State of Medi-Cal Palliative Care: Findings from the Annual Plan and Provider Surveys

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Outline

- Responses from Provider organizations
- Responses from Plans
- Comparison of Select Survey Items: Plans & Providers

Survey Details

- Annual survey of Medi-Cal palliative care (PC) activity, starting Winter 2019
- Surveys look at structural elements, processes, policies, outcomes, and sustainability issues
- February-March 2023 surveys
  - 24 Provider respondents (51% response rate)
  - 14 Plan respondents (58% response rate)
  - Broad range of organization types, sizes and regions represented

Responses from Palliative Care Providers

February-March 2023

Provider Characteristics

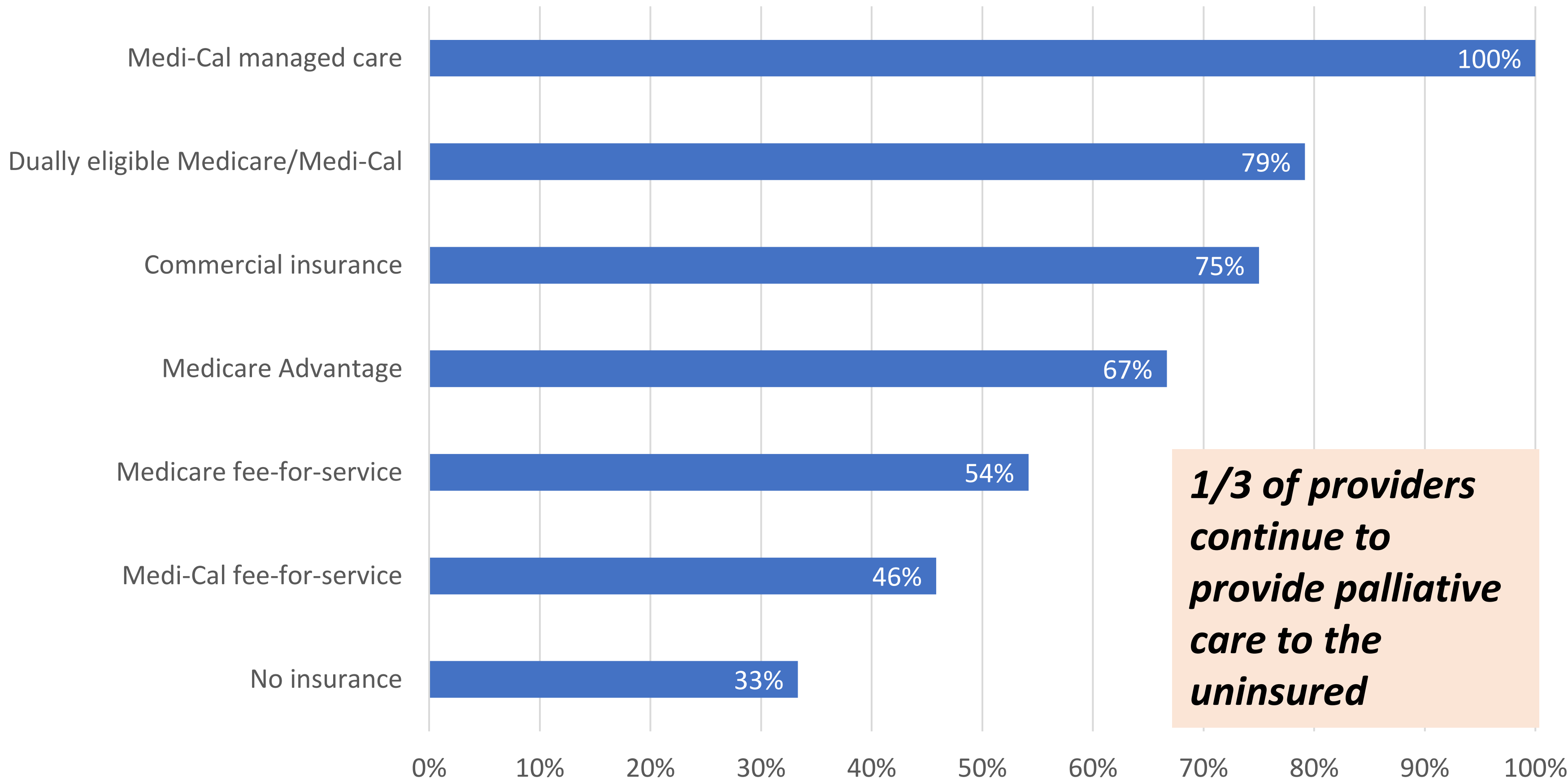
- All respondents have 3+ years of experience delivering Medi-Cal palliative care (most 6+ years)
  - 35% 3-5 years' experience
  - 65% 6+ years' experience
- Wide range of geographic areas covered
  - 40 of 58 counties are served by at least 1 provider
  - Northern and Southern CA, Central Valley
  - Urban and rural areas
- Most providers have contracts with 1-2 plans
  - 1 plan – 10 organizations (43%)
  - 2-3 plans – 6 organizations (26%)
  - 4-6 plans – 7 organizations (30%)

Provider Characteristics

- Provider respondents' affiliation
  - Affiliated with a health system – 13%
  - Independent organizations – 87%
    - Not-for-profit – 42%
    - For-profit – 46%
- More than half deliver care in >1 county
  - Range 1-20 counties
  - 11 organizations (46%) in 1 county
  - 10 organizations (41%) in 2-4 counties
  - 3 organizations (13%) in 9+ counties

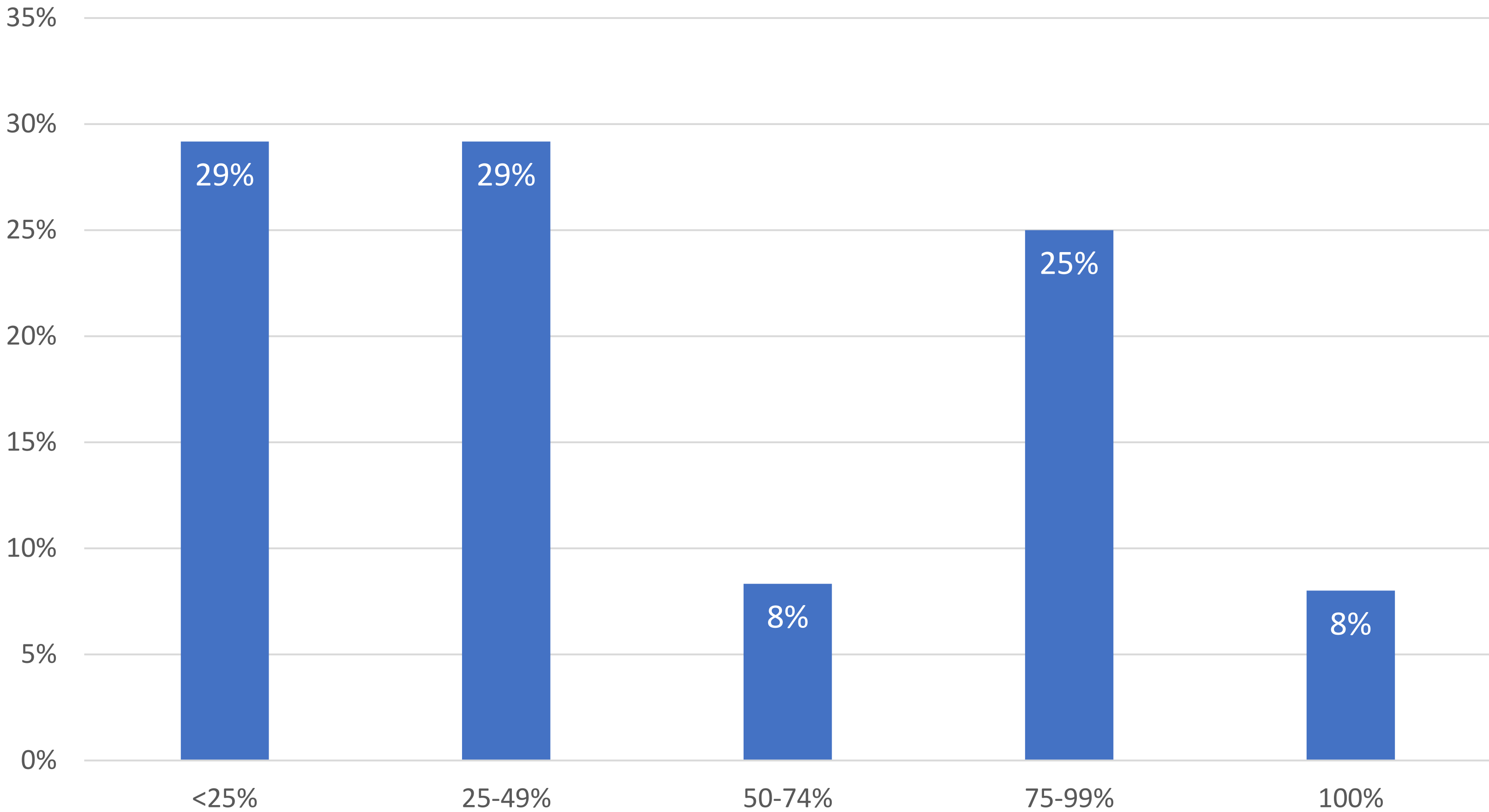
Provider Characteristics

Proportion of Provider organizations which offer palliative care to patients with different insurance types



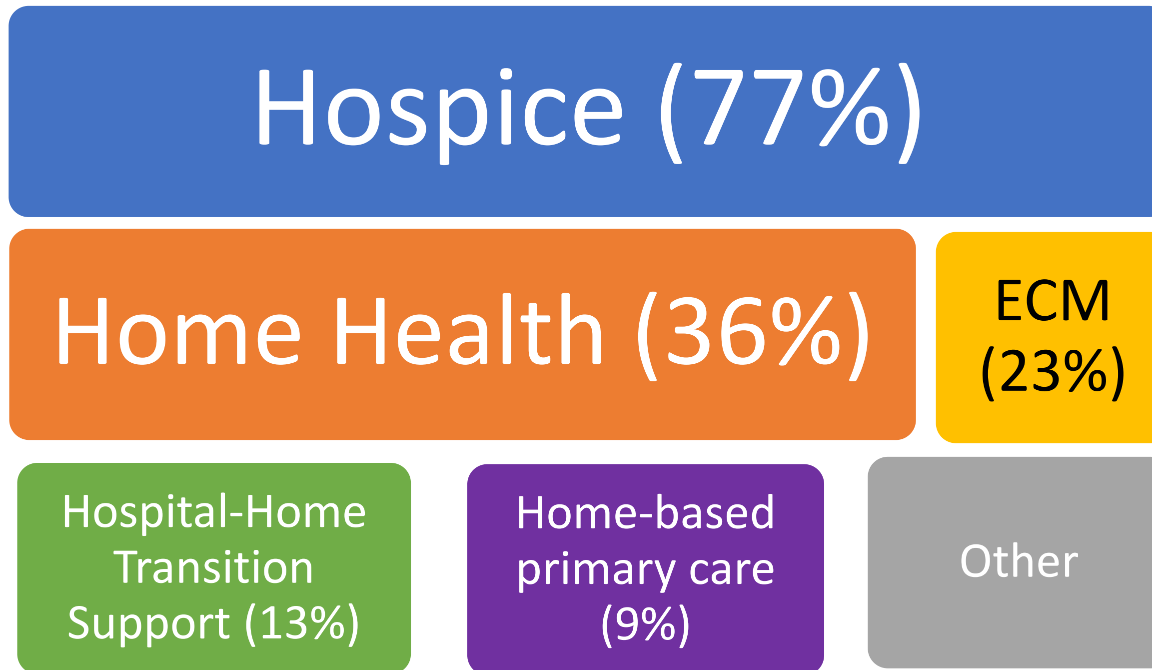
Provider Characteristics

In 2022, Medi-Cal palliative care accounted for about what percentage of your overall palliative care business?



