Referring Patients to Home-Based Palliative Care
Who is Blue Shield?

What is palliative care?

Home-Based Palliative Care (HBPC) Program overview

HBPC Program provider network

Referral & enrollment

Marketing & outreach

Member video
Meet the Home-Based Palliative Care team

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Who is Blue Shield?
Blue Shield of California is a nonprofit health plan with a mission to help ensure all Californians have access to high-quality health care at a sustainably affordable price.

**Investing in next generation care**

Health Reimagined is our ambitious effort to improve healthcare.

We are innovating to improve our products and services, lower costs, improve quality, and enhance the member and physician experience.

We are committed to addressing health disparities and integrating health equity in all we do.
Our philosophy

• Relentlessly pursue fundamental changes in how healthcare is delivered to achieve the quintuple aim:

1. Improve whole population health
2. Enhance patient care and experience
3. Improve provider wellbeing
4. Reduce cost of health care
5. Increase health equity
What is palliative care?
**Case study: Maria**

- 71-year-old catholic female
- Congestive heart failure (CHF) with ejection fraction of 30%
- Co-morbidities: Diabetes, hypertension, peripheral vascular disease
- Shortness of breath when doing any activity outside of home
- Sometimes misses Lasix doses and had one recent admission for a CHF exacerbation
- Lives with extended family who work and provide limited support with medications and other medical needs, but do help with laundry and grocery shopping
- Sometimes misses medical appointments because of barriers with transportation
- Had a few recent episodes of urinary incontinence, which make her hesitant to take her Lasix
What is palliative care?

- Special medical care for people with serious illness
- Helps manage problems and stress from a serious illness
- Goal is to improve quality of life for both the person and those who help care for them
- Appropriate for any age and at any time in a serious illness
- Provided along with other medical treatment
Palliative care across the continuum

Advance Care Planning can occur at any time.
How does palliative care help?

- Studies show it reduces physical discomfort, improves quality of life, and makes living with a serious illness easier for both the person and those who help care for them.
- It helps keep people with serious illness at home through proactive management and prevention of unnecessary ER and hospital visits.
HBPC Program overview
Home-Based Palliative Care (HBPC) Program overview

- Palliative care is a **standard medical service** offered to all Blue Shield of California members **except**
  - Medicare supplemental insurance (Medigap)
  - PPO Federal Employee Program (FEP)
  - Shared Advantage (where Blue Shield only provides the network)
  - Duals when Medicare is not with Blue Shield

- Members in the HBPC Program are **not charged copays or co-insurance** for services provided as part of the program.

- HBPC is provided by an interdisciplinary team of doctors, nurses, social workers and chaplains working with the patient’s other doctors to provide an extra layer of support.

- **If the patient continues to meet eligibility and there is a medical need**, there is no time limit on HBPC program enrollment.
### General guidelines

- Have an advanced illness
- Use hospital and/or ER to manage illness
- Willing to attempt home- and office-based management, when appropriate
- Not eligible for or declined hospice care
- Death within a year would not be unexpected
- Willing to participate in advance care planning discussions

### Diagnosis categories

Include but not limited to:

- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Advanced cancer
- Liver disease
- Cerebral vascular accident/stroke
- Chronic kidney disease or end state renal disease
- Severe dementia or Alzheimer’s disease
- Other

- For Medi-Cal members: CHF, COPD, advanced cancer, liver disease
Blue Shield’s HBPC Program services*

24/7 access to help and support

Help with treatment decisions

Help with coordinated medical care

Help with pain and other symptoms

Support for family

Referrals to Blue Shield and community resources

Provided in settings throughout California, wherever the member needs or wants:
- At home (in 40 counties)
- Via phone or video in rural areas (in 18 counties)
- In skilled nursing facilities (SNF)

* For a program overview, see Palliative Care located on Blue Shield Provider Connection > Guidelines & Resources > Patient Care Resources
Case Study: Maria (continued)

- **Medical**
  - Define Maria’s priorities and align care with goals
  - Understand and address barriers to taking medications regularly
  - Educate on early identification of CHF exacerbation signs
  - Address urinary symptoms
- **Social**
  - Create transportation plan
  - Offer appropriate support resources
- **Spiritual**
  - Assess what gives Maria purpose and meaning in her life
  - Address needs around spiritual rituals
  - Address questions about church teachings around medical care
- **Caregiver**
  - Assess caregiver stresses and what is needed to continue to support Maria at home
  - Offer caregiver support resources
How are we doing?

