MEASURE APPLICATIONS PARTNERSHIP
POST-ACUTE CARE/LONG-TERM CARE WORKGROUP

Convened by the National Quality Forum

Summary of In-Person Meeting #4

The Measure Applications Partnership (MAP) Post-Acute Care/ Long-Term Care (PAC/LTC) Workgroup held their fourth in-person meeting on February 14, 2012. For those interested in reviewing an online archive on the meeting, please use the link below:

http://www.qualityforum.org/Setting_Priorities/Partnership/Post-Acute/Long-Term_Care_Workgroup.aspx

Workgroup members in attendance at the meeting:

Carol Raphael, Chair	Charlene Harrington, [subject matter expert: clinician/nursing]
Kathleen Kelly, Family Caregiver Alliance	Randall Krakauer, Aetna
Gerri Lamb, [subject matter expert: care coordination]	Bruce Leff, [subject matter expert: clinician/geriatrics]
James Lett, National Transitions of Care Coalition	Shari Ling, Centers for Medicare and Medicaid Services
Juliana Preston, HealthInsight	Debra Saliba, (phone) [subject matter expert: measure methodologist]
Judith Sangl, Agency for Healthcare Research and Quality	Scott Shreve, Department of Veterans Affairs
Heather Smith, American Physical Therapy Association (substitute for Roger Herr)	Carol Spence, National Hospice and Palliative Care Organization
Margaret Terry, Visiting Nurses Association of America	Lisa Tripp, National Consumer Voice for Quality Long-Term Care
Thomas von Sternberg, Health Partners	Carolyn Zollar, American Medical Rehabilitation Providers Association (substitute for Suzanne Snyder)

The primary objectives of the meeting were to:

- Determine measurement priorities for hospice and end-of-life care across settings
- Identify available measures and prioritize gaps
- Identify a pathway for improving hospice and end-of-life care quality measurement

Carol Raphael, workgroup chair, began by welcoming all attendees, introducing the committee and reviewing the meeting objectives. Ms. Raphael introduced the first important task of the day: defining the scope of the hospice report.

CMS representatives Shari Ling, Deputy Chief Medical Officer, Office of Clinical Standards and Quality, and Robin Dowell, Nurse Consultant, Office of Clinical Standards and Quality, provided an overview of the Medicare Hospice Benefit. Dr. Ling described the context of the benefit, emphasizing how the work of the MAP will be put to use. She explained that CMS envisions the MAP identifying measures that support a patient- and family-centered system of care that is both well-coordinated and well-integrated. She also noted that it would be useful if MAP identified shortcomings of potential measures that MAP does not fully support, so that modifications can be made to these measures.

Robin Dowell provided the workgroup with background information regarding the hospice benefit, which was initially created to provide a home-based system of palliative care to the dying, focused on caring and not curing. She described the approach of hospice care as holistic, including not only physical and personal care, but spiritual, dietary, and bereavement services. All services provided to the patient while under the benefit are covered, including non-traditional care. Ms. Dowell also noted the changes that have occurred in the use of the Medicare Benefit over time. Enrollment has risen over 50% in the last decade, and diagnoses have shifted away from being primarily cancer-related.

Workgroup member Carol Spence, VP Research and Quality, NHCPO, provided a broader perspective of hospice and palliative care as it is practiced nationally, sharing its historical and philosophical roots. She emphasized the holistic aspects of this type of care and the importance of orchestrating care around the patient’s goals. During this discussion, the workgroup considered the team-based nature of hospice and palliative care, the importance of including family as part of the unit of care, and the evolving nature of patients’ goals. Other considerations were access to hospice and palliative care services and availability of services once the patient has entered hospice care. The workgroup noted that the average length of stay in hospice is around three weeks, emphasizing that most patients are not utilizing the full six months of the benefit. They attributed this largely to physicians’ inability to prognosticate the end of life with greater accuracy. As a result of this issue, and because they viewed hospice and palliative care as inextricably linked on the continuum of care, the workgroup broadened its scope to include both hospice and palliative care.