Provider Characteristics

Provider Organizations report that, in addition to providing palliative care, they also provide:



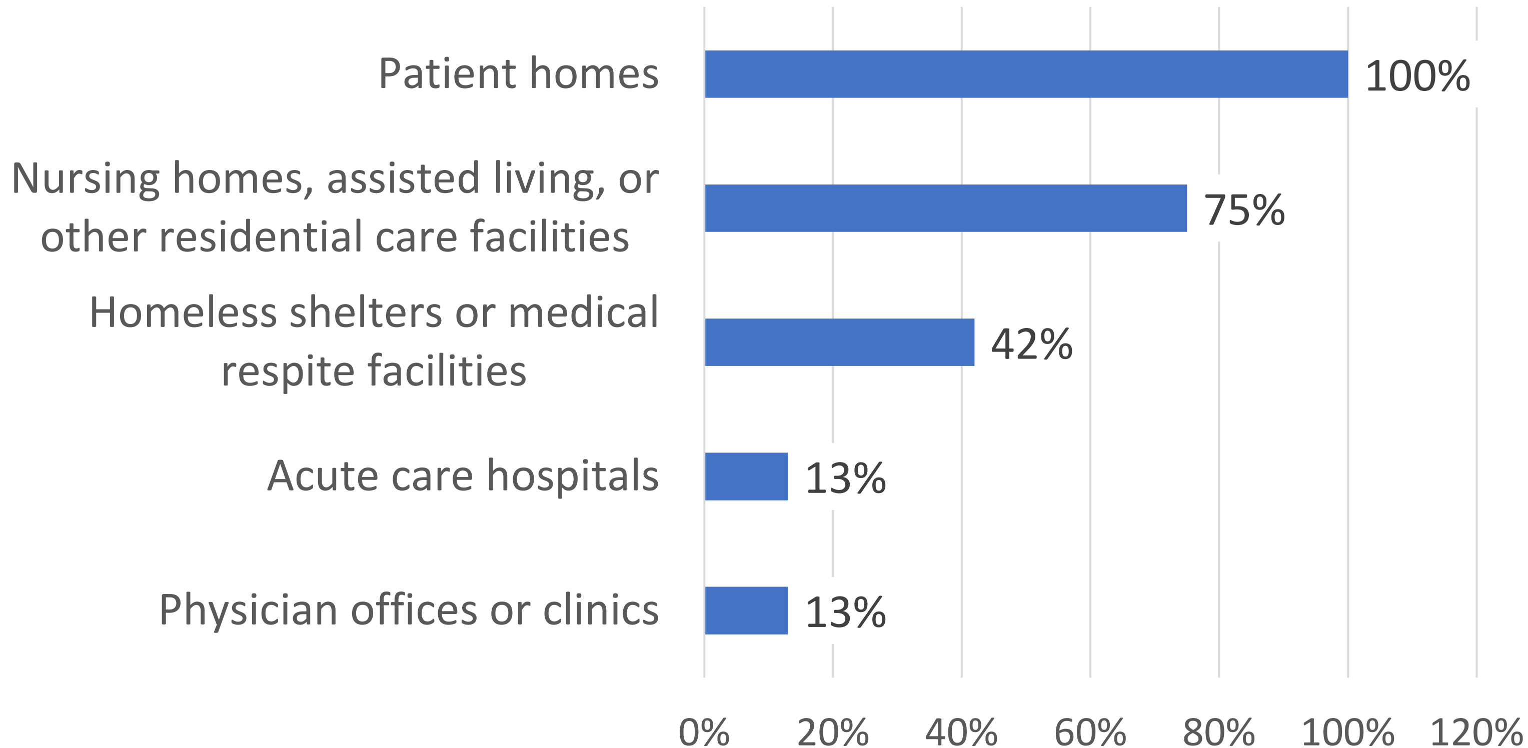
The proportion of organizations reporting that they provide Enhanced Care Management (ECM) services has doubled compared to 2021. More respondents also report offering transition support and home-based primary care.

Provider Characteristics

23 of 24 organizations (96%) report that they provide 24-hr phone support for patients'/families' needs

- This service is not required, though clearly many provider organizations feel it is an important service for seriously ill patients.
- This is noteworthy since traditional home health services often do not have any real-time support after hours, for patients and families

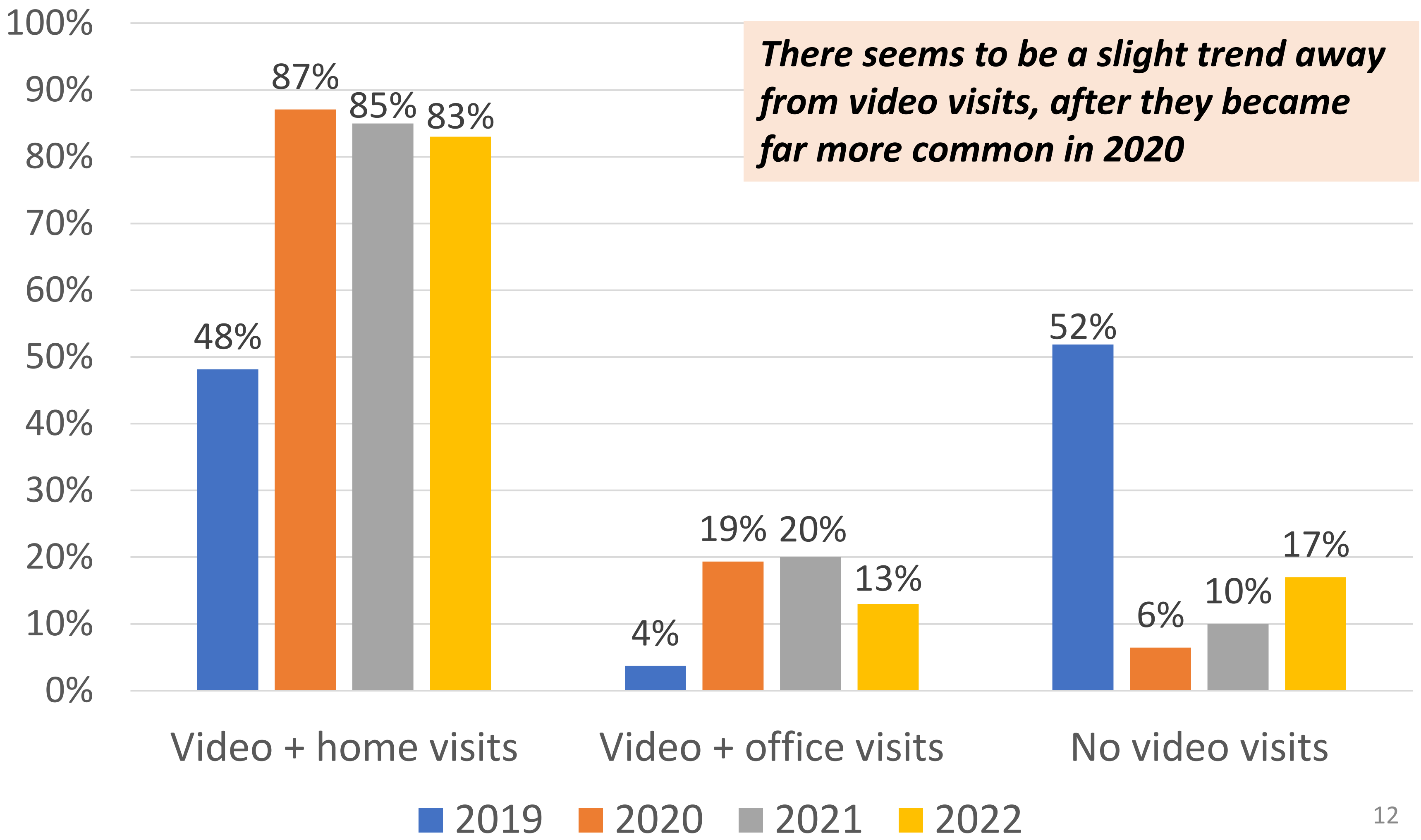
Where Care is Delivered



Palliative Care Providers continue to focus on delivering care in the patient's home environment, whether that is a permanent residence, extended care facility, or homeless shelter. Delivering care in non-traditional settings requires special skills, flexibility, and extra time.

