Quality: 
*The Role of the Clinician in Palliative Care*

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DISCLOSURES

Speakers:  
No financial conflicts related to the content of this presentation.

AAHPM Staff:  
No financial conflicts related to the content of this presentation.

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OBJECTIVES

1. Discuss novel strategies to measure quality of care in palliative care.  
2. Address the role of the palliative care clinician in supporting quality measurement.  
3. Highlight resources for quality measurement in the AAHPM & HPNA Measuring What Matters initiative.
WHY AND HOW TO MEASURE...

QUALITY OF PALLIATIVE CARE

Pop Quiz

- Which member of your palliative care team is most involved in getting data for quality metrics?
  a. Nurse or nurse practitioner
  b. Physician
  c. Social Worker
  d. Administrative staff member
  e. No one does this
  f. Other

What is high quality care?

Care that “increases the likelihood of the desired health outcomes and is consistent with current professional knowledge.”
- Empirical / evidence based (when possible)
- Normative / expert consensus

Measuring the Quality of Health Care (IOM 1999)
**Vulnerable Patients**

- Advanced cancer
- Advanced stage non-cancer diagnoses
- Dementia
- Frailty / multi-morbidity

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**Why measure quality in Hospice?**

*Value is the new healthcare imperative*

Patient Protection and Affordable Care Act (2010)

*Value-based purchasing began in 2012*

- Hospitals
- Cancer hospitals
- ESRD
- Outpatient clinics
- Long-term care hospitals
- Acute inpatient rehabilitation
- Hospices – NQF measures drive payment by 2016

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**Why measure quality in PC?**

We need measures...

**INTERNAL USES**

- Protect vulnerable patients
- Clinical QI – ensure best practices

**EXTERNAL USES**

- Justify HPC to payers and administrators
- Compare providers – separate wheat from chaff

**FUTURE PAY-FOR-PERFORMANCE**
How do we measure quality of care?

National Consensus Project (2013)
➢ Guidelines and preferred practices in 8 domains
www.nationalconsensusproject.org

How do we know if practices match guidelines? ==> quality measures
• Track practices and outcomes of current care
• Improve quality

CMS funded the PEACE Project → 34 quality measures for hospice & palliative care

What is a “quality measure”?

Instrument – structured, specified tool to collect data about an individual patient (ESAS – symptoms, PPS – function)
✔ For a PATIENT

Quality measure – a numeric summary of how often some care process or outcome (numerator) happens for a defined population (denominator)
✔ For a POPULATION

What can we measure?

Structure – actionable, indirect impact
resources, staffing, credentialing, policies and procedures

Processes – actionable, probable impact
timing, frequency, quality of assessments and treatments

Outcomes – what we really care about (but can providers control?)
patient’s health status, comfort, quality of life, quality of the dying experience; family’s satisfaction
How can we get data for quality measures?

• Administrative data
  – ICU days, cost per day, 30-day re-admission (PC)
  – GIP days, % patients with respite services (Hospice)
• Record reviews
  – Treatment preferences, pain assessment, screening for symptoms
• Surveys
  – Satisfaction with care, continuity of care, quality of life

National Quality Forum Endorsed QMs

• % HPC patients who were screened for pain during the initial encounter. (UNC/PEACE)
• % HPC patients who screen positive for pain who are assessed within 24 hours (UNC/PEACE)
• Patients treated with opioids who receive a bowel regimen (RAND)
• Patients with advanced cancer assessed for pain at an outpatient visit (RAND)
• % HPC patients who were screened for dyspnea during the hospice admission evaluation / palliative care initial encounter. (UNC/PEACE)
• % patients who screened positive for dyspnea who received treatment within 24 hours of screening. (UNC/PEACE)

National Quality Forum Endorsed QMs

• % HPC patients with chart documentation of preferences for life sustaining treatments (UNC/PEACE)
• Patients admitted to ICU who have care preferences documented (RAND)
• Hospitalized patients who die an expected death with an ICD that has been deactivated (RAND)
• Comfortable Dying: Pain brought to a comfortable level with 48 hours of initial assessment (NHPCO)
• Family Evaluation of Hospice Care (NHPCO)
• CARE-Consumer Assessments and Reports of End of Life (Center for Gerontology and Healthcare Research, Brown University)
• Bereaved Family Survey (VA PROMISE Center)
PEACE QMs: With vs. without PC

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Patients with PC</th>
<th>Patients without PC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive assessment (pain, dyspnea, nausea, constipation, emotional, spiritual)</td>
<td>56% (102)</td>
<td>10% (460)</td>
</tr>
<tr>
<td>Screened for pain</td>
<td>99% (102)</td>
<td>100% (460)</td>
</tr>
<tr>
<td>If pain, clinical assessment done</td>
<td>67% (51)</td>
<td>42% (232)</td>
</tr>
<tr>
<td>If pain, treatment given</td>
<td>100% (51)</td>
<td>96% (232)</td>
</tr>
<tr>
<td>Spiritual concerns addressed</td>
<td>55% (102)</td>
<td>55% (460)</td>
</tr>
<tr>
<td>Emotional / psychological needs addressed</td>
<td>64% (102)</td>
<td>48% (460)</td>
</tr>
<tr>
<td>Life-sustaining treatment preferences</td>
<td>93%*</td>
<td>30%</td>
</tr>
<tr>
<td>Advance directive status</td>
<td>89%*</td>
<td>78%</td>
</tr>
<tr>
<td>Name and contact information for surrogate</td>
<td>92%</td>
<td>93%</td>
</tr>
</tbody>
</table>

GETTING CLINICIANS INVOLVED IN...

