Geriatrics & Palliative Care, Fall 2019 Measure Review Cycle

Post-Comment Standing Committee Meeting

Kathryn Goodwin, Director
Erin Buchanan, Manager
Ngozi Ihenacho, Analyst

July 9, 2020

Welcome

Welcome

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Project Team — Geriatrics & Palliative Care

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Director

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Manager

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Analyst

NATIONAL QUALITY FORUM

Agenda

- Welcome
- Introductions and Objectives
- Discussion of Public Comment
- Serious Illness Care Initiative Overview Presentation
- NQF Member and Public Comment
- Open Discussion
- Next Steps
- Adjourn

Introductions and Objectives

NATIONAL QUALITY FORUM

Geriatrics and Palliative Care Fall 2019 Cycle Standing Committee

- Sean Morrison, MD (co-chair)
- Deborah Waldrop, PhD, LMSW, ACSW (co-chair)
- Sree Battu, MD
- Samira Beckwith, LCSW, FACHE, LHD
- Amy Berman, BSN
- Cleanne Cass, DO, FAAHPM, FAAFP
- Marian Grant, DNP, RN
- George Handzo, BCC, CSSBB
- Suzanne Johnson, MPH, RN
- Arif Kamal, MD, MBA, MHS, FACP, FAAHPM
- Kate Lichtenberg, DO, MPH, FAAFP
- Kelly Michelson, MD, MPH, FCCM, FAP
- Janice Knebl, DO, MBA, FACOI, FACP
- Christopher Laxton, CAE
- Douglas Nee, Pharm D, MS
- Laura Porter, MD
- Lynn Reinke, PhD, ARNP, FAAN
- Tracy Schroepfer, PhD, MSW
- Linda Schwimmer
- Christine Seel Ritchie, MD, MSPH
- Janelle Shearer, RN, BSN, MA, CPHQ
- Karl Steinberg, MD, CMD, HMDC
- Paul Tatum, MD, MSPH, CMD, FAAHPM, AGSF
- Sarah Thirwell, RN

Discussion of Public Comment

2651: CAHPS® Hospice Survey (experience with care)

- **Measure Steward:** Centers for Medicare and Medicaid Services
  - Maintenance measure
- **Brief Description of Measure:**
  - This measure is derived from the CAHPS® Hospice Survey, which is a 47-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice patients and their primary caregivers.
- **Summary of Comment Received:**
  - The commenter recommended improving specificity in the questionnaire with respect to person-centered care. The commenter also suggested using a different term than communication to capture the dialogue around what matters most in hospice care and to capture whether the team was able to compassionately act on behalf of patients.

