Quality and Productivity Commission

31st Annual Productivity and Quality Awards Program

"Celebrating Quality Service"

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: PALLIATIVE CARE - PARTNERS FOR CHILDREN

DATE OF IMPLEMENTATION/ADOPTION: OCTOBER 2011
(Must have been implemented at least one year - on or before July 1, 2016)

PROJECT STATUS: X Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made

The California Children's Services (CCS) Pediatric Palliative Care Waiver Program (PPCW) also known as Partners for Children (PFC), offers home and community-based care coordination, family education, respite, pain-symptom management, bereavement or family counseling, and expressive therapies through State-approved palliative care agencies and providers. Children eligible for the program must be CCS program-eligible, have a life-limiting and/or life-threatening CCS diagnosis, have a Full Scope Medi-Cal with no share of cost, and are residents of Los Angeles County while meeting the level of care criteria as defined by the State. As of end of April 2017, our County's CCS PFC team managed 433 cases, enrolled 100 cases, and dis-enrolled 66 cases. Increased funding based on expanding caseloads has allowed for program growth. Since implementation outcome data consistently shows decrease in the hospital days among enrolled cases when comparing with pre-enrolled period in the same subjects. Reductions in hospital days, per client, per month were 2.2 for FY 13-14, 2.4 days for FY 14-15, and 2.3 days for FY15-16. Reduced hospital stays translate into future cost avoidance and demonstrate the operational and service effectiveness of our program.

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED **ANNUAL** COST AVOIDANCE	(2) ACTUAL/ESTIMATED **ANNUAL** COST SAVINGS	(3) ACTUAL/ESTIMATED **ANNUAL** REVENUE	(1) + (2) + (3) = TOTAL **ANNUAL** ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$ 1,384,600.00	**$**	**$**	**$ 1,384,600.00**	☐

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Public Health 313 N. Figueroa Street, Room 807 Los Angeles, CA 90012	**TELEPHONE NUMBER** (213) 240-8117
PROGRAM MANAGER'S NAME Sunthorn Sumethasorn, M.D. FAAP, Medical Consultant Children's Medical Services Los Angeles County Public Health	**TELEPHONE NUMBER** (626) 569-6466 **EMAIL** ssumethasorn@ph.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE **DATE** (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Catherine Mak, MBA Catherine Mak 6-28-2017	**TELEPHONE NUMBER** (213) 989-7240 **EMAIL** cmak@ph.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE **DATE** Barbara Ferrer, PhD, MPH, MEd Barbara Ferrer 6-28-2017	**TELEPHONE NUMBER** (213) 240-8117

We Support Plain Language

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):
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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success. Use Arial 12 point font.

Challenge:

Providing concurrent curative, hospice and palliative care to children and youth with life-threatening or life-limiting illnesses.

Children living with life-limiting or life-threatening conditions and their families need the support and care that has traditionally been provided through hospice and palliative care. However, children and youth with serious conditions have distinctly different needs than those usually associated with adult hospice and palliative care. These children and youth require effective pain and symptom management combined with psychosocial and spiritual care that are sensitive to developmental, personal, cultural and religious values and practices of the child and family.

Prior to the Affordable Care Act (ACA) children and youth had few options for Medicaid coverage when very seriously ill. Parents in most states had to forgo curative treatments for their children to be eligible for hospices services. In California the 2006 Nick Snow Children's Hospice and Palliative Care Act (AB 1745) required the California Department of Health Care Services (DHCS) to submit a waiver to the federal government to allow children with life-limiting or life-threatening conditions to receive curative and palliative care without electing to receive hospice care. DHCS worked with advocacy organizations and other stakeholders to develop the waiver which was approved as a pilot project in December 2008. On December 27, 2012, the PFC waiver was renewed for a period of five years, through December 26, 2017.

Solution:

Pediatric Palliative Care Program

DPH's Children's Medical Services (CMS) is home to California Children's Services (CCS) which provides treatment services to over 45,000 children and youth in Los Angeles County with CCS eligible conditions. Some of these children and youth are very seriously ill with life-threatening or life-limiting conditions that would benefit from concurrent treatment, hospice and palliative care.

Los Angeles County CCS (LAC CCS) first participated in the program in October 2011. Children eligible for the program must be CCS program eligible, have a life-limiting and/or life-threatening CCS diagnosis, have a Full Scope Medi-Cal with no share of cost, have a residence in a participating county, and meet "Level of Care" criteria as defined by the State. Eligible children do not lose existing CCS program services or benefits.

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Use Arial 12 point font.

The program offers home and community-based care coordination, family education, respite, pain and symptom management, bereavement and family counseling, and expressive therapies through State-approved palliative care agencies and providers.

The PFC team initially consisted of a nurse manager, a nurse supervisor, a public health nurse (PHN) serving as a CCS nurse liaison, one part-time clerical staff, and one physician. By end of December 2012, the team processed 70 cases, enrolled 24 cases, and dis-enrolled four cases. Cases are dis-enrolled from the program when the child/youth moves to another county, has improved and no longer needs palliative care services, or expires.