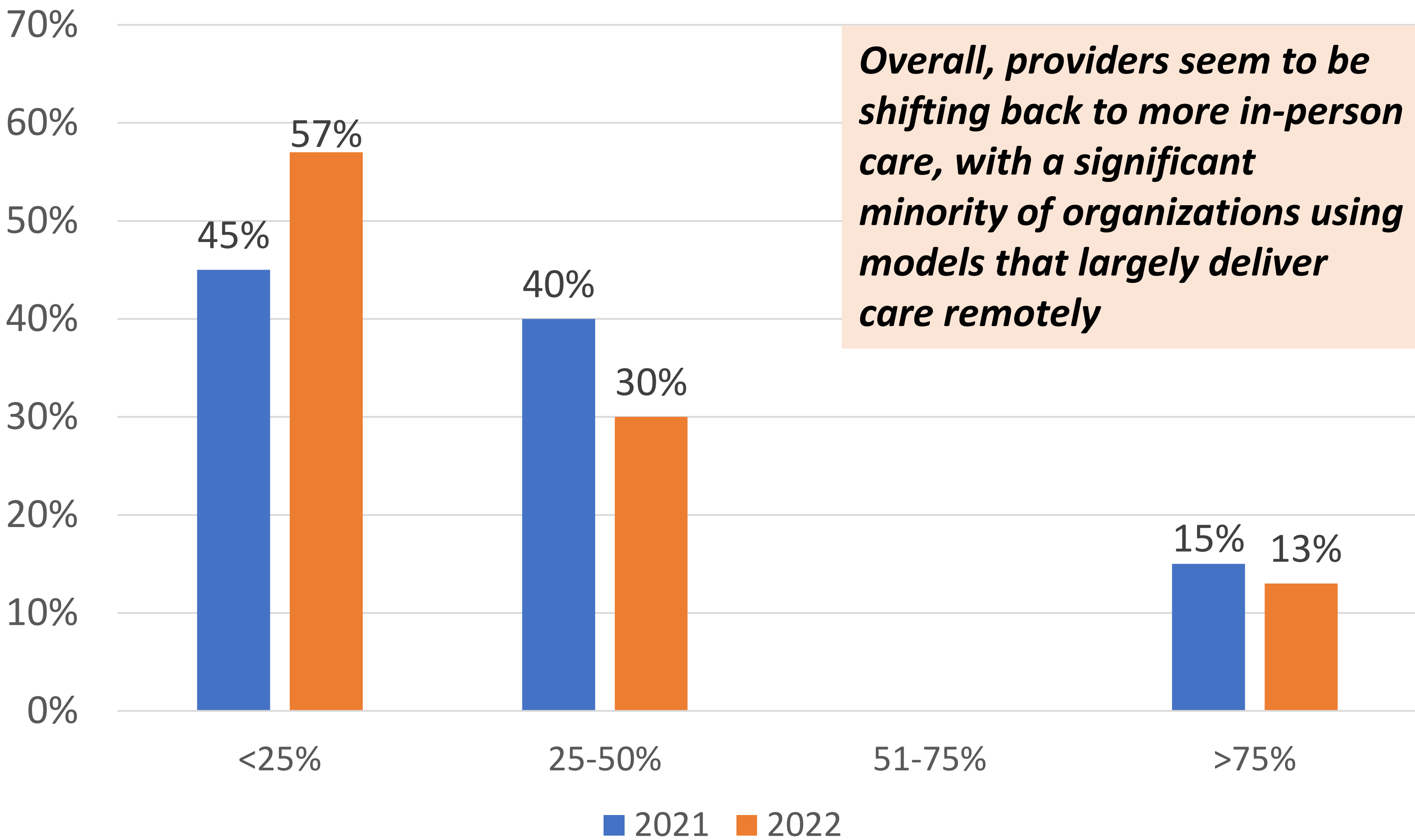
How Care is Delivered

83% of provider respondents are still using video visits

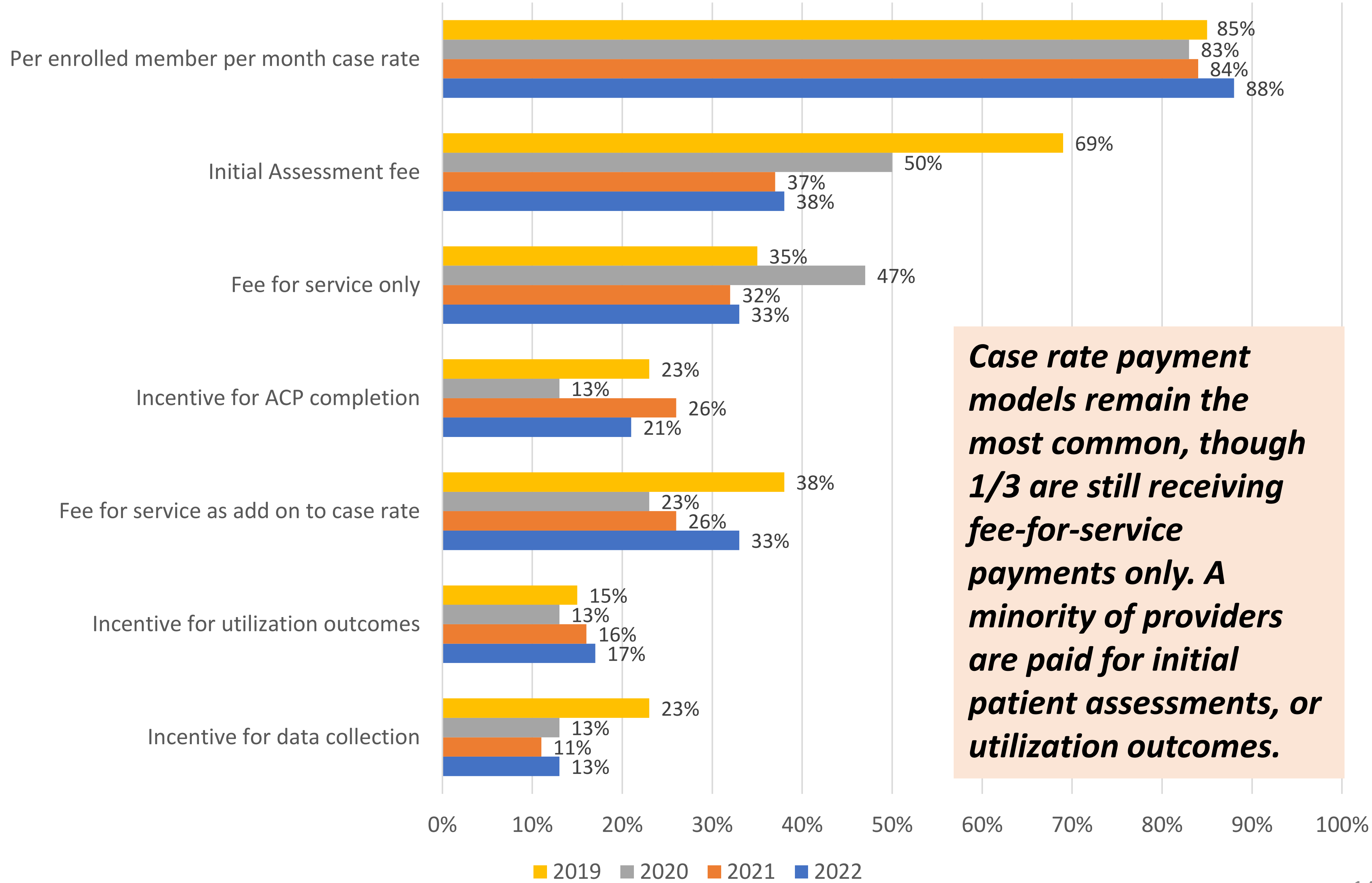


How Care is Delivered

What percentage of your visits are performed remotely (phone or video)?



How Care is Paid For



Quality Assessment & Improvement

Organizational Quality Structures

- 21 of 23 organizations (91%) report that they have a formal quality assessment or performance improvement program for their palliative care program
- Most organizations have certification in PC from The Joint Commission (TJC) or Community Health Accreditation Partner (CHAP)
  - 79% of organizations are already certified
    - Additional 4% (1 organization) has applied, under review
  - 8% of organizations plan to apply in 2023

Certification recognizes those programs that meet national quality standards for service provision, staff composition and staff training, program operations and accessibility, and performance improvement over time.

Certification & Training Requirements

Medi-Cal Palliative Care requirements specify that plans work with "qualified" providers and recommend that they possess current certification and/or training. How have palliative care organizations responded?

- Providers that report they require certification in palliative care for their team members:
  - 100% require their physician team members to be certified in palliative medicine
  - 8% require certification for nurse team members
  - 8% require certification for social workers
  - 8% require certification for chaplains
- 2/3 of respondents require internal or external training in palliative care for their staff

What do Providers Assess?

Quality Metric	Frequency
Patient or family satisfaction survey responses	79%
Percentage of patients with advance directive or POLST completed	79%
Some indicator of assessing, managing, or impacting physical symptoms	79%
Percentage of patients with advance care planning discussed	75%
Percentage of referred patients that receive palliative care services	75%
Some indicator of assessing, managing, or impacting emotional or spiritual distress	62%
Percentage of patients for whom a functional assessment is completed	58%
Number of days between referral and initial visit	54%
An indicator that addresses completion or timeliness of medication reconciliation	29%
Percentage of patients for whom a spiritual assessment is completed	29%
We do not assess any of the above metrics	0%

All organizations continue to follow at least 1 quality metric

What services and assessments do providers offer, with respect to patients' caregivers?

Domain Assessed	Frequency
Assistance with application to become an IHSS provider or to request an IHSS provider	92%
Identification of the primary caregiver in the patient's medical record	88%
Referral to community/regional/national resources for caregivers	88%
Short-term counseling or other emotional support for caregivers (provided by our organization)	71%
Screening for caregiver support needs with a standardized tool	33%
Formalized process to follow up with caregivers who have significant needs	29%
We do not provide any of the above services	0%

Caregiver services are not required in the Medi-Cal Palliative Care All-Plan Letter, but are commonly provided

Barriers to Delivering Best Care Possible

% Providers Flagging as Moderate-Significant Issue

Most common

- Primary and specialty providers are unwilling to introduce or recommend palliative care to their patients (61%)
- Difficult to recruit trained/qualified staff for our palliative care service (59%)
- Patients have psychosocial needs that are beyond the scope of our service (50%)

Less common

- Too few referrals (45%)
- Competition with other plan programs creates confusion and limits enrollment (41%)
- Referrals come too late (36%)
- Few patients accept services once referred (36%)
- Lack of effective coordination with other care providers (20%)

Least common

- Referral process is cumbersome or confusing (29%)
- Patients have clinical needs that are beyond the scope of our service (27%)
- High staff turnover/difficulty with retention (23%)
- Loss of enrollees due to annual open enrollment and change in plans (18%)
- Lack of effective collaboration with plan (9%)

Other Barriers

Open responses from provider organizations

Care Coordination or Communication Challenges

- Pain medication management (lack of clarify over who prescribes, whether chronic pain mgmt. is in scope of services)
- Inability to view/share advance care planning documents
- Inability to access outside medical records in a timely way

Inability to reach patient after referral received

Patients not fully screened (not eligible) or not prepared for referral

Staff turnover at referral sites

Inadequate reimbursement

Quality improvement priorities: What do organizations want to focus on?

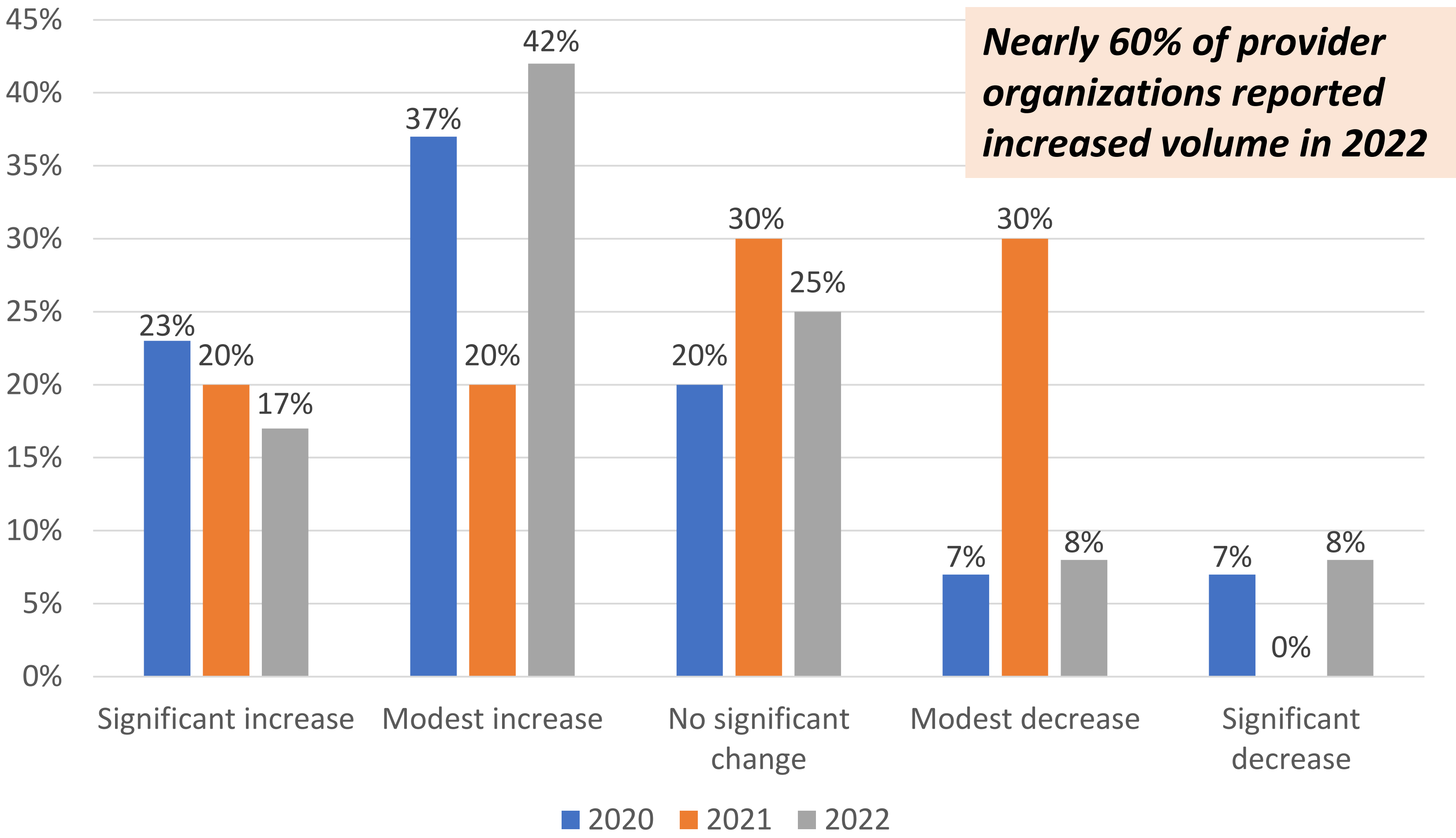
Improvement Area	% organizations
Educating referring providers about palliative care	83%
Engage new payer partners	75%
Collaboration with existing health plan partner(s)	71%
Identify more eligible patients	67%
Increase number of patients who accept services when offered	67%
Lowering our cost of care delivery/becoming more efficient	50%
Assessing quality of palliative care delivered to patients	38%
Enhance our ability to serve patients with complex psychosocial needs	33%
Enhance our ability to serve patients with complex medical needs	29%
No specific improvement plans	0%

