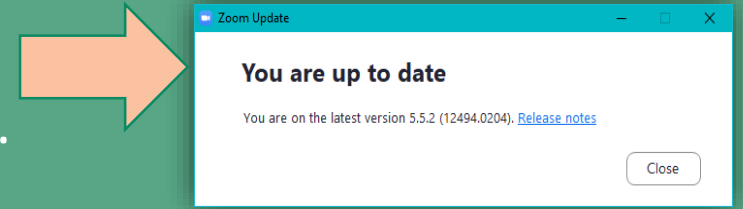


Zoom Meeting Etiquette & Tips to Maximize Virtual Engagement

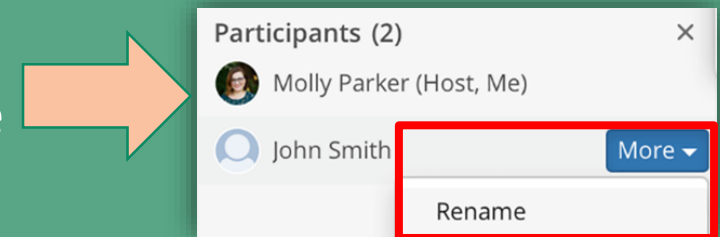
- ❑ To fully participate in breakout rooms, polls, emoji responses, we recommend upgrading to version 5.5 or higher (current 5.7).



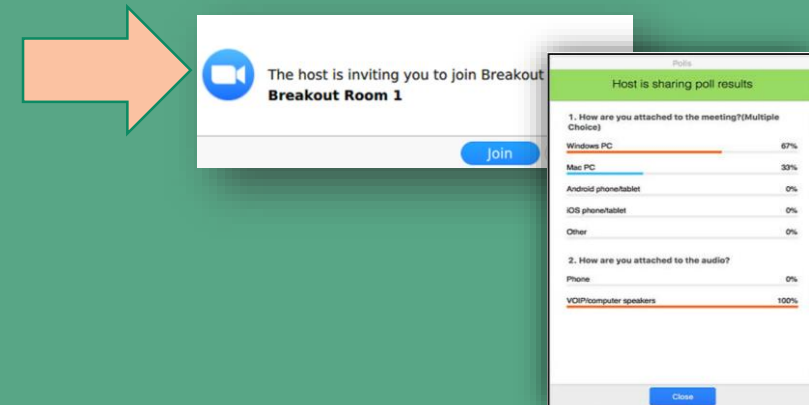
- ❑ This session will be recorded to help with collecting accurate feedback. Should you not want to be recorded, please feel free to turn off your cameras and adjust your screenname.



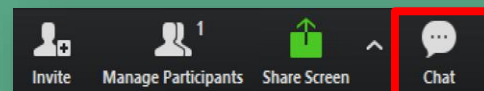
- ❑ Please update your screen name to include your FIRST & LAST NAME. **To Rename:** either right click on your image or open the participant box and hover over your name and select "more". When speaking, please say your name and introduce yourself.



- ❑ Be on the lookout for Poll & Breakout Room notifications.



- ❑ The **Chat** feature will be monitored. Please feel free to type in any questions or comments.



HAWAI'I PALLIATIVE CARE VIRTUAL SUMMIT



BROUGHT TO YOU BY THE:
STATE OF HAWAI'I MED-QUEST DIVISION & HUI POHALA
SATURDAY, JUNE 26, 2021, 9:00-12:00 PM VIA ZOOM
MAHALO TO OUR SUPPORTERS:



Disclosure

- This Summit is being recorded
- Questions and comments in the chats will be archived
- If you wish to remain anonymous, you may
 - Turn off your camera
 - Change/delete your name

Palliative Care

Specialized medical care that treats the symptoms and stress of a serious illness. The goal is to improve quality of life.

Palliative Care

Living as well as you can for
as long as you can.

"This remarkable book ... illustrates how the medical community and society can
'make the best of what is often the very worst time of life.' An absorbing read."
—*The Wall Street Journal*

**A PHYSICIAN'S QUEST
TO TRANSFORM CARE
THROUGH THE END OF LIFE**

The
Best

Care
Possible

IRA BYOCK, MD
author of *Dying Well*

Let's start with a story

“Bobby”

- 58 year-old man with recurrent lung cancer
- On referral to outpatient palliative care
 - Severe refractory pain
 - Progressive cough and dyspnea
 - Depressed mood
 - Declining functional status

“Bobby,” continued

- Pain improved with co-analgesics
- Further improved with methadone substitution
- Mood improved
- Goals of care addressed on third visit
- POLST completed: DNAR/Limited

“Bobby,” continued

- Patient initiated immunotherapy trial
- Robust clinical response
 - Cough and dyspnea resolved
 - Performance much improved

“Bobby,” continued

- Weaned off all analgesics
- Five years later: no measurable disease
- POLST revised: Full support
- No longer requires routine Palliative Care Clinic follow

The conversation so far...

- Hawaii Palliative Care Summit 4/25/20
- Motivation: Med-QUEST's intention to draft a proposal for a community-based palliative care benefit
- Goal: Initiate stake-holder conversations
 - Definition
 - Core elements
 - National and local data

Palliative Care in Hawaii

- Major growth over the last 20 years
- Successful novel models deployed
- Wide variation in availability and use
- A Med-QUEST community-based palliative care benefit could dramatically improve access to needed care

Continuing our conversation...

- Review definition and core elements
- The process of Med-QUEST benefit development
- The proposed Med-QUEST community-based benefit
- Breakout discussions to receive feedback
- Critical for a successful benefit:
 - Community engagement
 - Addressing health equity

Agenda

9:00-9:10 am (10 min)	Welcome - Daniel Fischberg, MD, PhD, FAAHPM
9:10-9:20 am (10 min)	Hui Pohala - Rae Seitz, MD Chair, Hui Pohala
9:20-9:25 am (5 min)	Stupski Foundation - Dan Tuttle, MBA, MSc Director of Health, Stupski Foundation
9:25-9:40 am (15 min)	Med-QUEST Division - Judy Mohr Peterson, PhD Med-QUEST (Medicaid) Division Administrator
9:40-10:35 am (55 min)	Votive Health - Torrie Fields, MPH Chief Executive Officer, Votive Health
10:35-10:40 am (5 min)	Break
10:40-11:10 am (30 min)	Facilitated Feedback Sessions - Stacie Sinclair, MPP, CSW Associate Director for Policy, Center to Advance Palliative Care
11:10-11:50 am (40 min)	Large Group Debrief / Discussion - Torrie Fields, MPH
11:50-12:00 pm (10 min)	Wrap Up - Daniel Fischberg, MD, PhD, FAAHPM

QUEST HAWAI'I **HUI POHALA**

The Hawai'i Med-QUEST Division & Hui Pohala present:

HAWAI'I PALLIATIVE CARE VIRTUAL SUMMIT

Please join us to give your input and feedback on the Med-QUEST Division's draft proposal for a community-based palliative care benefit for QUEST Integration members.

