Driving a National Performance Improvement Agenda in Hospice & Palliative Care

Sally Norton RN, PhD, FPCN, FAAN

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Acknowledgments
MWM Project Leadership and Authors

Measuring What Matters (MWM) Co-chairs:
- David Casarett, MD MA, University of Pennsylvania
- Sally Norton, PhD RN FPCN FAAN, University of Rochester

MWM Technical Advisory Panel Co-chair:
- Sydney Dy, MD, Johns Hopkins University
- Susan McMillan, PhD RN FAAN, University South Florida

MWM Clinical User Panel Co-chairs:
- Keela Herr, PhD RN AGSF FAAN, University of Iowa
- Joseph Rotella, MD MBA FAAHPM, AAHPM

AAHPM staff and consultants
- Katherine Ast, MSW LCSW & Dale Lupu, PhD MPH

HPNA Staff
- June Lunney, PhD RN
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Objectives

1. Describe one rationale for the national AAHPM and HPNA joint task force, *Measuring What Matters*.

2. State 3 issues common in palliative care that hinder national benchmarking of quality indicators.

3. Identify 2 palliative care quality measures that will be useful in your system.
MWM Goal

The goal of MWM was to select a small set of measures that are scientifically rigorous, meaningful to patients and families receiving hospice and palliative care, could be used broadly across many settings and group.

In the short term: Using recommended measures internally is to our own organizations.

In the longer term: Allows us to develop data repositories with shared measures and data which will, in turn, support the further development of the field of hospice and palliative care.
Environment changing fast

**Government**
- Affordable Care Act
- CMS regulations

**Health care systems**
- Consolidating
- Integrating post-acute care continuum

**Emerging models**
- Population health management
- Value-based purchasing

The diagram illustrates the triple aim with three main components: Higher Quality Patient Care, Healthier Populations, and Lower Costs.
Move toward Value Based Purchasing

VALUE = Quality / Cost
## Reasons to measure quality

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Example measures</th>
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<tbody>
<tr>
<td>Justify need for a palliative care program</td>
<td>Extended hospitalizations, intensive care unit stays near the end of life</td>
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<td>Demonstrate where improvements are needed</td>
<td>Pain scores</td>
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<td></td>
<td>Documentation of end-of-life discussions</td>
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<td>Evaluate impact of new programs or quality improvement</td>
<td>Patient/family perceptions of care</td>
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<td>Monitor care for deficiencies, worsening care</td>
<td>Patient safety reporting on pain issues</td>
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<td></td>
<td>Scorecard including pain scores</td>
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<tr>
<td>Help patients, families, providers make informed choices</td>
<td>Hospice quality reporting, including patient/family perceptions of care</td>
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</tbody>
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Seize the opportunity

- Problem – Bewildering array of published measures (e.g. 15 measures about advance care planning and preferences)

  - Opportunity – Focus providers on a few of the best, so they can begin to share and benchmark

- Problem – Few palliative care measures included in the national quality programs

  - Opportunity – Set the agenda for what should be included
What do we mean by Measuring What Matters?

Measuring What Matters (MWM) is a consensus recommendation for a portfolio of performance measures for all hospice and palliative care programs to use for program improvement.  
http://aahpm.org/quality/measuring-what-matters
Detail on Process Steps

- Indicators mapped to National Consensus Project (NCP) domains
- TAP rated published measures on their scientific soundness
- CUP rated measures based on 3 dimensions of importance:
  - How MEANINGFUL is this for patients/families?
  - How ACTIONABLE is this for providers/organizations?
  - How large is the POTENTIAL IMPACT?
- Draft list of 12 measures sent to AAHPM and HPNA members, organizations & patient advocacy groups, to elicit feedback
- Feedback received from 264 individuals and 27 organizations
MWM indicator selection process

- **Identify candidate measures**
  - Identifies 75 published measures

- **Technical Advisory Panel Review**
  - Narrows to 34 technically strongest measures

- **Clinical User Panel Review**
  - Selects 12 best measures

- **AAHPM & HPNA member ranking, public input**
  - Prioritizes top 10 measures
Gaps Identified

2 NCP domains have no recommended measures
  – NCP Domain 4: Social Aspects of Care
    • None met rating criteria
  – NCP Domain 6: Cultural Aspects of Care
    • None specific to palliative care found in literature

Few truly cross-cutting measures

Existing measures mostly specified for specific populations (eg. cancer or hospice)

Need broad denominator definition
10 measures selected


Summary handout
Our Recommendations

TOP TEN MEASURES THAT MATTER

**MEASURE 1:** Hospice and Palliative Care—Comprehensive Assessment
Percentage of patients for whom a comprehensive assessment was completed
Source: PEACE Set\(^1\)\(^2\)  |  http://www.med.unc.edu/pccare/resources/PEACE-Quality-Measures

**MEASURE 2:** Screening for Physical Symptoms
Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days who had a screening for physical symptoms (pain, dyspnea, nausea, and constipation)
Source: PEACE Set\(^1\)\(^2\)  |  http://www.med.unc.edu/pccare/resources/PEACE-Quality-Measures

Integrating MWM into your quality improvement efforts
Basic Model of Quality Improvement

Plan | Do
---|---
Act | Study

Plan → Do → Act → Study → Plan
Start your plan

Identify priorities in your setting [who, what, when, how, why]

Align with existing requirements
  • Hospices: start with measures already in HIS
  • Hospital based PC: select from MWM to meet TJC advanced certification requirements

Integrate into dashboards for leadership or other stakeholders

Advocate for alignment of state, regional, payor efforts with MWM indicators
Tips on starting with MWM

Keep it simple

Make sure you look CAREFULLY at measure definitions

If at all possible, don’t change the definitions

Start with 2 or 3 measures, not full list

Choose measures considering structure/process/outcome
Resources to help advance a quality improvement agenda in your setting

PEACE measures

http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures

IHI open school

http://www.ihi.org/education/IHIOpenSchool/Pages/default.aspx
IHI uses the Model for Improvement* as the framework to guide improvement work

Learn fundamentals of the model and testing changes on a small scale using Plan-Do-Study-Act (PDSA) cycles

Hospice HIS indicator convergence

1. NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen
2. NQF #1634 Pain Screening
3. NQF #1637 Pain Assessment
4. NQF #1638 Dyspnea Treatment
5. NQF #1638 Dyspnea Screening
6. NQF #1641 Treatment Preferences
7. Modified NQF #1647 Spiritual Concerns Addressed
TJC Advanced Certification in Palliative Care Program

- Currently, any two measures permissible
- TJC working to specify and test select MWM measures to fit TJC Advanced Certification in Palliative Care Program
- In several years, expect several measures to be mandated
Set priorities & goals

Quality & Affordability

Continuously evaluate health & health care

Develop & test measures

Endorse & harmonize measures

Health Info Tech specification & embed in EMR

Implementation strategies & Technical assistance

Data aggregation, benchmarks, registries

Public reporting

Public policy, including payment incentives

Quality Improvement

National Quality Framework

National Consensus Project

Adapted from the Consumer-Purchaser Disclosure Project: Idealized Framework for Quality and Cost Transparency for High-Value Care, QASC, January 2008
Creative tensions

Process or outcome measures?

Specialty focus or generalist care focus?

Perfection or pragmatism?

Quality improvement or accountability?

Hospice or palliative care?

Medical model or interdisciplinary?
Ongoing Priorities & Challenges

- defining the denominator(s) for palliative care quality indicators
- electronic health records
- palliative care registries
- methods for measurement across settings and data sources
- further development of patient/family-reported outcome indicators
Measuring What Matters to Patients