Other priorities: CHAP certification, fill open staffing positions, define our geography better

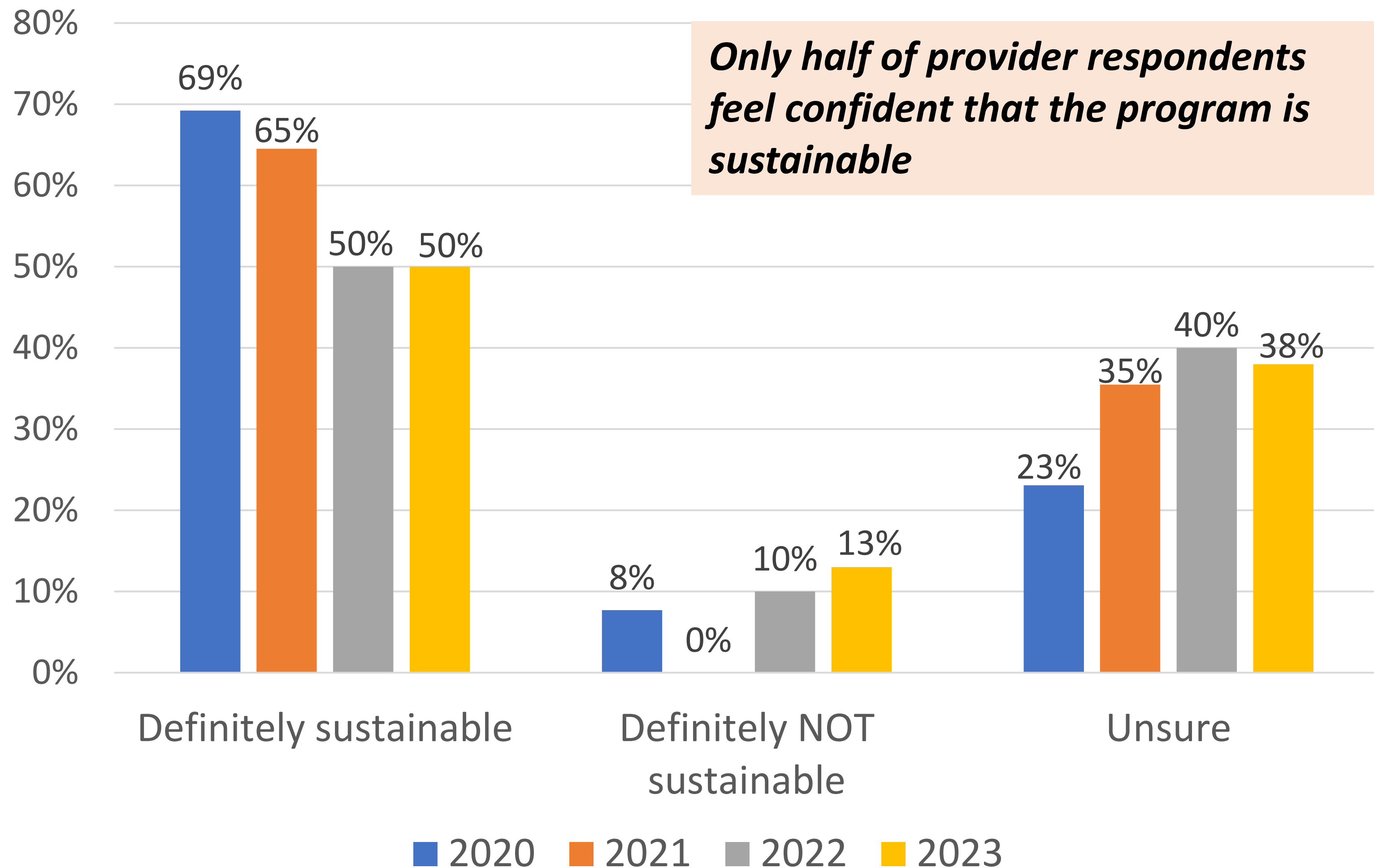
Sustainability Assessment and Concerns

Changes in Patient Volume

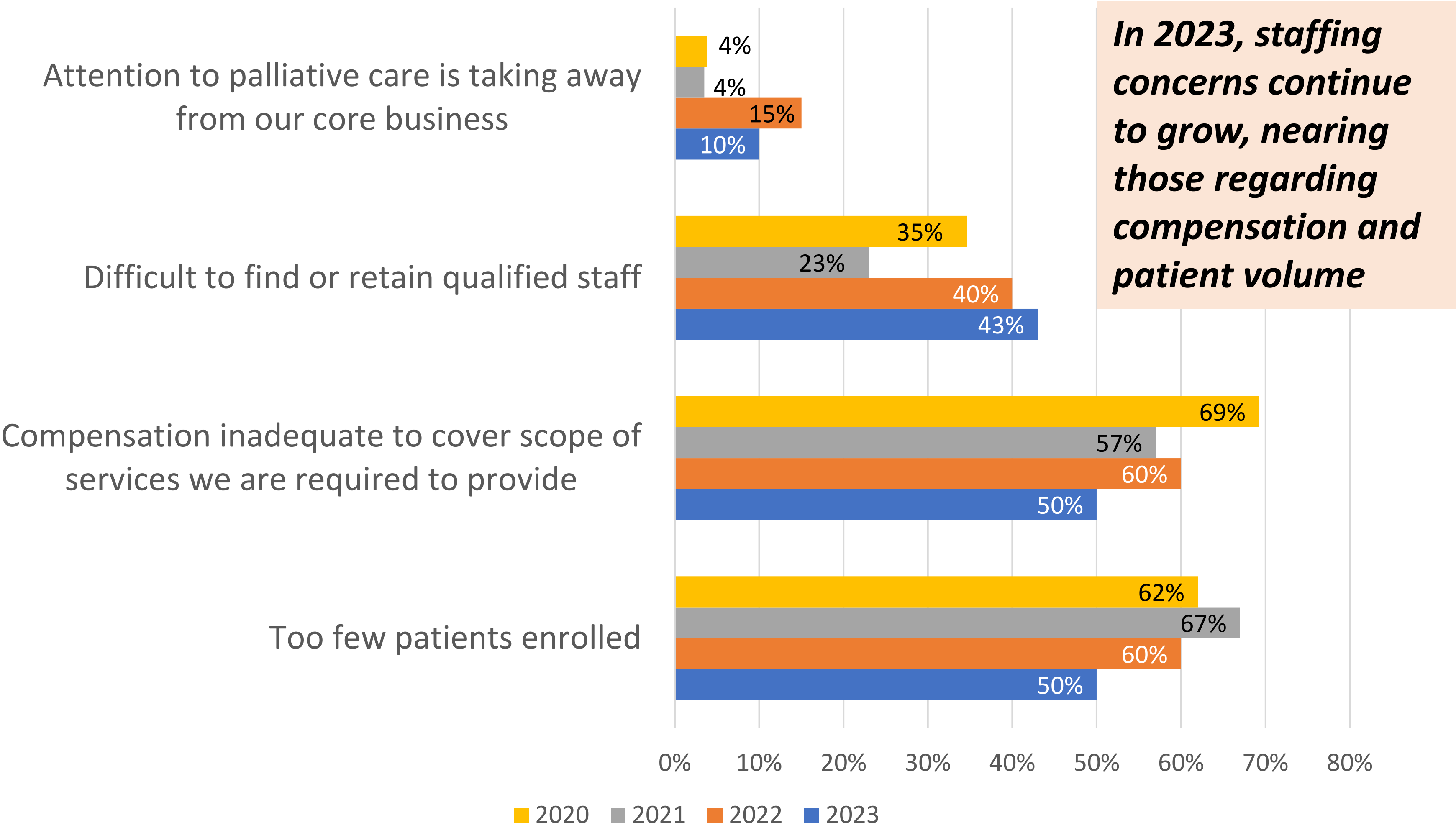
In the last year, how has the volume of patients who ***received*** Medi-Cal palliative care changed?



Is Your Program Sustainable?



Sustainability Threats



Sustainability Threats

Open responses from provider organizations

"Executive Leadership struggles to recognize the value of palliative care. This is the case not only for the Medi-Cal population but for the Medicare population too. The struggle is related to the yearly budgeted loss, which is difficult to justify without per patient costs or any measurement of return on those patients who transfer to hospice service."

"Managed care not approving authorizations for their member. Palliative team puts in time to give information/assesses for appropriateness, submits to MC and denied."

Sustainability Threats

Open responses from provider organizations

"The significant number of patients that die on service (40% + in 2022) and the staff resources consumed in caring for these patients in the last weeks and day of their lives at the expense of caring for other patients on service."

"We are a virtual organization with a rural focus and the public health emergency ending will make somethings much more difficult."

Sustainability Suggestions

Open responses from provider organizations

- Include more diagnoses for coverage, decrease the qualifications per diagnosis for coverage
- More palliative care education to the community providers by the Medi-Cal plans
- Team meetings with health plan for additional support and updates

Reflections on Things Going Well

Open responses from provider organizations

"We love our relationship with [MCP] and their team. We look forward to building on our good relationship so we can serve more pts who need our help.

"I feel it is a great program and that many people have been helped. They are discharged with symptoms managed, stay on PC until death or transfer to hospice care.

Key Take-Aways from Provider Responses

- A number of signals suggest that patterns are normalizing as COVID-19 pandemic disruption wanes
  - More care is being delivered in-person
  - Referrals/enrollment rebounding
- Reimbursement and financial viability continues to be a concern, though there is a strong desire to serve this population
- Opportunities exist to improve coordination across plan supports for people with significant psychosocial challenges

Responses from Medi-Cal Managed Care Plans

February-March 2023

Plan Characteristics

- Responses from 14/24 (58%) plans that offer Medi-Cal managed care
- Six commercial plans and eight local plans
- Provided coverage to 5.89M adult members*
- Wide range of geographic areas covered
  - 51 of 58 counties served by at least 1 plan respondent
  - Northern and Southern CA, Central Valley
  - Urban and rural areas

*For the 13 plans that shared data on number of adult members

Enrollment in Palliative Care

- 12/14 respondents shared PC enrollment data for 2022
  - Plans reported 5->1,000 PC recipients in 2022
  - These plans reported 30,000->1.5M adult members
- Enrollment rate range: 0.170%-0.014% of adult members

Rate Difference Illustration

	Adult Members	Enrollment Rate	# Enrolled in PC
Lowest rate	100,000	0.014%	14
Highest rate	100,000	0.170%	170

