

Measure Applications Partnership

Post-Acute Care/
Long-Term Care Workgroup

Web Meeting #2

February 27, 2012



NATIONAL
QUALITY FORUM

***Welcome and
Review of Meeting Objectives***

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Hospice Report Outline

*Overall theme: Hospice care as an opportunity to emphasize two National Priorities, **Person- and Family- Centered Care** and **Effective Communication and Care Coordination***

- Executive Summary, MAP Background, Introduction
- Measures for Hospice Care Quality Reporting
 - Measurement Priorities for Medicare Hospice Program and Palliative Care Across Settings
 - Available Measures for Medicare Hospice Program and Palliative Care Across Settings
 - Measure Gaps for Medicare Hospice Program and Palliative Care Across Settings
- Pathway for Improving Measure Application for Hospice Care

Meeting Objectives

- Finalize measurement priorities for the Medicare Hospice program and palliative care across settings
- Review available measures and measure gaps
- Discuss data sources for measures

Meeting Agenda

11:30	Welcome
11:35	Review of Exercise Results
12:00	Available Measures and Measure Gaps
12:30	Data Considerations
12:45	Closing Remarks

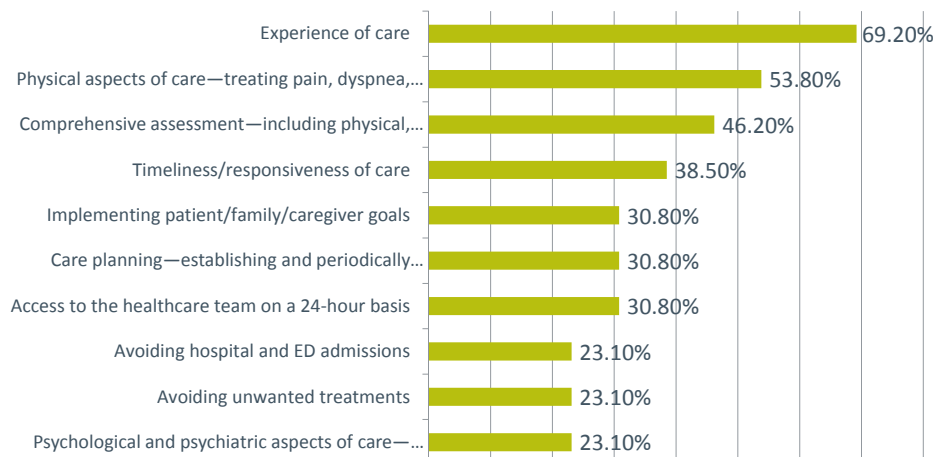
Review of Exercise Results

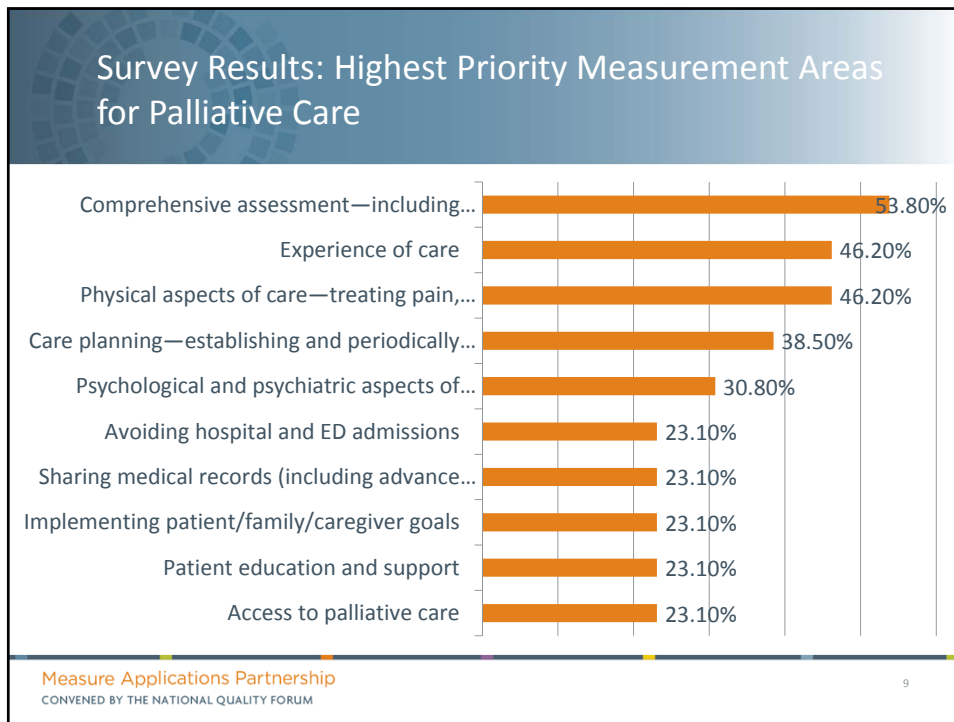
Survey Results: Additional Measurement Areas Suggested

