

Referring Patients to Home-Based Palliative Care

Agenda

- 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



Kimberly Bower, MD,
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Medical Director



Jenelle Hallock, MHA
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Clinical Program
Manager



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Clinical Program
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Clinical Program
Manager



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Program
Manager



Kristen Vallone
Program
Manager



Beth Doyle
Program
Manager



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.



1939
FOUNDED IN
SAN FRANCISCO



22
LOCATIONS AROUND THE STATE
HEADQUARTERED IN OAKLAND



4.5
MILLION
MEMBERS



7,500
DILIGENT
EMPLOYEES



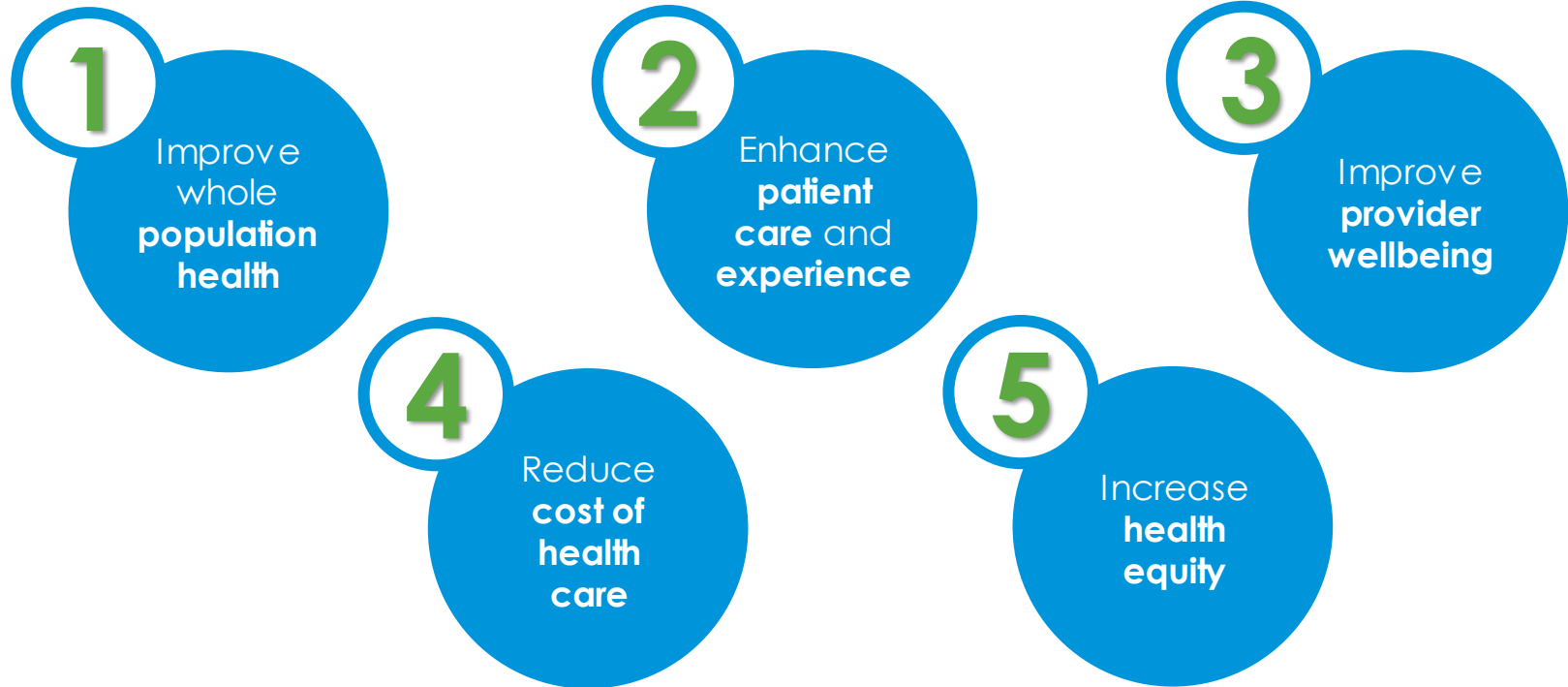
\$21+
BILLION
ANNUAL
REVENUE



\$120
MILLION
INVESTED IN COMMUNITIES
OVER THE LAST 3 YEARS
THROUGH OUR FOUNDATION

Our philosophy

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



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

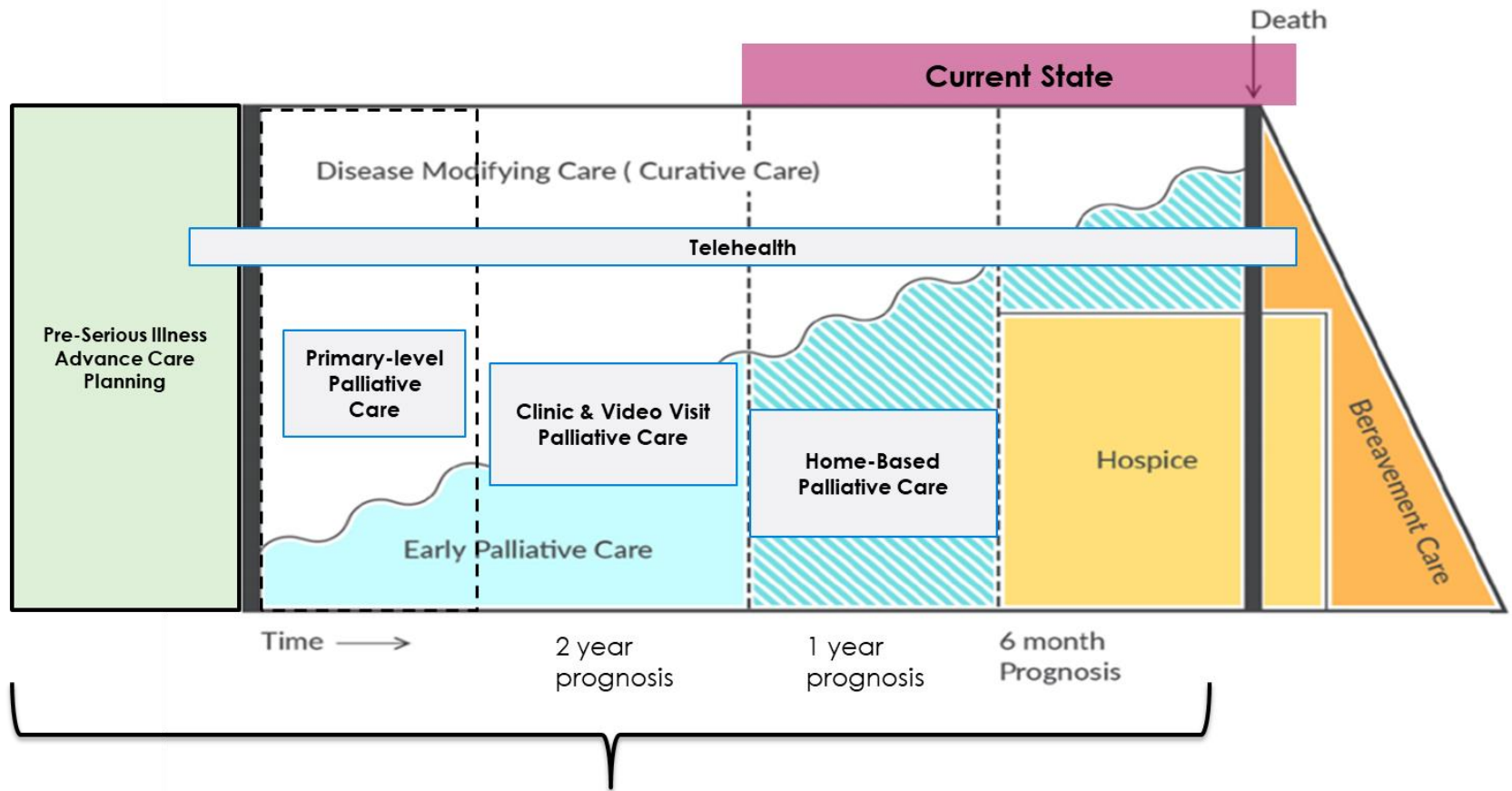


What is palliative care?

