Palliative Care Measure Menu: Overview and Instructions

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Overview

The Palliative Care (PC) Measure Menu is a web-based tool designed to streamline the process of selecting metrics that pertain to the quality of a specialty PC service, or the quality of palliative and end-of-life (EOL) care delivered to a population of patients, including those not cared for by a specialty PC service.

Because palliative care has a broad and far-reaching scope, there are literally hundreds of metrics that might be used to assess quality of care. Further, some metrics require data that are difficult or impossible for a given program or organization to obtain. All of this can make selecting a balanced and feasible portfolio of palliative care metrics a time-consuming and often overwhelming task.

By using the Menu's filter features, users can leverage the descriptive information provided about each metric to select for specific types of metrics, care settings, and data requirements, and to exclude from consideration metrics that would not be appropriate or feasible. This allows users to narrow the field of candidate metrics, making the process of selecting metrics much more manageable. Users can sequentially consider metrics pertaining to specific domains of palliative care — for example, beginning with metrics that address general structures and processes of care, then moving to metrics that speak to physical aspects of care, and so on. This iterative process will allow for development of a balanced measurement portfolio that only includes metrics that are feasible and meaningful to a particular program or organization.

Metric Sources

The Menu includes a few hundred metrics derived from more than a dozen sources. Many of the metrics (and the source measure sets) were identified in two recent systematic reviews:

> A. H. Kamal, M. Gradison, J. M. Maguire, D. Taylor, and A. P. Abernethy, "Quality Measures for Palliative Care in Patients with Cancer: A Systematic Review," *Journal of Oncology Practice* 10, no. 4 (July 2014): 281-7.

> M. L. De Roo, K. Leemans, S. J. Claessen, J. Cohen, H. R. Pasman, L. Deliens, and A. L. Francke, "Quality Indicators for Palliative Care: Update of a Systematic Review," *Journal of Pain Symptom Management* 46, no. 4 (October 2013): 556-72.

The Menu includes metrics that address the National Quality Forum (NQF) National Framework and Preferred Practices for Palliative and Hospice Care Quality, pertinent metrics that are used or endorsed by regulatory or accreditation groups such as The Joint Commission and the National Committee for Quality Assurance, and several that are used in Dartmouth Atlas of Healthcare, an important national benchmarking database. The Menu also includes metrics that are sourced as "common use"; these are

metrics that the Menu authors know to be in use by PC programs, often for the purpose of describing operational activities, like the number of patients served or the timing of care delivery.

The Sources page, found in the Menu's Resources section, includes a description of each source measure set, a few notes about how the metrics were developed and their intended use, the original care setting the metrics were used in (hospice, hospital, etc.), pertinent references from the peer-reviewed literature, and links to source documents or program pages, if available.

Using the Filters

Setting/Group: Use the tabs at the top of the Menu to specify the setting/group for which you are selecting metrics:

> *Community-based PC Service:* Use this tab to select metrics for a specialty community-based service, such as PC clinics, home-based PC services, and distance/telemedicine PC programs.

> *Population of Patients:* Use this tab to select metrics that would be useful in evaluating the quality of palliative or EOL care delivered to an entire population (e.g., all patients cared for by a health system, all health plan members, all patients cared for by a medical group).

> *Inpatient PC Service:* Use this tab to select metrics for a specialty inpatient PC service.

> *Hospital or Hospital Unit:* With this tab, you can select metrics useful in evaluating palliative or EOL care delivered to all hospitalized patients or to all patients using a specific hospital unit.

Required Data: Use the Required Data fields to narrow the list of possible metrics that your program might use, based on the data that you currently have access to or would be willing to generate. For example, if your program does not have access to data describing date of death (regardless of location of death) you would uncheck the *Date of Death* box, since you would be unable to use any metrics that require that variable (for example, proportion of patients who receive chemotherapy within 14 days of death).

> *Date of Death:* Date of death, regardless of location of death.

> *Chart Data:* Includes information about which services were provided by which disciplines, and when; diagnostic, demographic, or clinical data; or information about goals of care, patient-family preferences, or surrogate identification. Some chart data can be gathered from claims or administrative records; for example, you can use ICD-9/10 diagnosis or procedure codes to determine which patients received chemotherapy. Organizations with nimble electronic health records (EHRs) may be able to use those systems to extract information about some care processes (e.g., that a spiritual assessment occurred) or clinical data (pain and other symptom scores). For other groups, gathering such data would require manual review of individual records. The kind of chart data that is needed for a given metric and the ease with which those data can be gathered (electronic vs. manual means) will have huge feasibility implications. Think long and hard before adopting a metric that requires manual chart review. In most cases, such

metrics should be avoided, or used only on a random sample of cases, periodically. Many palliative care programs record detailed information about their care processes and clinical information about their patients — data that are either entered into a standalone database or integrated into an EHR. In such cases, metrics that rely on a lot of chart data can be used to evaluate care delivered by the PC team, even if it would not be feasible to use those same metrics to evaluate care delivered to all seriously ill patients that had contact with the larger enterprise/organization.