QUALITY OF PALLIATIVE CARE

The Problems with Quality Measurement

- Retrospective – can't affect patient care in real-time
- Burdensome – requires looking back at the chart
- Unclear value – what does it add to clinical care?
- Isolation – most efforts are one-offs, with limited ability to share and collaborate
Carolinas Consortium for Palliative Care

QDACT-PC
(Quality Data Collection Tool for Palliative Care)

1. Point-of-care data collection tool
2. Data entered by clinicians or pulled from EHR
3. Data sent to central registry
4. Optimized for mobile devices
Reports

- On-demand, self-serve
- Weekly, monthly, quarterly quality measure adherence
- Measuring What Matters
- Financial

Clinical and Quality Domains Informed by QDACT

<table>
<thead>
<tr>
<th>QDACT / Clinical Domain</th>
<th>Quality Domain</th>
<th># Items</th>
<th>Questions Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td>Cultural Aspects of Care, Structure and Process of Care</td>
<td>20</td>
<td>Consortium-developed, Palliative Care Research Cooperative Network (PCRC), National Cancer Institute Cancer Biorepositories, and Cancer Data Standards Registry and Repository, National Palliative Care Research Collaboration (NPCRC)</td>
</tr>
<tr>
<td>Symptom Assessment and Management</td>
<td>Physical Aspects of Care, Structure and Process of Care</td>
<td>50</td>
<td>Edmonton Symptom Assessment Scale (ESAS), Memorial Sloan Kettering Cancer Center (MSKCC) symptom assessment scales, two questionnaires developed by at MSKCC, and 10 ESMs developed during the project</td>
</tr>
<tr>
<td>Advance Care Planning</td>
<td>Ethical and Legal Aspects of Care</td>
<td>3</td>
<td>Consortium-developed</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>Psychosocial and Psychological Aspects of Care, Special Aspects of Care</td>
<td>4</td>
<td>Consortium-developed, EVANAT QMDIS, NCC, “Screening for Depression”</td>
</tr>
</tbody>
</table>
Results

Conformance

<table>
<thead>
<tr>
<th></th>
<th>Paper-Based (March 2008-October 2011)</th>
<th>QDACT only (November 4-December 3 2012)</th>
<th>QDACT + personal reports (December 4-January 10, 2013)</th>
<th>QDACT + personal reports + comparisons (January 11 – February 11, 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely Management of Dyspnea</td>
<td>6%</td>
<td>93.3%</td>
<td>94.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Timely Management of Constipation</td>
<td>4%</td>
<td>92%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Timely Management of Pain</td>
<td>7%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Timely Management of Dyspnea 6% 93.3% 94.1% 100%
Timely Management of Constipation 4% 92% 100% 100%
Timely Management of Pain 7% 100% 100% 100%

Alliance Performance:
% of first consultations with a spiritual assessment performed

- 63%
- 78%
- 78%

Goal >75%

Membership

- Open to palliative care organizations across the US
- Depth and breadth of participation is up to each site
- Participate in monthly conference calls to discuss best practices, QI projects, research
- Real chance for collaboration (for projects, funding, learning)
Pop Quiz

• What type of quality measures do you think are most important to collect and review routinely?
  a. No quality measures
  b. Administrative data such as visits, cost-savings or staff credentialing
  c. Clinical care processes such as pain management practices, documentation of treatment preferences or timeliness of treatment
  d. Outcome data such as symptom scores, patient or caregiver satisfaction or quality of life
What do we mean by Measuring What Matters?

Measuring What Matters (MWM) is a consensus recommendation for a portfolio of performance measures for all hospice and palliative care programs to use for program improvement. http://aahpm.org/quality/measuring-what-matters

MWM Indicator Selection Process

- Identify candidate measures
  - Identifies 75 published measures
- Technical Advisory Panel Review
  - Narrows to 34 technically strongest measures
- Clinical User Panel Review
  - Selects 12 best measures
- AAHPM & HPNA member ranking, public input
  - Prioritizes top 10 measures
More Detail on Process Steps

• Indicators mapped to domains defined by the National Consensus Project for Quality Palliative Care (NCP) an initiative of the National Coalition of Hospice and Palliative Care

• TAP rated published measures on their scientific soundness

• CUP rated measures based on 3 dimensions of importance:
  – How MEANINGFUL is this for patients/families?
  – How ACTIONABLE is this for providers/organizations?
  – How large is the POTENTIAL IMPACT?