SATURDAY, JUNE 26, 2021
9:00 AM-12:00 PM, VIA ZOOM

[CLICK HERE TO REGISTER](#)
REGISTRATION CLOSING ON 6/9/21

This event is a collaboration brought to you by:

C-TAC **STUPSKI FOUNDATION** **CHAMBERLAIN UNIVERSITY** **VOTIVE HEALTH** **HAWAIIAN HEALTHCARE ASSOCIATION OF HAWAII** **HAWAIIAN MEDICAL SOCIETY** **HAWAIIAN NURSING SOCIETY** **KŌKUA MAUI**

Expanding Access to Palliative Care

It's not about prognosis.
It's about need, it's about relief of
suffering, and it's everybody's job.

-Diane Meier



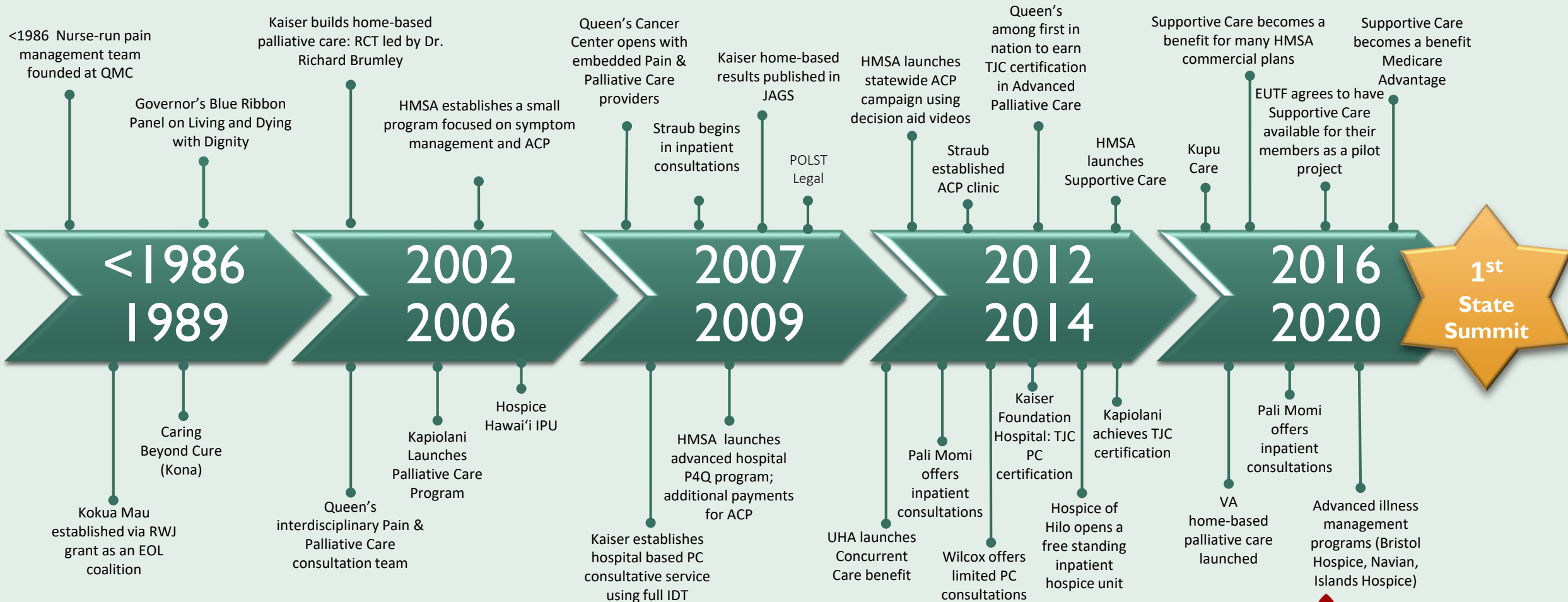
HUI POHALA

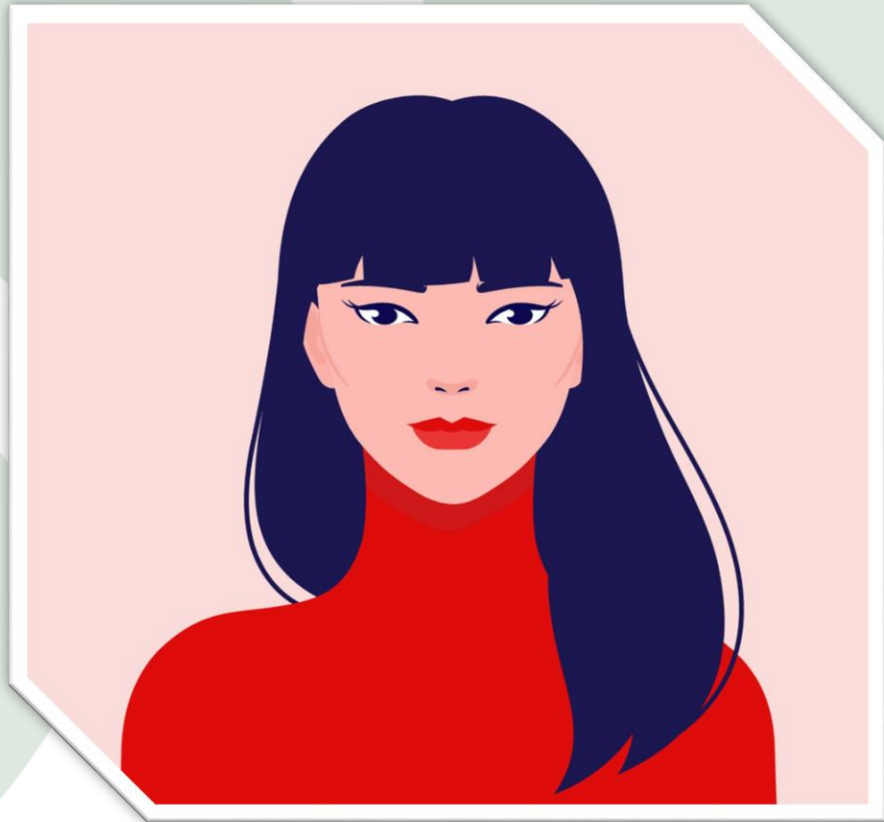
A growing coalition...

