California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Topic 6: Quality and Impact

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Review: What Is SB 1004?

- 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

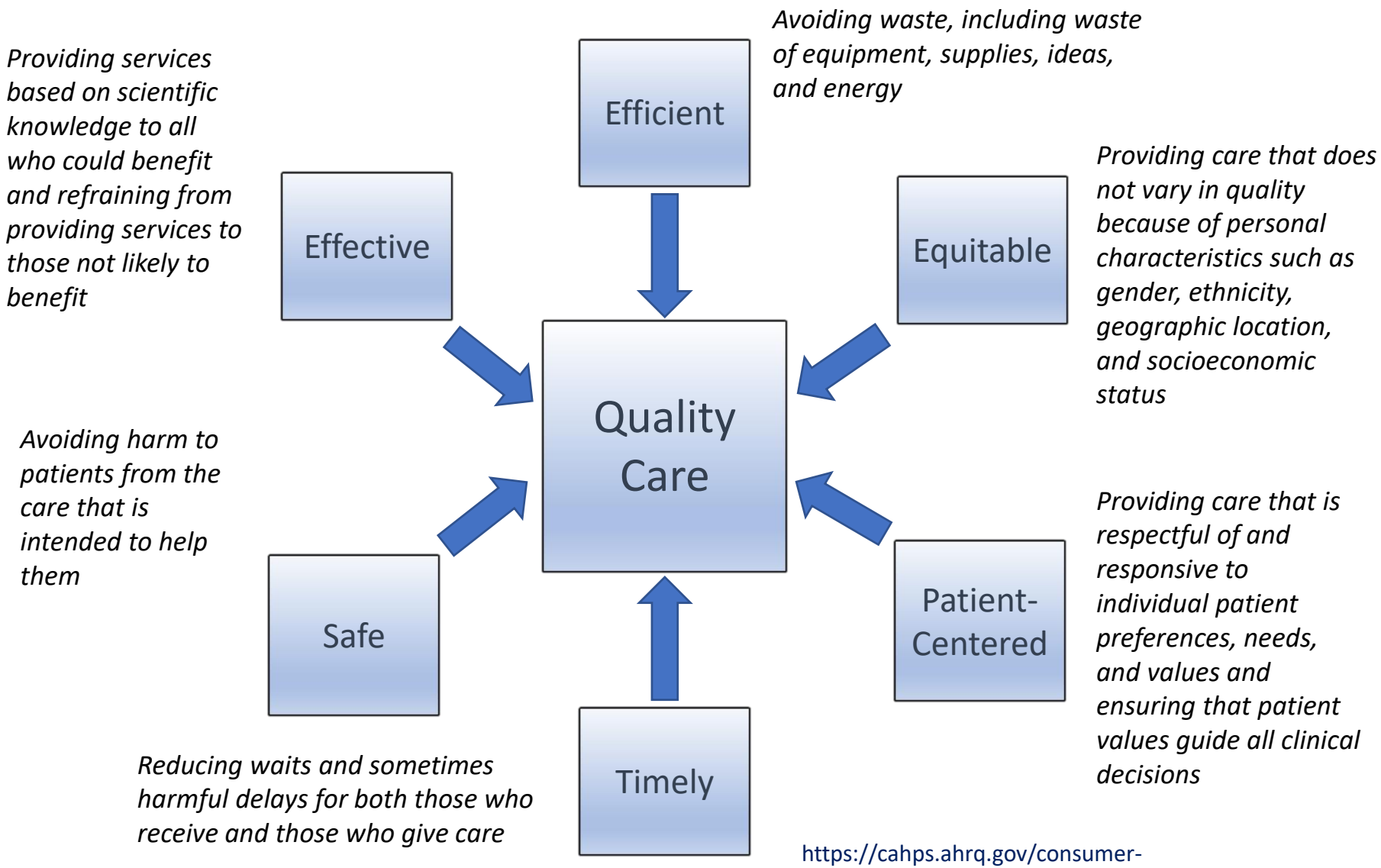
- Review DHCS program reporting requirements
- Describe resources available to measure palliative care quality
- Outline process steps to select quality metrics based on local needs, resources, and challenges
- Describe how findings will be shared and addressed

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



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

Using Case Studies to Find Metrics: CHCF Payer-Provider Partnerships Initiative (PPI)

- 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/

PPI Lessons Learned in Metrics and Assessing Impact

https://www.chcf.org/publication/payer-provider-partnerships-lesson-six/

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

Sample Metrics Used by PPI Teams

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)

Palliative Care Quality Network

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.

