



Medical Policy:

Palliative Care Program – Inpatient, Outpatient and In Home

Effective Date: 5/9/19

Reviewed/Updated: 8/21/19

Reviewed/No Updates: 2/13/20; 2/11/21; 2/17/22; 2/2/23

Palliative Care: An interdisciplinary, patient and family centered approach to care that promotes quality of life in the context of advanced or life threatening illness. Palliative care focuses on control of pain and symptoms with attention to the psychosocial and spiritual experiences of adapting to advanced or life limiting illness. Unlike hospice care, it lacks the requirement to forego curative or life-prolonging interventions Palliative care may be initiated as inpatient or outpatient (either home-bound or not home-bound).

Inpatient Palliative Care

Refer to Milliman Care Guidelines Inpatient Palliative Care Criteria (GRG: CG-PCC)

Outpatient (Ambulatory Clinic and Doctor’s office) and In-Home Palliative Care

Ventura County Health Care Plan (VCHCP) will provide *palliative care services* to all members who elect and qualify under the following general eligibility and disease specific criteria.

Eligibility Criteria

1. The member is likely to or has started to use the hospital or emergency department as a means to manage their advanced disease. This refers to unanticipated decompensation and does not include elective procedures.
2. The member has an advanced illness with appropriate documentation of continued declined in health status and is not eligible or declines hospice enrollment.
3. The member’s death within a year would not be unexpected based on clinical status.
4. The member has either received appropriate patient-desired medical therapy or is a member for whom patient-desired medical therapy is no longer effective. Patient is not in reversible acute decompensation.
5. The member and, if applicable, the family-/ patient-designated support person, agrees to:
 - a. Attempt, as medically/clinically appropriate, in-home, residential based or outpatient disease management/palliative care instead of first going to the emergency department; and participate in identification of surrogate decision maker and Advance Care Planning discussions.

Types of referrals may include but are not limited to:

- Has a serious life limiting illness
- Has one or more hospitalizations for the same diagnosis in last 30 days



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- Has unclear goals of care requiring discussion: Realistic expectation of treatment plan and/or Code status
- Needs assistance completing advanced directive and/or POLST forms
- Has frequent visits to the Emergency Department (>1 x mo for same diagnosis)
- Has uncontrolled psychosocial or spiritual issues affecting care plan or decision making
- Is not a candidate for curative therapy
- Physical symptom management i.e.: pain, dyspnea, anxiety, or constipation

Disease Specific Criteria

A member must qualify for palliative care services

OR

Have a serious diagnosis and death would not be unexpected within a year.

➤ *Qualified conditions include, but are not limited to, the following:*

1. Congestive Heart Failure (CHF) NYH Class 3-4
2. Obstructive Pulmonary Disease (COPD)
3. Advanced Cancer including new dx stage 3-4
4. Liver Disease
5. Other: Prognosis of death within a year would not be unexpected based on clinical status

If a member continues to meet the above eligibility criteria, he or she may continue to access both palliative care and curative care until the condition improves, stabilizes or results in death.

This will require a summary progress note from the Palliative Care Provider at three month intervals.

A. Attachment: None

B. History:

Reviewed/Updates by: Robert Sterling, MD

Committee Review: UM: May 9, 2019; QAC: May 28, 2019

Reviewed/Updates by: Howard Taekman, MD

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Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
5/9/19	No	Robert Sterling, MD	New
8/21/19	Yes	Howard Taekman, MD	Updated to remove “with a prognosis of 1 year or less” from “Has a serious life limiting illness” sentence.
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/11/21	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/17/22	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/2/23	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review