
Palliative Care/SB 1004

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DHCS Policy Development for Implementation of SB 1004

- In accordance with SB 1004, DHCS is developing guidance on palliative care for Medi-Cal managed care plans, including standards and technical assistance around services and population.
- DHCS is pleased to partner with the Legislature and stakeholders on this important policy area. This effort is consistent with the Department's Strategic Plan, Quality Strategy, and with DHCS's ongoing efforts to develop and promote best practices to improve the care experience for Medi-Cal consumers.



Stakeholder Engagement

- In partnership with the California HealthCare Foundation and the Coalition for Compassionate Care, DHCS held a stakeholder meeting on February 23 to discuss palliative care models and options for implementing SB 1004.
 - Meeting materials and summary can be found on the DHCS webpage:
<http://www.dhcs.ca.gov/provgovpart/Pages/Palliative-Care-and-SB-1004.aspx>.
- Follow-up meeting will occur in late May/early Jun



Recap from February 23 Palliative Care Event

- Key Palliative Care Characteristics:
 - Care is provided and services are coordinated by an interdisciplinary team
 - Patients, families, palliative and non-palliative health care providers collaborate and communicate about care needs
 - Services are available concurrently with or independent of curative or life-prolonging care
 - Patient and family hopes for peace and dignity are supported throughout the course of illness, during the dying process, and after death.
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Range of Current Palliative Care Models

- Inpatient or Community-Based
- Services vary, but may include Initial and Re-Assessment; Advanced Care Planning; POLST; Pain and Symptom Management; Patient/Family Education of Disease, Symptoms, Treatment; Interdisciplinary Care Team; Grief and Bereavement counseling; Telephonic Support; Case Management/Care Coordination.
- Population examples: Metastatic cancer, Metastatic Non–Small-Cell Lung Cancer, ESRD with co-morbidities, CHF, COPD



Data Methodology

- DHCS' Information Management Division (IMD) linked Medi-Cal eligibility data to the 2013 Death Statistical Master File (DSMF) provided by CDPH, to determine whether the cause of death for Medi-Cal members was different than the general population.
- To establish linkage:
 - Start with individuals enrolled in Medi-Cal in 2012-13
 - Matched 2013 Medi-Cal deaths to the DSMF
 - Linked records during 14 passes using different variations of SSN, birth date, death date, first name, and last name



Most Frequent Causes of Death for Medi-Cal Beneficiaries in 2013

- Heart Disease (23.2%)
- Cancer (20.4%)
- Chronic lower respiratory disease (6.0%)
- Injury/Accidents (6.0%)
- Stroke (5.9%)
- Diabetes Mellitus (4.4%)
- Influenza/pneumonia (3.3%)
- Liver disease (2.6%)
- Other Diseases not included above (28.2%)



Most Frequent Causes of Death for Medi-Cal/Medicare Dual-Eligible Beneficiaries in 2013

- Heart Disease (26.0%)
- Cancer (18.0%)
- Chronic lower respiratory disease (6.9%)
- Stroke (6.5%)
- Diabetes Mellitus (4.7%)
- Influenza/pneumonia (3.9%)
- Injury/Accidents (3.1%)
- Liver disease (1.4%)
- Other Diseases not included above (29.5%)



Place of Death: Medi-Cal Beneficiaries 2013

- Hospital Inpatient Setting (36.7%)
- Nursing Home (25.6%)
- Patient's Residence (25.4%)
- Outpatient/ER (6.7%)
- Hospice (1.4%)
- Other (4.3%)



Data: Medicare Dual-Eligible and Fee-for-Service Status

- Total Medi-Cal Deaths in 2013: 84,021
- Managed Care: 23,988 (28.6%)
 - Duals: 13,760
 - Non-Duals: 10,228
- Fee-for-Service: 60,033 (71.4%)
 - Duals: 50,156 (54.5% in CCI Counties)
 - Non-Duals: 9,877



Hospice Utilization Data

Total Medi-Cal beneficiaries, visits, providers, number of visits per beneficiaries and number of beneficiaries per provider for Beneficiaries in Hospice Care during service years, 2008-2012

Year	No. of beneficiaries	No. of visits	No. of providers	No. of visits per beneficiary	No. of beneficiaries per provider
2008	6,832	152,300	379	22.3	18.0
2009	7,215	165,779	368	23.0	19.6
2010	7,720	167,813	395	21.7	19.5
2011	8,137	143,225	461	17.6	17.7
2012	7,903	137,659	515	17.4	15.3
Relative percent change	15.7%	-9.6%	35.9%	-21.9%	-14.9%



Policy Development Next Steps

- Palliative care efforts are already developed and underway in several health systems in California. DHCS wants to learn and share information from those programs in developing guidance for health plans.
- Key areas to be addressed in policy:
 - Potential population (conditions, eligibility, delivery systems)
 - Types of services and providers
 - Performance and outcome measures
 - Health plan/provider payment models



Other DHCS Palliative Care Efforts

- Pediatric Palliative Care Waiver
- Coordinated Care Initiative
- 1115 Waiver Renewal:
 - Workforce Development – Increased Provider Training
 - Delivery System Reform Incentive Payments (DSRIP) 2.0, Performance Measures



Questions