<table>
<thead>
<tr>
<th>2021 completed goals of care</th>
<th>Member satisfaction survey</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advanced directive</strong></td>
<td><strong>Sent to 250 members enrolled in the HBPC Program longer than 90 days</strong></td>
</tr>
<tr>
<td>• 50%</td>
<td>56 surveys completed</td>
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<tr>
<td><strong>Medical decision maker</strong></td>
<td><strong>95% members very satisfied/satisfied with HBPC</strong></td>
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<tr>
<td>• 89%</td>
<td>73% members recommend HBPC Program</td>
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<td><strong>POLST</strong></td>
<td>Members who answered 10/10 or 9/10</td>
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<tr>
<td>• 69%</td>
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“It has been an invaluable service and definitely took significant stress out of being ill so I could concentrate on being healthy.”

“The people on my team are angels. Every single person on my team has enriched my life and made me feel special and important.”
Home-Based Palliative Care provider network
HBPC provider network

- **3,530 families** serviced since program inception (as of May 2022)

- **48 contracted** home-based palliative care providers, across all California counties

- **79% of our palliative care providers are certified** by one of the following accrediting bodies:
  - Joint Commission
  - ACHC (Accreditation Commission for Health Care)
  - CHAP (Community Health Accreditation Partner)
HBPC Program provider listing

<table>
<thead>
<tr>
<th>Find a palliative care provider</th>
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<tbody>
<tr>
<td>Alameda County</td>
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<td>Alpine County</td>
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<td>Amador County</td>
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<td>Butte County</td>
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<td>Calaveras County</td>
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<td>Colusa County</td>
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<td>Contra Costa County</td>
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<td>Del Norte County</td>
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<td>El Dorado County</td>
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<td>Fresno County</td>
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<td>Glenn County</td>
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<td>Humboldt County</td>
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<td>Imperial County</td>
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<td>Inyo County</td>
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<td>Kern County</td>
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<td>Kings County</td>
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<td>Lake County</td>
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<td>Los Angeles County</td>
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<td>Madera County</td>
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<td>Marin County</td>
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<td>Mariposa County</td>
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<td>Mendocino County</td>
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<td>Merced County</td>
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<td>Modoc County</td>
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<td>Mono County</td>
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<tr>
<td>Monterey County</td>
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<td>Neosho County</td>
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HBPC Program provider listing by county located on Provider Connection – no login required.

www.blueshieldca.com/palliativecare
Referral & enrollment
Palliative care enrollment referral sources

- Blue Shield Member
- Outpatient medical group, PCP, or specialist
- Self, family, friend
- Case manager
- HBPC Program provider
- Blue Shield outreach and engagement
- Hospital
Referral process

1. Identify members
   • Referring source:
     • Identifies potentially eligible members using Eligibility Screening Tool as guide

2. Screening tool
   • Referring source:
     • Completes Eligibility Screening Tool
     • Attaches clinicals
     • Emails completed screening tool and clinicals to Blue Shield HBPC Program team

3. Verification
   • HBPC team:
     • Verifies eligibility
     • Reviews notes
     • Sends referral to a contracted HBPC provider
     • HBPC team contacts referral source if member is not eligible

4. HBPC Provider
   • HBPC provider:
     • Outreaches to member
     • Notifies Blue Shield and the referral source of outreach outcome
Eligibility Screening Tool

Palliative care services screening criteria for program participation

Section 1: Eligibility criteria for all members

1. General eligibility criteria
   - The member must meet all the general eligibility criteria. (If the member is younger than 21 years old, also see Section 2 for broader pediatric eligibility criteria.)
   - Eligibility will be confirmed by the provider or agency that manages the care. (The member must meet all the general eligibility criteria.)
   - The member must meet at least one of the disease-specific eligibility criteria:
     - Congestive heart failure (CHF): Must meet (a) AND (b)
       a. The member is hospitalized due to CHF as the primary diagnosis with an ejection fraction of less than 30% or significant cardiomyopathy.
     - Chronic obstructive pulmonary disease (COPD): Must meet (a) OR (b)
       a. The member has a forced expiratory volume (FEV) of 1 less than 35%, a pulmonary function (PFT) reading of less than 35% of predicted, or significant respiratory impairment.
     - Advanced cancer: Must meet (a) AND (b)
       a. The member has a stage IV solid organ cancer, lymphoma, or leukemia.

Section 2: Pediatric palliative care eligibility criteria

2. General eligibility criteria
   - The member must be under the age of 21.
   - The family and/or legal guardian agrees to the provision of pediatric palliative care services.

Criteria for listing a child for palliative care include:

- Conditions requiring intensive care in a hospital setting, such as life-threatening illness.
- Conditions requiring intensive home care, such as life-threatening illness.
- Conditions requiring palliative care, such as life-threatening illness.
- Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications.