Our vision is for the people of Hawai'i with serious illness to have access to high quality, team based, patient-centered Palliative Care in the setting they prefer

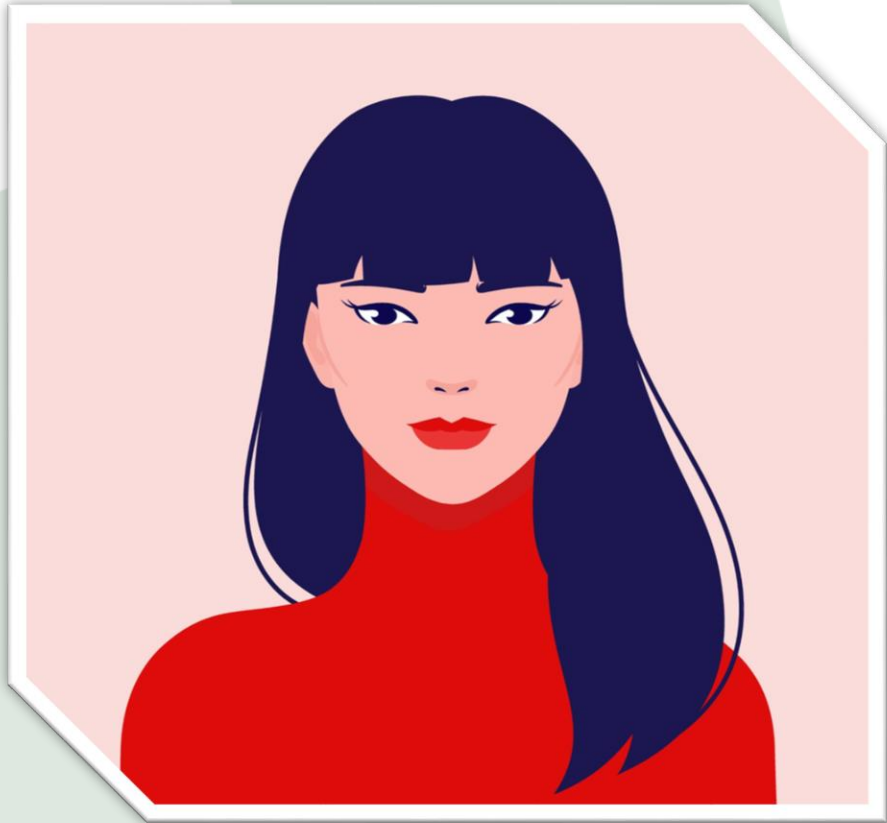


GROWTH OF PALLIATIVE CARE & HOSPICE CARE IN HAWAII





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What Is Palliative Care?

Specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family

Palliative care is provided by a specially-trained team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment



EUSCH
OPEN
HOUSE

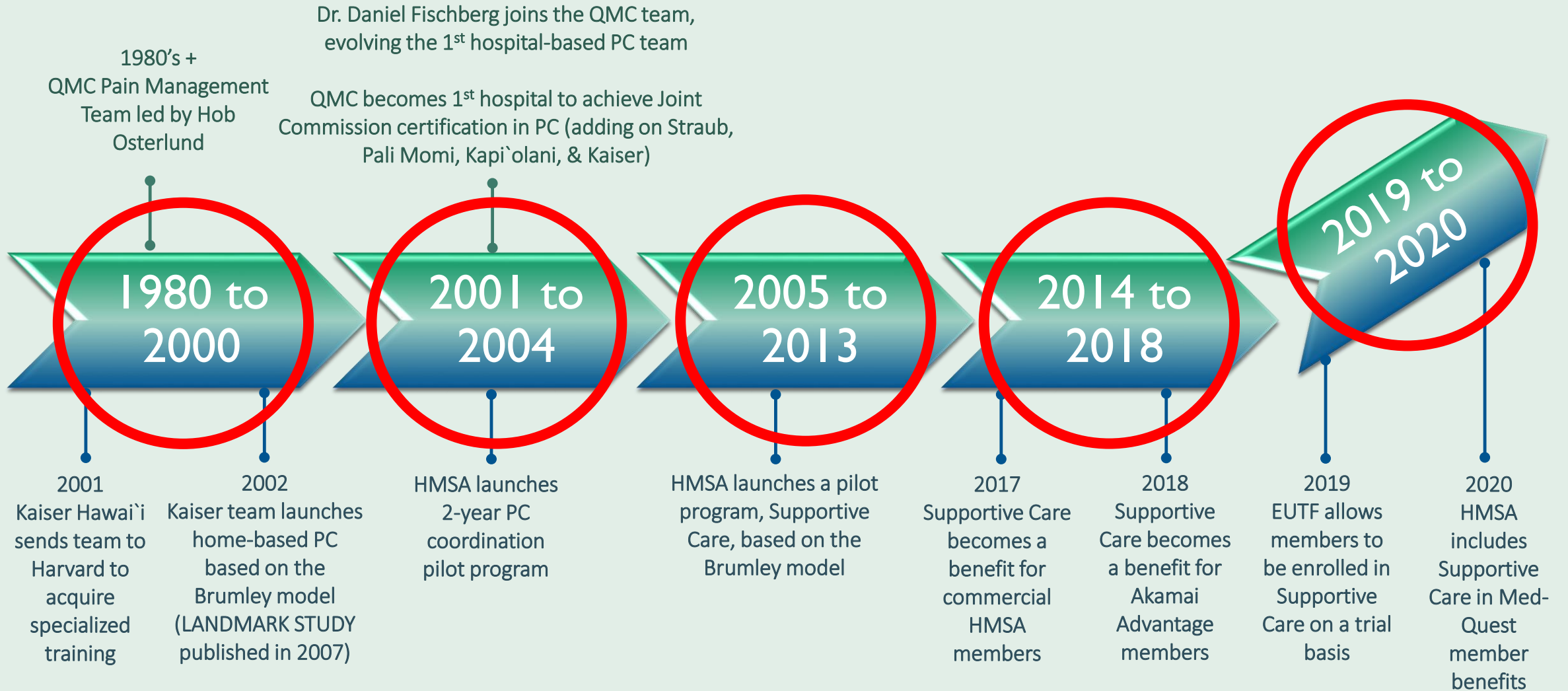
NORVA
AVE

BARDSLEY

What is Serious Illness?