N=13

- Access/availability of services
 - Timeliness of access to hospice care
- Patient- and family- centered care
 - Include “social” in comprehensive assessment
 - Caregiver assessment
- Goals and care planning
 - Adherence to patient preferences
- Care coordination
 - Single care plan across all providers
 - Bidirectional measures to ensure information was sent and received

Survey Results: Highest Priority Measurement Areas for Medicare Hospice Program





Survey Results: Concepts Not Highly Prioritized

Medicare Hospice Program	Palliative Care
Access to hospice care	Access to hospice care
Caregiver education and support	Caregiver education and support
Shared decision making	Shared decision making
Social care planning—addressing social, practical, and legal needs of patient and caregivers	Social care planning—addressing social, practical, and legal needs of patient and caregivers
Timely communication of patients' goals across all providers	Timely communication of patients' goals across all providers
Qualified healthcare teams	Qualified healthcare teams
Appropriate level of services	Appropriate level of services
Cost of care	Cost of care

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Survey Results: Concepts Not Highly Prioritized (continued)

Medicare Hospice Program	Palliative Care
Care of the imminently dying patient	Care of the imminently dying patient
<i>Ethical and legal aspects of care—including advance directives and surrogate decision makers</i>	Ethical and legal aspects of care—including advance directives and surrogate decision makers
<i>Availability of spiritual care services</i>	<i>Availability of spiritual care services</i>
<i>Spiritual, religious, and existential aspects of care—assessing concerns</i>	<i>Spiritual, religious, and existential aspects of care—assessing concerns</i>
<i>Culturally and linguistically appropriate care</i>	<i>Culturally and linguistically appropriate care</i>
<i>Grief and bereavement care planning</i>	<i>Grief and bereavement care planning</i>
<i>Provider education</i>	<i>Provider education</i>
Access to palliative care	Access to the healthcare team on a 24-hour basis
Sharing medical records (including advance directives) across all providers	Timeliness/responsiveness of care
<i>Patient education and support</i>	Avoiding unwanted treatments

Note: Measures Concepts in italics did not receive any votes as a high priority area.

Survey Results: Rationale/How to Address the Measurement Area

Experience of care

- General comments
 - Should include many aspects (e.g., timeliness, meeting goals, care coordination, education provided)
 - Necessary to determine if needs are being met
 - Should include both patients and family/caregiver experience
- **Priority for Medicare Hospice Program**
 - Should incorporate the unique aspects of hospice-trusting staff, level/availability of support
- **Priority for Palliative Care across Settings**

Survey Results: Rationale/How to Address the Measurement Area

Comprehensive assessment– including physical, psychological, spiritual aspects of care

