Topic 6: Quality and Impact

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Senate Bill 1004 (2014) requires Medi-Cal managed care plans (MCPs) to ensure access to palliative care services for eligible patients

- Implemented January 1, 2018 for adult patients, expanded to include pediatric patients in 2019
- All Plan Letter (APL) describing plan requirements available at:

  http://www.dhcs.ca.gov/provgovpart/Pages/Palliative-Care-and-SB-1004.aspx

For more information about palliative care and SB 1004 see Topic 1 in this series, SB 1004 Basics
Topic 6 Objectives

• Review DHCS program reporting requirements
• Describe resources available to measure palliative care quality
• Outline process steps to select quality metrics based on local needs, resources, and challenges
• Describe how findings will be shared and addressed
SB 1004 Reporting Requirements

• Data submitted using template DHCS provides to Medi-Cal managed care plans (MCPs)
• Quarterly reporting
• Reporting domains
  • *Patient level*: name, diagnosis, approval date, disenrollment date, reason for disenrollment
  • *Referrals*: number made, approved, accepted, declined, denied and if denied why
  • *Network*: provider name, type (mix of disciplines and services), specialty, telehealth use

**Focus**: Who was referred, who was served, why/why not served, how long served, by whom
Classic Components of Quality

Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit

Avoiding harm to patients from the care that is intended to help them

Reducing waits and sometimes harmful delays for both those who receive and those who give care

Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

Avoiding waste, including waste of equipment, supplies, ideas, and energy

https://cahps.ahrq.gov/consumer-reporting/talkingquality/create/sixdomains.html
Going Beyond the DHCS Reporting Requirements

While the data submitted to DHCS is quite useful, both MCPs and PC providers will want to gather additional information, especially items that address the quality of the delivered palliative care services. Most assessments of clinical care quality address the extent to which delivered services meet six criteria – efficacy, equity, patient-centeredness, timeliness, safety, and efficiency. There are multiple resources for identifying metrics that are commonly used to assess palliative care quality.

**Plans and providers will want metrics that describe:**

- What was done, by whom, how often
- Adherence to best practices
- How things turned out

**Where to find metrics?**

- Case studies / peers
- QI collaboratives
- Endorsed by the field
6 teams of payer and provider organizations

Providers: large academic medical centers, hospices, and a specialty palliative care practice, all providing community-based palliative care (CBPC)

Payers: national insurers, regional insurers, a Medi-Cal managed care plan

6 month planning process, resulting in operational and financial plans for delivering CBPC

24 month implementation phase, where contracts were executed and clinical services were delivered

To learn more: https://www.chcf.org/resource-center/payer-provider-partnerships-for-palliative-care/
The right metrics are the ones that are feasible to implement and that meet the information needs of both the plan and the provider organization.

• There is no standard set of metrics for community-based palliative care
• The right metrics are the ones that work for both parties
• Consider data access and collection burden
• Plans and providers can share the burden
Sample Metrics Used by PPI Teams

**Operational**

- # Patients referred, % with scheduled visits, % visited
- # Visits (average and range) per patient in enrollment period
- # Days (average and range) from referral to initial visit
- # Days (average and range) between visits
- % seen within 14 days of referral
- Referral source
- Referral reason
- Use of tele-visits
Sample Metrics Used by PPI Teams

Screening and assessments
• % for which spiritual assessment is completed
• % for which functional assessment is completed
• Symptom burden by Edmonton Symptom Assessment Scale (ESAS) (repeated)
• Patient distress by Distress Thermometer (repeated)
• % for which medication reconciliation is done with 72 hours of hospital discharge

Planning and preferences
• % with advance care planning discussed
• % with advance directive or POLST completed
Sample Metrics Used by PPI Teams

Hospice and End of Life Care

• % 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

- PMPM cost of care, enrolled patients vs comparison population
- Health care utilization/costs 6 months prior to enrollment compared to 6 months during/after:
  - # Acute care admissions
  - # (total) hospital days
  - # ICU admissions
  - # ICU days
  - # ER visits
  - Cost per member (total)
  - Cost per member (inpatient)
  - Cost per member (outpatient)
The Palliative Care Quality Network (PCQN) is a national learning collaborative committed to improving care delivered to seriously ill patients and their families. PCQN activities are anchored in a patient-level data registry, which member sites use to assess a variety of process and outcome metrics. A handout listing PCQN metrics for community-based palliative care is available on this topic page.

