



Geriatrics and Palliative Care Standing Committee – Topical Webinar

During the spring 2021 cycle, no measures were submitted for the Geriatric and Palliative Care Standing Committee to evaluate. Therefore, the National Quality Forum (NQF) convened the Geriatric and Palliative Care Standing Committee for a topical webinar on July 27, 2021.

Welcome and Review of Meeting Objectives

Kathryn Goodwin, NQF director, welcomed the Geriatric and Palliative Care Standing Committee and participants to the web meeting. Ms. Goodwin reviewed the meeting objectives. The purpose of this topical web meeting was to discuss the existing palliative care measurement framework, present an overview of the current NQF Geriatric and Palliative Care measure portfolio, and gain input from the Standing Committee on potential gaps in geriatric and palliative care quality measurement. Erin Buchanan, NQF manager, conducted the Standing Committee roll call. Deborah Waldrop, Standing Committee co-chair, welcomed the participants.

Discussion of Measurement Framework

Ms. Goodwin presented an overview of the Palliative and End-of-Life Care Measurement Framework and described how it has changed from when it was first developed in 2006. Next, Ms. Waldrop and Standing Committee Member Dr. Arif Kamal facilitated conversation on suggestions for potential modifications to the framework that would reflect changes in practice and literature from the past several years. Dr. Kamal shared that the goal of potentially updating the framework is to provide additional guidance to measure developers that describes measurement priority and needs in the area of palliative care.

During the discussion about the framework, the Standing Committee suggested adding functional status as a domain of care; in addition, they suggested adding maintenance of function to the types of palliative care. As the discussion progressed, it was mentioned that the current framework does not specifically address geriatrics. The Standing Committee discussed whether it was appropriate to create an additional framework for geriatrics or whether there was a way to incorporate geriatrics in the present framework. The Standing Committee agreed that with more work being put towards this effort, it would be possible to integrate geriatrics into the current framework while preventing the loss of important elements, such as those surrounding pediatric palliative care.

The Standing Committee discussed values preferences and whether they were already included in the framework under the structures and processes or whether they should be a separate item. The Standing Committee tended to agree that it should be pulled out separately, highlighting the importance of person-centered care. The Standing Committee also emphasized equity and its importance in the framework. A member of the public recommended the application of universal concepts, such as respect, access, person-centeredness, equity/representation, social determinants of health (SDOH), and meaning, as the guiding principles behind the framework, perhaps overlapping all levels of the framework. A member of the Standing Committee mentioned that aspects of the framework must be measurable, and while equity is a concept often included in measurement, some other concepts such as

respect may not be as easily measured. Another Standing Committee member suggested that equity and values preferences could be placed in the innermost circle of the framework, along with patient and family/caregiver. However, another Standing Committee member disagreed, stating that putting those in the innermost circle might seem to put the burden of addressing those concepts on the individual rather than the system of care. Dr. Kamal then described the way in which this framework can be utilized, including the application of universal concepts to improve measurement in this area.

Ms. Goodwin shared notes from a previous Standing Committee meeting when the addition of residential care facilities in the settings of care circle was discussed and asked the Standing Committee for their thoughts on that concept. A member of the Standing Committee agreed that it would be good to add that concept under settings of care. One Standing Committee member suggested changing the term *home* in the framework to *community* or *community-based*. Another Standing Committee member noted that it is important to be mindful of the distinction between home-based acute care, home-based primary care and palliative care, outpatient care, and community-based care. The Standing Committee noted that the separation of outpatient care and home care might encourage developers to be more specific as they develop measures and assist the Standing Committee in identifying measure gaps.

Review of Geriatrics and Palliative Care Portfolio of Measures and Discussion of Gaps

Ms. Goodwin noted that the current portfolio of endorsed measures is separately grouped by palliative care and geriatrics. Palliative care is divided into several topic areas, including physical aspects of care; ethical and legal aspects of care; care of the patient at the end of life; psychological and psychiatric aspects of care; cultural aspects of care; spiritual, religious, and existential aspects of care; social aspects of care; and safety, financial, and structure/processes of care. Ms. Goodwin noted that the following measure topic areas do not currently contain any endorsed measures: psychological and psychiatric aspects of care; cultural aspects of care; spiritual, religious, and existential aspects of care; social aspects of care; and safety, financial, and structure/processes of care. Within the palliative care category, there are six endorsed physical aspects of care measures, three ethical and legal aspects of care measures, and eight care of the patient at the end-of-life measures. Within the geriatrics category, there are seven measures. In terms of measures no longer endorsed, there are a total of six measures, four of which fall under the topic of physical aspects of pain, one in care of the patient at the end of life, and one under cultural aspects of care.

Open Discussion Related to Measurement Gaps and Measurement Framework

One Standing Committee member noted that while palliative care is holistic in nature and focuses on all the domains of an individual, the current measure portfolio does not reflect that goal. Another Standing Committee member noted a lack of outcome-based measures in the portfolio. The Standing Committee suggested that functional measurement could be embedded into the palliative care domain of the framework, as it is the backbone for predicting where resources should be allocated and the areas in which individuals need additional support. Another Standing Committee echoed support for measuring functional status and suggested that functional status can also include how well people are able to conduct their lives culturally, spiritually, and socially. The Standing Committee discussed that communication fits under structure and process of care and is an important component of experience of care.

Public Comment

Several comments were provided in the chat from a member of the public. The commenter suggested aligning changes to the Palliative Care Framework with the findings of NQF's *Person-Centered Planning & Practice Final Report* released in July 2020. The commenter also suggested that the framework could be conveyed in a format that connects different topics or a series of pillars rather than concentric circles. The commenter also noted that the Person-Centered Planning and Practice Committee identified future areas for measurement regarding palliative care.

Next Steps

Ms. Goodwin provided an update regarding the fall 2021 cycle. Due to continued challenges stemming from the COVID-19 pandemic, developers were provided the opportunity to delay maintenance review of measures previously scheduled for the fall 2021 cycle. In addition, NQF staff will use this time as an opportunity to evaluate and redesign aspects of the Consensus Development Process (CDP). Such aspects may include revisiting the process of the Consensus Standards Approval Committee's (CSAC) decision to return a measure to a Standing Committee for a second time.