- General comments
 - Should incorporate social aspects of care
 - Needs to incorporate ongoing reassessment
- **Priority for Medicare Hospice Program**
 - Starting point for hospice care; essential to establish care plan and understand patient/family preferences
 - May be the only way to address emotional and spiritual aspects of care, given the difficulty in developing measures for these areas
- **Priority for Palliative Care across Settings**
 - Should be paired with care planning, advance directive discussions, and sharing medical records across providers
 - True comprehensive assessment ensures all issues are addressed and facilitates coordinate care

Survey Results: /How to Address the Measurement Area

Physical aspects of care– treating pain, dyspnea, constipation and other symptoms

- General comments
 - Must include re-evaluation and a plan for management documented in the care plan
- **Priority for Medicare Hospice Program**
 - Largest evidence base for practice; logical initial focus for performance measurement
 - Managing pain and symptoms is important to the patient
 - Avoids unwanted treatments and hospital/ED admissions
- **Priority for Palliative Care across Settings**
 - Symptom management is an indicator of effective care and can avoid unwanted treatments and hospital/ED admissions

Survey Results: Rationale/How to Address the Measurement Area

Access/availability of services

- Access to palliative care
 - **Priority for Palliative Care across Settings**
 - » Essential to patients having a choice in their care
 - » Must be available at all sites of care
- Access to the healthcare team on a 24-hour basis
 - **Priority for Medicare Hospice Program**
 - » Important for patients and families who have complicated health care and comfort issues; access reduces their anxiety
 - » Necessary to provide timely intervention
 - » Improves care coordination and decreases unnecessary hospitalizations
- Timeliness/responsiveness of care
 - **Priority for Medicare Hospice Program**
 - » Average LOS for hospice is so short that timeliness is essential
 - » Care must be timely in order to support patients and caregivers, enhance autonomy, prevent unwanted admissions to hospital/ED, and improve experience of care
 - » Should be incorporated into other measurement areas- timeliness of assessments, care planning, etc.

Survey Results: Rationale/How to Address the Measurement Area

Patient- and family- centered care

- Psychological and psychiatric aspects of care– managing anxiety, depression, delirium, behavioral disturbances, and other common psychological symptoms
 - **Priority for Medicare Hospice Program**
 - » Essential to compassionate care of the dying; can lead to better decision making and increased comfort
 - » Behavior changes significantly add to burden and can lead to unstable care, hospital admissions, and crisis interventions
 - **Priority for Palliative Care across Settings**
 - » Behavior changes significantly add to burden and can lead to unstable care plan, hospital admissions, and crisis interventions
- Patient education and support
 - **Priority for Palliative Care across Settings**

Survey Results: Rationale/How to Address the Measurement Area

Goals and care planning

- Care planning– establishing and periodically reviewing patient/family/caregiver goals and
- Implementing patient/family/caregiver goals
 - General comments
 - » Should be done in tandem with comprehensive assessment
 - » Need continuity of care plans across settings
 - » An emphasis should be placed on communication– with patient, family, other providers
 - Priority for Medicare Hospice Program
 - » Should include a process for determining preferences, reviewing preferences at regular intervals, a plan for addressing each of the core areas of assessment
 - Priority for Palliative Care across Settings
 - » Focus on continually reassessing patient goals, patients are not imminently dying so goals may change over time

Survey Results: Rationale/How to Address the Measurement Area

Care coordination/appropriateness/affordability of care

- Sharing medical records (including advance directives across all providers)
 - Priority for Palliative Care across Settings
 - » Improves continuity of care and decreases avoidable hospitalizations
- Avoiding unwanted treatments
 - General comments
 - » Implies good communication and care planning
 - » Could encompass unnecessary ED/hospital admissions
 - Priority for Medicare Hospice Program
 - Priority for Palliative Care across Settings
- Avoiding hospital and ED admissions
 - General comments
 - » Important across the care continuum
 - » Proxy for meeting patient needs, if needs are met admissions/readmissions are reduced
 - Priority for Medicare Hospice Program
 - Priority for Palliative Care across Settings