Sean Morrison, Director, National Palliative Care Research Center in New York, joined the meeting as a guest from the Hospital Workgroup to provide his perspective and expertise in palliative care. Joining him in a panel discussion were PAC/LTC workgroup members Gerri Lamb, Associate Professor, Arizona State University and Bruce Leff, Professor of Medicine, Johns Hopkins University School of Medicine. The discussion focused on quality issues in palliative care. Dr. Morrison emphasized issues of access, goals and care planning, and person-centered care. Dr. Lamb shared her expertise in care transitions to discuss the importance of the whole team of caregivers in hospice and palliative care, and Dr. Leff provided an outpatient general practice perspective, highlighting the complex health care issues that patients face in hospice and palliative care.

Several important measurement areas emerged from this discussion, including care planning and comprehensive assessments, transitions between settings, and access and availability of services. The workgroup acknowledged that providing palliative care upstream in a patient's illness allowed more awareness of this type of care, which was one way to address the access issue. They also noted that hospice and palliative care measurement are still relatively new fields and there are only a few areas where an adequate evidence base exists, such as pain management and symptom relief.

The workgroup engaged in a ranking exercise for measure concepts that resulted in 28 prioritized measure concepts, such as care coordination, patient- and family-centered care, access and availability of services, and avoiding unwanted treatments.

Rachel Weissburg, Project Manager, NQF, presented tables that included available NQF-endorsed measures applicable to hospice and palliative care, measures finalized or proposed for use in the Medicare Hospice Quality Reporting Program, and measures still in the development pipeline. The workgroup was reminded that their task was to recommend both clinical quality and patient-centered, cross-cutting measures. The workgroup engaged in a breakout session in which they identified measures that should be explored for application to the Medicare Hospice Program or other federal or private programs addressing palliative care.

The workgroup members reported out from their breakout sessions, and the meeting was adjourned. A follow-up online survey was sent to the workgroup members on February 21st to finalize their decisions about the measure concepts and measure recommendations, and a web meeting was held on February 27th to discuss these conclusions.

Web Meeting #2

A web meeting of the Measure Applications Partnership (MAP) Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup was held on Monday, February 27, 2012. To access an online archive of the web meeting, please use the link below:

http://www.qualityforum.org/Setting_Priorities/Partnership/Post-Acute/Long-Term_Care_Workgroup.aspx

After their fourth in-person meeting, the PAC/LTC Workgroup engaged in a survey exercise to prioritize and finalize measures applicable for hospice and palliative care across settings. The web meeting was held to:

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

Carol Raphael, workgroup chair, began the meeting with brief introductory remarks. She then explained the scope of the hospice report due to HHS on June 1 and stated the objectives of the meeting.

Aisha Pittman, Senior Program Director, NQF, reviewed the results of the survey exercise. The workgroup members who participated in the survey suggested lumping a number of important measure areas together to assist in organization and prioritization. They suggested considering timeliness of care under the broader heading of access to hospice and palliative care; caregiver assessment and social care under the heading of patient and family centered care; and adherence to patient preferences under goals and care planning.

In the survey, workgroup members were asked to prioritize measurement areas within hospice and palliative care. For both Medicare Hospice Program and palliative care across settings, members ranked experience of care, physical aspects of care, and a comprehensive assessment as the highest priorities. The survey results showed that seven of the ten measurement areas had very similar priority rankings across hospice and palliative care. Workgroup members noted that the overlapping priorities should be addressed differently for both palliative care and the Medicare Hospice Program.

The workgroup then discussed measures available for use in federal programs and measure gaps. There are two finalized measures within the Medicare Hospice Program and six listed as under consideration by HHS. The workgroup identified 25 measures for potential application addressing all of the major categories, except provider competency.

The workgroup was given an opportunity to review and discuss data and measurement issues as they relate to palliative and hospice care. The workgroup concluded that there should be a standardized measurement data collection and transmission infrastructure across all payers and settings to support data flow and reduce data collection burden. The data platform should support patient-centered measurement by enabling the collection of patient-reported data (both quantitative and qualitative) and tracking 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 on clinical decision support. There needs to be a systematic review of data and feedback loops to ensure that there is data integrity, and to perform continuous improvement of data validity and measure specification. Sharing advanced directives, in addition to extensive medical records, across caregivers was mentioned as an important need in these fields of care, as measurement of advanced directives and goals should follow the patient during all transitions.

Ms. Pittman concluded the meeting by reviewing next steps. The Coordinating Committee will review and finalize the coordination strategy report, and then the report will be released for public comment.