- 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.



HBPC Program patient eligibility requirements

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



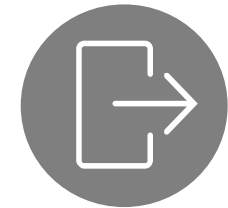
Help with pain and other symptoms



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?

2021 completed goals of care



Advanced directive
• 50%



Medical decision maker
• 89%



POLST
• 69%

"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."

Member satisfaction survey

Sent to 250 members enrolled in the HBPC Program longer than 90 days



56 surveys completed



95% members very satisfied/satisfied with HBPC



73% members recommend HBPC Program

Members who answered 10/10 or 9/10

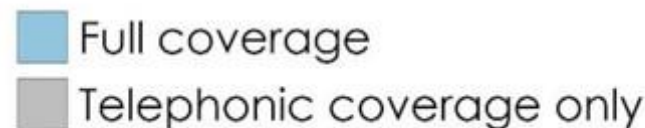


Home-Based Palliative Care provider network



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

Find a palliative care provider

Alameda County	▼
Alpine County	▼
Amador County	▼
Butte County	▼
Calaveras County	▼
Colusa County	▼
Contra Costa County	▼
Del Norte County	▼
El Dorado County	▼
Fresno County	▼
Glen County	▼
Humboldt County	▼
Imperial County	▼
Inyo County	▼
Kern County	▼
Kings County	▼
Lake County	▼
Los Angeles County	▼
Madera County	▼
Marin County	▼
Mariposa County	▼
Mendocino County	▼
Merced County	▼
Modoc County	▼
Mono County	▼
Monterey County	▼
Napa County	▼

HBPC Program provider listing by county located on Provider Connection – no login required.