Serious Illness Issue Brief Overview

Spring 2020 Geriatrics and Palliative Care Committee

Topical Webinar Presentation

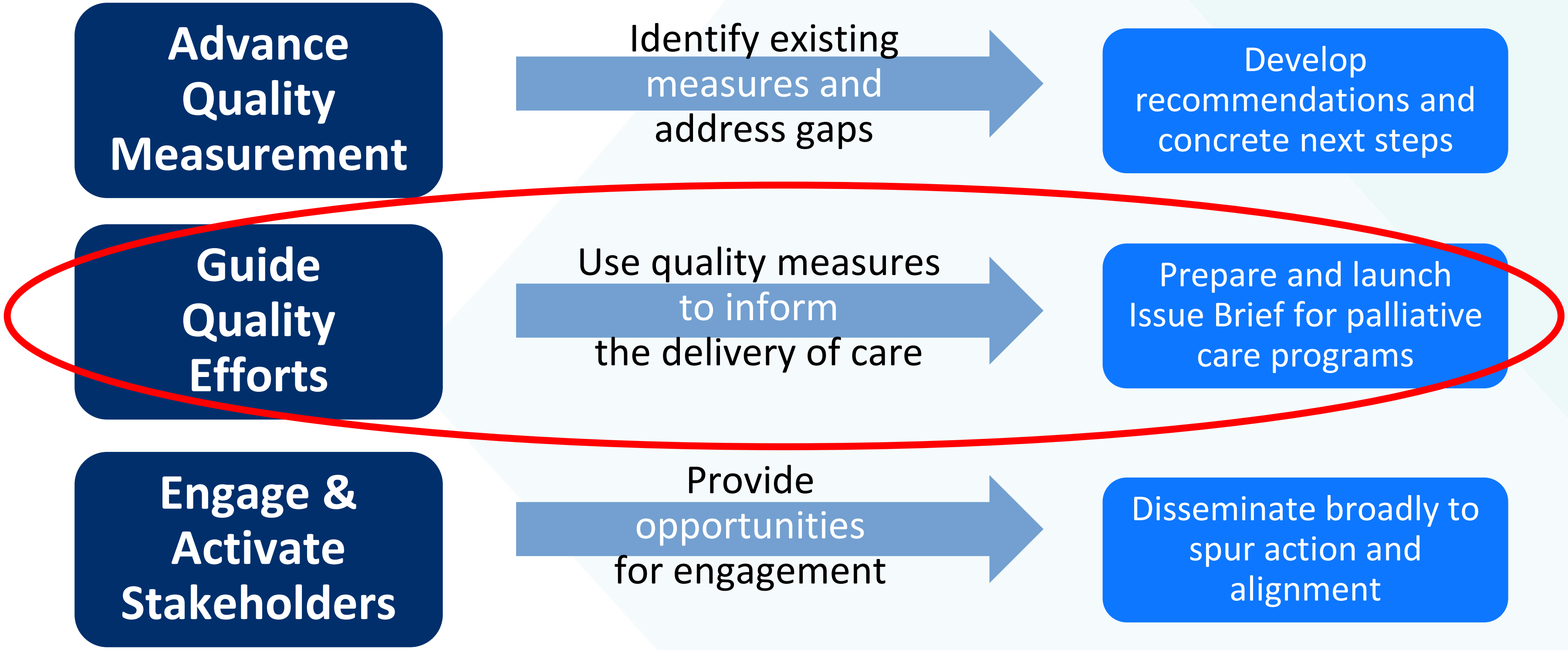
Andre Weldy, Director, Quality Innovation

This project is funded by the Gordon and Betty Moore Foundation.

Serious Illness Initiative Overview

- Multi-year effort to advance serious illness-related quality measurement
- **Problem**:
  - Available quality measures limit our ability to assess the quality of care delivered to people with serious illness
- **Opportunity**:
  - Build a common measurement strategy that can:
    - Signal what high-quality care looks like
    - Incentivize the delivery of high-quality care
    - Facilitate accountability

Project Aims



Advance Quality Measurement

Identify existing measures and address gaps

Develop recommendations and concrete next steps

Guide Quality Efforts

Use quality measures to inform the delivery of care

Prepare and launch Issue Brief for palliative care programs

Engage & Activate Stakeholders

Provide opportunities for engagement

Disseminate broadly to spur action and alignment

Issue Brief Inputs

Activity	**Purpose**
Monthly Quality Measurement Committee Meetings	• Provide strategic guidance on project work • Identify and prioritize quality gaps and opportunities to advance quality measurement • Recommend strategies for overcoming the challenges and barriers to quality measurement
Environmental Scans	• Identify practices, resources, tools • Identify existing quality measures for the serious illness population • Identify quality of care gaps and measurement opportunities
Three Strategy Sessions	• Guiding principles for identifying individuals with serious illness • Integrating functional assessment into serious illness care • Addressing caregiver strain and well-being
Multistakeholder Review	• Obtain feedback & validation on Issue Brief structure & content • Review early draft and provide revisions and recommendations

Issue Brief Advisory Group

- **Rebecca Anhang Price**
  RAND Corporation
- **Katherine Ast**
  Quality and Research, American Academy of Hospice and Palliative Medicine
- **Helen Burstin**
  Council of Medical Specialty Societies
- **Torrie Fields**
  Blue Shield of California
- **Sarah Scholle**
  National Committee for Quality Assurance
- **Stacie Sinclair**
  Center for Advanced Palliative Care
- **Joan Teno**
  Oregon Health & Science University
- **Martha Twaddle**
  Palliative Medicine & Supportive Care, Northwestern Lake Forest Hospital

Issue Brief Overview

NATIONAL
QUALITY FORUM
Driving measurable health
improvements together

ISSUE BRIEF

Opportunities for Advancing Quality Measurement in Community-Based Serious Illness Care

qualityforum.org

Contents

Overview

Issue Brief Overview

The content in this Brief is the result of input gathered from key experts convened over the past two years as part of the Serious Illness Quality Alignment Hub. This project established a Quality Measurement Committee (QMC) comprised of 15 multistakeholder experts (see Appendix A) who met regularly to steer the project work and prioritize key issues. The project convened three working meetings called strategy sessions to address priorities identified by the QMC. Each of those strategy sessions in turn were comprised of multistakeholder experts who met to address the QMC's high-priority topics:

