

May 8, 2015

Anastasia Dodson
Department of Health Care Services
1501 Capitol Avenue
MS 0000, P.O. Box 997413
Sacramento, CA 95899-7413

RE: SB 1004 Implementation

Dear Ms. Dodson:

The Coalition for Compassionate Care of California appreciates the opportunity to provide input to the California Department of Health Care Services (DHCS) to help shape the standards by which Medi-Cal will ensure access to palliative care.

The Coalition for Compassionate Care of California is a statewide coalition of organizations, institutions, healthcare providers, state agencies and individuals working together to promote high-quality, compassionate end-of-life care for all Californians. Since 1998, CCCC has developed and implemented a wide variety of programs and projects to improve care for those with serious or terminal illnesses.

Despite growing recognition of the value and cost-effectiveness of palliative care services, there continue to be significant disparities in how palliative care is defined, delivered and evaluated – not just in California, but across the nation.

Through the implementation of SB 1004, California’s Medi-Cal system has a unique opportunity to serve as a leader in the creation of a modern health care system that makes high quality palliative care available to those who need it.

CCCC would like to offer a series of recommendations, which are included in the attached document, entitled *CCCC Recommendations for Implementation of SB 1004*. For your convenience, the key recommendations are as follows:

1. DHCS should specifically define what constitutes a “palliative care service;” given the necessary and expected variation in how services will be delivered across plans and regions, this will likely be a list of minimum required service components, evidence of basic quality outcomes, and personnel qualifications and certifications, rather than a description of one or two comprehensive “approved” models.
2. A quality monitoring program should be developed iteratively, with input from DHCS, plans, providers and palliative care experts.

3. DHCS should allow for flexibility in allowing individual plans to determine members' eligibility for services, prioritizing members with the highest illness/symptom burden and those in the last one to two years of life.
4. Given the complexity of funding issues, we would recommend initially piloting services for members insured with only Medi-Cal. This would allow plans to realize the anticipated cost savings and enable program growth and sustainability, with an intent to extend services to dually eligible beneficiaries over time and in collaboration with CMS.
5. Technical assistance offered to plans should include developing and disseminating gap analysis tools that will help plans understand what specialty palliative services are currently available to members, opportunities for leveraging existing non-palliative programs to meet members' needs, where new specialist services are needed, and how to deliver education and other supports to non-specialist providers.
6. DHCS should disseminate examples of community-based palliative care models, representing a wide variety of team structure and care settings.
7. Plans should be given maximum flexibility in determining the payment models that are most suitable for a variety of palliative interventions.
8. Technical assistance provided to plans should include instruction in different methods for assessing palliative care programs' impact on health care utilization and total health care costs.
9. We recommend a 5-step, multi-year implementation plan which provides opportunities for plans to plan, pilot, assess, and expand palliative care services with assistance from peers and DHCS.

Thank you for the opportunity to provide comments on the implementation of SB 1004. This legislation, as it is implemented, has the potential to significantly influence the development of palliative care for all Californians.

Please let us know if you have any questions, concerns, or need any additional information. We appreciate DHCS' consideration of our comments.

Sincerely,



Judy Thomas, JD
CEO

Enclosure