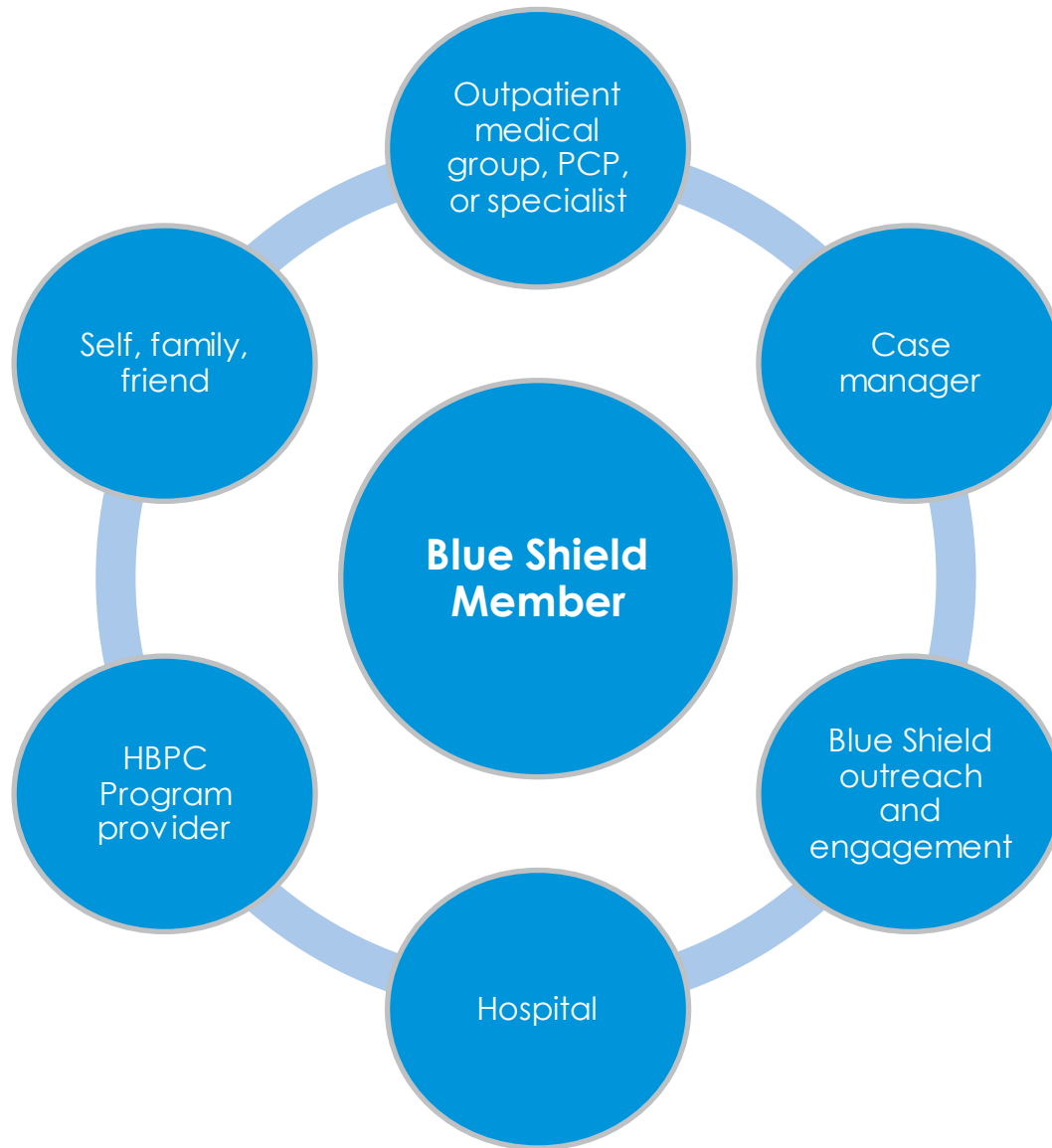
www.blueshieldca.com/palliativecare



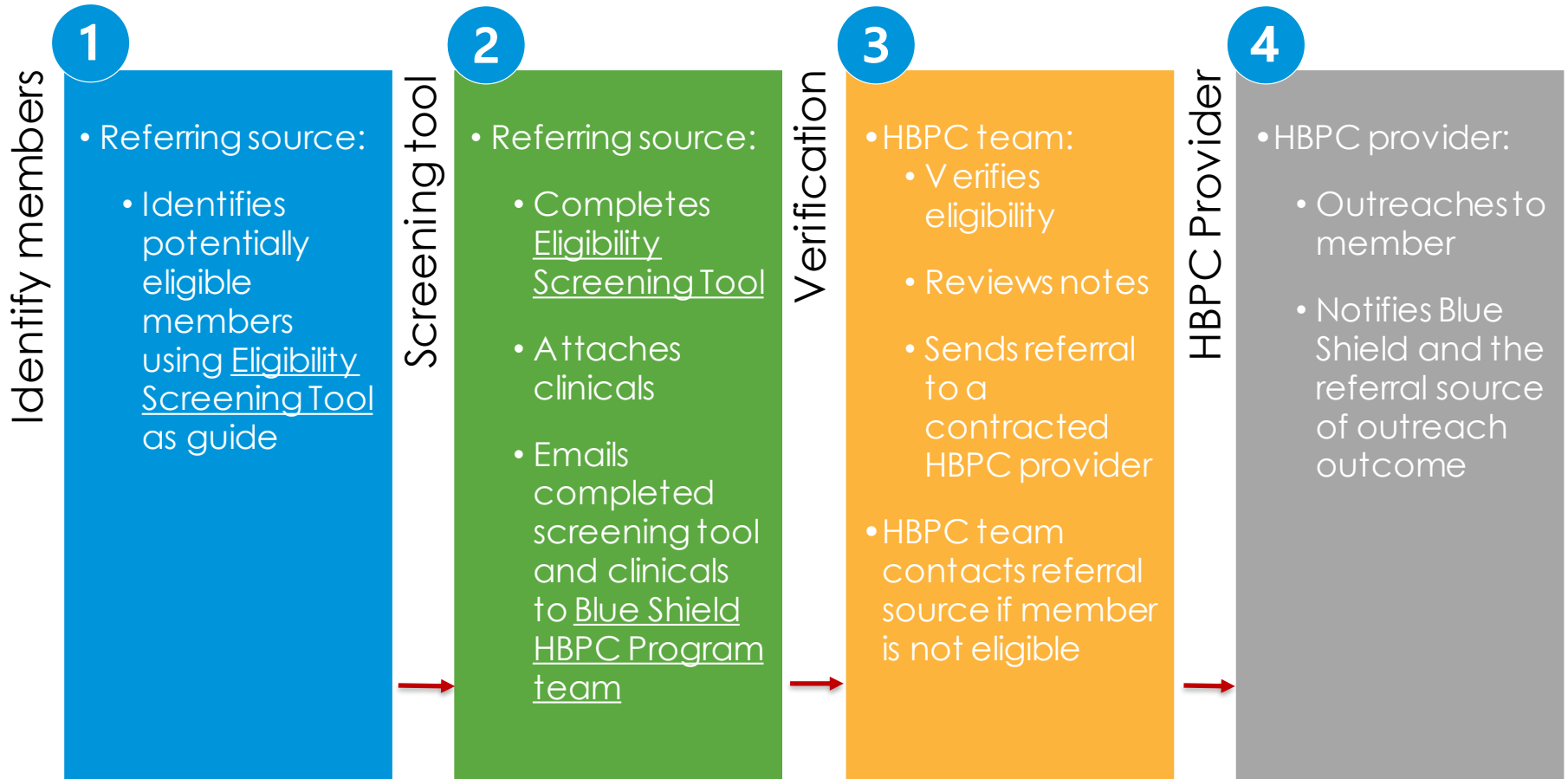
Referral & enrollment



Palliative care enrollment referral sources



Referral process



Eligibility Screening Tool



Palliative care services screening criteria for program participation

Member Information			
Member name	Member ID#		
Date of birth	Evaluation date		
Referring party Information			
Provider name	Organization name		
Address			
City	State	ZIP code	
Phone number	Email		

For a plan member to be considered for participation in the Home-Based Palliative Care Program, the plan member must meet the following palliative care eligibility screening requirements.

Section 1:	Eligibility criteria for all members
1.a. General eligibility criteria The member must meet all of the general eligibility criteria. (If the member is younger than 21 years old, also see Section 2 for broader pediatric eligibility criteria.)	<ul style="list-style-type: none"> <input type="checkbox"/> Is likely to, or has started to, use the hospital or emergency department as a means to manage the member's advanced disease; this refers to unanticipated decompensation and does not include elective procedures. <input type="checkbox"/> Has an advanced illness, as defined in Section 1.b below, with appropriate documentation of continued decline in health status, and is not eligible for or declines hospice enrollment. <input type="checkbox"/> Death within a year would not be unexpected based on clinical status. <input type="checkbox"/> Has received appropriate patient-desired medical therapy OR is a member for whom patient-desired medical therapy is no longer effective. The member is NOT in reversible acute decompensation. <input