

Priority Measurement Focus Areas for Serious Illness

Purpose:

As more providers and programs care for individuals with serious illness, there is a growing need for guidance on how to assess the quality of care delivered to this population. Given the diversity in diagnoses, treatments, and care needs across this population, identifying a parsimonious set of existing quality measures for the entire population is challenging. An alternative approach is to identify important measurement focus areas and example quality measures for each area. This approach gives guidance to providers and programs on important areas of care to measure in order to assess quality and concrete examples of existing measures that could be used to assess a given focus area. Given the high level of resources required to implement quality measurement activities, the Serious Illness Quality Alignment Hub's Quality Measurement Committee identified ten priority focus areas for quality measurement for serious illness. These ten priority areas represent a place to start and build from as more resources become available to support measurement activities. For each prioritized focus area, example measures are listed. These example measures are drawn from the National Quality Forum's [Quality Positioning System](#) and measures collected via the [Palliative Care Quality Network](#) (PCQN) and [The Global Palliative Care Quality Alliance](#) (GPCQA) registries. The list of example measures is not comprehensive and does not reflect all of the measures collected via these two registries. For a full list of the measures collected via PCQN and GPCQA, please contact those registries directly.

Additional measurement focus areas providers and programs may wrap into their quality measurement activities as they gain experience with measurement and access to resources to support measurement activities are listed in the appendices. Appendix A contains other measurement focus areas considered important to measure. Appendix B contains a list of important measure concepts for serious illness. Measure concepts are less developed areas of measurement for which we were not able to identify example quality measures. Instead, examples of tools that can be used to capture information about a given concept.

Definitions:

Quality measure: used to quantify healthcare processes, outcomes, patients (or other respondent) perceptions, and organizational structures and/or systems associated with the ability to provide high-quality care.¹

Measure concept: an idea for a measure that includes a description of the measure, including planned target and population, but has not undergone testing.²

Tool: a measurement device (e.g. survey, test, questionnaire, scale) used for consistently obtaining (or presenting) data from respondents. Data from the tools can be used in the calculation of a quality measure.³

Note: This document will continue to be updated as additional example measures are identified. Also, the inclusion of measures that are not NQF-endorsed does not imply NQF approval or endorsement of those measures.

¹ Derived from the National Quality Forum's [Measure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement, September 2018](#).

² Derived from the National Quality Forum's [Emergency Department Transitions of Care: A Quality Measurement report, 2017](#).

³ Derived from the National Quality Forum's [Measure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement, September 2018](#).

Prioritized Measurement Focus Areas

Measurement Focus Area	Example Measure(s)
Experience of Care in the Community	NQF #2967: CAHPS Home-and Community-Based Services
Multi-dimensional assessments	NQF #3235: Hospice and Palliative Care - Comprehensive assessment at admission PCQN: % of patients who were screened at the first visit/at least once across all visits for (1) non-pain symptoms; (2) psychosocial needs; and (3) spiritual needs
Advance Care Planning	NQF #0326: Advance Care Plan PCQN: % of patients who completed an AD during a visit PCQN: % of patients screened at the first visit/at least once across all visits for ACP/Goals of care needs PCQN: % of patient who received an intervention to address: ACP/Goals of care needs
Assessment of Patient Preferences	NQF #1641: Hospice and Palliative Care - Treatment preferences JCPAL-05 Treatment Preferences Discharge Document ⁴ – Proportion of patients for whom a transition of care document containing information regarding goals of care and treatment preferences is completed and accompanies the patient to the next level of care at discharge.
Mental Health Care	NQF #0418: Preventive Care and Screening: Screening for clinical depression and follow-up plan
Existential/Spiritual/Religious Well-being	NQF #1647: Beliefs and Values - Documented discussion of spiritual/religious concerns or refusal
Medication Management	NQF #0097: Medication reconciliation post-discharge NQF #1617: Patients treated with an opioid who are given a bowel regimen
Effectiveness of Pain Management	NQF #0209: Pain brought to a comfortable level within 48 hours of initial assessment PCQN: % of patients' <u>pain</u> is brought to comfortable level within 3 visits
Treatments Near End-of-Life	NQF #0210: Receiving chemotherapy in the last 14 days of life
Cost of Care	NQF #1604: Total Cost of Care Population-based per member per month Index

Note: NQF = National Quality Forum; PCQN = Palliative Care Quality Network; JCPAL = Joint Commission Palliative Care Measure Set; **Bold = outcome measures**

⁴ Specifications can be found in the Specifications Manual for Joint Commission National Quality Measures, available [here](#).