- **Patient-level data registry** with real-time, easy to access reports that allow for benchmarking across member sites.

- **Quality improvement (QI)** activities including mentored multi-site QI projects, QI education, and case reviews.

- **Education & community building** opportunities including monthly educational webinars and in-person conferences.

Learn More: [https://pcqn.org](https://pcqn.org)
## Encounter-Level Data Collection

### Visit Preparations
- **Visit Date:** [Date]
- **Initial Visit:** Yes/No
- **Patient Type:** Clinic/Home/SNF/Nursing Home
- **Tele. Visit:** No/Yes
- **Age:** Unknown
- **Gender:** Male/Female/Unknown
- **Referral Source:** Inpatient PC, Emergency Dept, Outpatient PC, Other Inpatient Team, Primary Care, Other Outpatient Specialist
- **Referral Reason:** Goals of care/ACP, Support with treatment decisions, Hospice referral/discussion, Pain management, Transfer to comfort care bed/unit, Other symptom management, Support for patient/family
- **Primary Diagnosis:** Cancer (Solid tumor), Vascular, Complex chronic conditions/Failure to thrive, Congenital/Chromosomal, Gastrointestinal, Hepatic, Trauma, Other...
- **Advance Directive on Chart/Available:** Yes/No
- **POLST on Chart/Available:** Yes/No

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*If this box is checked, the Process/Outcomes/Services and Symptoms tab are removed.*
Metrics for Assessment and Benchmarking

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Current metrics available for benchmarking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Characteristics / Info at time of PC request</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **Age**               | • Mean age<br>• Percent of patients in the following age bands:<br>  ○ 20 or under  
                        ○ 21-40<br>○ 41-60<br>○ 61-80<br>○ Over 80                                   |
| **Gender**            | • M/F (%)                                                                        |
| **Referral source**   | Percent of patients referred from the following:<br>• Inpatient PC<br>• Other Inpatient Team<br>• Emergency Dept.<br>• Primary Care<br>• Outpatient PC<br>• Other Outpatient Specialist<br>• Self<br>• Unknown<br>• Other                  |
The National Quality Forum (NQF) is a nonprofit, nonpartisan, public service organization that reviews, endorses, and recommends use of standardized healthcare performance measures. The NQF maintains a searchable database of measures, the Quality Positioning System (QPS), which currently includes 20 measures related to hospice and palliative care. If the needed data are available, using an NQF endorsed measure is a good idea, as the measure will have been well-researched and have good validity.
Use NQF’s QPS to Find Endorsed Metrics
Measuring What Matters (MWM) is a recommended portfolio of performance measures for all hospice and palliative care programs, developed by the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association. The 10 indicators included in the MWM portfolio were developed following a rigorous assessment and consensus-building process that incorporated information regarding the validity, feasibility and perceived importance of scores of potential measures. A list of the measures and documents describing the selection process are available on the MWM web site.
TOP TEN MEASURES THAT MATTER

MEASURE 1: Hospice and Palliative Care—Comprehensive Assessment
Percentage of patients for whom a comprehensive assessment was completed
Source: PEACE Set² |
http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures

MEASURE 2: Screening for Physical Symptoms
Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days who had a screening for physical symptoms (pain, dyspnea, nausea, and constipation)
Source: PEACE Set² |
http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures

MEASURE 3: Pain Treatment (ANY)
Seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days who screened positive for moderate to severe pain on admission, and the percent receiving medication or nonmedication treatment, within 24 hours of screening
Source: PEACE Set² |
http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures
Measuring quality in palliative care (PC) is important, but can be challenging. Because PC has a broad and far-reaching scope, there are literally hundreds of metrics that might be used to assess quality. Some metrics require data that are difficult or impossible for a given program or organization to obtain. Not all metrics are appropriate for every type of service or every patient population.

