



Palliative and End-of-Life Care 2015-2016

BACKGROUND

Palliative care generally refers to patient- and family-centered care that optimizes quality of life by anticipating, preventing, and alleviating suffering across the continuum of a patient's illness. Palliative care in the United States has evolved over the years and now includes holistic care that is provided along with disease-specific, life-prolonging treatment. Palliative care can be provided in a variety of settings but most often occurs in the hospital setting, although access to such programs is highly variable. End-of-life care, which is provided during the last stages of a terminal illness, is comprehensive care that meets a person's medical, physical, psychological, spiritual, and social needs. Such care often is palliative in nature. Much palliative end-of-life care is provided via hospice, a service delivery system that is interdisciplinary in nature, emphasizes symptom management, and focuses on both the person who is dying and his or her family. More than 1.5 million patients and their families receive hospice care each year.

For this project, NQF will convene a new multi-stakeholder Standing Committee composed of twenty to twenty-five (20-25) individuals to evaluate measures and make recommendations for endorsement. Members of this Standing Committee will possess knowledge, experience, and/or proficiency in healthcare performance measurement and/or relevant expertise associated with palliative and end-of-life care across various settings.

COMMITTEE CHARGE

A multi-stakeholder Standing Committee will be established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee will work to identify and endorse new performance measures for accountability and quality improvement that address various aspects of palliative and end-of-life care, including, but not limited to, measures that assess physical, emotional, social, psychological, and spiritual aspects of care, access to and timeliness of care, patient and family experience with care, patient and family engagement, care planning, avoidance of unnecessary hospital or emergency department admissions, appropriateness of care, cost of care, and caregiver support. Additionally, the Committee will re-evaluate 15 consensus standards previously endorsed by NQF under its revised maintenance process.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard measure evaluation criteria and make recommendations for endorsement. The Committee also will:

- Oversee the Palliative and End-of-Life Care portfolio of measures
- Identify and evaluate competing and related measures
- Identify opportunities for harmonization of similar measures
- Recommend measure concepts for development to address gaps in the portfolio
- Provide advice or technical expertise about the subject to other committees (i.e., cross cutting committees or the Measures Application Partnership)
- Ensure input is obtained from relevant stakeholders
- Review draft reports
- Recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our [Committee Guidebook](#).

STANDING COMMITTEE STRUCTURE

This Committee will be seated as a standing committee composed of 20-25 individuals, with members serving terms that may encompass multiple measure evaluation cycles.

Terms

Standing Committee members will initially be appointed to a 2- or 3-year term. Each term thereafter would be a 3-year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the [Standing Committee Guidebook](#).

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

Committee participation includes:

- Reviewing measure submission forms during each cycle of measure review
 - Each committee member will be assigned a portion (1-5) of the measures to fully review (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call
 - Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participating in the orientation call (2 hours)
- Attending one of two NQF staff-hosted measure evaluation Q &A calls if desired (1 hour)
- Reviewing measures with the full Committee by participating in one of four (4) workgroup calls (2 hours); workgroup assignments will be made by area of expertise;
- Attending an initial in-person meeting (2 full days in Washington, DC);
- Attending a post-meeting conference call if needed(2 hours)

- Attending a conference call following public commenting to review submitted comments (2 hours)
- Completing additional measure reviews via webinar
- Participating in additional calls as necessary
- Completing surveys and pre-meeting evaluations
- Presenting measures and leading discussions for the Committee on conference calls and in meetings

Table of scheduled meeting dates

Meeting	Date/Time
Standing Committee Orientation Webinar (2 hours)	April 5, 2016 3:00-5:00PM ET
Measure Evaluation Q&A	April 13, 2015 12:00-2:00PM ET
Workgroup Webinars (2 hours)	April 21, 2016 3:00-5:00PM ET April 27, 2016 12:00-2:00PM ET April 28, 2016 3:00-5:00PM ET April 29, 2016 3:00-5:00PM ET
In-person meeting (2 days in Washington, DC)	May 10-11, 2016
Post-Meeting Webinar (2 hours)	May 20, 2016 3:00-5:00PM ET
Post Draft Report Comment Webinar (2 hours)	August 3, 2016 3:00-5:00PM ET

PREFERRED EXPERTISE & COMPOSITION

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

Nominees should possess relevant knowledge and/or proficiency in healthcare performance measurement and/or relevant expertise associated with palliative and end-of-life care across multiple settings. NQF is seeking nominees with a variety of clinical experience, including physicians, nurses, therapists, social workers, chaplains, case managers, and executives; representatives from health plans or other purchasers; methodologists; and patients, and caregivers. We also are seeking expertise in disparities and care of vulnerable populations.

Please review the [NQF CDP Standing Committee Conflict of Interest Policy](#) to learn about NQF's guidelines for actual or perceived conflicts of interest. All potential Standing Committee members must complete a Disclosure of Interest form during the nomination process in order to be considered for a Committee.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are specific to an individual, not an organization, so "substitutions" of other individuals from an organization at conference calls and meetings or for voting is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Standing Committee, please **submit** the following information:

- A completed [online nomination form](#), including:
 - a brief statement of interest
 - a brief description of nominee expertise highlighting experience relevant to the committee
 - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development
 - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on Tuesday, February 9, 2016.**

QUESTIONS

If you have any questions, please contact Rachel Roiland, at 202-783-1300 or palliative@qualityforum.org. Thank you for your interest.