

# Evaluating quality of pain treatment among the Seriously-ill

American Academy of Hospice and Palliative Medicine

An **AARP**® *Quality Measures Innovation Grant*  
Real Possibilities



AMERICAN ACADEMY OF  
HOSPICE AND PALLIATIVE MEDICINE



# Grant Awardee: American Academy of Hospice and Palliative Medicine

- The Team

- Katherine Ast, MSW, LCSW - AAHPM
- Christine Ritchie, MD, MSPH – UCSF
- Laura Hanson, MD, MPH – UNC, Chapel Hill
- Amy Kelley, MD, MSHS – Mount Sinai
- Elizabeth Ciemins, PhD, MPH, MA – AMGA



- **The Problem:** Quality measurement for palliative care is limited by the “denominator problem,” or the inability to identify distinct populations of patients with serious illness in large health data sources, thus limiting the potential for broad system measurement.
- **The Measure Concept:** Pain treatment - Seriously ill palliative care and hospice patients who screen positive for at least moderate pain receive treatment within 24 hours.
  - First goal to develop two high-impact denominator populations of seriously ill patients age 50 and older, those with dementia or with multiple chronic conditions (MCC).
  - Second goal to test the measure concept in each denominator.
- **Partner Experience Team**
  - Margot, Greta

# Rationale for Project

- 5% of patients account for nearly 60% of total healthcare costs
- Among the highest cost individuals, only 1 in 10 are in the last year of life, while 40% experience persistently high spending over years
- Despite high spending among these complex patients, care is often:
  - poorly coordinated
  - marked by inadequate symptom control
  - characterized by low patient and family satisfaction
  - frequently at odds with personal goals and preferences
- Palliative care services provided earlier in the trajectory of illness have been shown to:
  - improve quality of life
  - control symptoms
  - support patients and families
  - lower costs
- However, many patients who could benefit most from palliative care never receive it

# Project Aims

## Using claims and clinical data in the OptumLabs Data Warehouse (OLDW)

1. Define two denominator populations:
  - a) Serious Illness + Dementia
  - b) Serious Illness + multiple chronic conditions (MCC)
2. Define the numerator concept of pain treatment among each denominator population
3. Test the measure for reliability and validity

# Pain Treatment Measure

Summary of Measure: *Seriously ill patients (with dementia or MCC) in an acute hospital setting who screened positive for moderate to severe pain (pain score  $\geq 4$ ) on hospital admission who receive treatment within 24 hours of screening.*

# Pain Treatment Measure

Denominator: Two denominator populations defined above PLUS:

- Pain score  $\geq 4$  upon hospital or hospice admission (within 24 hours of admission)

Numerator: Percent of patients who receive medication or non-medication within 24 hours of documented pain score  $\geq 4$ .

- Medication treatment (Define meds used for pain: opiates, or NSAIDs)
- Non-medication treatment (e.g., PT, OT, RT, etc.)

# Thinking Ahead

- Future applications of these measures will bring value to the health system by prospectively identifying the seriously ill population, enabling the appropriate application of quality metrics (no measure currently used under federal quality reporting programs, or recommended for future years, focuses on this population exclusively, without being setting or disease specific)
- The measures will serve patients by recognizing them early in their illness trajectory and effectively treating their symptoms, drawing out personal goals and preferences, and improving quality of life
- By discerning the patient population appropriate for palliative care, the focus will return to what patients most value, potentially avoiding costly unwanted treatments, increasing patient and family satisfaction
- Quality metrics will be applied to the correct patients and appropriately risk-adjusted, hence avoiding perverse incentives for inappropriate or even harmful tests and treatments