...a health condition that carries a high risk of mortality and negatively impacts daily functioning or quality of life, or excessively strains ...caregivers

HOSPITAL-BASED PALLIATIVE CARE (PC)



HOME-BASED PC

A Tipping Point: Med-QUEST Providing Key Push

This is not the end of our work:

1. Med-QUEST needs your input to improve the concept & convince CMS
2. People need to understand PC so they can ask for it when needed
3. Providers need to be better informed about PC
4. We need a larger workforce able to provide high quality PC
5. Health plans need to seriously engage in paying for high quality PC
6. Build a healthcare system which reduces health inequities
7. Establish metrics and processes to ensure high quality & consistent outcomes

Hawai`i Palliative Care Virtual Summit

June 26, 2021



What We Fund



Early Brain Development



Food Security



Postsecondary Success

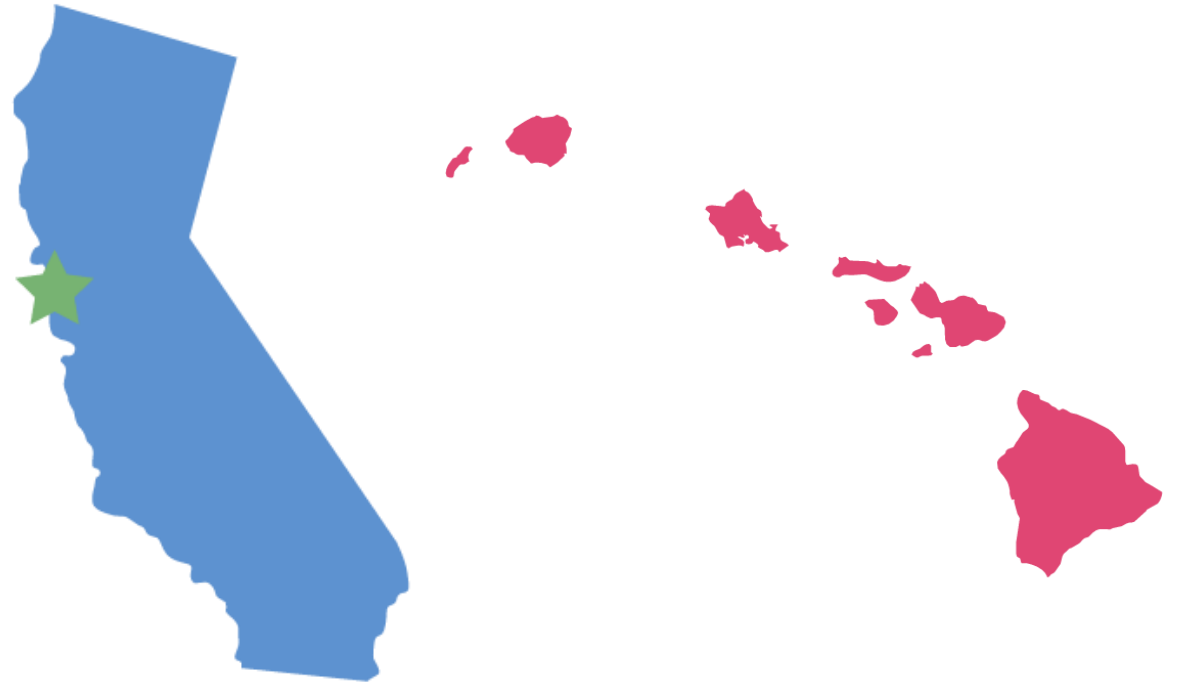


Serious Illness Care

Where We Work

We invest in strategies to address significant challenges facing the places we call home: **the Bay Area and Hawai'i.**

The world sees the San Francisco Bay Area as the center of innovation and Hawai'i as a land of paradise. But too many members of our communities, especially people of color and individuals from low-income backgrounds, face systemic barriers and are left out of opportunities in their own backyards. We believe every member of our community deserves a life marked by dignity, connectedness, and caring. That's why we are going all in on fulfilling that vision with our community partners over the next decade.



Stupski Back Story

WHO ARE JOYCE AND LARRY?

Joyce was an entrepreneur, former special needs teacher, and public school administrator. She now chairs the Stupski Foundation board.

Larry was a leader in the financial industry who later spent decades working in philanthropy and nonprofit mentoring before passing away from cancer in 2013.

Stupski's endowment comes from Larry's work as President and COO of Charles Schwab, a financial services company.



Palliative care is an extra layer of support for people with serious illness

and the people caring for them.

We hope that widespread palliative care will provide everyone with the health care and emotional support that respects their wishes and enables them to live out the remainder of their lives with comfort and dignity.



Hawai`i Palliative Care Virtual Summit

June 26, 2021

Judy Mohr Peterson PhD
Med-QUEST Division



Med-QUEST Division

Hawaii Health Innovation Framework

Whole Person Health

- Integrate Care
- Mental Health & substance use treatment
- Social Risk Factors

Whole Family - 'Ohana Nui

- Young children and their families over the life course
- Social networks
- Build on strengths & Resilience
- Invest in primary care
- Lync & synch to services

Healthy Families and Healthy Communities

Whole Community

- Population Health
- Health Equity and addressing disparities
- Where we live, work, play and learn
- System transformation
- Linking diverse community partners

- Social Determinants or Drivers of Health
- Integration of behavioral health across the continuum
- Health Equity and addressing Health Disparities



HOPE Summary

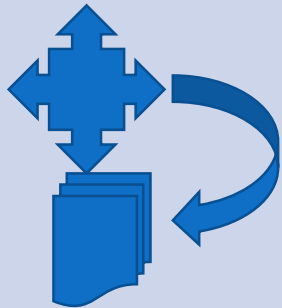
Goals



Healthy Families and Healthy Communities

Better Health, Better Care, and Sustainable Costs

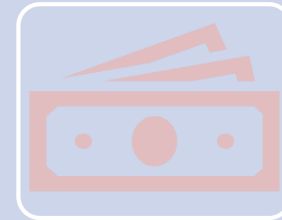
Strategies



Invest in primary care, prevention, and health promotion



Improve outcomes for High-Need, High-Cost Individuals

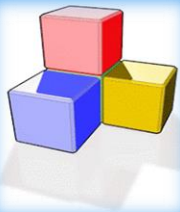


Payment Reform and Financial Alignment



Support community driven initiatives

Foundational Building Blocks



1. Use **data & analytics** to drive transformation & improve care
2. Increase **workforce capacity**
3. Accountability, **Performance measurement** and evaluation



Assessment of Needs of High-Need/High-Cost Individuals

As a part of the HOPE Initiative, the Med-QUEST Division (MQD) assessed if members with complex conditions were receiving needed services across the continuum of care.

