

*Via Email*June 19th, 2015

Ms. Anastasia Dodson
Associate Director for Policy
Department of Health Care Services VIA ELECTRONIC MAIL
1500 Capitol Avenue Anastasia.Dodson@dhcs.ca.gov
Sacramento, CA 95814

Re: Kaiser Permanente's Response to DHCS Potential Palliative Care Quality, Structure and Process Measures

Dear Ms Dodson:

Kaiser Permanente palliative care representatives have determined that an over-arching approach will have greatest effectiveness in conveying the organization's needs, vs. a point-by-point response to the proposed DHCS measures. We believe prior to defining specific measures it is important to:

- establish guidelines for palliative care programs and services;
- establish guidelines/criteria patients inclusion; and
- provide technical assistance and support to providers and health plans

Kaiser Permanente considers palliative care an important and integral component to care for people with serious illness. It is our vision that people with serious illness and their families live as well and fully as possible. As such, we are in alignment with the themes put forth by the California Coalition for Compassionate Care: the system must be flexible; availability of qualified providers must be addressed; and quality outcomes must be defined and tracked.

Approach

Step 1. Establish Guidelines for palliative care.

- Prior to establishing quality measures, DHCS should first define what constitutes a palliative care service, taking into account the anticipated variation in care delivery across plans and regions. DHCS should allow for flexibility in how individual plans determine member eligibility for services. Furthermore, we recommend that DHCS disseminate community-based and other palliative care models across a variety of care settings.

Step 2. Establish criteria for defining the target population.

- There needs to be identification of specific populations that need palliative care in order to develop inclusion criteria and define denominators in outcome measures.
- Process measures must be closely linked to performance measures.

Step 3. Providing technical support to evolving programs throughout California.

- Kaiser Permanente is prepared to take a leadership role in defining program structure, processes, patient populations, and outcome measures to the benefit of other palliative care providers who are in the development stage. Since 2004, Kaiser Permanente has offered innovative palliative care programs This should include developing gap analysis tools and leveraging existing non-palliative programs to meet member needs and educational opportunities to non-specialist providers.

Step 4. Develop performance metrics.

- Outcome measurements must relate specifically to palliative programs and services. For example, we should not be including hospice measures within the palliative care specific measurement. The currently proposed measures attempt to attribute broader health system outcomes to palliative care. In California, we believe we can improve the quality of palliative care if such measures directly relate to the process or outcomes of palliative care. Process and performance measures must be weighed for feasibility and measurement burden. Metrics should include administrative data in order to balance the cost-benefit relationship in consideration of measures based on self-reported data or manual chart review.

We look forward to discussing with the CAHP and DHCS on the design, development and implementation of Palliative Care Program measures.

Thank you,