1) *Guiding principles for identifying individuals with serious illness*
2) *Integrating functional assessments into care*
3) *Addressing caregiver strain and resilience in the context of serious illness*

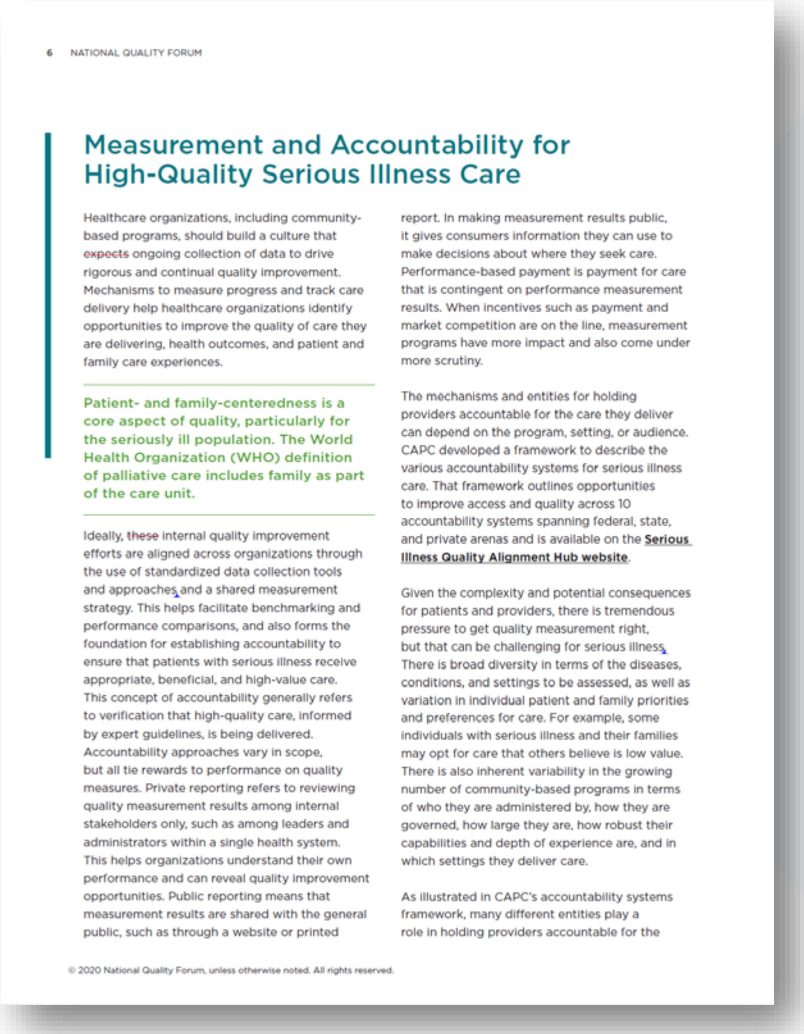
This Brief summarizes the recommendations from the QMC and expert panels to drive improvements in the quality of care for those receiving community-based serious illness care services and their caregivers. It includes expert insights, strategies, approaches, tools, measures, and measure concepts, as well as highlights useful resources developed through various initiatives and efforts across the evolving field of quality in serious illness and palliative care. A broad set of stakeholders may find value in this Brief. Clinicians and other practitioners delivering care in community settings may find value in the strategies, approaches, and tools described in the sections addressing functional assessment and caregiver strain and well-being. Health plans, federal agencies, and policy and regulatory bodies may find value in the overview of the current quality measurement landscape, which outlines existing measures, measures known to be under development, and recommendations on what might be needed in the future. Researchers and measure developers may find value in reviewing the measure concepts identified by expert panels to address quality measurement gaps in the topic areas addressed throughout this Brief.

This Brief does not replace guidance that professional societies, associations, and other organizations have produced. Rather, it builds on current efforts to provide additional resources and expert insights for all stakeholders focused on serious illness care delivered in community-based settings.

We define community settings as including office practices, medical clinics, long-term care facilities, and patients' homes. A serious illness program delivering care in these settings should use a team approach to improving quality of life for people living with serious illness. It focuses on providing relief from the pain, symptoms, and stress of a serious illness for both the patient and family. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment. At a minimum, a program should provide expert pain and symptom management; effective communication with patients and families to support autonomous decision making for medical treatment and care priorities; and screening and support for the emotional, social, and spiritual needs of patients and their families.