Findings

- Inpatient palliative care services are covered.
- Hospice care that addresses the needs of individuals at the end of life is covered.
- **Gap in Care Identified:** There currently is not a palliative care benefit to support members with serious illnesses in their homes and/or community settings who do not meet the criteria for hospice.



Community-Based Palliative Care Benefit

- MQD intends to seek approval from the Center for Medicare and Medicaid Services (CMS) to provide a community-based palliative care benefit to better support Medicaid members with serious illnesses.
- MQD developed a **DRAFT** proposal of the benefit for your review today.
- MQD is seeking your feedback **BEFORE** MQD submits a request to CMS.
- The purpose of the meeting today is to solicit **YOUR** feedback.



Goals of the Benefit

- Improve health equity for individuals with serious illnesses;
- Improve access to high-quality serious illness care throughout the state;
- Improve the quality of life for patients and for their families;
- Decrease symptom burden for patients; and
- Decrease avoidable utilization and spending.



Feedback

- MQD is presenting a conceptual and high-level overview of the benefit.
 - MQD wants to ensure there is community support prior to submitting a proposal to CMS.
- The information provided will NOT include implementation details. However, MQD would like feedback on what is important to consider when implementing the benefit.
- Your honest and complete feedback is appreciated.



Estimated Timeline

Q2 2021

- Solicit feedback from stakeholders.
- Revise benefit proposal based on feedback.

Q3 2021

- Begin negotiating benefit with CMS.
- Public comment period.

Q4 2021

- Continue negotiating with CMS.
- Develop implementation plan.

2022

- Implement benefit after CMS approval.



Email Address for Feedback

- You are welcome to submit feedback after the Summit by sending an email to PPDO@dhs.hawaii.gov. Please include “palliative care” in the subject line.



MAHALO!



Med-QUEST Division

Med-QUEST Division Palliative Care Benefit Concept

Torrie Fields, MPH
Chief Executive Officer, Votive Health

June 2021



VotiveHealth

Presentation Goals

- Provide background on benefit develop process
- Describe what success looks like
- Share DRAFT proposal
 - Eligibility criteria
 - Benefit
 - Provider criteria
 - Reimbursement structure
 - Monitoring performance and outcomes
- Provide information on anticipated impact on care



Background on Benefit Development



VotiveHealth

A Benefit Rooted in Evidence

The Stupski Foundation and John A Hartford Foundation, and the Gordon & Betty Moore Foundation have supported Med-QUEST and Votive Health to gather the **best evidence** to inform the design of a **core set of services** that Medicaid members and their families can access when facing serious illness

- Expertise in actuarial analysis and pricing, payment, and policy design (private and public payers)
- Data-informed decision making – Population modeling using Medicare and Hawai'i Medicaid data

- Previous Hawai'i palliative care experience/ expertise from providers and private payers
- Published data on the impact community-based palliative care has on patient outcomes and experience

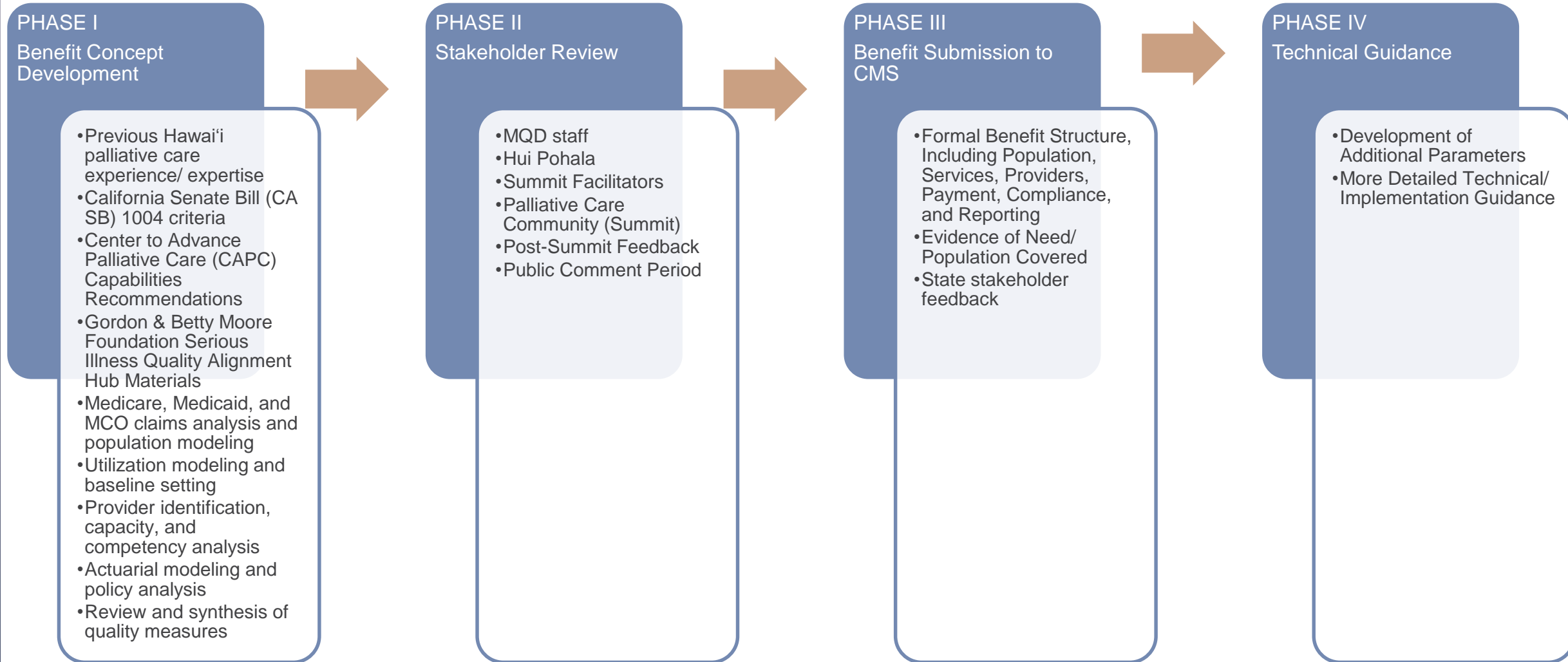
- California Senate Bill (SB) 1004 criteria
- Center to Advance Palliative Care (CAPC) Provider Capabilities Recommendations