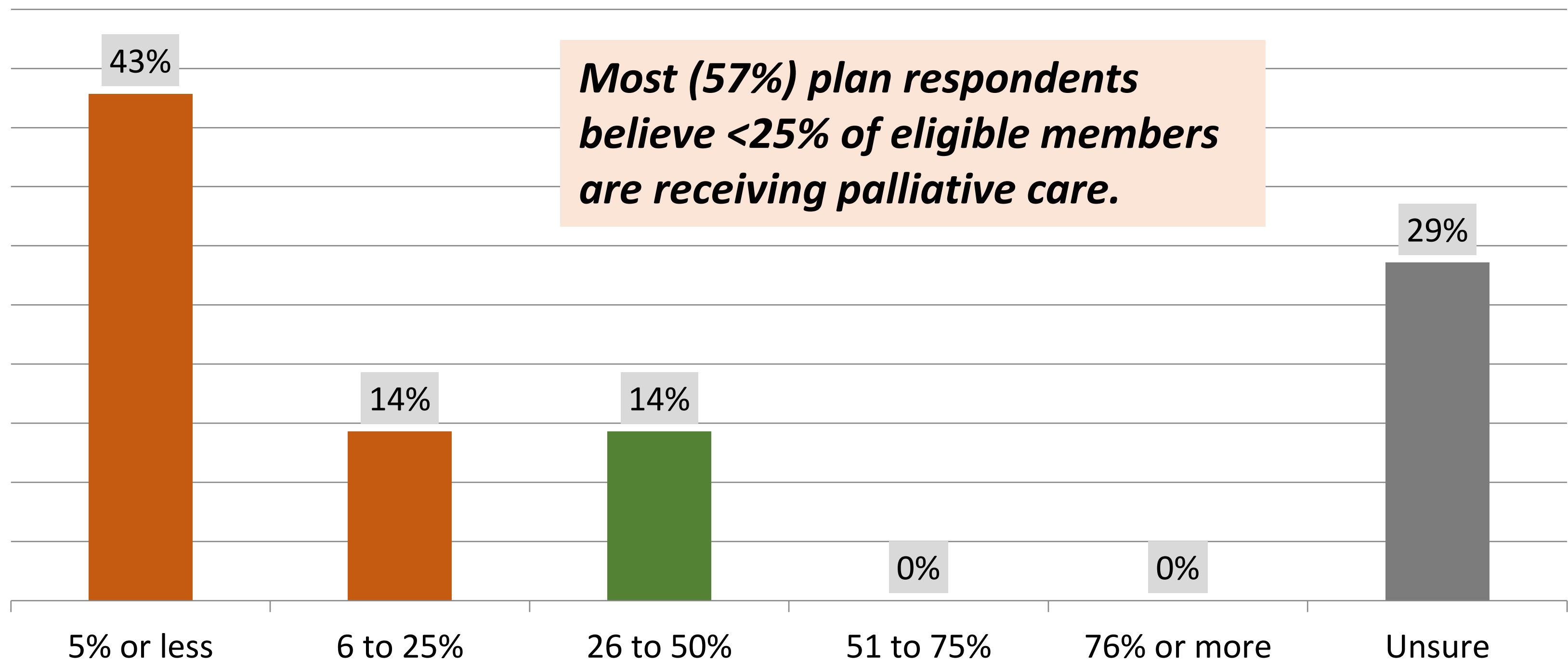
There was significant variation in the rate of enrollment in PC among the 12 plans that shared data. The plan with the highest rate enrolled 12 times more members (as a proportion of all adult members) compared to the plan with the lowest enrollment rate.

These data point to two big questions:

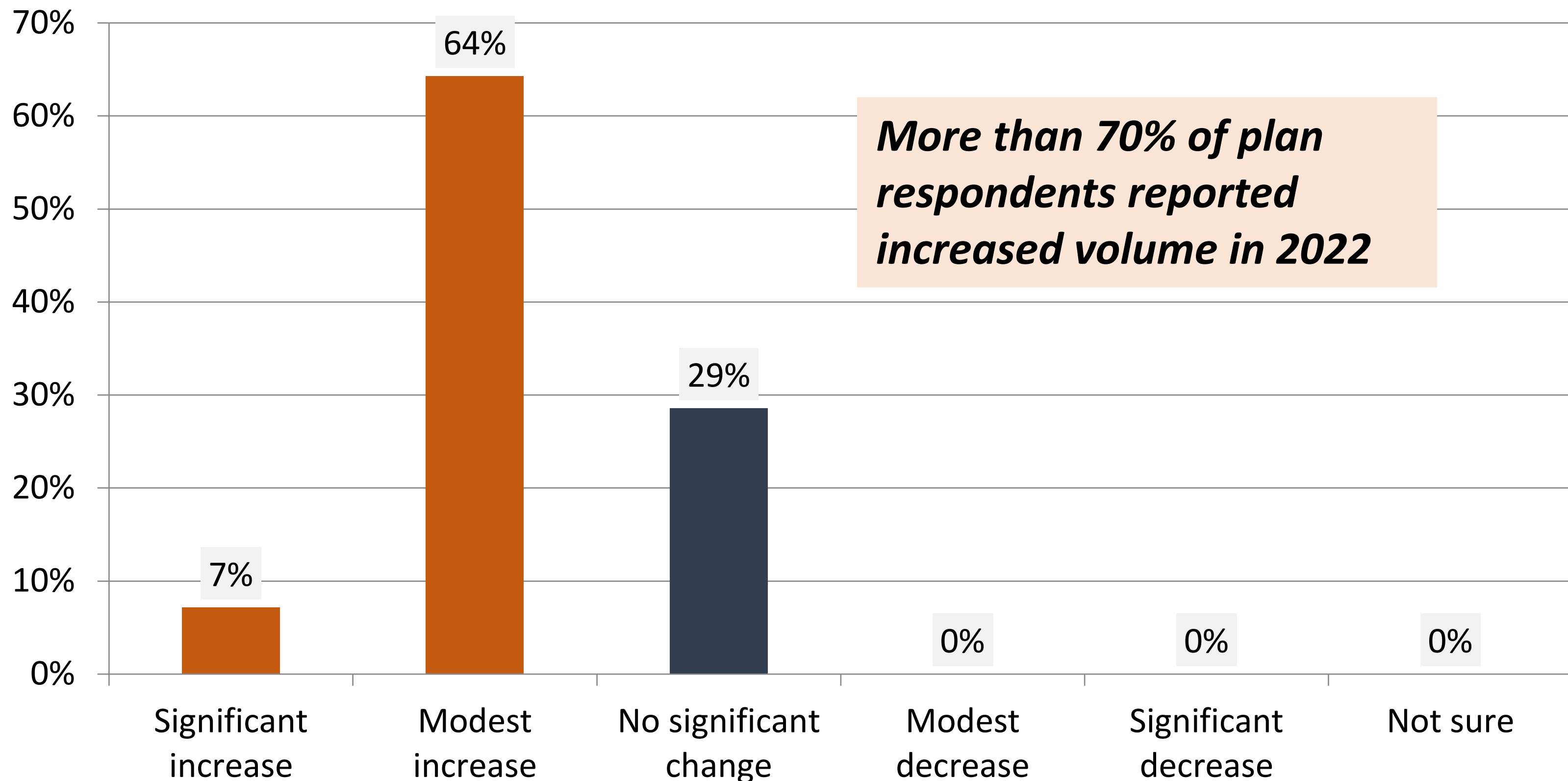
- ***What is driving the variation?***
- ***What is the right enrollment rate?***

Eligible vs. Enrolled

What proportion of your adult Medi-Cal members who were eligible for PC received services in 2022?