Use of Hospital or Emergency Room: Data describing use of a hospital or use of a specific unit in a hospital or visits to an emergency room. Many community-based PC providers will not have access to such information. Such programs might have an easy time gathering detailed data about what their providers do for patients, but they won't necessarily have access to detailed (or any) data describing their patients' other contacts with the health system.

Use of Hospice: Data describing hospice use, including date of enrollment and duration of service. Many health systems only know that a patient has elected to use hospice when "hospice" is the designated discharge disposition for an acute care hospital stay. In other cases, good EHRs are being used to document hospice enrollment that is recorded in clinic notes.

Care Delivered in Outpatient Settings: Data describing services provided or information gathered in outpatient settings, such as clinics.

Survey Responses: Including surveys administered to patients, families, or referring providers.

Note that for each of the following fields, multiple selections can be made in each popup/dropdown menu, and Select All *and* Deselect All *buttons are provided for added convenience.*

<u>Metric Focus:</u> For structure and process metrics, Metric Focus lets you specify which of the eight National Consensus Project (NCP) Domains the metric applies to, or if it is an operational process metric (commonly used to describe volume and other characteristics of service delivery not associated with one of the eight domains). For outcome metrics, you can specify outcome type: Clinical/Patient-reported, Social (family, caregiver, or provider), and Utilization/Fiscal.

<u>Metric Type:</u> You can select from among structure metrics (what's in place), process metrics (details of service provision), outcome metrics (impact of care delivery).

<u>NQF Endorsement:</u> Indicates if a metric has been endorsed by the National Quality Forum (NQF). Metrics that are markedly similar to or derived from NQF-endorsed metrics are flagged as "Adapted."

<u>MWM recommended:</u> Marked with "Yes" if the metric was one of the nine recommended by the [Measuring What Matters (MWM) initiative](#) of the American Academy of Hospice and Palliative Medicine, and the Hospice and Palliative Nurses Association. Metrics that are markedly similar to or derived from MWM Recommended metrics are labeled as "Variant."

Metric Source: Specifies the entity that developed, tested, recommended, or is currently using the metric. Details about sources are available in the Sources page, found in the Menu's Resources section.

Reviewing Results

Click the *Show Results* button to view the metrics that met the criteria you specified in the Filter section. Information about the focus/domain, metric type, source, and the text of the metric or quality indicator will be displayed, along with the following information:

Original population: Short description of the population/setting that was used when the metric was originally developed (PC patients, cancer patients, patients in an Intensive Care Unit, etc.). Note that in many cases, metrics are appropriate for more than just the original population. Some metrics that were originally developed to assess care delivered to an entire population work perfectly well for specialty PC services; some metrics that were developed for specialty PC services can be used to assess quality of care delivered to an entire population. Similarly, some metrics that were originally developed for a specific disease group (like cancer) are appropriate for other populations. Details about original populations are available in the Sources page, found in the Menu's Resources section.

NCP reference: Each structure and process metric is linked to a specific guideline (or guideline criterion) described in the NCP *[Clinical Practice Guidelines for Quality Palliative Care](#)*, 3rd edition. The full text of the 27 NCP guidelines and all supporting criteria are available in the NCP Guidelines page, found in the Menu's Resources section.

Exporting Candidate Metrics

Use the *Add* buttons displayed in each row of the Results page to add metrics that your program might use to the My Metrics cart. A spreadsheet that lists cart contents can be downloaded to your computer.

Learning More About PC Metrics

Want to learn more about measuring in palliative care? The California State University Institute for Palliative Care offers a self-paced, online course, *Metrics and Measurement for Palliative Care* (http://csupalliativecare.org/organizations/roadmap/metrics-measurements/) that covers a number of useful topics, including:

- How to apply well-known measurement frameworks in health care to palliative care specifically
- The five crucial steps for choosing measures wisely
- How to use the PC Measure Menu to simplify and expedite the process of identifying measures and selecting a balanced, feasible portfolio of metrics
- Tips for being successful and avoiding mistakes that are commonly made in this area

Questions or Comments?

Contact the developers if you have questions, experience problems using the tool, or have a metric that would make a good addition.

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