- Descriptive text outlining source of content
- Information on using the brief and which components may be most valuable for key audiences
  - E.g., clinicians and other practitioners, health plans, federal agencies, policy and regulatory bodies, measure developers
- Definition of "community-based settings" and key components of serious illness programming

Measurement and Accountability



Measurement and Accountability for High-Quality Serious Illness Care

Healthcare organizations, including community-based programs, should build a culture that ~~expects~~ ongoing collection of data to drive rigorous and continual quality improvement. Mechanisms to measure progress and track care delivery help healthcare organizations identify opportunities to improve the quality of care they are delivering, health outcomes, and patient and family care experiences.

> **Patient- and family-centeredness is a core aspect of quality, particularly for the seriously ill population. The World Health Organization (WHO) definition of palliative care includes family as part of the care unit.**

Ideally, ~~these~~ internal quality improvement efforts are aligned across organizations through the use of standardized data collection tools and approaches and a shared measurement strategy. This helps facilitate benchmarking and performance comparisons, and also forms the foundation for establishing accountability to ensure that patients with serious illness receive appropriate, beneficial, and high-value care. This concept of accountability generally refers to verification that high-quality care, informed by expert guidelines, is being delivered. Accountability approaches vary in scope, but all tie rewards to performance on quality measures. Private reporting refers to reviewing quality measurement results among internal stakeholders only, such as among leaders and administrators within a single health system. This helps organizations understand their own performance and can reveal quality improvement opportunities. Public reporting means that measurement results are shared with the general public, such as through a website or printed report. In making measurement results public, it gives consumers information they can use to make decisions about where they seek care. Performance-based payment is payment for care that is contingent on performance measurement results. When incentives such as payment and market competition are on the line, measurement programs have more impact and also come under more scrutiny.

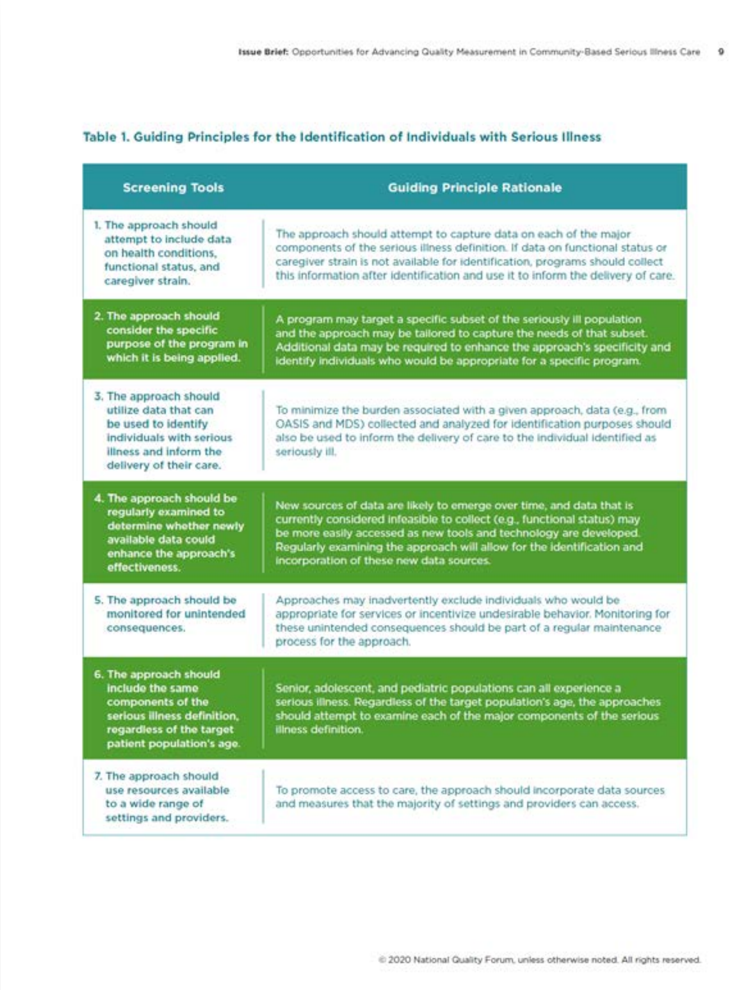
The mechanisms and entities for holding providers accountable for the care they deliver can depend on the program, setting, or audience. CAPC developed a framework to describe the various accountability systems for serious illness care. That framework outlines opportunities to improve access and quality across 10 accountability systems spanning federal, state, and private arenas and is available on the **Serious Illness Quality Alignment Hub website**.