type="checkbox"/> The member and, if applicable, the family/member-designated support person, agrees to: <ul style="list-style-type: none"> o Attempt, as medically/clinically appropriate, in-home, residential-based, or outpatient disease management/palliative care instead of first going to the emergency department; and o Participate in Advance Care Planning discussions.
1.b. Disease-specific eligibility criteria The member must meet at least one of the four disease-specific eligibility criteria. (If the member is younger than 21 years old, also see Section 2 for broader pediatric eligibility criteria.)	<ul style="list-style-type: none"> <input type="checkbox"/> Congestive heart failure (CHF): Must meet (a) AND (b) <ul style="list-style-type: none"> a. The member is hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned OR meets criteria for the New York Heart Association's (NYHA) heart failure classification III or higher. b. The member has an ejection fraction of less than 30% for systolic failure OR significant co-morbidities. <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD): Must meet (a) OR (b) <ul style="list-style-type: none"> a. The member has a forced expiratory volume (FEV) of 1 less than 35% of predicted AND a 24-hour oxygen requirement of less than 3 liters per minute. b. The member has a 24-hour oxygen requirement of greater than or equal to 3 liters per minute. <input type="checkbox"/> Advanced cancer: Must meet (a) AND (b) <ul style="list-style-type: none"> a. The member has a stage III or IV solid organ cancer, lymphoma, or leukemia. b. The member has a Karnofsky Performance Scale score less than or equal to 70% OR has failure of two lines of standard of care therapy (chemotherapy or radiation therapy).

