PHC's Efforts Around Palliative Care

Amy Turnipseed
Director of Policy and Program Development

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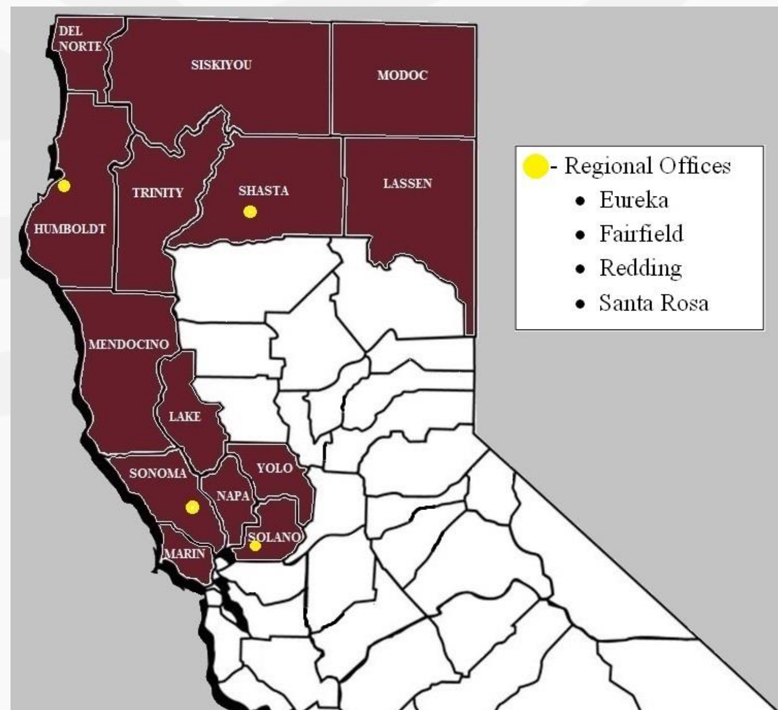
About PHC

- PHC is a COHS providing quality health care to over 510,100 members.
- PHC provides services to 14 Northern California counties - Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity and Yolo.



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Experience with ACP

- In 2012, PHC began the Offering and Honoring Choices™ initiative to ensure that its members and their families are knowledgeable about health care treatment options, empowered to define their treatment goals, and able to make informed choices about the interventions they choose during the last years of life.
- PHC currently provides incentives to physicians through the Quality Improvement Program (QIP) program to encourage end-of-life decisions between its members and providers.
- PHC educated the our staff, department by department, on the importance of having conversations about end-of-life wishes with family/friends and completing an Advance Directive.
- Continue to work with California Compassionate Care Coalition on a policy initiative to create a statewide registry of Advance Care Planning (ACP) documents.

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CHCF Grant

- PHC invited contracted hospice providers to participate in a Palliative Care working group to inform the design of Partnership's proposed benefit.
- PHC hosted working group meetings over a six month period. The group determined the problems a new palliative care program could address and the potential challenges in creating a palliative care program.
- This workgroup helped develop key components of a new PHC palliative care benefit program.

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Staffing Model

- PHC intends to contract solely with hospice providers initially, building on the relationships the health plan currently has with this group of providers.
- Hospice providers will put together a palliative care team that is cost-effective and appropriate for the population they serve.
- The interdisciplinary team may include a physician (mainly for oversight), nurse , a social worker, home health aid, and a spiritual leader (as requested).

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Services

The palliative care services will include:

- Initial assessment
- 24/7 telephonic support (including nurse consultation and care when necessary)
- Pain/symptom management
- Advance Care Planning
- POLST (when appropriate)
- Acute management plan
- Assess caregiver support needs and refer
- Warm hand-offs from hospital and to hospice
- Case management

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Eligibility Criteria

PHC would like to use the criteria developed for Sharp HospiceCare's Transitions Program, this includes:

- Any patient who is likely to or has started to use the hospital as a means to manage their late stage disease. This refers to unplanned 'decompensation', not elective procedures
- Patients should be evaluated in their best compensated state
- Patients should have received maximum medical therapy
- Life expectancy of about 2 years or less
- Members diagnosed with the following conditions and meet additional criterion:
    - Stage IV cancer
    - Congestive heart failure
    - Cirrhosis
    - COPD
    - Dementia
    - Frailty Syndrome

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Payment Model

PHC developed different payment model options for the palliative care working group to consider and provide feedback. As a result of the conversation with the working group, PHC developed a hybrid from the options.

- PHC will provide use a global payment to allow providers the flexibility to assemble an interdisciplinary team that can sufficiently meet patients' needs in the most cost-effective manner possible.
- In addition to the flat fee, hospice providers will receive an additional payment per member per quarter for meeting quality metrics related to patient satisfaction, a completed advanced care plan, and completed acute management plan.

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Questions?