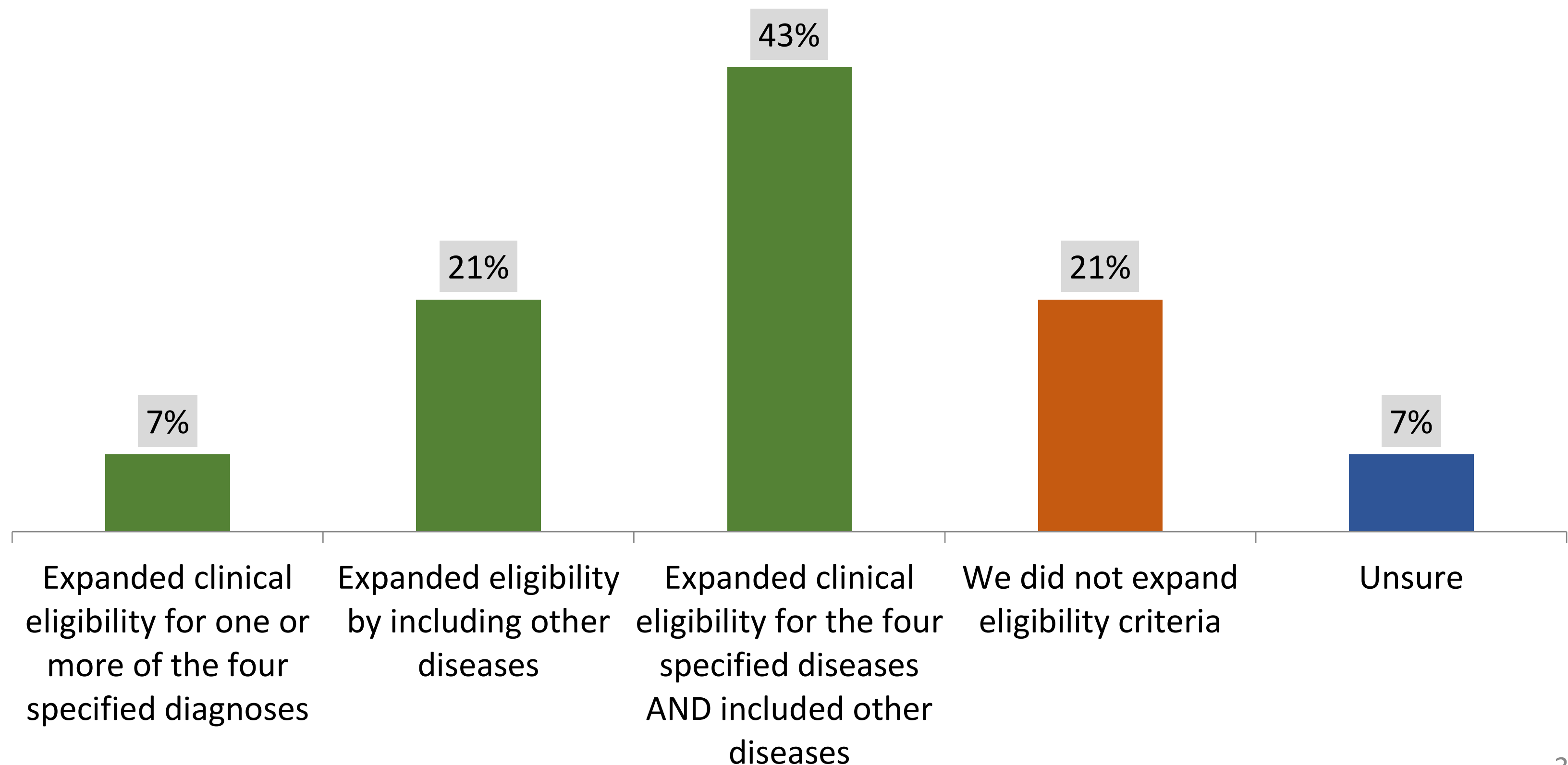


Enrollment Compared to 2021

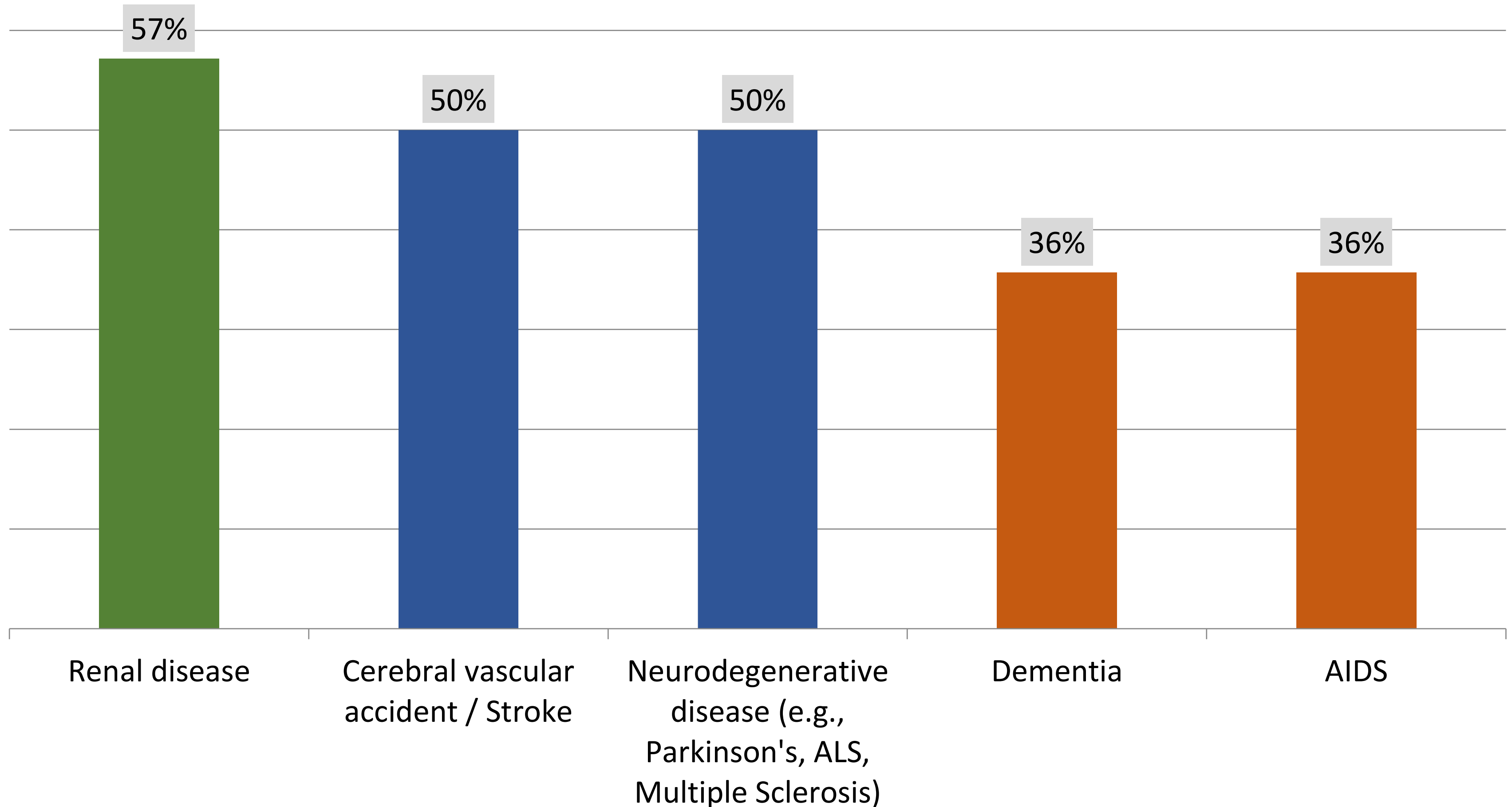


Expanding Access

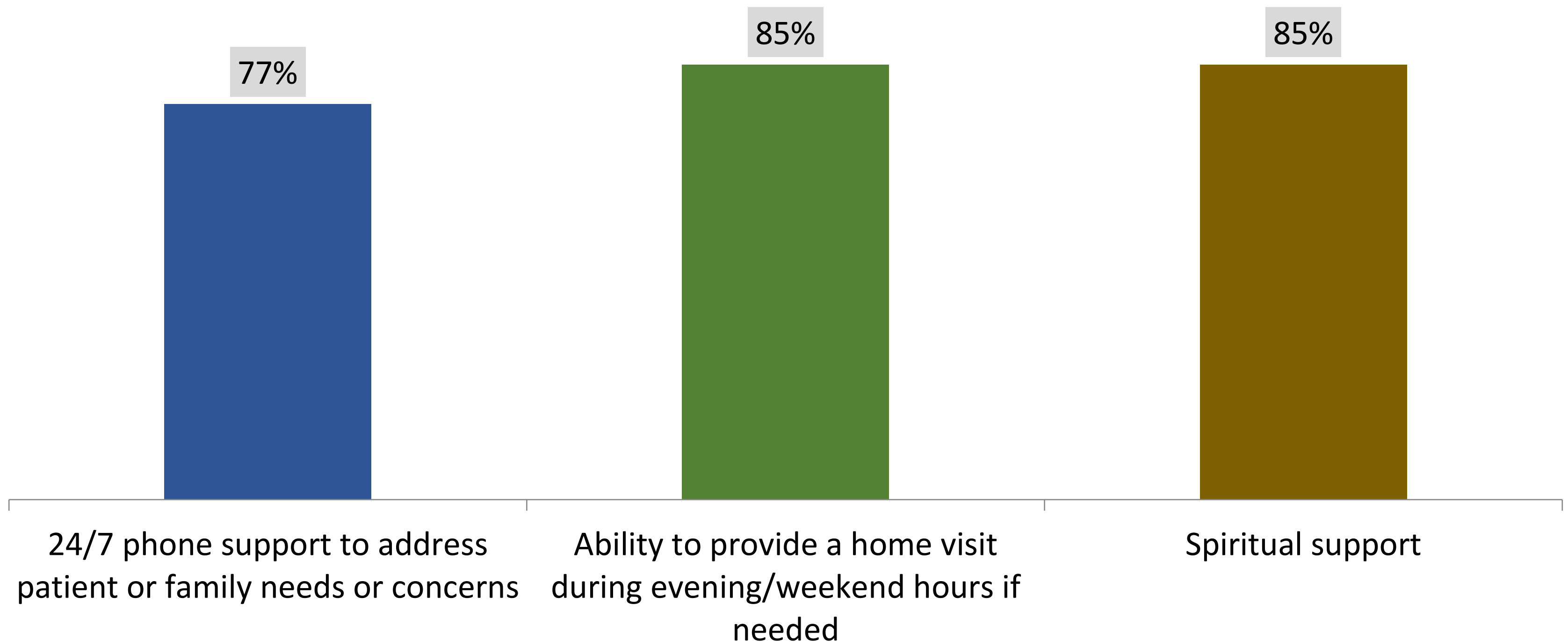
>71% of plan respondents have expanded access to palliative care by adding eligible diseases, relaxing clinical or general eligibility criteria for the original four diseases (COPD, cancer, heart failure, liver disease), or both.



Which Diseases Did Plans Add?



Additional Services



Most plans have added to the required services specified by the State; these additions are aligned with palliative care best practices, as defined in national consensus guidelines for palliative care.

Services for Members' Caregivers

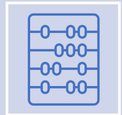
Does your plan require palliative care providers to deliver any of the following services related to caregivers?

ACTIVITY	Plans Requiring
Assistance with application to become an IHSS provider or request IHSS provider	50%
Identification of the primary caregiver in the patient's medical record	43%
Referral to community/regional/national resources for caregivers	36%
Short-term counseling or other emotional support for caregivers (provided by palliative care organization)	36%
Formalized process to follow up with caregivers who have significant needs	7%
Screening for caregiver support needs with a standardized tool	0%
Separate medical record for the identified caregiver	0%
None of the above	**43%**

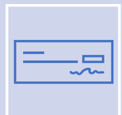
A significant minority (57%) of plans require PC providers to deliver some services to caregivers, though this is not required by the State.

Contracted PC Provider Organizations

Plans contract with 1-16 palliative care providers (median 5)



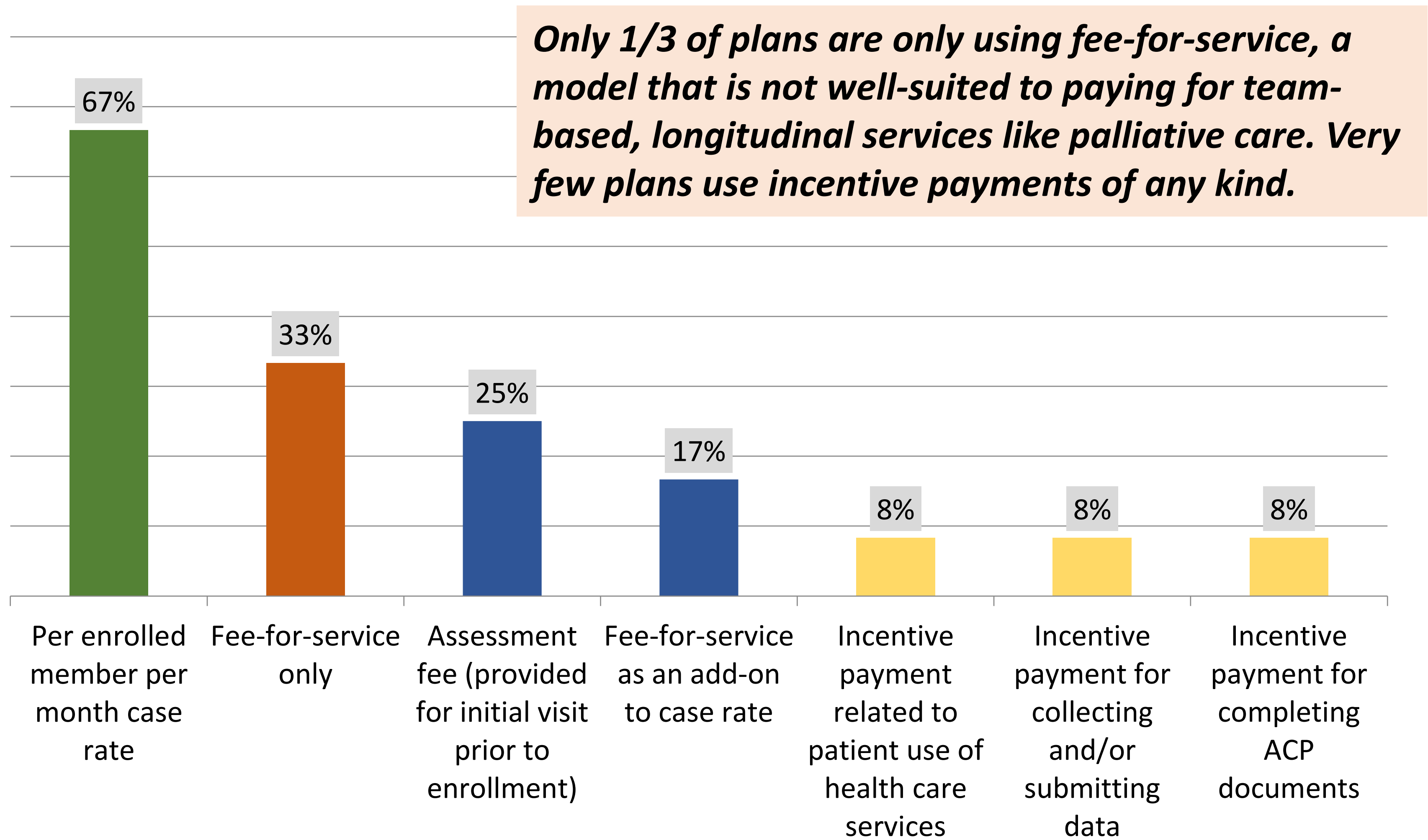
21% of plans added 1 or more PC provider contract in 2022 to increase network capacity