blueshieldca.com



1.b. Disease-specific eligibility criteria (cont'd)	<ul style="list-style-type: none"> <input type="checkbox"/> Liver disease: Must meet (a) AND (b) combined or (c) alone <ul style="list-style-type: none"> a. The member has evidence of irreversible liver damage, serum albumin less than 3.0, an international normalized ratio (INR) greater than 1.3. b. The member has ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices. c. The member has evidence of irreversible liver damage and has a Model for End-Stage Liver Disease (MELD) score of greater than 19. <input type="checkbox"/> Cerebral vascular accident/stroke: <ul style="list-style-type: none"> a. Inability to take oral nutrition, change in mental status, history of aspiration or aspiration pneumonia. <input type="checkbox"/> Chronic kidney disease (CKD) or end-stage renal disease (ESRD). <input type="checkbox"/> Severe dementia or Alzheimer's disease. <input type="checkbox"/> Other (fill in): _____
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If the member does not meet the above eligibility requirements and is younger than 21 years old, proceed to Section 2.

Section 2:	Pediatric palliative care eligibility criteria
2.a. General eligibility criteria The member must meet all the general eligibility criteria.	<ul style="list-style-type: none"> <input type="checkbox"/> The member is under the age of 21. <input type="checkbox"/> The family and/or legal guardian agrees to the provision of pediatric palliative care services.
2.b. Disease-specific eligibility criteria: The member must meet at least one of the four life-threatening diagnosis criteria.	<ul style="list-style-type: none"> <input type="checkbox"/> Conditions for which curative treatment is possible, but may fail (e.g., advanced or progressive cancer or complex and severe congenital or acquired heart disease). <input type="checkbox"/> Conditions requiring intensive long-term treatment aimed at maintaining quality of life (e.g., human immunodeficiency virus infection, cystic fibrosis, or muscular dystrophy). <input type="checkbox"/> Progressive conditions for which treatment is exclusively palliative after diagnosis (e.g., progressive metabolic disorders or severe forms of osteogenesis imperfecta). <input type="checkbox"/> Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications (e.g., extreme prematurity, severe neurologic sequelae of infectious disease or trauma, severe cerebral palsy with recurrent infection or difficult-to-control symptoms).
Servicing provider	Home-Based Palliative Care Program status
Indicate member program status:	<ul style="list-style-type: none"> <input type="checkbox"/> Member is enrolled in the program. (Enter enrollment date): _____ <input type="checkbox"/> Member did not agree to enroll in the program. <input type="checkbox"/> Member did not qualify for enrollment in the program. <input type="checkbox"/> Member enrolled in hospice.
PCP/Specialist	<input type="checkbox"/> I am referring the member to Blue Shield of California for a full Palliative Care Service Evaluation.