- Utilization modeling and baseline setting
- Provider identification, capacity, and competency analysis

- Serious Illness Quality Alignment Hub Accountability Framework
- National Quality Forum and Medicare Quality Improvement Measures



Benefit Development Process



What Success Looks Like



VotiveHealth

Critical Elements to a Successful Benefit

- Whole person, whole family, person/family-centered care through an interdisciplinary team
- Increases access to and awareness of the community-based palliative care benefit
- The right services are delivered to the right patient at the right time in the right setting
- Addresses equity and engagement community in a way that builds trust
- Sustainable and reliable care, across geography, race, ethnicity, culture
- Providers delivering care implement a standard set of services and have the skills and competencies to deliver high-quality care
- MQD and MCOs can track experience, clinical quality, and utilization outcomes



Draft Proposal – Eligibility Criteria



VotiveHealth

Patient Assessment Criteria & Eligibility

Three Definitions of Serious Illness from Broad Restrictive

Lowest Risk



Highest Risk

No Serious Condition or Functional Impairment

Lowest risk, no specialized services needed.

A. Serious Condition and/or Functional Impairment

Moderate risk, may benefit from screening for needs amenable to specialized services.

B. Condition and/or Function and Utilization

Moderate-high risk, may benefit from needs assessment and/or specialized services.

C. Condition and Function and Utilization

Highest risk group, may benefit from specialized interventions.



Proposed Eligibility Criteria

To qualify for the palliative care benefit, beneficiaries would need to meet 3 separate sets of eligibility criteria:

1

Qualifying health condition:
Diagnosis of a serious illness

2

Decline in physical function, decline
in cognition, or lack of social
support that makes the member
dependent on others for basic
needs

3

Evidence of social or other risk
factors that make it more difficult
for a member to find the
resources they need



- Delivered at the same time as someone is pursuing treatment for their health condition
- Can be accessed at the same time as pain management, treatment for substance use, or treatment for severe mental illness

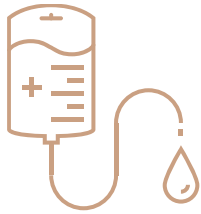
Considerations

- Member must consent to services before being considered enrolled



Qualifying Health Conditions

All Medicaid members qualifying for additional services must have a severe medical condition that is known to be life-limiting and show evidence:



MOST PREVALENT DISEASES

Cancer
Congestive heart failure (CHF)
Chronic obstructive pulmonary disease (COPD)



COMPLEX CHRONIC CONDITIONS

Diabetes with severe complications
Chronic kidney disease (CKD)
End-stage renal disease (ESRD)
Advanced liver disease (ESLD)

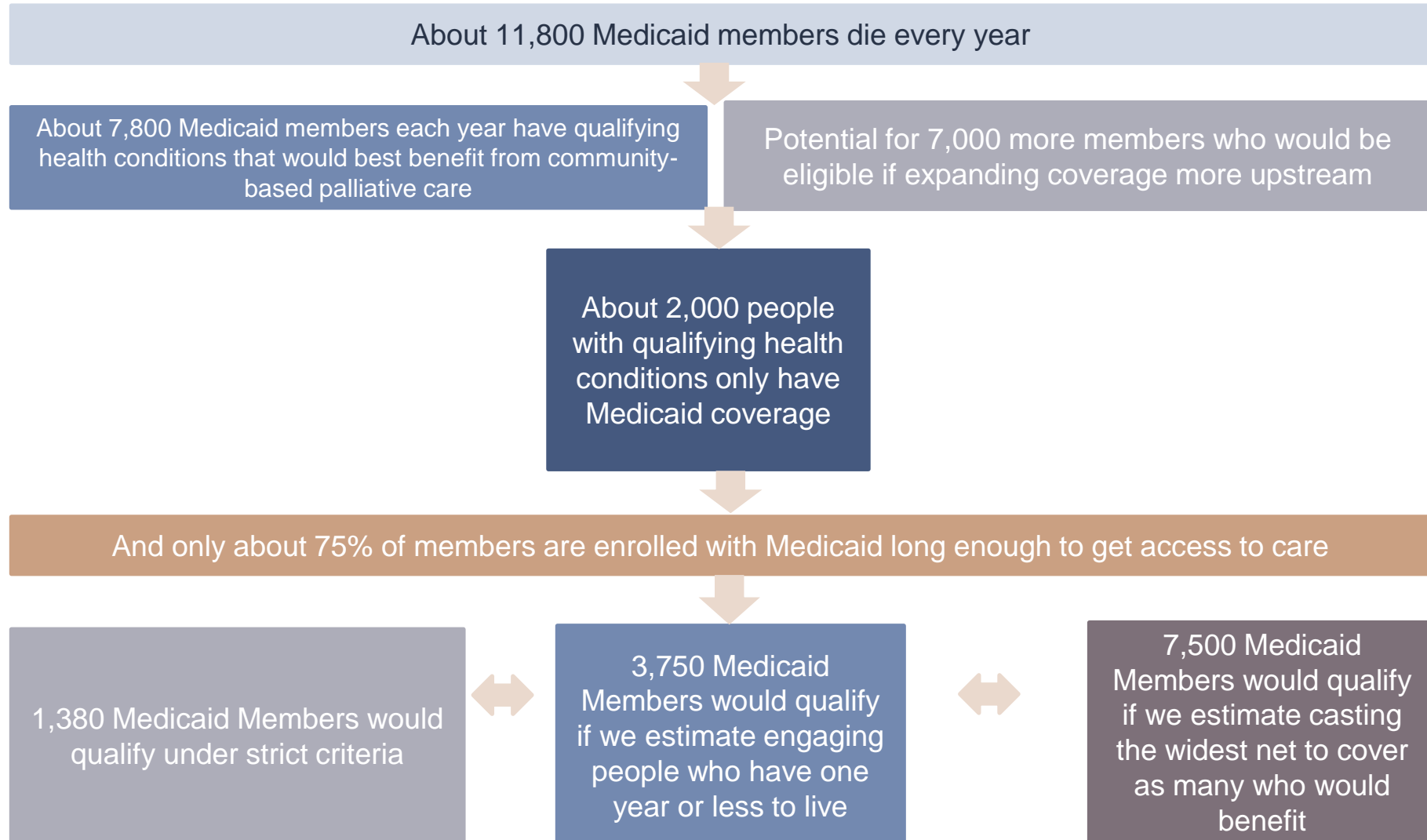


COGNITIVE AND FUNCTIONAL LIMITATIONS

Alzheimer's Disease or other dementias
Stroke
Amyotrophic lateral sclerosis (ALS) or Neurodegenerative disease
Age > 70 with hip fracture
3 or more chronic conditions



How Many People Might Have Access?