Designed for palliative care leaders, quality professionals, and administrators, the Palliative Care Measure Menu simplifies the task of reviewing possible measures, enabling users to quickly and efficiently select a feasible, balanced portfolio of measures that mirror the scope and focus of a given PC program.
What’s Inside

• 299 metrics from 19 sources
• Information about each metric:
  • Required data
  • Metric type (structure, process, outcome)
  • National Consensus Project (NCP) guideline it addresses
  • Who developed it
  • Settings used/tested in
  • Important endorsements

You can use the tool to select for the types of metrics that are appropriate for your setting and service, and to exclude from consideration metrics that are unimportant (to you) or not feasible.
Filter View

This number will change as filters are applied.
## Results View

Learn more about the NCP guideline reference for a metric by going to the **NCP Guidelines** section of the **Resources** tab.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Metric Type</th>
<th>Source</th>
<th>Original Population</th>
<th>NCP Ref</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social</td>
<td>Process</td>
<td>NQF PP</td>
<td>PC patients</td>
<td>NCP 4.2</td>
<td>Proportion of patients/families who were invited to participate in a care conference with the interdisciplinary team.</td>
</tr>
<tr>
<td>Social</td>
<td>Process</td>
<td>NQF PP</td>
<td>PC patients</td>
<td>NCP 4.2</td>
<td>Proportion of patients for whom a comprehensive social care plan is developed (comprehensive social care plan addressed relationships, communication, existing social and cultural networks, decision-making, work and school settings, finances, sexuality/intimacy, caregiver availability/stress and access to medicines and equipment.)</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Structure</td>
<td>NQF PP</td>
<td>PC patients</td>
<td>NCP 5.1</td>
<td>Specialized palliative and hospice care teams should include spiritual care professionals appropriately trained and certified in palliative care.</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Structure</td>
<td>NQF PP</td>
<td>PC patients</td>
<td>NCP 5.2</td>
<td>Presence of a policy or procedure requiring assessment of religious, spiritual and existential concerns using a structured instrument.</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Structure</td>
<td>NCP</td>
<td>PC patients</td>
<td>NCP 5.3</td>
<td>Palliative care programs create procedures to facilitate patients' access to clergy, religious, spiritual and culturally-based leaders, and/or healers in their own religious, spiritual, or cultural traditions.</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Structure</td>
<td>NCP</td>
<td>PC patients</td>
<td>NCP 5.3</td>
<td>Non-chaplain palliative care providers obtain training in basic spiritual screening and spiritual care skills.</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Structure</td>
<td>NQF PP</td>
<td>PC patients</td>
<td>NCP 5.3</td>
<td>Spiritual care is available through organizational spiritual counseling or through the patient's own clergy relationships.</td>
</tr>
</tbody>
</table>
Use the “Add” buttons to save metrics to your My Metrics cart.
Click on the “My Metrics” button to preview and edit the contents of your cart.

Export your My Metrics cart contents.
## Export a Spreadsheet File

<table>
<thead>
<tr>
<th>Metric ID</th>
<th>Domain</th>
<th>Metric Type</th>
<th>Metric or Quality Indicator</th>
<th>Source</th>
<th>Original Population</th>
<th>NQF Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>173</td>
<td>Psychological / Psychiatric</td>
<td>Structure</td>
<td>The IDT includes professionals with skills and training in the potential psychological and psychiatric impact of serious or life threatening illness, on both the patient and family including depression, anxiety, delirium, and cognitive impairment</td>
<td>NCP</td>
<td>PC patients</td>
<td></td>
</tr>
<tr>
<td>255</td>
<td>Psychological / Psychiatric</td>
<td>Structure</td>
<td>Policy or procedure mandating use of standard questions to assess patient depression</td>
<td>PEACE</td>
<td>PC patients</td>
<td></td>
</tr>
<tr>
<td>218</td>
<td>Spiritual</td>
<td>Structure</td>
<td>Presence of a policy or procedure requiring assessment of religious, spiritual and existential concerns using a structured instrument</td>
<td>NQF PP</td>
<td>PC patients</td>
<td></td>
</tr>
<tr>
<td>221</td>
<td>Spiritual</td>
<td>Structure</td>
<td>The organization/program has established partnerships with community clergy</td>
<td>NQF PP</td>
<td>PC patients</td>
<td></td>
</tr>
<tr>
<td>260</td>
<td>Spiritual</td>
<td>Process</td>
<td>% patients with chart documentation of a discussion of spiritual or religious concerns</td>
<td>PEACE</td>
<td>PC patients</td>
<td>1647</td>
</tr>
<tr>
<td>166</td>
<td>Ethical/Legal</td>
<td>Process</td>
<td>% heart failure patients who have documentation in the medical record that an advance directive was executed.</td>
<td>Joint Commission</td>
<td>Individuals with heart failure</td>
<td></td>
</tr>
<tr>
<td>262</td>
<td>Ethical/Legal</td>
<td>Process</td>
<td>% patients with chart documentation of an advanced directive or discussion that there is no advanced directive</td>
<td>PEACE</td>
<td>PC patients</td>
<td></td>
</tr>
</tbody>
</table>
Outline

