

Medi-Cal Palliative Care MCP Learning Community October 22, 2021 Kickoff Webinar Highlights

The Medi-Cal Palliative Care Medi-Cal Managed Care (MCP) Learning Community launched on October 22, 2021, with a kickoff webinar. The Learning Community, which runs from October 2021 through May 2023, is hosted by the Coalition for Compassionate Care of California (CCCC) and funded by the California Health Care Foundation (CHCF).

Judy Thomas, CCCC CEO, opened the webinar with a brief overview of Senate Bill (SB) 1004—the California law that requires Medi-Cal MCPs to provide access to palliative care. The overview addressed the California Department of Health Care Services' (DHCS) role in SB 1004, the definition of palliative care, member eligibility (*minimum*), and core services (*minimum*). More information about SB 1004 is available through the DHCS SB 1004 [web page](#) and CHCF's [Palliative Care in Medi-Cal \(SB 1004\) Resource Center](#).

The *Medi-Cal Palliative Care MCP Learning Community* structure includes the following:

Goal: Ensure timely access to quality palliative care for seriously ill Medi-Cal enrollees.

Objectives:

- Promote peer-to-peer learning and connections.
- Promote discovery and spread of promising practices.
- Encourage integration of palliative care with new CalAIM programs.

Activities:

- Bi-Monthly Webinars: Focus is on a specific topic with a featured speaker plus group discussion.
- Bi-Monthly Open Forums: Focus is informal MCP discussions on palliative care program issues, concerns, solutions to various challenges, and needs.
- Annual Virtual Convenings: March 2022 and March 2023.
- Annual Surveys: MCPs submit palliative care program survey data (January/February—2022, 2023).
- Plan-Specific Technical Assistance: Needs assessment/technical support available (*free*) to all MCPs.

Keynote presenter, Jill Donnelly, MPH, Director, Medicaid Policy & Programs, Aurrera Health, provided a brief introduction to CalAIM and then addressed two specific CalAIM programs, Enhanced Care Management (ECM) and Community Supports (CS). She then discussed the **intersection of palliative care and ECM/CS** noting areas of *alignment* (member population; team-based care; community-based services; navigating complex physical health, behavioral health, and social needs), *shared challenges* (timely member identification, meeting criteria, member engagement), *possible opportunities for integration* (bi-directional provider training, care team integration, member education, provider linkages to promote referrals), and *considerations for MCPs* (variation in ECM/CS rollout timeline, palliative care network variation, ECM/CS network variation, avoiding duplicative services). Recognizing significant variation in how MCPs will address CalAIM and how they currently provide palliative care, Jill recommended MCPs focus on two core issues:

- Developing bi-directional processes/data flags that alert ECM/CS providers of all programs (such as palliative care) that members are enrolled in, and that alert palliative care and other providers of enrollment in ECM/CS.
- Establishing easy ECM/CS and palliative care referral pathways/processes.

In the follow-up discussion, participants reflected on how ECM presents an opportunity to better serve seriously ill dually eligible (Medicare and Medi-Cal) members—who in most counties have not had access to SB 1004 palliative care. It was also noted that some organizations that provide palliative care might be excellent ECM providers. Preparing to support community organizations that might have difficulties with the technical requirements of being an ECM provider was also raised.

Suggested topics for the November 16, 2021 Open Forum included: best practices for engaging diverse members, best practices for using health plan lists to identify eligible palliative care members, the POLST eRegistry, cost-effective palliative care models, and palliative care reimbursement models.