Given the complexity and potential consequences for patients and providers, there is tremendous pressure to get quality measurement right, but that can be challenging for serious illness There is broad diversity in terms of the diseases, conditions, and settings to be assessed, as well as variation in individual patient and family priorities and preferences for care. For example, some individuals with serious illness and their families may opt for care that others believe is low value. There is also inherent variability in the growing number of community-based programs in terms of who they are administered by, how they are governed, how large they are, how robust their capabilities and depth of experience are, and in which settings they deliver care.

As illustrated in CAPC's accountability systems framework, many different entities play a role in holding providers accountable for the

- Info on measurement and accountability approaches
- Reference to Center to Advance Palliative Care (CAPC) accountability systems framework
- Caveat statements on recommendations, guidance, unintended consequences, minimizing measurement burden

Guiding Principles



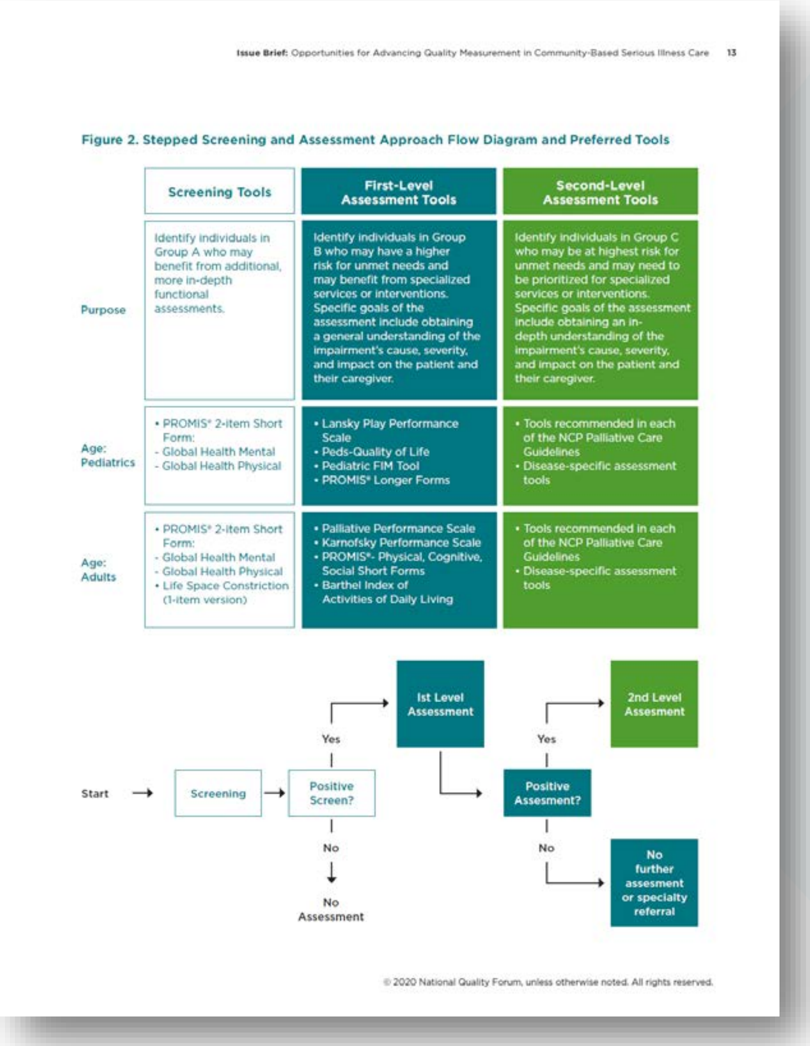
Issue Brief: Opportunities for Advancing Quality Measurement in Community-Based Serious Illness Care 9

Table 1. Guiding Principles for the Identification of Individuals with Serious Illness

