NATIONAL
QUALITY FORUM

Geriatrics and Palliative Care Standing Committee Web Meeting

October 3, 2018

Agenda for Today's Meeting

- Welcome/Review of Meeting Objectives
- Overview/Update on Serious Illness Communication
- Clinical Practice Guidelines for Quality Palliative Care
- Overview/Update on Palliative Care Registries
- NQF Serious Illness Initiative
- Discussion and Q&A
- NQF Member and Public Comment
- Next Steps
- Adjourn

Project Staff

Karen Johnson
Senior Director

Kathryn Goodwin
Senior Project Manager

Kirsten Reed
Project Manager

Standing Committee

- Sean Morrison, MD *(co-chair)*
- Deborah Waldrop, PhD, LMSW, ACSW *(co-chair)*
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The Serious Illness Care Program:
Driving Improvement in Serious Illness Communication and Care
(Every patient, every time)

Justin Sanders, MD, MSc
Assistant Director of Innovation, Serious Illness Care Program,
Ariadne Labs

Conversations about patients' values, goals, and care preferences improve patient care

- Increased goal-concordant care
- Improved quality of life and patient well-being
- More and earlier hospice care
- Fewer hospitalizations
- Better patient and family coping

Mack JCO 2010; Wright JAMA 2008; Chiarchiaro AATS 2015; Detering BMJ 2010; Zhang Annals 2009

Yet, conversations are…

Infrequent

Late

Limited

Inaccessible in EHR

Clinicians report multiple barriers to serious illness communication

- Only 29% have formal training
- Nearly half (46%) are unsure of what to say
- 71% don’t have a system in place
- Additional barriers: Time constraints, varying attitudes, concerns about harming patients, inadequate documentation.

National survey of primary care and specialist physicians. Cambia Health Foundation; California Healthcare Foundation; John A. Hartford Foundation. 2016.

How can we do better?

Serious Illness Care Program
System-Level Communication Intervention

- Communication Tools
- Clinician Training
- System Changes

Oncology RCT: Participants

- **Design:** Cluster randomized-controlled trial
- **Setting:** NCI-designated cancer center; outpatient oncology disease centers and two community affiliates
- **Participants:**
  - ***91 oncology clinicians*** *(MDs, NPs, and PAs) volunteered and enrolled (72% participation rate)*
    - 48 intervention
    - 43 control
  - ***278 patients*** *with advanced cancer ('surprise question') enrolled and randomized*
    - 131 patients died

Summary of Findings

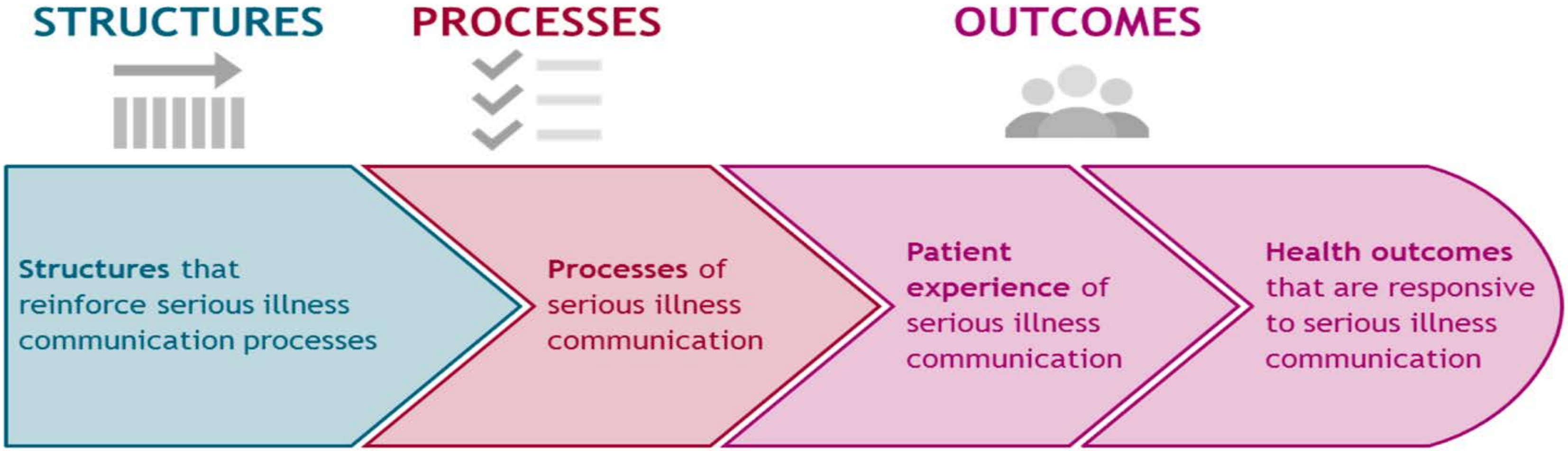
- Intervention results in clinician practice change:
  - *More and earlier serious illness conversations*
  - *More accessible documentation in the EHR*
  - *More patient-centered and comprehensive conversations*
- Intervention significantly reduces moderate-severe anxiety and depression
  - *Lower levels of anxiety persist for 4 months after the intervention*
- Patients have a positive experience and report enacting concrete behavioral changes as a result of the serious illness conversation