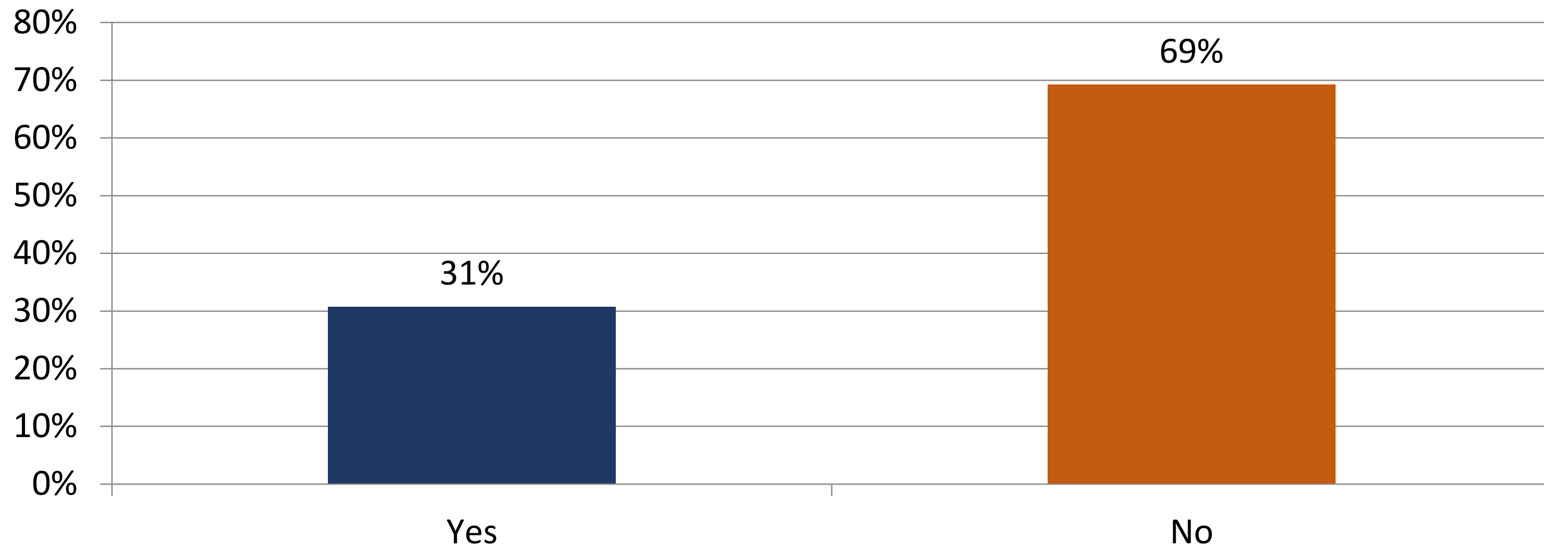
38% of plans require provider organizations to be accredited or certified in palliative care by TJC or CHAP

29% of plans contract with PC providers that are also providing ECM

Payment Mechanisms

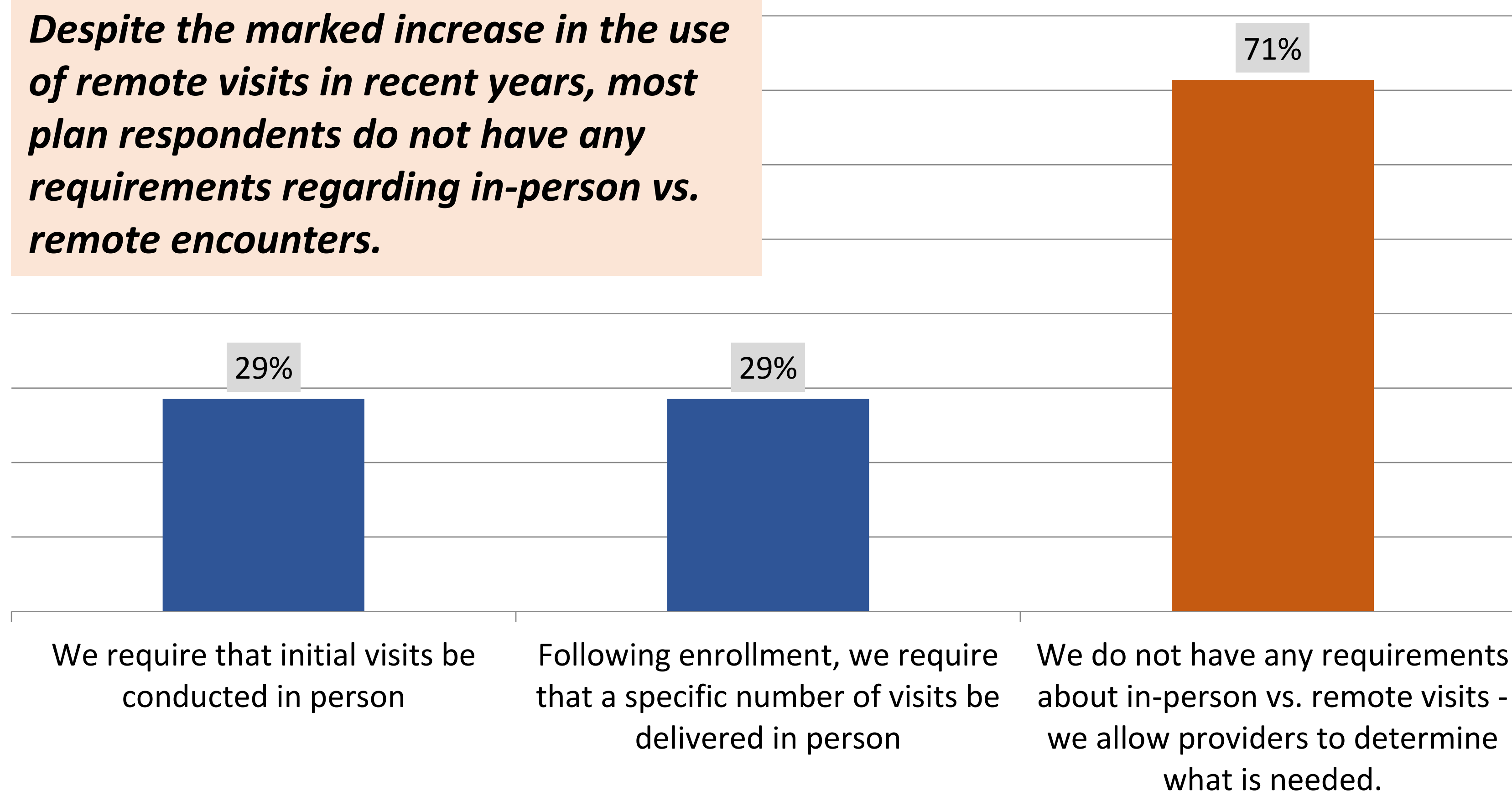


Service Tiers



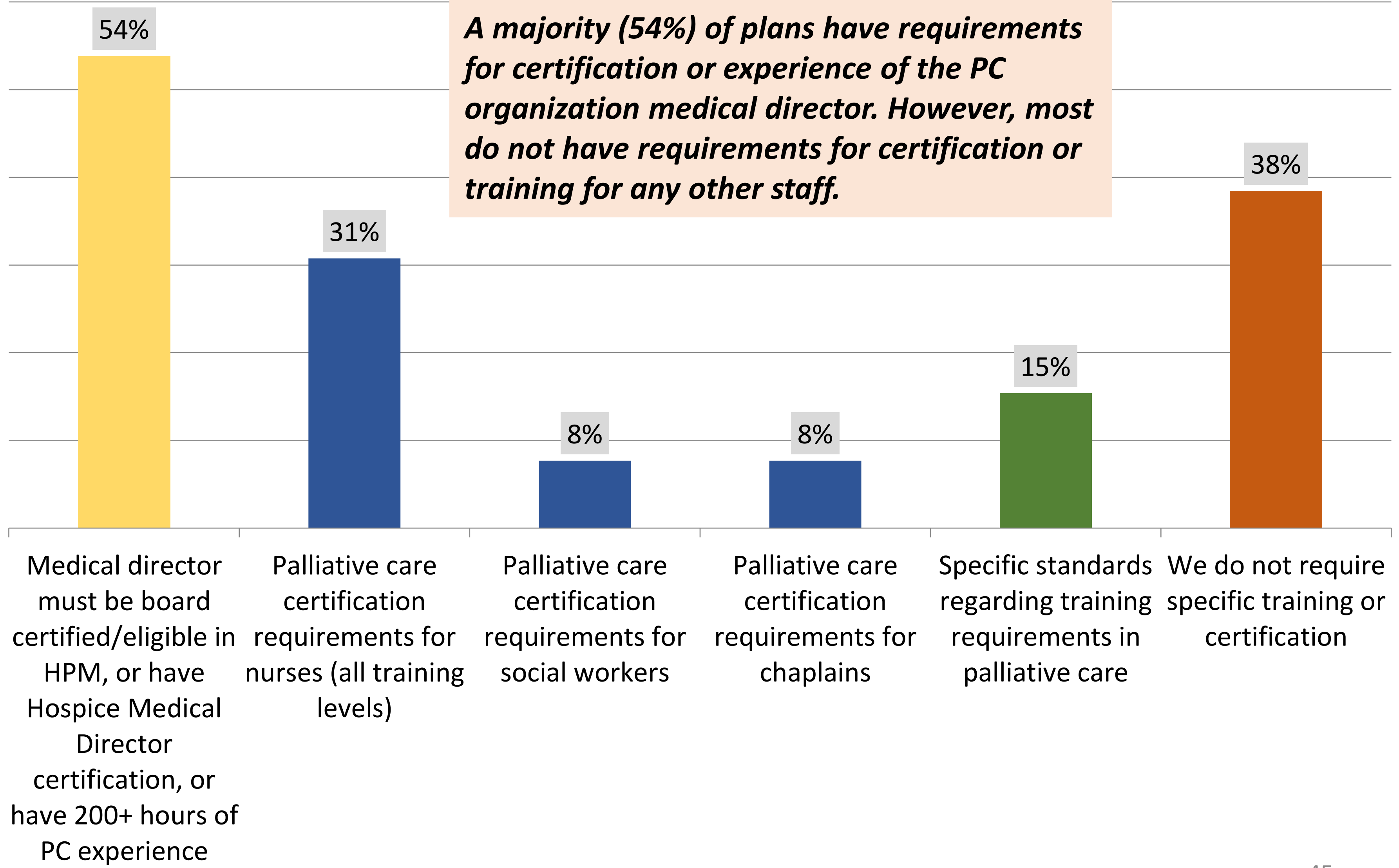
In-Person vs. Remote Encounters

Plan requirements regarding in-person vs. remote delivery of palliative care

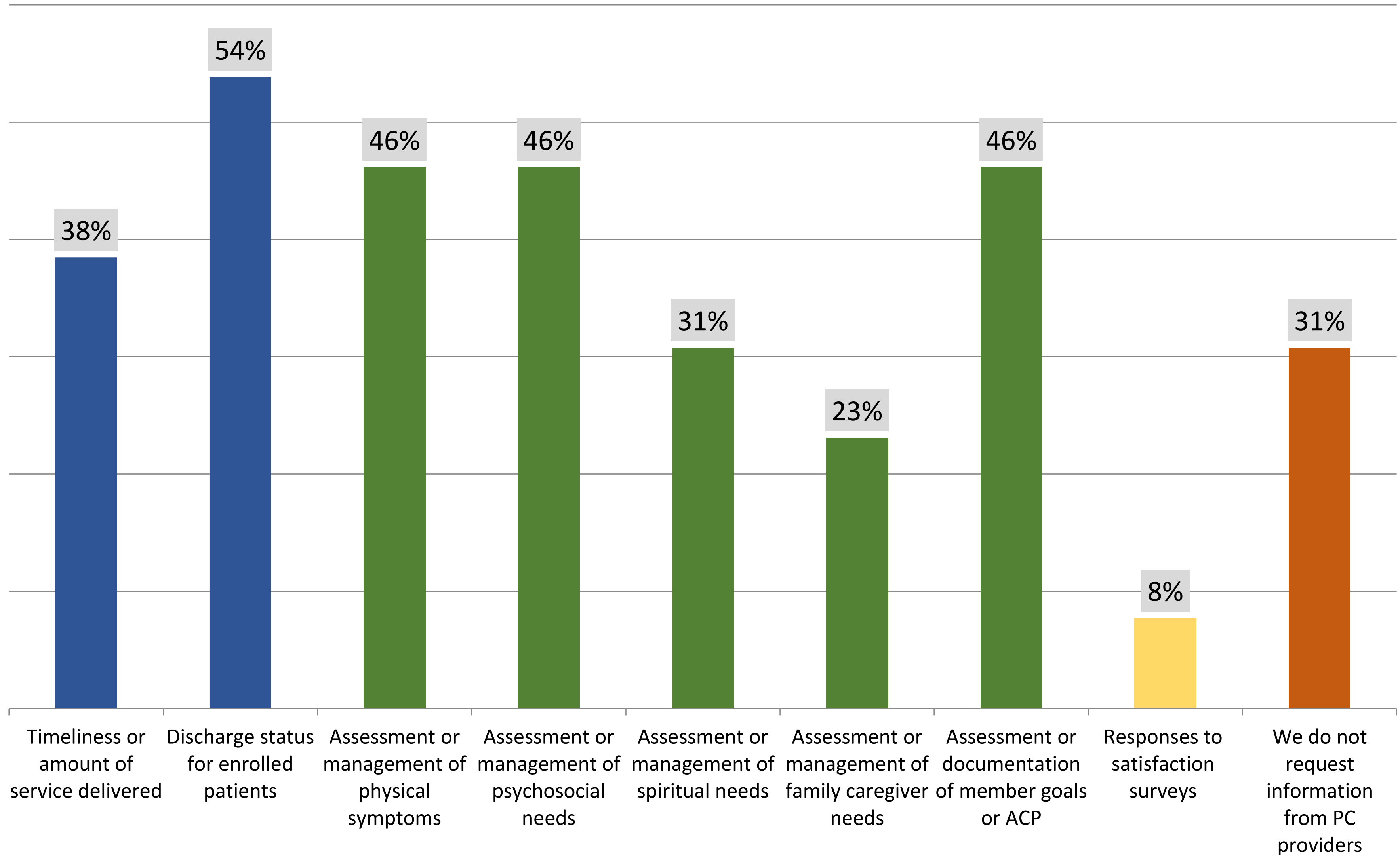


Certification and Training Requirements

For individuals delivering palliative care



Required Reporting from Providers



The variation in practice may point to an opportunity to standardize quality measures

