Frequently Asked Questions (FAQs) about Measuring What Matters

1. What is Measuring What Matters?
The AAHPM Quality and Practice Standards Task Force and the HPNA Research Advisory Group have partnered on a new initiative called Measuring What Matters (MWM), a consensus project aimed at identifying a recommended portfolio of cross-cutting performance measures for all hospice and palliative care programs (chaired by David Casarett, MD, MA and Sally Norton, PhD, RN, FNAP, FPCN, FAAN). The project will likely recommend a core set of five to ten “basic” measures, an additional set of “advanced” measures, and a set of “aspirational” measure concepts needing further development. It is the hope that the resulting portfolio of measures will serve as the foundation for further development of hospice and palliative care quality projects nationally.

2. What does this project hope to accomplish?
With the plethora of diverse quality measures available now, this project hopes to recommend five to ten cross-cutting measures for palliative care programs to use for program improvement. The project panelists will sort through the dozens of published quality measures for hospice and palliative care to select a small portfolio of recommended measures for use across all settings. We hope to answer the question, how do you measure health care quality within and across palliative care programs?

3. What are the guiding principles for the project?
Some of the guiding principles under consideration for Measuring What Matters are:
  a. End product should ideally be companion to NCP Guidelines
  b. Recommend and/or develop population-level measures that are not site- or condition-specific, but are cross-cutting and apply to all patients in need of palliative care (whether primary or specialty). The measures would apply across settings – inpatient PC, outpatient PC, long-term care, home health, hospice inpatient, hospice home-care.
  c. Start with NQF-endorsed and other published measures and consider developing measure concepts where measurement gaps exist

4. Why this, why now?
Because few of the national quality programs currently include measures addressing palliative care concerns and goals, palliative care practitioners have been challenged to find applicable quality measures that can be benchmarked nationally. With the increased emphasis on quality measurement defined by the Affordable Care Act and increased focus on palliative care and hospice as programs that add value to patients and are cost effective to the health care system, this is an ideal time to gather experts in the field to achieve consensus on how to measure a quality palliative care program.
5. How is this project different from the NQF process?
The National Quality Forum (NQF) evaluates measures against four standardized Measure Evaluation Criteria: Importance to Measure and Report, Scientific Acceptability of Measure Properties, Usability and Feasibility, and Composite Evaluation Criteria. Information regarding the criteria as well as guidance documents can be found on the NQF’s website. NQF Steering Committees review only the measures that are submitted to them and decide through a consensus process whether or not they meet the four requirements and rise to the level of being used in a national reporting program. Measuring What Matters will focus solely on palliative care, review the work that’s already been done in quality measurement in the field, and ask the experts: what defines quality in a palliative care program?

6. How is this project related to the Joint Commission certification process?
Launched in September 2011, the Joint Commission’s Advanced Certification Program for Palliative Care recognizes hospital inpatient programs that demonstrate exceptional patient and family-centered care and optimize the quality of life for patients (both adult and pediatric) with serious illness. The Joint Commission is not prescriptive regarding the specific measures that are implemented within a Palliative Care program; the emphasis is on the use of performance measures for improving palliative care services. It is our hope that Measuring What Matters will be useful to inpatient palliative care programs by recommending a panel of cross-cutting performance measures to use for continuous quality improvement.

7. Will the end product be a companion to the NCP guidelines?
Yes, we hope so. The intent of Measuring What Matters is to collaborate with and/or gather input and engagement from other hospice and palliative care organizations and different constituent groups in order to truly represent consensus in our field. We’d like to build on strengths and concepts from the NCP process and end product.

8. Which measures will this process focus on?
The project will begin by gathering existing published measures on hospice and palliative care, and perhaps expand some of their denominators to include all palliative care, instead of being disease- or site-specific. The goal is a concise set of recommended measures that applies broadly to the entire population of patients with palliative care needs. Having a concise set of measures would begin to allow comparison across settings as well as benchmarking within specialty palliative care programs. We intend to start with NQF-endorsed measures, but then go beyond NQF to include measures that may not have the evidence or testing support needed for NQF endorsement (yet), but that represent a vital area of quality in palliative care. The first round of measures may include what can be measured now, followed by a second and third round of measures which may include what needs more research or field testing.

9. How does the 7-item Hospice Item Set proposed by CMS factor into Measuring What Matters?
AAHPM supports the implementation of the standard patient level data set with the seven measures recommended, the Hospice Item Set (HIS). However, we are concerned about the fact that the HIS is not an integrated set of measures that have a common denominator and can be determined at a single point in time following admission and again at discharge. We hope to build on the merits of the proposed HIS and make Measuring What Matters a more integrated panel of measures for all palliative care programs, not just for hospices.
10. Does this mean that a palliative care program will eventually be limited to using only Measuring What Matters measures?
Absolutely not. Measuring What Matters measures are intended to give the top line, big picture assessment of a palliative care program or of a health system’s palliative care performance. They are the kind of measures where just one or two might be included on the dashboard of a health care system, and several more on the dashboard of the specialty palliative care program. But those top line, 30,000-foot view measures, can never tell the whole story. Additional performance improvement measures looking at structure, process and outcomes will continue to be needed and used to focus in on the details and texture needed to drive improvement. These more detailed measures also serve as a laboratory for finding useful measures that might be added to the Measuring What Matters slate in the future.

11. What is the proposed timeline for this project?
Because we feel that the time is now for such a project, we’re getting started right away. The project will likely have several phases. Our goal is to have the phase 1 product – a preliminary draft of a concise portfolio of measures that can be used immediately – ready to share by the AAHPM/HPNA Annual Assembly in March of 2014. Subsequent phases of the project would take on more complex tasks, such as developing a common palliative care dominator and field testing altered, expanded or untested measures.

12. Who would these measures be for?
The vision for the final portfolio of measures is that it be vetted by experts in the field and usable by a complete hospice and palliative care team, not just by the physician.

13. How will the consensus panel work?
We have a “clinical user panel (CUP)” (chaired by Joe Rotella, MD, MBA, FAAHPM and Keela Herr, PhD, RN, AGSF, FAAN) which is comprised of measure users from the different settings and specialties (including nursing, social work, chaplain, etc), and also a “technical advisory panel (TAP)” (chaired by Sydney Dy, MD and Susan McMillan, PhD, ARNP, FAAN) to help review background materials and the environmental landscape. The TAP will help to identify the universe of measures to be prioritized, judge the technical strength of existing measures (such as reliability, validity, etc.), and help with denominator creation. The CUP will prioritize measures based on importance and usefulness to field. We’ll also invite input from members of AAHPM and HPNA through a survey process, as well as collaborate with other organizations to solicit wider feedback once the initial portfolio of measures is chosen.

14. Where can you find more information?
By contacting Katherine Ast, MSW, LCSW, Director of Quality and Research, AAHPM,
kast@aaahpm.org