Whole System Approach

Aims

- Achieve positive changes in organizational culture and clinician practice in serious illness communication
- Build clinician skills and capacity to engage their patients in meaningful conversations about values and goals
- Implement quality measures that support (and capture) improvement in communication, patient and clinician experience, and outcomes

Donabedian Framework



STRUCTURES

PROCESSES

OUTCOMES

Structures that reinforce serious illness communication processes

Processes of serious illness communication

Patient experience of serious illness communication

Health outcomes that are responsive to serious illness communication

Source: Ariadne Labs analysis of Quality Metrics in Serious Illness Communication Post-Symposium Survey

Measuring Structures

Measurement of the structural drivers of improvements in communication

For each ‘practice site,’ track program components (examples):

1) Patient selection system in place (e.g., ‘surprise’ question)

2) Clinician reminder process established

3) Patient preparation procedures implemented

4) Training/coaching infrastructure and work-plan in place

5) EHR documentation template in place

Measuring Processes: Training and Conversations

Training: Number (or %) of target clinicians trained on the Conversation Guide

Patients with conversations:

- Number (or %) of seriously ill patients with a documented serious illness conversation
    - *Track this by clinician, by ‘practice site,’ and in aggregate*
    - *Goal: automated reports pulled from the EMR*

Measuring Outcomes: ‘Leading’ Indicators of Impact

Clinician-level outcomes:

- Clinician change in confidence and attitudes
  - *Training evaluation survey*

- Clinician experience of serious illness communication
  - *Survey (we have a tailored survey)*
  - *Narratives*
  - *Other surveys: Moral Distress, Clinician Engagement in ACP*

Measuring Outcomes: 'Leading' Indicators of Impact

Patient experience of serious illness communication

- Survey (we have a tailored survey)
- Narratives collected by survey or interview

Patient-reported quality of communication

- Validated surveys: 'heard and understood,' QOC, CAHPS®

Measuring Outcomes: ‘Lagging’ Indicators of Impact

Patient-reported outcomes

- Anxiety (GAD-7)
- Depression (PHQ-9)
- Goal-concordant care (Varies)

System-Level Outcomes: “Lagging” Indicators of Impact

Quality of care (population):

- Healthcare utilization at the end of life
- Family-reported quality of EOL care and receipt of care consistent with preferences (bereaved family survey)

Economic:

- Costs of care

Conversation Outcomes: More, Earlier, Better ('Lagging' Indicator)

Clinician Behavior Change: Pre-Post Outcomes

- *Change in occurrence, timing, quality, accessibility of documented serious illness conversations in deceased subset*

Thank You!

ARIADNE LABS

BWH

5 YEARS

QUESTIONS?

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Clinical Practice Guidelines for Quality Palliative Care, 4th edition

Tracy Schroepfer, PhD
University of Wisconsin-Madison
School of Social Work
Co-Chair of Clinical Practice Guidelines Writing Workgroup

National Consensus Project for Quality Palliative Care

- Initiative of the National Coalition of Hospice and Palliative Care (NCHPC) to further define and underscore the value of palliative care, and to improve upon the delivery of palliative care in the United States.
- Goals:
  - *Heighten awareness of palliative care as an option in treating those with a serious illness*
  - *Build national consensus concerning palliative care through an open and inclusive process*
  - *Create and disseminate a set of evidence-based clinical practice guidelines to guide the growth and expansion of palliative care*
- Three editions of the *NCP's Clinical Practice Guidelines for Quality Palliative Care* (NCP Guidelines) have been published: 2004, 2009, and 2013.

