

## Metrics Balance Check Worksheet: Instructions

A balanced metrics portfolio for your palliative care program will cover a range of focus areas (such as adherence to best clinical practices, attention to advance care planning, fiscal outcomes and so on), will be comprised of a mix of structure, process and outcome metrics, and will address the information needs of important stakeholders. There should also be a mix of effort required to access and analyze the required data.

Use the worksheet on page 3 to assess the balance, importance and feasibility of your current or planned metrics portfolio. For each metric note:

- 1) Is this a structure, process or outcome metric? Structure metrics describe what is in place to serve patients (team composition and training for example), process metrics describe what your team does (proportion of visits that included distress screening, for example) and outcomes metrics describe the impact of your work (change in total health care costs following enrollment, for example).
- 2) The Palliative Care (PC) domain / quality focus of the metric. Suggested categories: operational, screening and assessments, planning and preferences, hospice and End of Life (EOL) care, utilization and fiscal (... but feel free to categorize your metrics in any way that makes sense to your organization). See the list on page 2 of this document to get a sense of the types of metrics that fit into each category.
- 3) For the final four columns, enter a rating that describes stakeholder level of interest in the metric and effort required to gather and analyze data

Level of interest	Rating (what you enter in the table)	Data collection and analysis effort
Not of interest	--	Hard to collect/analyze
Neutral	0	Some effort to collect/analyze, but doable
Important to stakeholder	+	Easy to collect/analyze
Very important to stakeholder	++	Very easy to collect/analyze

### Example

Metric description	Structure, Process, or Outcome?	PC domain / quality focus area	Important to Payer?	Important to Provider?	Important to other(s)?	Data collection and analysis effort
Presence of interdisciplinary team, all certified in PC	Structure	Operational	++	++	++	++
Proportion of patients with advance care planning discussed	Process	Planning and preferences	++	++	+	0

When you've completed the table consider if you have balance across metric types (all structure or all process?), focus areas (operational only?), and amount of effort required to collect and analyze data (all hard?) Consider eliminating items that do not have at least one "++" rating in importance.

## Examples of metrics used by community-based palliative care services

Operational: metrics that describe how much service was delivered, timeliness, frequency of contacts, etc.

- # Patients referred, % with scheduled visits, % visited
- Average (and range) # visits per patient in enrollment period
- Average (and range) # days from referral to initial visit
- Average (and range) # days between visits
- % seen within 14 days of referral
- Referral source
- Referral reason
- Use of tele-visits
- Proportion patients where interpreter was used

Screening and assessments: metrics that describe adherence to best practices related to anticipating, identifying and addressing sources of suffering.

- % for which spiritual assessment is completed
- % for which functional assessment is completed
- Symptom Burden by ESAS (initial visit, 3 wk, 12 wk)
- Patient distress by Distress Thermometer (initial visit, 3 wk, 12 wk)
- % for which medication reconciliation is done with 72h of hospital discharge

Planning and preferences: metrics that address service attention to advance care planning, including documenting patient preferences.

- Proportion of patients with advance care planning discussed
- % with advance directive or POLST completed

Hospice and EOL care: metrics that describe care delivered towards the end of life, including use of hospice services.

- % remaining on service through end of life
- % death within one year of enrollment
- % enrolled in hospice at the time of death
- Average/median hospice length of service
- Location of death
- % dying in preferred location

Utilization and fiscal: metrics that address service impact on how enrolled patients are using health care services, and the cost of care.

- Per Member Per Month cost of care, enrolled patients vs comparison population
- Health care utilization/costs 6-12 months prior to enrollment compared to 6-12 months during/after:
  - # Acute care admissions
  - # (Total) hospital days
  - # ICU admissions
  - # ICU days
  - # ER visits
  - Cost per member (total, inpatient, outpatient)

## Metrics Balance-Check Worksheet

Metric description	Structure, Process, or Outcome?	PC domain / quality focus area	Important to Payer?*	Important to Provider?*	Important to other(s)?*	Data collection & analysis effort*
Metric 1						
Metric 2						
Metric 3						
Metric 4						
Metric 5						
Metric 6						
Metric 7						
Metric 8						
Metric 9						
Metric 10						

\*Rating guide:

Level of importance/interest	Rating (what you enter in the table)	Data collection and analysis effort
Not of interest	--	Hard to collect/analyze
Neutral	0	Some effort to collect/analyze, but doable
Important to stakeholder	+	Easy to collect and analyze
Very important to stakeholder	++	Very easy to collect and analyze