

Improving Care for the Seriously Ill: Blue Shield of California's Palliative Care Program

NATIONAL ACADEMIES OF SCIENCE, ENGINEERING & MEDICINE

ROUNDTABLE FOR QUALITY CARE FOR PEOPLE WITH SERIOUS ILLNESS

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Blue Shield of California

Our mission is to ensure all Californians have access to high-quality health care at an affordable price

4.08M

Members

77

Years of Service

44,000

HMO Doctors

320

HMO Hospitals

75,000

PPO Doctors

379

PPO Hospitals

blue  of california

Blue Shield Palliative Care

Providing an extra layer of support for people with serious illness.



Palliative Care Program Overview

- Palliative Care Case Management Program
- Caregiver Support
- Advance Care Planning
- Referrals to community-based palliative care providers
- Personal Care Services for select commercial members

California state-wide provider network

- More than 30 contracted home-based palliative care programs, across all California counties
- Outpatient palliative care programs in all metropolitan service areas
- Telemedicine-enabled palliative care programs for rural members
- Inpatient palliative care programs in all tertiary hospitals

Our Home-Based Palliative Care Program

Palliative care is a **standard medical service** offered to all members with primary coverage from Blue Shield.



At Blue Shield, we use an **interdisciplinary team** approach that provides tightly integrated, longitudinal **in-home palliative care services**, as well as assessment and provision of medical care **in line with the patient's goals**.

Home-Based Palliative Care Eligibility Criteria

Blue Shield members are deemed eligible through the following clinical and functional criteria

General criteria

Are in remission, recovery from serious illness, or the late stage of illness

Have documented gaps in care, including decline in health status and/or function

Use hospital and/or ER to manage illness/late-stage disease

Not currently enrolled in hospice

Illness is NOT psychiatric or substance use disorder-related

Diagnosis categories

Include but not limited to:

Cancer

Organ failure (e.g., heart, lung, renal, liver)

Stroke

Neurodegenerative disease (e.g., MS, ALS)

HIV/AIDS

Dementia/Alzheimer's

Frailty or advanced age

Multiple comorbid conditions with exacerbated pain

Standardizing the Palliative Care Clinical Model

The interdisciplinary team includes a physician, nurse, social worker, home health aide, and chaplain. It can also include pharmacists, dietitians, rehabilitation specialists, physical therapists, volunteers, etc. All teams include a nurse case manager.



- A **patient's treating provider(s)** is **also a member** of the interdisciplinary team (e.g., PCP, oncologist).

Home-based Palliative Care Program services

- Comprehensive in-home, palliative care needs assessment
- Annual wellness visit in the home
- Development of a care plan aligned with patient's goals
- Assignment of a nurse case manager to coordinate medical care
- Home-based palliative care visits – either in person or by videoconferencing
- Medication management and reconciliation
- Psychosocial support for mental, emotional, social, and spiritual well-being
- 24/7 telephonic support
- 24/7 urgent visits by clinician and/or physician
- Caregiver support
- Assistance with transitions across care settings, including admission/discharge from any facilities where member is seeking care

Palliative Care is Part of Healthcare Transformation

- Partnerships to educate and support palliative care throughout our delivery system
- All Case & Utilization Managers cross-trained in serious illness communication and clarifying goals of care
- Delivery system transformation
 - Clinical training
 - Implementation support
 - Telemedicine
- Home care design in a non-integrated environment
 - Partnerships between medical groups and home health or hospice agencies

Value-Based Payment Improves Quality



Blue Shield has established a **per member per month (PMPM) case rate** to support the Program's interdisciplinary team approach.

Members in the Program are **not charged copays or coinsurance** for services provided as part of the Program.

Members are also flagged in Blue Shield's internal systems to expedite coordination and authorization of services they may need.

Maintaining Quality Over Time

- Establish Credentialing Standards
 - The Joint Commission Advanced Certification in Inpatient Palliative Care
 - The Joint Commission Certification in Community-Based Palliative Care
 - NCQA Serious Illness Accreditation (upcoming)
 - Center to Advance Palliative Care Case Management Specialty Certificate
 - Alignment to National Consensus Project Clinical Practice Guidelines
- Quality Measurement
 - Utilization Measures
 - Inpatient Admissions, ED Visits, Readmissions
 - Hospice Utilization & Length of Stay
 - All palliative care programs must report status on the following quality measures:
 - Patient & family satisfaction survey scores
 - Documentation of a medical decision maker/medical surrogate
 - Treatment preferences, including Advance Care Planning documentation

Opportunities & Challenges

- Building a payer-based serious illness program has three goals:
 1. Feasibility
 2. Scalability
 3. Replicability
- Model needs to be standardized for payment and outcomes
- Must account for resource need and availability
- Must consider:
 - Other organizational value-based initiatives or priorities
 - Reporting burden and use of national registries
 - Additional market demands on providers



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