NCP Guidelines, 4th edition

- **Funding:** In January 2017, grant received from the Gordon and Betty Moore Foundation to support a Stakeholder Summit, development, endorsement, dissemination, and implementation of the NCP Guidelines, 4th edition.
- **Goal:** To improve access to quality palliative care for all people with serious illness, regardless of setting, diagnosis, prognosis, or age.
- **Systematic Review:** Added to the original project scope in 2018 and funded by the Gordon and Betty Moore Foundation, Gary and Mary West Foundation, The John A. Hartford Foundation and Stupski Foundation.

NCP Leadership Organizations

AAHCM
AMERICAN ACADEMY OF HOME CARE MEDICINE

aahpm
AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

AHCA®
AMERICAN HEALTH CARE ASSOCIATION

AMGA™
Advancing High Performance Health

ASSOCIATION OF PROFESSIONAL CHAPLAINS
Healing through Spiritual Care

Center to Advance Palliative Care
capc

HealthCare Chaplaincy Network™

HPNA
Hospice & Palliative Nurses Association
Advancing Expert Care in Serious Illness

ltqa
LONG-TERM QUALITY ALLIANCE

HOMECARE & HOSPICE
National Association for Home Care & Hospice

National Hospice and Palliative Care Organization

NATIONAL Palliative Care RESEARCH CENTER

National Pediatric Hospice and Palliative Care Collaboration

NATIONAL QUALITY FORUM

PAHPM
PHYSICIAN ASSISTANTS IN HOSPICE AND PALLIATIVE MEDICINE

SWHPN
Social Work Hospice & Palliative Care Network
swhpn.org

Accomplishments

- Consensus achieved with 16 NCP Leadership Organizations
- Systematic Review completed by RAND Evidence-based Practice Center
- Endorsements received from over 80 national organizations
- Publication and launch on track for October 31, 2018
- Journal articles submitted
  - *JPM (overview of the guidelines), pre-released*
    - http://www.liebertpub.com/doi/full/10.1089/jpm.2018.0431
  - *JPSM (summary report of systematic review findings)*
    - Online publication scheduled, Oct. 31.

NCP Guidelines Domains, 4th Edition

1. Structure and Processes for Care
2. Physical Aspects of Care
3. Psychological and Psychiatric Aspects of Care
4. Social Aspects of Care
5. Spiritual, Religious and Existential Aspects of Care
6. Cultural Aspects of Care
7. Care of the Patient *Nearing* the End of Life
8. Ethical and Legal Aspects of Care

*** “Coordination of Care” criteria integrated among the eight domains.**

NCP Domain Elements, 4th Edition

Each domain includes guidelines and criteria regarding:

- Comprehensive assessment
- Caregiving
- Care coordination
- Cultural inclusiveness
- Communication
- Care transitions

Also each domain includes:

- Clinical implications
- Operational implications
- Essential skills needed
- Key research evidence
- Practice examples
- Tools/resources
- Glossary

What's New

1. <u>Structure and Processes for Care</u>
   - Coordination and continuity of care are integrated as vital elements of palliative care
2. <u>Physical Aspects of Care</u>
   - Importance of using validated tools to assess and manage pain and other symptoms
   - Emphasis on maximizing functional independence as a key element of quality of life
   - Specific recommendations to help care for those with substance use disorder
3. <u>Psychological and Psychiatric Aspects of Care</u>
   - Strengthens the role of the social worker and all palliative care clinicians regarding assessment and treatment.

What’s New

4. <u>Social Aspects of Care</u>
   - Includes assessment of social supports, relationships, practical resources and safety and appropriateness of care environment
5. <u>Spiritual, Religious, and Existential Aspects of Care</u>
   - Chaplains are the spiritual care specialists, but all health care professionals who care for people living with serious illness must assess and address the spiritual aspects of human experience
6. <u>Cultural Aspects of Care</u>
   - More focus on the influence of culture in serious illness, particularly in the case of a child or adolescent living with serious illness