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Eligibility Screening Tool

Enrollment tracking

Interdisciplinary team meetings

- **Monthly** meetings between Blue Shield HBPC Program clinical program managers and the HBPC provider team to review members enrolled in the program
- **Quarterly** operations calls

Enrollment and utilization reports

- **Quarterly** enrollment and utilization reports sent to each HBPC provider to ensure cohesion of data

Member satisfaction survey

- **Quarterly** survey sent to members enrolled in the program for longer than six (6) months



Working together



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 2040.¹ 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-tiv) 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 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



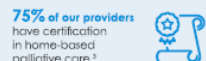
More than **12 million Americans** live with serious illness. This number is likely to double by 2040.¹



Home-based palliative care features home visits and **24/7 access to care.**



Palliative care can **reduce unnecessary ER visits** and hospitalizations.²



75% of our providers have certification in home-based palliative care.³

Sources: ¹Commonwealth Fund 2014
²Journal of Palliative Medicine
³Joint Commission, ACHC, or CHAP

Factsheet

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 2040.¹



Palliative care (pronounced pa-lee-uh-tiv) 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?
<ul style="list-style-type: none"> • 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 	<p>Throughout California wherever the person needs or wants them:</p> <ul style="list-style-type: none"> • In the home • In clinics in all metropolitan areas • In all large hospitals • Via phone or video in rural areas • In many nursing homes 	<ul style="list-style-type: none"> • Doctors • Nurses • Social workers • Chaplains • Home health aides • Other specialists



Palliative care may reduce unnecessary hospital and ER visits.²

48

48 contracted home-based palliative care providers cover all 58 California counties.

For more information, visit blueshieldca.com/palliativecare.

Sources: ¹Commonwealth Fund 2014, ²Journal of Palliative Medicine

Infographic

Marketing materials: Co-branded member flyer

blueshieldca.com/palliativecare

Comprehensive and personalized care to support quality of life

Home-based palliative care




blue
california

To learn more, contact our local palliative care provider listed below directly. Or call the customer service number on your Blue Shield member ID card or visit blueshieldca.com/palliativecare.

Introducing XYZ, our local palliative care provider.

Type provider summary/info here...	Provider address Street City, XX Zip Phone	
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Support when you need it most

Palliative care can benefit you and your loved ones if you need support with:

- Matching your goals and values to your medical care
- Knowing what to expect after your diagnosis
- Learning what programs or resources are available
- Understanding the pros and cons (benefits/burdens) of treatments
- Making medical decisions about treatment choices/options

Palliative care is appropriate at any age and at any stage of a serious illness. It can be provided along with curative treatment.

What is palliative care?


 Palliative care can help provide you relief from the symptoms and the stress if you have been diagnosed with a serious illness. The goal is to **improve quality of life for both you and your family.**

Blue Shield of California provides access to home-based palliative care as a covered service for our members.

Our palliative care program offers you support from a doctor, nurse, social worker, chaplain, and home care aide.

Palliative care is not hospice. Unlike hospice, you can continue receiving all services available to you under your medical benefits.

What to expect from your palliative care team

 The palliative care team works with you and your primary care physician (PCP) or specialist.

The team provides an extra layer of support for you and your family with services that include:

- Speaking with you regularly about your care goals
- Coordinating your care and treatment with your doctor
- Offering help 24/7 by phone
- Helping to manage your pain and symptoms
- Providing assistance to help you stay at home

How can palliative care help me?

48 contracted home-based palliative care providers cover all 58 California counties.

Palliative care may help you if you have a serious illness and:

- Have symptoms that impact your quality of life
- Have difficult side effects from treatment
- Have eating problems due to your diagnosis

Palliative care seeks to relieve your symptoms. It is designed to help you carry on with your daily life.

The palliative care team can help you better understand your condition and your choices for medical care. In short, you can expect the best possible quality of life.

Tri-fold member brochure co-branded with HBPC provider information. Available in English, Spanish, and traditional Chinese.

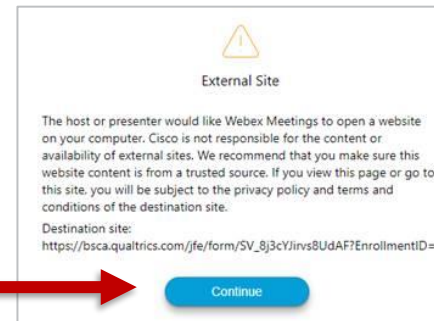


[Click here to view a member video](#)



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.



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