Screening Tools	Guiding Principle Rationale
1. The approach should attempt to include data on health conditions, functional status, and caregiver strain.	The approach should attempt to capture data on each of the major components of the serious illness definition. If data on functional status or caregiver strain is not available for identification, programs should collect this information after identification and use it to inform the delivery of care.
2. The approach should consider the specific purpose of the program in which it is being applied.	A program may target a specific subset of the seriously ill population and the approach may be tailored to capture the needs of that subset. Additional data may be required to enhance the approach's specificity and identify individuals who would be appropriate for a specific program.
3. The approach should utilize data that can be used to identify individuals with serious illness and inform the delivery of their care.	To minimize the burden associated with a given approach, data (e.g., from OASIS and MDS) collected and analyzed for identification purposes should also be used to inform the delivery of care to the individual identified as seriously ill.
4. The approach should be regularly examined to determine whether newly available data could enhance the approach's effectiveness.	New sources of data are likely to emerge over time, and data that is currently considered infeasible to collect (e.g., functional status) may be more easily accessed as new tools and technology are developed. Regularly examining the approach will allow for the identification and incorporation of these new data sources.
5. The approach should be monitored for unintended consequences.	Approaches may inadvertently exclude individuals who would be appropriate for services or incentivize undesirable behavior. Monitoring for these unintended consequences should be part of a regular maintenance process for the approach.
6. The approach should include the same components of the serious illness definition, regardless of the target patient population's age.	Senior, adolescent, and pediatric populations can all experience a serious illness. Regardless of the target population's age, the approaches should attempt to examine each of the major components of the serious illness definition.
7. The approach should use resources available to a wide range of settings and providers.	To promote access to care, the approach should incorporate data sources and measures that the majority of settings and providers can access.

- Lessons learned from the field on how programs are approaching identifying individuals with serious illness
- Set of 7 guiding principles and rationale for each
- Example:
  - **Guiding Principle**: Approach should attempt to include data on health conditions, functional status, and caregiver strain
  - **Rationale**: addresses each component of the serious illness definition

Functional Assessment



Issue Brief: Opportunities for Advancing Quality Measurement in Community-Based Serious Illness Care 13

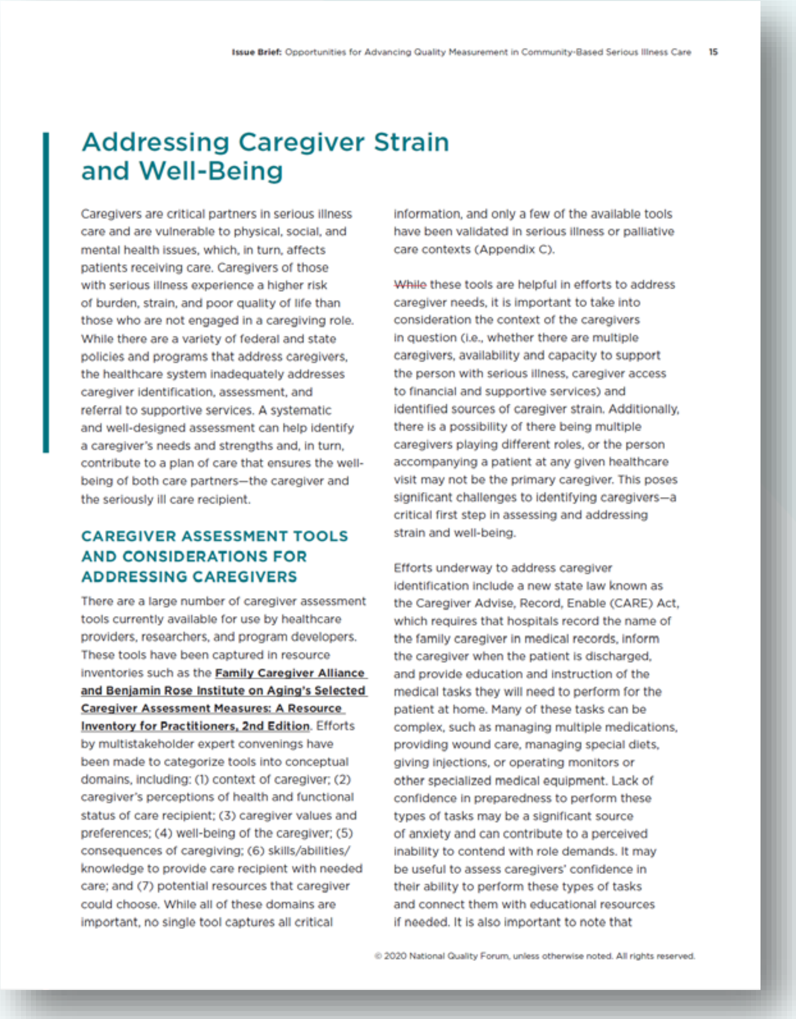
Figure 2. Stepped Screening and Assessment Approach Flow Diagram and Preferred Tools