Plan Structures and Processes

Statement	%
We have a dedicated contact person for our PC provider organizations, to assist them with administrative issues and the needs of specific members	100%
At least once a year we train plan staff such as care managers on palliative care and the features of our palliative care program	93%
We have provider-facing materials that describe palliative care and our Medi-Cal palliative care benefit	85%
Our palliative care program is described on the plan website separate and distinct from any descriptions of our hospice benefit	85%
We regularly report to plan leadership on our palliative care program	79%
We regularly monitor the number of referrals and enrollments	79%
We have member-facing materials that describe palliative care and our Medi-Cal palliative care benefit	77%
We have a health plan clinical champion for our palliative care program	77%
We have a standardized process for assessing the quality of care delivered by each of our palliative care provider organizations	77%
We have standing operational or interdisciplinary care team meetings with our PC providers	57%

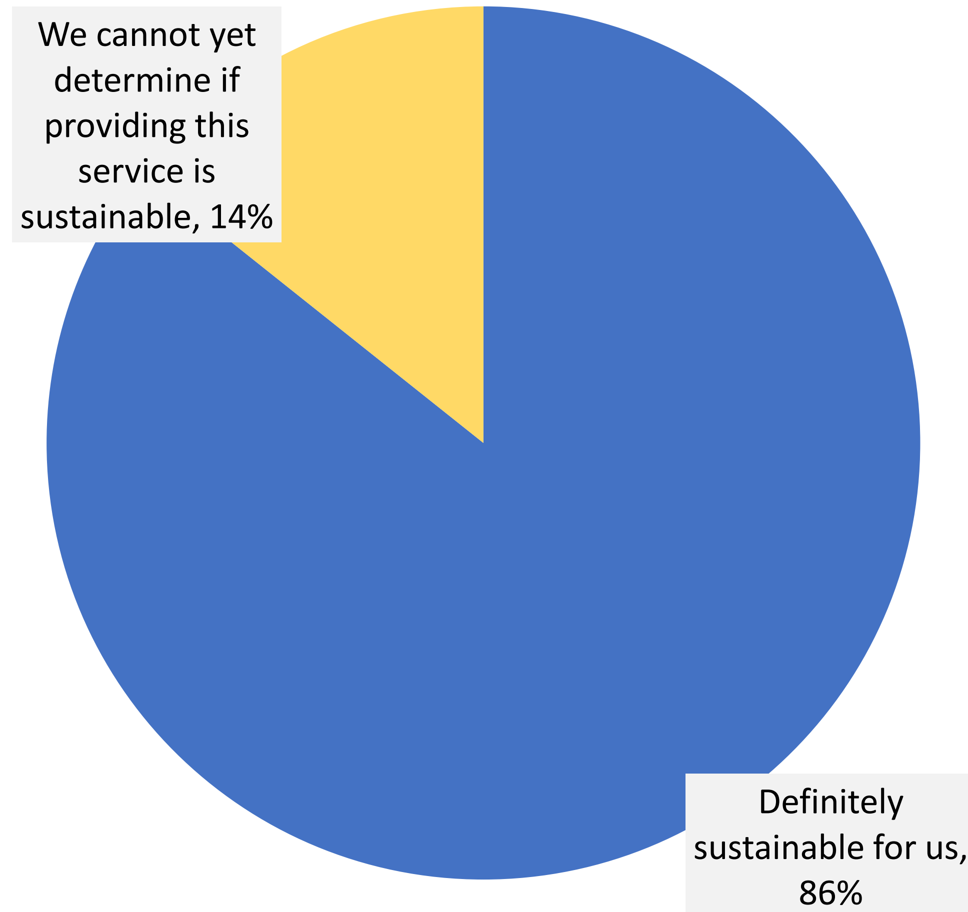
Most plans have adopted structures and processes associated with a well-functioning PC program that works for both the plan and the PC providers

Improvement Focus Areas for 2023

Focus area	%
Increase enrollment of eligible members	86%
Educating referring providers about the benefit/palliative care	64%
Assessing quality of palliative care delivered to members	64%
Educating members about the benefit/palliative care	57%
Offer palliative care to additional populations (expand eligibility criteria)	57%
Ability to identify members	50%
Enhancing collaboration with palliative care provider organization partners	43%
Improving operational functions like processing claims or authorizations	43%
Engage new palliative care provider organizations	21%
No specific improvement plans	7%

Sustainability Assessment

Do you feel that your current model for providing Medi-Cal palliative care services is sustainable for your organization?



Sustainability and Efficacy Concerns

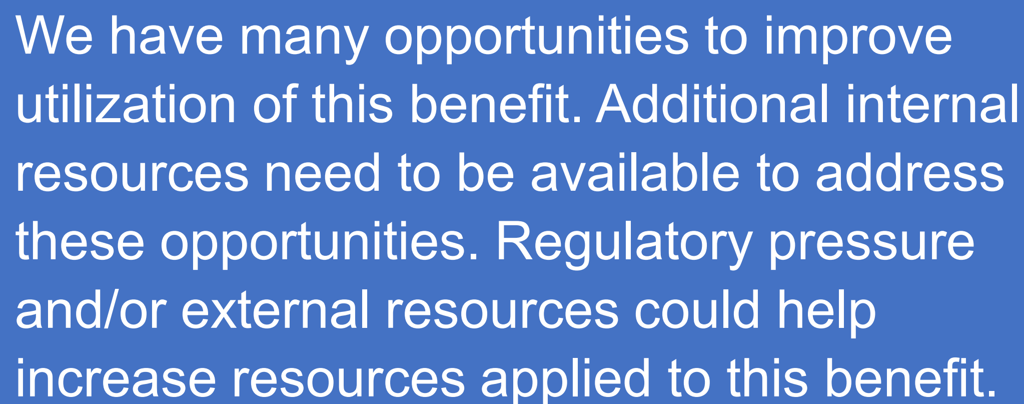
% Plans Flagging as Moderate-Major Concern

Concern	%
Enrollment too low	***55%***
Members are identified too late to receive significant benefit	***45%***
Quality of services members are receiving	9%
Program costs outweigh cost savings	9%
Too few palliative care partners, or partners do not have capacity to meet the need	9%
Turnover of plan staff responsible for palliative care benefit	9%

Low enrollment stood out as the only threat to program sustainability endorsed by >50% of respondents

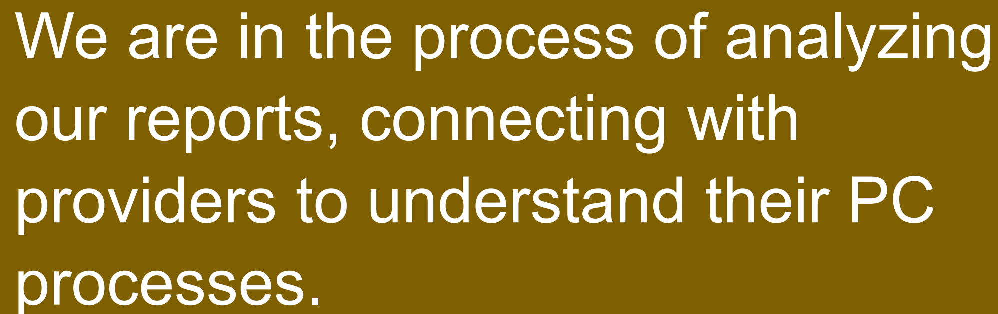
Opportunities and Resources

Open responses from provider organizations



Still Improving

Open responses from provider organizations



Persistent Issue

Open responses from provider organizations

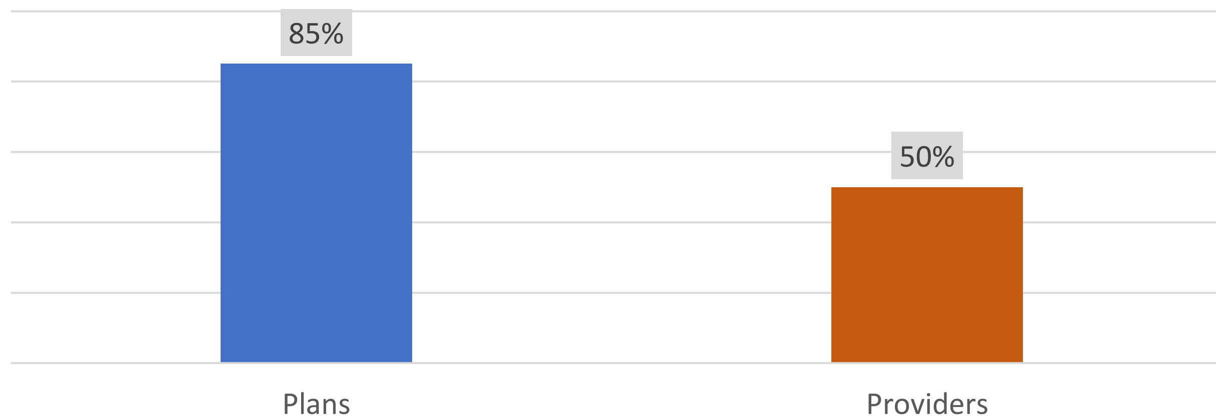
Key Take-Aways from Plan Responses

- Low enrollment remains biggest area of concern, most plans believe the are reaching <25% of eligible population
- Nearly all plans view program as sustainable
- Most plans have adopted minimum recommended structures and processes
- Five-years after program implementation, we see variation across plans in enrollment rates, eligibility criteria, reporting requirements, training requirements, and payment mechanisms.

Provider + Plan Responses

Enrollment & Sustainability Findings

- About half of plan and provider respondents report that low enrollment is a moderate-significant issue
- Plans are *far* more confident about sustainability compared to providers



% Plan and Provider respondents that think the program is definitely sustainable

Care Delivery Findings

- Most plan respondents (71%) do not have specific requirements regarding how care is delivered (in-person vs remotely)

- There appears to be a trend among providers to do a greater proportion of their visits in-person, as pandemic restrictions ease (and allowances for remote visits shift?)
  - Nearly 60% of provider respondents were doing <25% of their visits remotely in 2022
  - Providers working in >4 counties were more likely to do a majority of their visits remotely

Accreditation & Training Landscape

- Provider organizations may be exceeding expectations in terms of accreditation (TJC or CHAP)
  - 79% of provider respondents are already accredited
  - 38% of plans report that they *require* accreditation
- Palliative care training of some sort is required by about 2/3 of plan and provider respondents
- Certification in palliative care is most likely to be required for physicians (100% Providers, 54% Plans), less so other team members