Draft Proposal – Services



VotiveHealth

Required Services under the Benefit

ASSESSMENT

Comprehensive interdisciplinary palliative care assessment

Individualized care plan

Caregiver needs assessment

CLINICAL SERVICES

In-person or telemedicine visits by an interdisciplinary team

Medication management and reconciliation

Available 24 hours/day, 7 days a week

Advance Care Planning

Family and caregiver education and training

CARE COORDINATION & COMMUNICATION

Collaboration with patient, family and other providers

Care coordination and patient navigation

Coordination with MCOs for authorization and referral to additional services

Education on hospice services



Draft Proposal – Requirements for Providers



VotiveHealth

An Interdisciplinary Approach to Care

Minimum requirements for qualifying providers

Medical Care

Physician (MD or DO)

Advanced Practice Nurse/Nurse Practitioner

**Mental Health
Services**
LCSW, QMHP

**Nursing &
Case
Management**
RN, LPN

Social Work
MSW, LCSW

Spiritual Care
Chaplain, Spiritual
Care Professional

**Access to other
Services**
Pharmacist, Community
Health, Home Care
Aide, etc.

Interdisciplinary Team Skills and Competencies

- At least one employed, full-time provider on team
- At least one prescriber on the team must have specialty certification in palliative care

*At least two providers on the team
will be required to have:*

- Achieved specialty certification in palliative care
- OR
- Documentation of specific competencies in palliative care

Considerations:

- If team members are not specialty-certified, a training policy and education requirements must be in place
- Encourage care to be delivered through partnerships



Draft Proposal – Reimbursement Structure



VotiveHealth

Reimbursement Structure

For those providers who are classified as professional practices and bill on a CMS-1500 claims form, a procedure code must be billed in order to be reimbursed:

HCPCS Code	Major Category Description
99497	Advance Care Planning
99498	Advance Care Planning
S0311	Comprehensive Management and Care Coordination for Advanced Illness, per Month



Reimbursement Structure

For those providers who are classified as facilities and bill on a UB-04 claim form, a revenue code and procedure code must be billed in conjunction in order to be reimbursed:

Revenue Code	Major Category Description	Corresponding HCPCS
0691	Pre-hospice/Palliative Care Services	G0438: Annual Wellness Visit G0439: Annual Wellness Visit 99497: Advance Care Planning 99498: Advance Care Planning
0696	Pre-hospice/Palliative Care Services	S0311: Comprehensive Management and Care Coordination for Advanced Illness, per Month



Draft Proposal – Monitoring Performance and Outcomes



VotiveHealth

Monitoring Outcomes and Performance

- MQD will require MCOs to report data that will ensure program integrity and allow for continual quality improvement
- Data collected will include process measures to ensure access to the benefit is occurring and that QUEST Integration members can access it
- Quality measure categories will include beneficiary satisfaction, clinical quality, and utilization
- Anticipate the benefit will be budget neutral in the first year and will improve over time



Example Quality Measures

Category	Type	Quality Measure/Measurement Area
Satisfaction	Patient Reported Outcome Performance Measure	Palliative care patients' experience of feeling heard and understood
Advance Care Planning	Process	Rates of patients who have an advance care plan or surrogate decision maker documented in the medical record or other documentation of advance care planning taking place
Clinical Quality	Process	Proportion of patients with pain screening or assessment (and/or with pain plan of care)
Clinical Quality	Process	Proportion of patients with functional assessment (ability to perform activities of daily living and instrumental activities of daily living)
Clinical Quality	Process	Proportion of patients with their caregiver burden formally assessed
Utilization	Outcome	Rates of avoidable hospital and/or emergency department utilization; risk-adjusted as appropriate
Utilization	Outcome	Days at home: number of days a patient remains outside of an institutional care setting during a standardized time period
Utilization	Process	Appropriate hospice utilization (e.g., hospice referral rate or hospice length of stay (LOS) for those referred or proportion of hospice LOS less than seven days or more than 180 days for those referred)