• Draft list of 12 measures sent to AAHPM and HPNA members, organizations & patient advocacy groups, to elicit feedback
  – Feedback received from 264 individuals and 27 organizations

10 Measures Selected


• Summary handout online

How to Use

• Identify priorities in your setting to evaluate and improve

• Align with existing requirements
  – Hospices: start with measures already in HIS
  – Hospital based PC: select from MWM to meet TJC advanced certification requirements
  – Use MWM measures to meet MOC Part IV

• Integrate into dashboards for leadership

• Advocate for alignment of state, regional, payor efforts with MWM indicators
Tips on Starting MWM

• Make sure you look CAREFULLY at measure definitions
• If at all possible, don’t change the definitions
• Start with 2 or 3 measures, not full list
• Choose measures considering structure/process/outcome

Resources to Help Advance a Quality Improvement Agenda in Your Setting

• PEACE measures
  http://www.med.unc.edu/pccm/resources/PEACE-Quality-Measures
• IHI open school
  http://www.ihi.org/education/IHIOpenSchool/Pages/default.aspx
• BMJ Quality Learning Modules
  http://quality.bmj.com/

PEACE Resources

• “Getting Started with PEACE Measures”
  http://www.med.unc.edu/pccm/resources/PEACEGettingStarted180212.pdf
• Measure specifications
IHI uses the Model for Improvement* as the framework to guide improvement work.

- Not meant to replace change models already in place, but to accelerate improvement.
- Learn fundamentals of the model and testing changes on a small scale using Plan-Do-Study-Act (PDSA) cycles.


Aims to become the world’s largest repository of quality improvement evidence.

- Standardised SQUIRE guideline template aids with sharing projects & allows comparison.
- Making it searchable helps clinicians find what works and doesn’t work before they start.
Hospice HIS Indicator Convergence

1. NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen
2. NQF #1634 Pain Screening
3. NQF #1637 Pain Assessment
4. NQF #1638 Dyspnea Treatment
5. NQF #1638 Dyspnea Screening
6. NQF #1641 Treatment Preferences
7. Modified NQF #1647 Spiritual Concerns Addressed

TJC Advanced Certification in Palliative Care Program

• Currently, any four measures permissible
• TJC working to specify and test select MWM measures to fit TJC Advanced Certification in Palliative Care Program
• In several years, expect several measures to be mandated

Share!

• Journal of Pain & Symptom Management
  – Brief Quality Improvement Reports
• BMJ Quality
  – Projects developed in their on-line process can be easily submitted
Collaboration Opportunities

- Coalition of Hospices Organized to Investigate Comparative Effectiveness
- Suncoast Solutions platform
- Duke partnership with community-based PC & hospices
- Palliative Care Quality Network (PCQN) [www.pcqn.org](http://www.pcqn.org)
- CAPC registry [https://registry.capc.org/cms/](https://registry.capc.org/cms/)
- NHPCO quality [http://www.nhpco.org/qualitypartners](http://www.nhpco.org/qualitypartners)

This list is not all-inclusive nor does it carry any endorsement of any kind. These potential partners have been engaged in our MWM process up to this point.

Please email us about other collaboration opportunities – kast@aahpm.org

Top priorities for MWM from now-5 years

1. MWM 1.0 Top 10 Measures Rollout/Dissemination
2. Investigate Collaborations/Strategic Alliances/Funding
3. White Paper on Research Gaps
4. MWM Education
5. E-Specifications
6. MWM 2.0 Further Measure Development & Monitoring
7. Common Palliative Care Denominator

Alignment with Other National Initiatives

- Regulatory & Accrediting bodies
  - CMS quality reporting programs
  - TJC’s Advanced Certification in Palliative Care Program
  - CHAP’s new quality initiatives

- Voluntary programs
  - QDACT, PCRC
  - PCQN
  - CAPC registry
  - NCQA’s programs
  - Home-based Primary Care and Palliative Care Network
  - CHOICE Network
  - NHPCO quality partners
The Creative Tensions

- Process or outcome measures?
- Specialty focus or primary care focus?
- Perfection or pragmatism?
- Quality improvement or accountability?
- Hospice or palliative care?
- Medical model or interdisciplinary?

For More Information

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Pop Quiz

- What type of quality measures do you currently collect and review routinely?
  a. No quality measures
  b. Administrative data such as visits, cost-savings or staff credentialing
  c. Clinical care processes such as pain management practices, documentation of treatment preferences or timeliness of treatment
  d. Outcome data such as symptom scores, patient or caregiver satisfaction or quality of life
• If you want to go fast, go alone.
• If you want to go far, go together.

» African proverb

Questions?

For More Information

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