Discussion

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***Available Measures and
Measure Gaps***

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Available Measures and Measure Gaps

- Medicare Hospice Program
 - 2 finalized measures (1 structural measure is not NQF-endorsed)
 - 6 measures previously supported by MAP for inclusion
- 25 measures identified for potential application addressing:
 - Access/availability of services
 - Patient- and family- centered care
 - Goals and care planning
 - Care coordination
 - Appropriateness/affordable Care
- Provider competency is the only area without at least one existing measure

Medicare Hospice Program Measures

Measure #/Title	CMS Status
0209 Comfortable Dying	Finalized
Hospice administers a QAPI program containing at least three indicators related to patient care (Not Endorsed)	Finalized
0208 Family Evaluation of Hospice Care	Under Consideration- MAP Supported
1617 Patient Treated with an Opioid who are Given a Bowl Regimen	
1634 Hospice and Palliative Care – Pain Screening	
1637 Hospice and Palliative Care – Pain Assessment	
1638 Hospice and Palliative Care- Dyspnea Treatment	
1639 Hospice and Palliative Care- Dyspnea Screening	

Available Measures and Measure Gaps

Next Steps

- NQF staff will review the detailed measure specifications to determine if measures can be readily applied to programs
- Possible recommendations for potential Medicare Hospice Program measures
 - Measure ready for application in program
 - Measure should be specified/tested for applicability to program
 - Measure includes promising concepts that should be further explored for relevance to program
- Possible recommendations for palliative care measures to be used across settings
 - Measure ready for application to address palliative care in certain settings, should be specified/tested for applicability to other settings
 - Measure includes promising concepts that should be further explored for relevance to palliative care

Available Measures and Measure Gaps

Access/availability of services

- Access to hospice care
 - 0215 Proportion not admitted to hospice
 - 0216 Proportion admitted to hospice for less than 3 days
- Gaps:
 - Access to palliative care
 - Access to the healthcare team on a 24-hour basis
 - Timeliness/responsiveness of care
 - Availability of spiritual care services

Available Measures and Measure Gaps

Patient- and family- centered care

- Experience of care
 - **0208 Family Evaluation of Hospice Care***
 - 1623 Bereaved Family Survey
- Physical aspects of care
 - **1617 Patient Treated with an Opioid who are Given a Bowl Regimen***
 - **1634 Hospice and Palliative Care – Pain Screening***
 - **1637 Hospice and Palliative Care – Pain Assessment***
 - **1638 Hospice and Palliative Care- Dyspnea Treatment***
 - **1639 Hospice and Palliative Care- Dyspnea Screening***
 - *0209 Comfortable Dying: Pain Brought to a Comfortable Level within 48 Hours of Initial Assessment***
 - 0179 Improvement in dyspnea
 - 0185 Recently hospitalized residents with symptoms of delirium (risk-adjusted)
 - 0384 Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383)

Available Measures and Measure Gaps

Patient- and family- centered care

- Psychological and psychiatric aspects of care
 - 0518 Depression Assessment Conducted
- Spiritual, religious, and existential aspects of care
 - 1647 Percentage of hospice patients with documentation in the clinical record of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss
- Culturally and linguistically appropriate care
 - 1894 Cross-cultural communication domain on the Communication Climate Assessment Toolkit
 - 1898 Health literacy domain of Communication Climate Assessment Toolkit
- Gaps
 - Comprehensive assessment (bundled measure)
 - Care of the imminently dying
 - Patient education and support
 - Caregiver education and support

Available Measures and Measure Gaps

Goals and care planning

- Ethical and legal aspects of care
 - 0326 Advance Care Plan
- Care Planning
 - 0383 Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)
 - 1626 Patients Admitted to ICU who Have Care Preferences Documented
 - 1634 Hospice and Palliative Care- Treatment Preferences
- Gaps
 - Shared decision making
 - Grief and bereavement care planning
 - Social care planning