Eligibility Screening Tool
## Enrollment tracking

<table>
<thead>
<tr>
<th>Interdisciplinary team meetings</th>
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<tbody>
<tr>
<td><strong>Monthly</strong> meetings between Blue Shield HBPC Program clinical program managers and the HBPC provider team to review members enrolled in the program</td>
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<tr>
<td><strong>Quarterly</strong> operations calls</td>
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<tr>
<th>Enrollment and utilization reports</th>
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<tbody>
<tr>
<td><strong>Quarterly</strong> enrollment and utilization reports sent to each HBPC provider to ensure cohesion of data</td>
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<tr>
<th>Member satisfaction survey</th>
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<tr>
<td><strong>Quarterly</strong> survey sent to members enrolled in the program for longer than six (6) months</td>
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</table>
Referrals?

Complete the Eligibility Screening Tool and email or fax to the Blue Shield Home-Based Palliative Care Team:

• Email: bscpalliativecare@blueshieldca.com
• Fax: (844)893-1206

Questions?

• Contact the Blue Shield Home-Based Palliative Care team at bscpalliativecare@blueshieldca.com or
• Visit the Palliative Care page on Provider Connection
Marketing & outreach
Marketing materials

Blue Shield of California’s Palliative Care Program: Improving the lives of those with serious illness

A Serious Problem
Millions of Californians live with serious illness. This number will double by 2040. Serious illness affects people of all ages who may live for months or years. Many will need extra care from their families and other caregivers.

That’s why Blue Shield of California offers its Palliative Care Program.

What is Palliative Care?
Palliative care (pronounced pa-lee-uh-vuh-kuh) is specialized medical care for people with serious illness. It helps manage the problems and stress from a serious illness with the goal to improve quality of life for both the person with the serious illness and those who help care for them. It is provided by a team of doctors, nurses, social workers and chaplains who work together with a person’s primary doctor(s) to provide an extra layer of support. Palliative care is appropriate at any age and at any time in a serious illness. It can be provided along with all other medical treatment.

Palliative care helps keep people with serious illness at home, not in the ER or the hospital. Studies show that it reduces physical discomfort, improves quality of life, and makes living with a serious illness easier.

Blue Shield’s Home-Based Palliative Care Program
Home-based palliative care is offered in all 58 California counties at no additional cost to members.

What services are covered?
Services include but are not limited to:
- Treatment decision and support
- Care plan development and shared decision making
- Home-based palliative care visits – in person and via video conferencing
- Medication management and reconciliation
- Psychosocial support for mental, emotional, social, and spiritual well-being
- 24/7 access to help and support
- Caregiver support

Fast Facts
- More than 13 million Americans live with serious illness. This number is likely to double by 2040.
- Home-based palliative care services can reduce unnecessary ED visits and hospitalizations.
- 78% of our providers have certification in home-based palliative care.

Sources: Commonwealth Fund 2014, “Care for the Seriously Ill,” Journal of Palliative Medicine

Infographic
Blue Shield of California’s Palliative Care Program
Improving the lives of those with serious illness

Serious illness affects people of all ages who may live for months or years.

Today, more than 12 million Americans live with serious illness. This number is likely to double by 2040.

Palliative care (pronounced pa-lee-uh-vuh-kuh) is patient- and family-centered care that focuses on quality of life. It eases the discomfort of serious illness by addressing the member’s physical, emotional, social and spiritual issues. Palliative care is appropriate at any stage of a serious illness and can be combined with ongoing curative treatments.

What? Where? Who?
- Treatment decision and support
- Care plan development and shared decision making
- Home-based palliative care visits – in person and via video conferencing
- Medication management and reconciliation
- Psychosocial support for mental, emotional, social, and spiritual well-being
- 24/7 access to help and support
- Caregiver support

Throughout California wherever the person needs or wants them:
- In the home
- In clinics in all metropolitan areas
- In all large hospitals
- Via phone or video in rural areas
- In many nursing homes

For more information, visit blueshieldca.com/palliative-care.

Sources: Commonwealth Fund 2014, “Care for the Seriously Ill,” Journal of Palliative Medicine

Factsheet

Infographic
Marketing materials: Co-branded member flyer

Tri-fold member brochure co-branded with HBPC provider information. Available in English, Spanish, and traditional Chinese.
Click here to view a member video
Please complete the evaluation that displays at the end of the webinar. Your feedback is important!

Click **Continue** to access the survey – it takes approximately 3 minutes to complete.

This presentation and a link to the recording will be emailed to you within five (5) business days.
An independent member of the Blue Shield Association