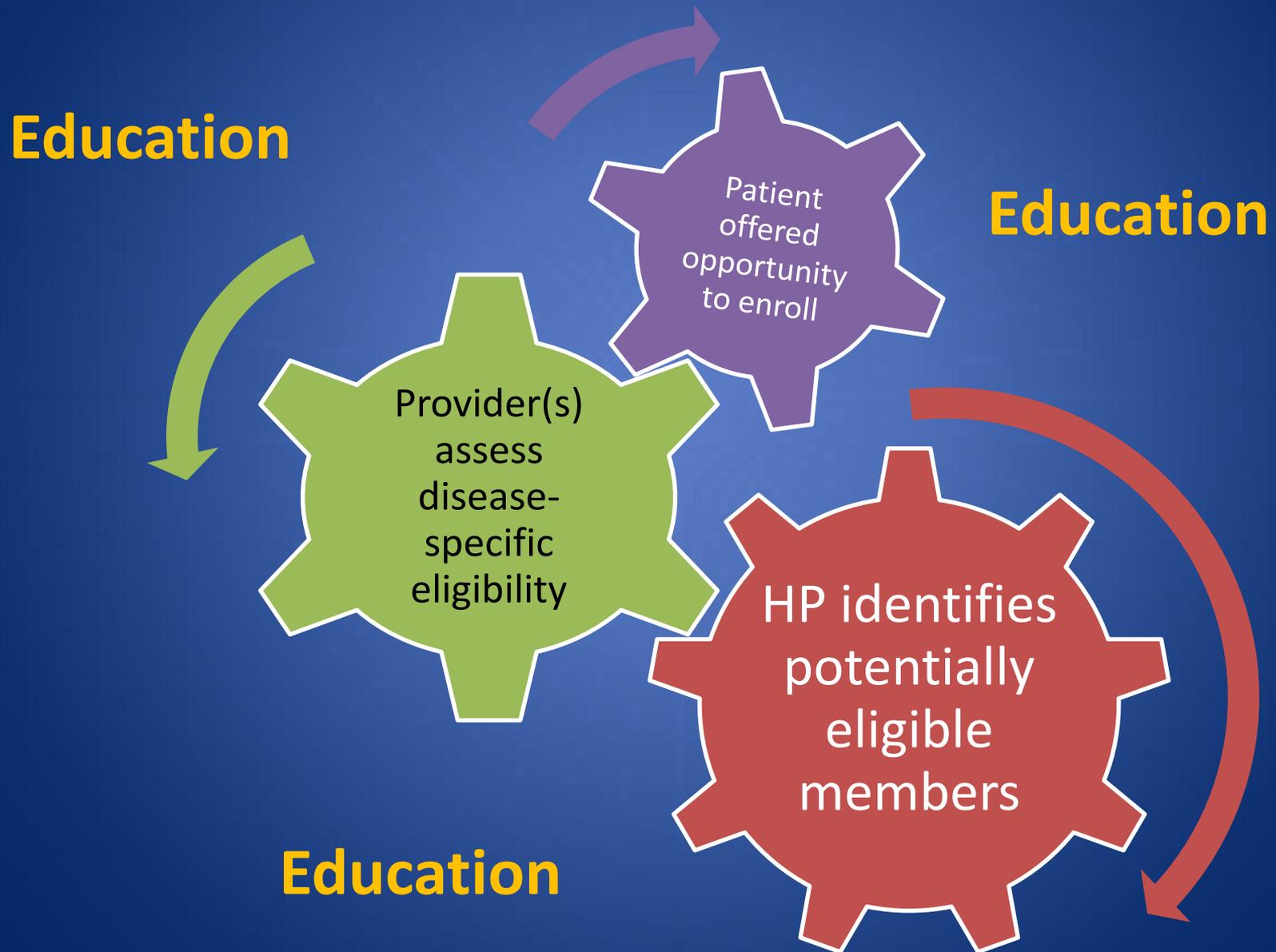
Who could provide SB 1004 Palliative Care?

- Hospitals
- Long-term care facilities
- Clinics
- Hospice agencies
- Home health agencies
- (Other community orgs with licensed staff)
- Community-Based Adult Services

Who Could Provide SB 1004 Palliative Care?

Required Service	Hospice	Home Health	Palliative Care Team	Primary Care Medical Home
Advance Care Planning	✓		✓	✓
Palliative Care Assessment and Consultation	✓		✓	
Plan of Care	✓	✓	✓	✓
Pain and Symptom Mgmt	✓	(✓)	✓	(✓)
Mental Health and Med Soc Svcs	✓	(✓)	✓	✓
Care Coordination	✓	✓	✓	✓
Pall Care Team	✓		✓	
Chaplain Svcs	✓		✓	
24/7 Support	✓		(✓)	

SB 1004: Partnership will be essential



SB 1004: What's Next?

- DHCS drafting All-Plan Letter
 - Clarifications
 - Timeline
- Plans prepare
 - Identify and contract with providers
 - Marketing materials (providers, members)
 - Member identification processes
 - Data tracking processes

Summary



Thank You



Juliet Wood, *Arbol de la Vida*

Questions/Reflections

