



### ***What is Measuring What Matters?***

Measuring What Matters (MWM) is a consensus recommendation created by the American Academy of Hospice and Palliative Medicine (AAHPM) and Hospice and Palliative Nurses Association (HPNA) for a portfolio of quality measures for hospices and palliative care programs to use for program improvement. The findings and recommendations of the consensus project were published online in the *Journal of Pain and Symptom Management*. [http://www.jpmsjournal.com/article/S0885-3924\(15\)00073-1/abstract](http://www.jpmsjournal.com/article/S0885-3924(15)00073-1/abstract)

### ***What are Hospice and Palliative Care?***

Palliative care improves quality of life for patients who are being treated for a serious illness by managing pain and other symptoms, addressing emotional, spiritual and practical concerns, and establishing goals of care. Hospice is a specific type of palliative care for patients in their last year of life.

### ***Why the Measuring What Matters (MWM) project?***

Hospice and palliative care providers face a bewildering array of possible measures to use in their quality programs. The aim of the first phase of MWM was to sort through all relevant published measures and select a concise set that would matter most for patients with palliative care needs across all settings. Voluntary adoption of these measures broadly in hospice and palliative care would lay the groundwork for benchmarking and meaningful comparison.

### ***What is the goal of MWM?***

The goal of the project was to select a set of measures that are scientifically rigorous and that all palliative and hospice care providers could use to ensure they are giving the highest quality care. Widespread use of these measures would eventually enable benchmarking in the field. Currently there is no consistency regarding which measures are required by various groups, from accrediting organizations to payers. As the population ages and the demand for this type of care grows, the ability to assess quality throughout the country and across care settings is increasingly important.

### ***How did MWM select these measures?***

The project team identified 75 published measures relevant to hospice and palliative care. The Technical Advisory Panel (TAP) rated these measures on their scientific soundness and referred 34 measures to the Clinical User Panel (CUP). The CUP rated each measure based on 3 dimensions:

- a. How MEANINGFUL is this for patients/families?
- b. How ACTIONABLE is this for providers/organizations?
- c. How large is the POTENTIAL IMPACT?

The CUP achieved consensus on 12 measures and solicited further comment from members of AAHPM and HPNA, as well as selected organizations and patient advocacy groups. Based on feedback received, the list was reduced to the current 10 recommended measures. <http://aahpm.org/quality/measuring-what-matters>

### ***Who is on the MWM project team?***

The MWM TAP and CUP teams included 45 experts in the field and sought to represent input from patients, their families, and providers of palliative and hospice care, from doctors and nurses, to social workers and grief counselors.

### ***What are the limitations of the MWM Top Ten Measures?***

Only existing measures without modifications were considered, so the MWM Top 10 list is not a unified set with a common set of definitions. We hoped to include measures for each domain of the National Consensus Project but did not find adequate measures for social and cultural aspects of care. Although we determined that a patient or family experience survey should be included, no existing survey was suitable for all settings.

### ***What next for the MWM project?***

AAHPM and HPNA convened a Measuring What Matters (MWM) Strategy Meeting in December 2014 to generate a timeline and framework to guide their quality initiatives over the next 5 years. AAHPM and HPNA convened a number of groups active in improving quality in hospice and palliative care, including The Joint Commission, CHAP, NHPCO, CAPC, NPCRC, PCRC, QDACT, PCQN, the VA, the CHOICE Network, and the Home-based Primary Care and Palliative Care Network. In MWM Phase 2, the project will take on more complex tasks, such as developing a common palliative care denominator, creating e-specifications and patient-reported outcome measures, and field-testing altered, expanded or untested measures. The team also identified six areas of creative tension in developing a quality strategy for our field:

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

### ***What can I get started on TODAY?***

Take manageable steps that align with your existing measurement requirements. Identify priorities in your setting to evaluate and improve. Perhaps start with two or three measures that best fit your program, capacity and improvement goals. For hospices, it may be those already in the Hospice Item Set; others might use MWM measures to meet accreditation or maintenance of certification.

### ***Resources to help get started in quality measurement:***

PEACE measures – <http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>

IHI open school – <http://www.ihl.org/education/IHIOpenSchool/Pages/default.aspx>

BMJ Quality Learning Modules – <http://quality.bmj.com/>

### ***What is AAHPM?***

The Academy, representing 5,000 members, is the professional organization for physicians specializing in hospice and palliative medicine. Membership is also open to nurses and other healthcare providers who are committed to improving the quality of life of patients and families facing life-threatening or serious conditions. Since 1988, the Academy has dedicated itself to advancing hospice and palliative medicine and improving the care of patients with life-threatening or serious conditions. Visit [www.aahpm.org](http://www.aahpm.org) to learn more.

### ***What is HPNA?***

The Hospice and Palliative Nurses Association (HPNA) was established in 1986 and is the largest and oldest professional nursing organization dedicated to promoting excellence in Palliative Nursing. HPNA has over 11,000 members and 50 chapters nationally. Together with the Hospice and Palliative Nurses Foundation and the National Board for Certification of Hospice and Palliative Nurses, it works to advance expert care in serious illness. Visit [www.hpna.org](http://www.hpna.org) to learn more.