Available Measures and Measure Gaps

Care coordination

- Sharing Medical Records
 - 0097 Medication Reconciliation
 - 0648 Timely Transition of Transmission Record (Inpatient Discharges to Home/Self Care or Any Other Site of Care)
 - 0719 Children Who Receive Effective Care Coordination of Healthcare Services When Needed
- Gaps: Timely communication of patients' goals across all providers

Available Measures and Measure Gaps

Appropriateness/affordable care

- Appropriate level of services
 - 0214 Proportion dying from cancer in an acute care setting
 - 0213 Proportion admitted to the ICU in the last 30 days of life
- Avoiding unwanted treatments
 - 1625 Hospitalized Patients Who Die and Expected Death with an ICD that Has Been Deactivated
 - 0210 Proportion receiving chemotherapy in the last 14 days of life
- Avoiding hospital and ED admissions
 - 0171 Acute care hospitalization
 - 0173 Emergency department use without Hospitalization
 - 0211 Proportion with more than one emergency room visit in the last days of life
 - 0212 Proportion with more than one hospitalization in the last 30 days of life
- Gaps: Cost of Care

Data Considerations

MAP Data Platform Principles

- **A standardized measurement data collection and transmission infrastructure is needed across all payers and settings** to support data flow and reduce data collection burden.
- **A library of all data elements needed for all measures should be created and maintained.**
 - The CARE tool could potentially be used to standardize data collection and quality measurement across all PAC/LTC, replacing current setting-specific tools.
- **The data platform should support patient-centered measurement** by enabling the collection of patient-reported data (both quantitative and qualitative) and the tracking of care across settings and over time.
- **Data collection should occur during the course of care, when possible**, to minimize burden and maximize the use of data in clinical decision making.
- **Systematic review of data and feedback loops should be implemented** to ensure data integrity and to inform continuous improvement of data validity and measure specifications.
- **Timely feedback of measurement results is imperative to support improvement, inform purchaser and consumer decision making, and monitor cost shifting.**

Discussion

Opportunity for Public Comment

Next Steps

- March 8: 'Reaction Draft' Hospice Report sent to Workgroup and MAP Coordinating Committee
- March 15 COB: Comments on 'Reaction Draft' Hospice Report due
 - Coordinating Committee will review during their in-person meeting
- April: Public Comment on Draft Hospice Report
 - Also public comment on Draft MAP Cancer Hospitals Report and Draft MAP Dual-Eligible Beneficiaries Report
- June 1: Final Reports due to HHS

Adjourn

Measurement Areas for Hospice and Palliative Care

Access/Availability of Services

- Access to palliative care
- Access to hospice care
- Access to the healthcare team on a 24-hour basis
- Timeliness/responsiveness of care
- Availability of spiritual care services

Patient- and Family- Centered Care

- Comprehensive assessment—including physical, psychological, spiritual aspects of care
- Psychological and psychiatric aspects of care—managing anxiety, depression, delirium, behavioral disturbances, and other common psychological symptoms
- Spiritual, religious, and existential aspects of care—assessing concerns
- Physical aspects of care—treating pain, dyspnea, constipation, and other symptoms using standardized scale
- Care of the imminently dying patient
- Culturally and linguistically appropriate care
- Patient education and support
- Caregiver education and support
- Experience of care

Goals and Care Planning

- Care planning—establishing and periodically reviewing patient/family/caregiver goals
- Implementing patient/family/caregiver goals
- Shared decision making
- Grief and bereavement care planning
- Social care planning—addressing social, practical, and legal needs of patient and caregivers
- Ethical and legal aspects of care—including advance directives and surrogate decision makers

Care Coordination

- Timely communication of patients' goals across all providers
- Sharing medical records (including advance directives) across all providers

Provider Competency

- Provider education
- Qualified healthcare teams

Appropriateness/Affordable Care

- Appropriate level of services
- Avoiding unwanted treatments
- Avoiding hospital and ED admissions
- Cost of care