	Screening Tools	First-Level Assessment Tools	Second-Level Assessment Tools
Purpose	Identify individuals in Group A who may benefit from additional, more in-depth functional assessments.	Identify individuals in Group B who may have a higher risk for unmet needs and may benefit from specialized services or interventions. Specific goals of the assessment include obtaining a general understanding of the impairment's cause, severity, and impact on the patient and their caregiver.	Identify individuals in Group C who may be at highest risk for unmet needs and may need to be prioritized for specialized services or interventions. Specific goals of the assessment include obtaining an in-depth understanding of the impairment's cause, severity, and impact on the patient and their caregiver.
Age: Pediatrics	• PROMIS® 2-item Short Form: - Global Health Mental - Global Health Physical	• Lansky Play Performance Scale • Peds-Quality of Life • Pediatric FIM Tool • PROMIS® Longer Forms	• Tools recommended in each of the NCP Palliative Care Guidelines • Disease-specific assessment tools
Age: Adults	• PROMIS® 2-item Short Form: - Global Health Mental - Global Health Physical • Life Space Constriction (1-item version)	• Palliative Performance Scale • Karnofsky Performance Scale • PROMIS®- Physical, Cognitive, Social Short Forms • Barthel Index of Activities of Daily Living	• Tools recommended in each of the NCP Palliative Care Guidelines • Disease-specific assessment tools

- Recognition of functional issues as key to identifying individuals with serious illness
- Continuum of risk framework
- Stepped screening and assessment approach flow diagram and table w/ preferred tools for each phase
- Measure concepts identified by experts to address gaps in functional assessment quality measurement

Caregiver Strain and Well-Being

- Recognition of caregivers as critical partners in serious illness care
- Overview of tools available for caregiver assessment that have been validated in serious illness contexts
- Key considerations for addressing caregivers
- Measure concepts identified by experts to address gaps



Issue Brief: Opportunities for Advancing Quality Measurement in Community-Based Serious Illness Care 15

Addressing Caregiver Strain and Well-Being

Caregivers are critical partners in serious illness care and are vulnerable to physical, social, and mental health issues, which, in turn, affects patients receiving care. Caregivers of those with serious illness experience a higher risk of burden, strain, and poor quality of life than those who are not engaged in a caregiving role. While there are a variety of federal and state policies and programs that address caregivers, the healthcare system inadequately addresses caregiver identification, assessment, and referral to supportive services. A systematic and well-designed assessment can help identify a caregiver's needs and strengths and, in turn, contribute to a plan of care that ensures the well-being of both care partners—the caregiver and the seriously ill care recipient.

CAREGIVER ASSESSMENT TOOLS AND CONSIDERATIONS FOR ADDRESSING CAREGIVERS

There are a large number of caregiver assessment tools currently available for use by healthcare providers, researchers, and program developers. These tools have been captured in resource inventories such as the **Family Caregiver Alliance and Benjamin Rose Institute on Aging's Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners, 2nd Edition**. Efforts by multistakeholder expert convenings have been made to categorize tools into conceptual domains, including: (1) context of caregiver; (2) caregiver's perceptions of health and functional status of care recipient; (3) caregiver values and preferences; (4) well-being of the caregiver; (5) consequences of caregiving; (6) skills/abilities/knowledge to provide care recipient with needed care; and (7) potential resources that caregiver could choose. While all of these domains are important, no single tool captures all critical information, and only a few of the available tools have been validated in serious illness or palliative care contexts (Appendix C).

~~While~~ these tools are helpful in efforts to address caregiver needs, it is important to take into consideration the context of the caregivers in question (i.e., whether there are multiple caregivers, availability and capacity to support the person with serious illness, caregiver access to financial and supportive services) and identified sources of caregiver strain. Additionally, there is a possibility of there being multiple caregivers playing different roles, or the person accompanying a patient at any given healthcare visit may not be the primary caregiver. This poses significant challenges to identifying caregivers—a critical first step in assessing and addressing strain and well-being.