• Review SB 1004 reporting requirements
• Measuring quality in palliative care
• Selecting metrics for your program
• Sharing and using findings
• Review and recommendations
Given that there are hundreds of potential metrics any PC program could use to assess the quality of care delivered, each program needs to undertake a process to decide which metrics to track. It's usually a good idea to start with metrics that are endorsed or recognized by external entities (e.g. National Quality Forum), or that are commonly used by other palliative care programs.

*From that long list, make selections by considering:*

- What matters to stakeholders
- Feasibility of data collection and analysis
- How to maintain a balanced portfolio
1. Who are your stakeholders?
   • Whose support is needed for success, sustainability, and scaling?
   • Whose initiatives/programs might be impacted (or threatened)?
   • Who might have expectations about what the program will deliver?
1. Who are your stakeholders? (continued)

   • Internal
     • Organizational leadership
     • Clinically-oriented
     • Financially-oriented
     • Regulatory

   • External
     • Payer/provider partner
     • Referring providers
     • Community partners
     • California Department of Health Care Services (DHCS)
2. Initial questions to ask

- What would a successful palliative care program look like?
- What are you hoping the program will achieve?
- If you only had one measurement of program quality, what would it be?
- How might the palliative care program impact (or be impacted by) other programs?
For each metric you’re considering...

• Is it already being collected, reported?

• Where would you get the data?
  • Available in EHR
    • What would it take to generate routine reports?
  • Could be collected specifically for this purpose
    • How labor-intensive might that collection process be?
    • Who would need to be involved? How much bandwidth do those stakeholders have to take on new tasks?
For each metric you’re considering…

• Would the data be consistently available?
• How reliable would the data be?
• Where/how would you record the data?
• What would the analysis process require?
Preparing for Metrics Selection

With others from your organization and/or your partner organization, complete the Preparing for SB 1004 Metrics Selection worksheet, available in this section of the SB 1004 Resource Center.
Selecting Quality Metrics: Factors to Consider

✓ Recognition of metric by external entities, use by other programs

✓ What matters to stakeholders
✓ Feasibility of data collection & analysis
• Balanced portfolio
Aim for a diverse portfolio of palliative care program metrics, with balance across:

- Different types of metrics
  - Structure
  - Process
  - Outcome
- Different focus areas
- Effort required
Different types of metrics:

| Structure        | • Describe the program  
|                  | • Ex. Available 24/7   |
| Process          | • Describe how care is delivered  
|                  | • Ex. Screenings done at specific points in time |
| Outcome          | • Describe the impact of the program  
|                  | • Ex. Change in pain scores |
Selecting Quality Metrics: Aim for a Balanced Portfolio

Different focus areas:

- Operational
- Screening & Assessments
- Planning & Preferences
- Hospice & End-of-Life Care
- Utilization & Fiscal

See Metrics Balance Check Worksheet, available in this section of the SB 1004 Resource Center, for examples of metrics in each category.
Consider total effort required for collection and analysis

Selecting Quality Metrics: Aim for a Balanced Portfolio

Key point:
Make sure that you don’t have all high-effort metrics... but consider adding a small number of these if the information would be particularly valuable to you or your partner organization
Example of Metrics Selection: Zuckerberg San Francisco General Hospital

**Context**
- Inpatient & Outpatient programs
  - Patients seen by both, or just one
- Cannot pull data from EHR
- Limited administrative support

**Stakeholders**
- Internal
  - System leaders
  - Inpatient and outpatient teams
- External
  - San Francisco Health Plan
  - Grant funders
Example of Metrics Selection: Zuckerberg San Francisco General Hospital

- Preliminary discussion of program goals
  - What would a successful program look like?
  - Any specific outcomes that would be very important?

- Feasibility Assessment
  - Available/obtainable?
  - Already collecting, in database?