Appendix A: Additional Measurement Focus Areas

Measurement Focus Area	Example Measure(s)
Hospice Utilization	NQF #0216: Proportion of patients who died from cancer admitted to hospice for less than 3 days
Dyspnea Management	NQF #1639: Hospice and Palliative Care - Dyspnea screening
Pain Management	NQF #1637: Hospice and Palliative Care - Pain assessment NQF #0420: Pain assessment and follow-up PAL-01 Pain Screening ⁵ : Proportion of palliative care patients who were screened for pain during the palliative care initial encounter. PAL-02 Pain Assessment: Proportion of palliative care patients who were screened positive during the palliative care initial encounter and received clinical assessment of pain
Experience of Care in Hospice	NQF #2651: CAHPS Hospice Survey
Falls Prevention	NQF #0101: Falls: Screening, risk-assessment, and plan of care to prevent future falls
Community Residence	NQF #2858 Discharge to community
Hospital Utilization	NQF #2888: Risk-standardized acute admission rates for patients with multiple chronic conditions OCM #1 ⁶ : Proportion with hospital admission, risk-adjusted all-cause
Acute Care Utilization	Time is What Matters Measure: Time patients have saved from hospital reductions in readmissions, length of stay, and emergency department (ED) wait time ⁷
Acute Care Utilization Near the End-of-Life	NQF #0213: Proportion of patients who died from cancer admitted to the intensive care unit in the last 30 days of life
Acute Care Utilization	OCM #2: Proportion ED Visits without admission, risk-adjusted all-cause
Experience of Care - Children	NQF #0009: CAHPS Health Plan Survey Version 3.0 Children with Chronic Conditions Supplement NQF #0005: CAHPS Clinician & Group Survey - Adult, Child
Mental Health - Screening	NQF #0712: Depression utilization of PHQ-9

Note: NQF = National Quality Forum; PCQN = Palliative Care Quality Network; JCPAL = Joint Commission Palliative Care Measure Set; OCM = Oncology Care Model; **Bold = outcome measures**

⁵ Specifications can be found in the Specifications Manual for Joint Commission National Quality Measures, available [here](#).

⁶ Specifications can be found in the CMS Website, available [here](#).

⁷ Haas S, Jacobs B, Schwartz M, & Maulik J. (2018). Measuring Patient Quality of Life: Time Is What Matters. NEJM Catalyst. Available [here](#).

Appendix B: Measure Concepts

Measurement Focus Area	Example Tools
Patient or family assessment of goal concordance	Decision Quality Instruments (DQIs)
Functional assessment ⁸	Barthel Index ECOG Performance Status Edmonton Functional Assessment Tool (EFAT) FIM Instrument Functional Assessment of Chronic Illness Therapy - Palliative Subscale (FACIT-PAL) Index of Independence in ADLs (Index of ADLs) Karnofsky Performance Tool Palliative Performance Scale Physical Self-Maintenance Scale (PSMS) Patient-Reported Outcomes Measurement Information Rapid Disability Rating Scale-2 (RDRS-2) Stanford Health Assessment Questionnaire Short Form Health Survey 36 (SF-36) System (PROMIS®) – Mental, Physical, and Social Health
Caregiver assessment ⁹	Subjective Burden Index Tailored Caregiver Assessment & Referral System Tool Zarit Caregiver Burden Scale
Community-based program offered	Center to Advance Palliative Care – Mapping Community Palliative Care Tool
Unwanted care, not goal concordant	Decision Regret Scale The Values and Preferences Scale
Documentation of a surrogate or refusal	No tool identified at this time

⁸ Listed tools were identified from the National Coalition for Hospice and Palliative Care's 4th Edition of Clinical Practice Guidelines for Quality Palliative Care (available [here](#)) and the Palliative Care Research Cooperative Group (PCRC) Instrument Library (available [here](#)).

⁹ Listed tools were identified from the National Quality Forum's Compendium of Measures for Home and Community Services, available [here](#).