What's New

7. Care of the Patient *Nearing* the End of Life
   - The title change of this domain from "Care of the Patient *at* the End of Life" in the previous guidelines to "Care of the Patient *Nearing* the End of Life" emphasizes the needs of patients and their families in the final weeks and months of life
   - Expanded section on bereavement, noting that all health care professionals must ensure the family has access to these services, even if hospice is not involved.
8. Ethical and Legal Aspects of Care
   - Places extra emphasis on ensuring patient's preferences are known and honored, not just assumed or based on direction from the surrogate

Endorsements

Over 80 national organizations, including:

- American Academy of Pediatrics
- American Cancer Society
- American College of Surgeons
- American Heart Association/American Stroke Association
- American Nurses Association
- American Board of Internal Medicine
- Accreditation Commission for Health Care (ACHC)
- Community Health Accreditation Partner (CHAP)
- Center to Transform Advanced Care (C-TAC)
- LeadingAge

Systematic Review

- Conducted by RAND Evidence-based Practice Center
- Guided by Technical Expert Panel
- 10 key questions developed
- Identified the best available evidence - i.e., systematic reviews summarizing research studies
- Search included systematic reviews published since 2013, when the 3rd edition was published
  - *Note: Included systematic reviews that reported on study data published well before 2013, thus encompassing a broad timeframe of available evidence*

Systematic Review Findings

- Registered in PROSPERO 2018 (CRD42018100065)
  - http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42018100065
- More well-designed trials of commonly used interventions in palliative care across populations are needed to bolster the evidence base in key areas, including:
  - Facilitated advance care planning early/integrated palliative care,
  - Complementary and alternative therapies (e.g., acupuncture, massage, meditation) for symptom management,
  - Life review/dignity therapy and other spiritual interventions, and
  - Advance care planning interventions such as patient-provider discussions.
- A summary of key research evidence is included within each domain section
- JPSM will publish the complete findings report online, October 31

Publication & Launch

- Publication
  - *To be available at http://www.nationalcoalitionhpc.org/ncp*
    - Free online download (PDF, E-pub, digital/interactive site)
    - Purchase hard copy
- Dissemination
  - *Communications Toolkit – available online*
  - *Conferences: NHPCO's Interdisciplinary Conference and CAPC's National Seminar, November 2018*
  - *Webinar: Coalition sponsored, December 17, 2018 (free)*
- Citation
  - *National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care, 4th edition. Richmond, VA: National Coalition for Hospice and Palliative Care; 2018. https://www.nationalcoalitionhpc.org/ncp.*

For More Information

Visit: http://www.nationalcoalitionhpc.org/ncp

Email: info@nationalcoalitionhpc.org

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NATIONAL
CONSENSUS
PROJECT
FOR QUALITY PALLIATIVE CARE

QUESTIONS?

NATIONAL QUALITY FORUM

Overview/Update on Palliative Care Registries

Arif Kamal, MD, MBA, MHS
Associate Professor of Medicine and Business Administration
Duke University

QUESTIONS?

NQF Serious Illness Initiative

Rachel Roiland, PhD, RN
Director
National Quality Forum

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

Background

Serious Illness

- What is serious illness?
    - "...a health condition that carries a high risk of mortality AND either negatively impacts a person's daily function or quality of life, OR excessively strains their caregivers."
- Who is included in the serious illness population?
    - Cancer (poor prognosis, metastatic, or hematologic)
    - Advanced liver disease or cirrhosis
    - Other conditions + markers of advanced state
        - » COPD + using home oxygen or hospitalized for the condition
- What care does this population require?
    - Identifies a population of patients and caregivers who need primary or specialty palliative care services.

Background
Serious Illness and Accountability

- A growing number of programs and models are designed to target palliative services to individuals with serious illness. To name just a few…

Programs	Models
Aetna Compassionate Care Program	Patient & Caregiver Support for Serious Illness Model (AAHPM)
Mass General Hospital's ELEOS Program	Advanced Care Model (C-TAC)

- Tools for assessing the quality of care delivered to the this population and a comprehensive approach to accountability for programs and providers caring for the seriously ill are lacking.