- Review short list with stakeholders
  - Balanced portfolio
  - Collection and analysis workflows
# Example of Metrics Selection: Zuckerberg San Francisco General Hospital

<table>
<thead>
<tr>
<th>Structure/Process/Outcome</th>
<th>Quality Focus area</th>
<th>Important to Plan</th>
<th>Important to Provider</th>
<th>Important to other(s)</th>
<th>Easy to collect, analyze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interdisciplinary team, PC certified</td>
<td>Structure</td>
<td>Operational</td>
<td>++</td>
<td>++</td>
<td>++ Joint Commission</td>
</tr>
<tr>
<td>% of patients screened for psychosocial distress</td>
<td>Process</td>
<td>Screening &amp; Assessments</td>
<td>0</td>
<td>++</td>
<td>++ Cancer Committee</td>
</tr>
<tr>
<td>Number of patients seen per year</td>
<td>Outcome</td>
<td>Operational</td>
<td>++</td>
<td>++</td>
<td>++ System leadership</td>
</tr>
<tr>
<td>Average costs of patients in last yr. of life</td>
<td>Outcome</td>
<td>Utilization &amp; Fiscal</td>
<td>++</td>
<td>++</td>
<td>++ PC field</td>
</tr>
</tbody>
</table>
## Putting It All Together

<table>
<thead>
<tr>
<th>Structure/Process/Outcome</th>
<th>Quality Focus area</th>
<th>Important to Plan</th>
<th>Important to Provider</th>
<th>Important to other(s)</th>
<th>Easy to collect, analyze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metric 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metric 2</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Metric 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*With others from your organization and your partner organization, complete the **Metrics Balance Check Worksheet**, available in this section of the SB 1004 Resource Center.*
Outline

• Review SB 1004 reporting requirements
• Measuring quality in palliative care
• Selecting metrics for your program
• **Sharing and using findings**
• Review and recommendations
Sharing Findings

Once metrics are selected, partners and stakeholders will need to come to agreement on:

• Interval for reporting
  o Internal: to team and organizational leaders, as part of the organization's larger quality assessment and improvement program
  o External: between partners and with other stakeholders

• Format for reporting, communication preferences
  o Standardized report?
  o In-person meeting?
Reacting to Findings

• Targets
  o Who defines the target?
  o What happens if a target isn’t achieved?

• Repeat the needs assessment and plans for sharing and reacting to findings at key junctures (e.g. change in key personnel, leadership, or patient population)
Outline

• Review SB 1004 reporting requirements
• Measuring quality in palliative care
• Selecting metrics for your program
• Sharing and using findings

• Review and recommendations
Supplement information reported to DHCS with process and outcome metrics that describe care quality

• When considering metrics, consider what peers and QI collaboratives are using, and metrics endorsed by professional organizations

Useful Resources:
• CHCF Payer-Provider Partnerships for Community-Based Palliative Care
• The Palliative Care Quality Network
• The National Quality Forum
• Measuring What Matters
• CHCF Palliative Care Measure Menu
Recommendation #2

Use a process for selecting metrics based on local needs, resources and challenges

- Think about how success is defined by key stakeholders, and focus on the subset of metrics that speak to those areas
- Assess feasibility of both data collection and analysis
- Aim for a balance of metrics – in terms of metric type, focus area, and effort required to obtain the data

**Useful Resources:**
- Preparing for Metrics Selection Worksheet
- Metrics Balance Check Worksheet
Recommendation #3

Create processes for sharing and responding to findings

- Establish schedule and mechanisms for program reporting and communication
- Repeat needs assessments at key junctures (e.g., change in personnel, leadership, or patient population)
Check Out All of the SB 1004 Resource Center Topics

1. SB 1004 Basics
Includes basic information about SB 1004 requirements, as well as survey data collected from health plans and provider organizations describing early experiences implementing SB 1004

2. Patient Population
Includes a review of eligibility criteria, characteristics of the eligible patient population, and strategies for identifying eligible patients

3. Services, Costs, Payment
Includes a review of required services, staffing models used by PC providers, payment models, variables that impact cost of care delivery, and strategies for increasing efficiency

4. Engaging Patients & Providers
Reviews strategies for engaging patients, strategies for engaging providers who might refer eligible patients, and options for optimizing referral processes

5. Optimizing for Success
Includes a review of the factors that promote success in launching and sustaining PC programs

6. Quality and Impact
Reviews data that health plans report to DHCS, approaches to quality assessment in PC, and tools and resources for plans and providers to support improvement efforts

7. Webinars
Provides an archive of the recorded webinars from CHCF’s 2017-18 SB 1004 Technical Assistance Series