Anticipated Impact on Care

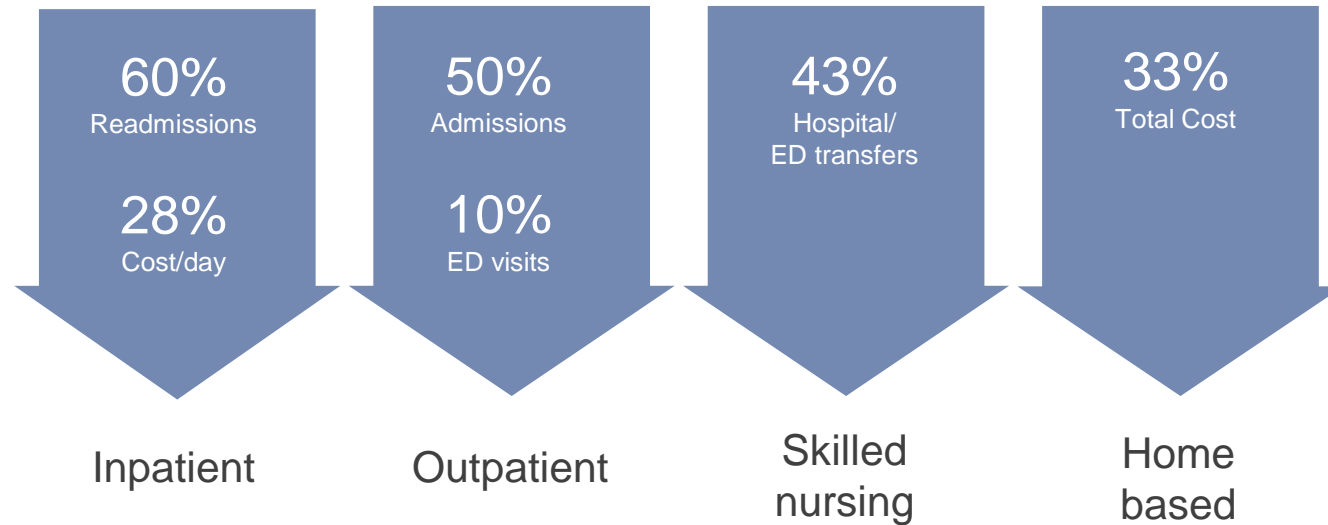


VotiveHealth

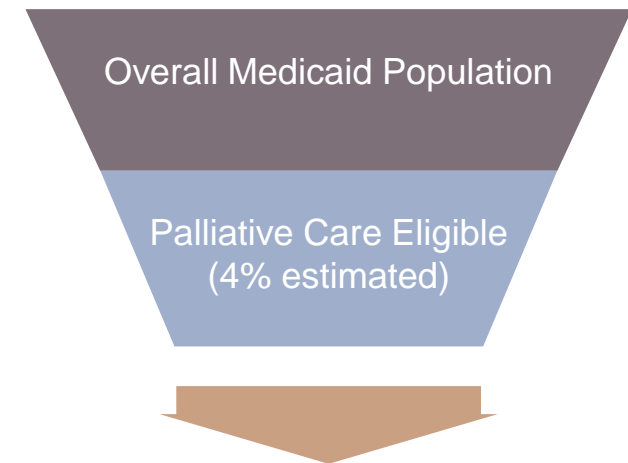
Anticipated Impact on Care

More efficient and effective utilization of resources
→ proves budget neutrality, estimated savings over time

Reduced avoidable spending
and utilization in all settings



Results for Community-Based Palliative Care



Enrollment growth over time
50% initial target engagement rate
8-month length of stay on service

We Want to Hear from You!

Next steps in the benefit process: Stakeholder feedback gathering, including Summit, community survey, and public comment period

1

How might we improve or strengthen this proposal?

2

How likely is this benefit to meet your needs, the needs of your loved ones, and the needs of the community you serve?

3

How might this benefit help patients and their families?



Your responses will help MQD and Votive Health seek approval for the submission of the community-based palliative care benefit to CMS and to develop the technical guidance that will support implementation of the benefit for all stakeholders.



Mahalo!

BREAK TIME (5 MINUTES)



Breakout Room Process

- In the next few moments, you will be moving to breakout rooms to provide feedback on specific components of the benefit described earlier today
- Logistics
 - The breakout session will be 30 minutes; we will then reconvene for a large group discussion
 - Breakout rooms are pre-assigned based on your topic selection during the registration process
 - Each breakout room has an assigned facilitator who will lead the group through key discussion questions
 - In lieu of round robin introductions, provide name and background before speaking
 - Breakout rooms will be recorded
 - While we will not be able to accommodate room changes, there will be additional opportunities to provide feedback on the other topics (e.g., large group discussion, post-Summit survey)
- If you have any questions, please post in the chat box or ask your facilitator



Facilitated Discussions

- The goal is to collect your initial feedback on the Med-QUEST Division's draft proposal for a community-based palliative care benefit for QUEST Integrated members
 - Reflect on the presentation from this morning
 - Questions are a form of feedback
 - Each group has a mix of stakeholder perspectives
- Overarching questions to consider as you move into your breakout rooms:

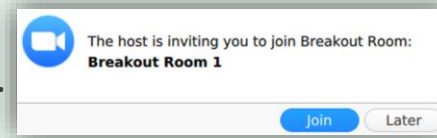
How likely is this benefit to meet your needs, the needs of your loved ones, and/or the community you serve?

How can the proposal be improved to better meet the needs of Medicaid members?

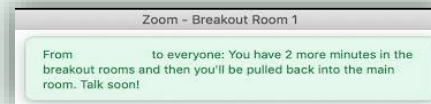


FACILITATED FEEDBACK SESSIONS – RECAP FOR BREAKOUT ROOMS

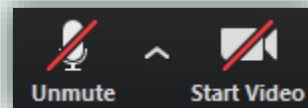
- ❑ Please be on the lookout for Breakout Room notifications.



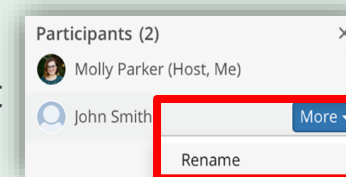
- ❑ Facilitated group discussions will be open for 30 minutes, with a 5 minute, 2 minute and 1 minute countdown.



- ❑ Session will be recorded to help with collecting accurate feedback. Should you not want to be recorded, please feel free to turn off your cameras and adjust your screenname.



- ❑ Please update your screen name. To Rename: either right click on your image or open the participant box and hover over your name and select "more". **When speaking, please say your name and introduce yourself.**



- ❑ We recommend turning on your cameras during this session.

Six Room Topics:

1. **Eligible Conditions**
2. Addressing the Medical, Behavioral & Social Needs of Underserved Populations
3. **Palliative Care Services**
4. Provider Training & Capabilities
5. **Reimbursement Structure**
6. Monitoring Outcomes & Performance Measures

LARGE GROUP DEBRIEF

- Thank you for participating in the discussions
- 5-minutes report from each group led by our facilitators
- Please feel free to type any questions / comments in the chat (reminder that chat items will be archived for future follow-up should there not be time to address all questions and comments)

WRAP UP & CLOSING REMARKS

- Access to summit materials will be emailed (along with the links below):
<https://drive.google.com/drive/folders/1PDc2ZZF4gIMUcA4zFUIJ4RAewk863QpR?usp=sharing>
- Please provide feedback using the following links:
 - Overall Summit Evaluation: <https://forms.gle/KuaF2oPvctywFc39A>
 - Med-QUEST Benefit Feedback Survey: <https://bit.ly/2SrOhzs>
- Additional feedback may be sent directly to Med-QUEST
 - Please include “**Palliative Care**” in the subject line: PPDO@dhs.hawaii.gov
- Thank you again to our supporters listed below!



Join Hui Pohala!

**Help make palliative care more available
to those in our communities with serious illness**

Join forces with Hui Pohala

Check out our website: <https://huipohala.org/>

Email us: info@huipohala.org



MAHALO FOR JOINING US!