NQF Serious Illness Initiative Goals

- The Initiative seeks to advance the quality of care delivered to the seriously ill by:
  - *Advancing serious illness-related quality measurement and advance use of serious illness-related quality measures in public reporting and value-based payment programs*
  - *Preparing providers to use serious illness-related quality measures*
  - *Engaging and activating stakeholder groups to accelerate the alignment of incentives and quality measures within serious illness care*

NQF Serious Illness Initiative
Goals and Timeline

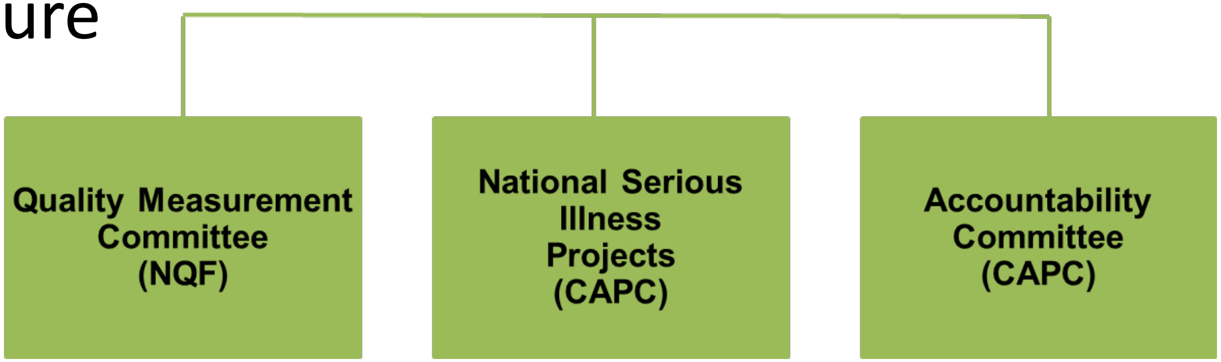
1. Advance Measurement
   - **Serious Illness Quality Alignment Hub**
     - *Convene a Quality Measurement Committee*
   - Host a series of Measurement Strategy Sessions
2. Prepare Providers
   - Develop a Serious Illness Playbook for providers
3. Engage and Activate Various Stakeholder Groups
   - Host Annual Stakeholder Summits

Serious Illness Quality Alignment Hub
Mission and Structure

- Led by the Center to Advanced Palliative Care (CAPC)

- Mission
  - *Promote the integration of serious illness measures, standards, and best practices into existing health care quality assurance and incentive programs*

- Structure



Quality Measurement Committee (NQF)

National Serious Illness Projects (CAPC)

Accountability Committee (CAPC)

Serious Illness Quality Alignment Hub
How It Works

- The Hub seeks to integrate serious illness quality measures, standards, and best practices into accountability systems through three functions:
  1. *Coordinating existing projects in the space*
  2. *Identifying new opportunities to pursue*
  3. *Vetting next steps with assembled experts*

Quality Alignment Hub Accountability Committee

- Committee Charge:
  - *Identifies and advances opportunities to incorporate standards, measures, and best practices into the following:*
    - Purchaser demands on health plans
    - Health plan credentialing and incentives on providers
    - Accreditation and certification programs
    - Medicare value-based purchasing and Star reporting
    - CMS requirements for Medicare Advantage plans
    - State regulation of plans and/or providers

Quality Alignment Hub
National Serious Illness Projects Group

- Group Charge:
  - *Connect ongoing serious illness related projects to identify opportunities for collaboration.*
  - *Projects include:*
    - Community Based Guidelines for Quality Palliative Care (NCHPC)
    - Serious Illness Standards and Process Measures for Community-Based Serious Illness Care (NCQA)
    - Developing Measures of Care Experiences of the Seriously Ill (RAND)
    - Planning for a Comprehensive Registry for High-Need Patients (AAHPM)
    - Community Mapping Project (CAPC)

Quality Alignment Hub Quality Measurement Committee

- Committee Charge:
  - *Identify meaningful and actionable quality measures and standards to advance accountability in serious illness care*
  - *Support the alignment of accountability and improvement efforts around a common measurement strategy*
  - *Recommend strategies for overcoming the challenges and barriers to quality measurement in serious illness care*

Quality Alignment Hub
Quality Measurement Committee

- Committee Charge:
  - *Identify meaningful and actionable quality measures and standards to advance accountability in serious illness care*
    - **Guiding Question**: What measures exist now and appropriate for use?
    - **Activity**: Prioritized Quality Measures from Measure Inventory
  - *Support the alignment of accountability and improvement efforts around a common measurement strategy*
    - **Guiding Question**: What’s keeping us from measuring important aspects of care?
    - **Activity**: Measurement Strategy Sessions
  - *Recommend strategies for overcoming the challenges and barriers to quality measurement in serious illness care*
    - **Guiding Question**: How can we incorporate quality measurement into accountability?
    - **Activity**: Measurement recommendations for identified accountability opportunities