Increased funding based on expanding caseloads has allowed for program growth. Currently, the team is composed of one nurse manager, two nurse supervisors, four public health nurses, two full-time clerical staff, and one physician. There are currently four PFC agencies serving LAC CCS. As of end of April 2017, the LAC CCS PFC team managed 437 cases, enrolled 100 cases, and dis-enrolled 66 cases. Three diagnosis categories account for over two-thirds of program participants: neurologic, cancer, and respiratory illnesses. Sixty-six of palliative care program participants also receive Medical Therapy Program services. PFC services include:

(1) *A Care Coordinator* supports the sick child and family in all aspects of life including accompanying the child/family to medical, school, and hospital appointments, as needed. (2) *Monthly care coordination home visits* include a comprehensive physical exam by a RN. (3) *Family Training* to assist caregivers in developing the skills they need to feel comfortable caring for their child at home. (4) *Pain and Symptom Management.* (5) *Expressive Therapies* including Child Life Therapy, Art Therapy and Music Therapy are provided in the home by certified therapists to help improve the sick child's/youth's and siblings' ability to express feelings and develop ways of coping with life-limiting or life-threatening illness. (6) *In-Home Respite and Coordination of Out-of-Home Respite* is provided at the request of the family. Respite gives family caregivers a break from the demanding responsibility of caring for a sick child. (7) *Family (Including Bereavement) Counseling:* A licensed counselor supports the family unit in dealing with stress and grief issues related to the child's life-limiting or life-threatening illness. (8) *Personal Care Services* include assisting with bathing, grooming, dressing, feeding, and other personal care the child/youth may require.

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Benefits:

Reduced Number of Hospital Days, Reduced Costs

The legislation enabling the PFC program required an evaluation of its benefits. A study[1] conducted by the UCLA Center for Health Policy Research on the state's PFC program found that in spite of administrative, provider, payment, and staffing issues, the families served by the program rated the program highly favorable (9.6 from scale of 1 to 10, Health Policy Brief: August 2012, UCLA Center for Health Policy Research). Ninety-seven percent of families would recommend the program to others. This study also found 32% decrease in the hospital days (from 4 to 2.8 hospital days/client/month), and an 11% decrease in total expenditure among enrolled cases (average saving of $1,677 client/month). Another study[2] found even greater reductions in inpatient days from 4.2 days to 2.3 days per client/month (a 45% reduction inpatient days). Both studies were based on data prior to 2013 and did not include information from the LA County PFC program. However, as discussed below, internal LAC data also reveals similar reductions in hospital stays.

Our internal CCS outcome data consistently shows similar decrease in the hospital days among children and youth enrolled in the program when comparing with their hospitalizations prior to enrollment:

- FY 2013-14: 2.2 hospital days per client/month;
- FY 2014-15: 2.4 hospital days per client/month; and
- FY 2015-16: 2.3 hospital days per client/month.

Although we do not have access to actual claims data to determine exact savings related to the program, we have used an estimated cost savings from the reductions in hospitalization using the UCLA study average cost of $1,677 per client/month. Based on program caseload for FY15-16 an estimated $1,384,600 medical costs were averted related to reduced hospital stays).

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[1] *Gans D, Kominski GF, Roby DH, Diamant AL, Chen X, Lin W and Hohe N. Better Outcomes, Lower Costs: Palliative Care Program Reduces Stress, Costs of Care for Children With Life-Threatening Conditions. Los Angeles, CA: UCLA Center for Health Policy Research, 2012.*

[2] *Cost Analysis and Policy Implications of a Pediatric Palliative Care Program, Journal of Pain and Symptom Management, September 2016 Volume 52, Issue 3, Pages 329–335. Daphna Gans, Max W. Hadler, Xiao Chen, Shang-Hua Wu, Robert Dimand, Jill M. Abramson, Betty Ferrell, Allison L. Diamant, and Gerald F. Kominski*

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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

Our Partners for Children project addresses two County FY 2016-2021 Strategic Plan Goals:

Goal 1: Make Investments that Transform Lives
Partners for Children is a vital link in transforming the lives of the children, youth and families whom we serve. Consistent with Strategy 1.2, PFC provides comprehensive and seamless services to children and youth with life-threatening or life-limiting illnesses. PFC participation results in reduced numbers of inpatient days for children and youth by providing comprehensive support services, care coordination and case management. PFC services are comprehensive in that they go well beyond a focus on the physical health of the child/youth. PFC, by providing services not strictly limited to the medical status of the child/youth (e.g., pain/symptom management and personal care), support the entire family through the provision of home-visits, expressive therapies, respite care, in addition to family training.

Goal 2: Foster Vibrant and Resilient Communities
Care Coordination is the core PFC service that makes it possible for children and youth to receive medically necessary care at home and in the community. PFC is based on the concept of providing concurrent potentially curative treatment through CCS services and supportive palliative care. Our program aims to maximize the well-being of these children/youth and their families on a daily basis. Children and youth with life-limiting and life-threating conditions and their families are an often invisible part of our communities, and yet they attend school, and when able, take part in community activities and events. PFC provides these families with the support needed to take a more active role in their communities by assisting with coordination with schools and medical appointments, providing critical family therapy to assist the entire family in dealing with stress and grief, and providing essential moral encouragement and support in our out-of-home respite care to caregivers so that they can continue to support their children.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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Please see detailed analysis of this estimate on page 4 in the body of this application.