Efforts underway to address caregiver identification include a new state law known as the Caregiver Advise, Record, Enable (CARE) Act, which requires that hospitals record the name of the family caregiver in medical records, inform the caregiver when the patient is discharged, and provide education and instruction of the medical tasks they will need to perform for the patient at home. Many of these tasks can be complex, such as managing multiple medications, providing wound care, managing special diets, giving injections, or operating monitors or other specialized medical equipment. Lack of confidence in preparedness to perform these types of tasks may be a significant source of anxiety and can contribute to a perceived inability to contend with role demands. It may be useful to assess caregivers' confidence in their ability to perform these types of tasks and connect them with educational resources if needed. It is also important to note that

Current State of Quality Measurement

Current State of Quality Measurement

Since 2006, when NQF first developed a measurement framework for palliative and end-of-life care and endorsed 38 evidence-based preferred practices for high-quality palliative care programs, we have endorsed more than 30 measures in this topic area, many of which currently are used in federal quality improvement and public reporting programs. In 2017, NQF expanded the scope of the Standing Committee charged with oversight of the palliative and end-of-life care measures portfolio by adding measures specifically relevant to older adults. While the scope of this new Geriatrics and Palliative Care Standing Committee is broader than serious illness, the portfolio of 36 measures it oversees (Appendix D) is a starting place for identifying measures that have been evaluated against **NQF's standard evaluation criteria**, which include importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and related and competing measures. Measures that may be particularly useful to reference include two new measures that received NQF endorsement in October 2019: (NQF3497) Evaluation of Functional Status (Basic and Instrumental Activities of Daily Living [BADLs and IADLs]) for Home-Based Primary Care and Palliative Care Patients and (NQF3500) Evaluation of Cognitive Function for Home-Based Primary Care and Palliative Care Patients. The Geriatrics and Palliative Care Standing Committee regularly convenes to review and maintain measures it oversees and to consider new measures for evaluation.

There are many other organizations and initiatives that have developed or are developing meaningful measure sets for serious illness care, which we highlight below. Some of these efforts have identified gaps in serious illness care quality measurement and are working to address those gaps, as have the Serious Illness Quality Alignment Hub strategy sessions addressing functional assessment and caregiver strain and resilience. There is a key opportunity for alignment in these efforts across stakeholders to work together and optimize coordination under a shared national strategy. This opportunity is addressed in detail under Goal 3 of the recently released **Serious Illness Quality Alignment Hub National Strategic Plan**, the culmination of more than two and half years of the Hub's work to identify the most feasible and impactful strategies to hold providers accountable for delivering high-quality care to people living with serious illness. This National Strategic Plan recommends the creation of a sustainable body to continuously drive quality measure development and promote relevant quality measure adoption across accountability systems. The development and implementation of this body will be a key driver for improving quality measurement and accountability going forward. Also of note is the **Palliative Care Quality Collaborative (PCQC)**, convened by the American Academy of Hospice and Palliative Medicine (AAHPM), where leaders from national organizations hosting three palliative care quality registries are working to offer one unified registry to improve quality in palliative care. The PCQC seeks to support clinicians and programs to provide data-driven, high-quality, patient-centered care for people living with serious illness and their families.

Quality measurement in serious illness care is currently evolving. Until the realization of a collaborative effort to create and maintain an inventory of all relevant measures currently in use, measures under development, and identified gaps, providers can utilize existing measure starter sets and apprise themselves of known

- High-level outline of current state of measurement for serious illness
- Information about Quality Alignment Hub National Strategic Plan and reference to their recommendation for a serious illness measure repository
- Overview of key players in quality measurement space for serious illness, brief information about their efforts, and lists of existing measures available for immediate use

Communication Activities

Publication Date: May 2020

- Working with Communications to develop standard NQF Twitter and LinkedIn posts, announcement on NQF Now
- Engaging CAPC and key contributors around promotion and dissemination

Open Discussion

NQF Member and Public Comment

Next Steps

Activities and Timeline – Fall 2019 Cycle, Track 1 Measure

Meeting	Date, Time
CSAC Review	November 28-29, 2020
Appeals Period (30 days)	Nov 23-Dec 22, 2020

Project Contact Info

- Email: palliative@qualityforum.org
- NQF phone: 202-783-1300
- Project page: http://www.qualityforum.org/Geriatrics_and_Palliative_Care.aspx
- SharePoint site: http://share.qualityforum.org/Projects/Geriatric%20and%20Palliative%20Care/SitePages/Home.aspx

THANK YOU.

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