Quality Measurement Committee Members

- **Helen Burstin (chair)**
  Executive Vice President & CEO
  Council of Medical Specialty Societies
- **Rebecca Anhang-Price**
  Senior Policy Researcher
  RAND Corporation
- **Susan Edgman-Levitan**
  Executive Director
  John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital
- **Lynn Friss Feinberg**
  Senior Strategic Policy Advisor
  AARP Public Policy Institute
- **Laura Hanson**
  Director, UNC Palliative Care Program
  Co-Chair, American Academy of Hospice and Palliative Medicine Quality Committee
- **Rachael Heitner**
  Manager, Community Mapping
  Center to Advance Palliative Care
- **Maureen Henry**
  Research Scientist
  National Committee for Quality Assurance
- **Amy Kelley**
  Associate Professor and Vice Chair of Health Policy and Faculty Development
  Icahn School of Medicine at Mount Sinai
- **Bruce Leff**
  Associate Professor of Medicine
  Johns Hopkins University School of Medicine
- **Hannah Luetke-Stahlman**
  Strategist, Population Health-Clinical Intelligence
  Cerner
- **Katie Martin**
  Vice President for Health Policy and Programs
  National Partnership for Women and Families
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  Professor of Clinical Medicine, Dept. of Medicine
  Helen Diller Family Chair in Palliative Care
  University of California San Francisco
- **Sarah Scholle**
  Vice President of Research & Analysis
  National Committee for Quality Assurance
- **Joan Teno**
  Professor of Medicine
  Oregon Health & Science University
- **Kat Thomas**
  Quality Assurance
  Epic
- **Martha Twaddle**
  Medical Director, Palliative Medicine & Supportive Care
  Northwestern Lake Forest Hospital

Looking Back….

Year 1 Activities and Results
Committee Meeting Results
Identified Priority Areas Year 1: Denominator Problem & Patient & Caregiver Experience
Shared Committee Member work related to Priority Areas: RAND’s Development of an Experience Survey for Individuals with Serious Illness
Provided feedback on the Guiding Principles
Engaged in prioritization of quality measures and measures concepts
Measurement Strategy Session Results
Developed draft Guiding Principles to address the lack of guidance on approaches to identifying individuals with serious illness

Looking Ahead….

Year 2 Activities and Goals
Committee Goals
Finalize recommendations for prioritized quality measures and measures concepts
Continue to share updates on Committee members' related work
Develop recommendations for integrating the work of the Accountability and Quality Measurement Committees
Measurement Strategy Session Results
Develop recommendations for advancing the development of the measures concepts selected by the Committee for prioritization

Next Steps

2019 Activities	Dates
2nd Measurement Strategy Session	February 2019
1st Stakeholder Summit	April 2019
3rd Measurement Strategy Session	June 2019
Hub In-Person Meeting	September 2019
Playbook Strategy Session	October 2019

- Opportunities to Get Involved
  - *Measurement Strategy Sessions*
    - Recommendations for Expert Panelists
  - *Stakeholder Summits*
    - Participate or recommendations for participants
  - *Feedback on Committee Recommendations*
    - Prioritize quality measures and measures concept list

QUESTIONS?

References

1. Kelley AS & Bollens-Lund E. (2018). Identifying the population with serious illness: The "Denominator Challenge". *Journal of Palliative Medicine*. *21* (S2), S-7-S-16.
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3. Teno JM, Montgomery R, Valuck T, Corrigan J, Meier DE, Kelley A, Randall Curtis J, Engelberg R. (2018). Accountability for community-based programs for the seriously ill. *Journal of Palliative Medicine, 21* (S2), S-81-S-87.

Discussion and Q&A

Public Comment

Next Steps

Activities and Timeline
Fall 2018

- Five measures will be evaluated and considered for maintenance of endorsement
- Meeting dates and times to be determined
  - *Orientation and Measure Evaluation Tutorial Web Meeting: December 2018*
  - *Measure Evaluation Web Meeting (#1 of 2): February 2018*
  - *Measure Evaluation Web Meeting (#2 of 2): February 2018*
  - *Post-Meeting Web Meeting: February 2018*
  - *Post-Comment Web Meeting: May 2018*

THANK YOU