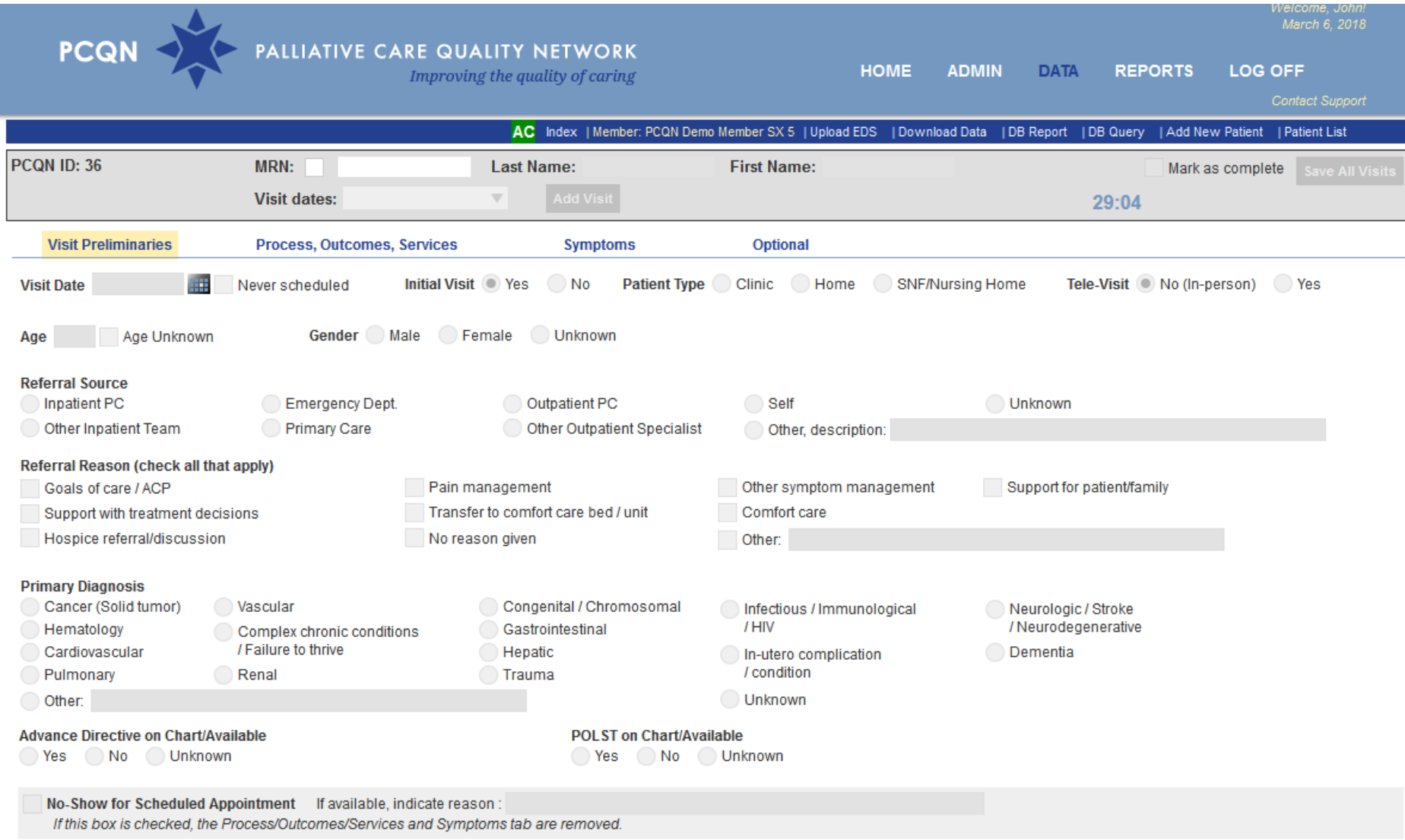
Patient- level data registry with real-time, easy to access reports that allow for benchmarking across member sites.

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

Encounter-Level Data Collection



Metrics for Assessment and Benchmarking

PCQN PALLIATIVE CARE QUALITY NETWORK

Core Metrics – Adult Community-Based Palliative Care

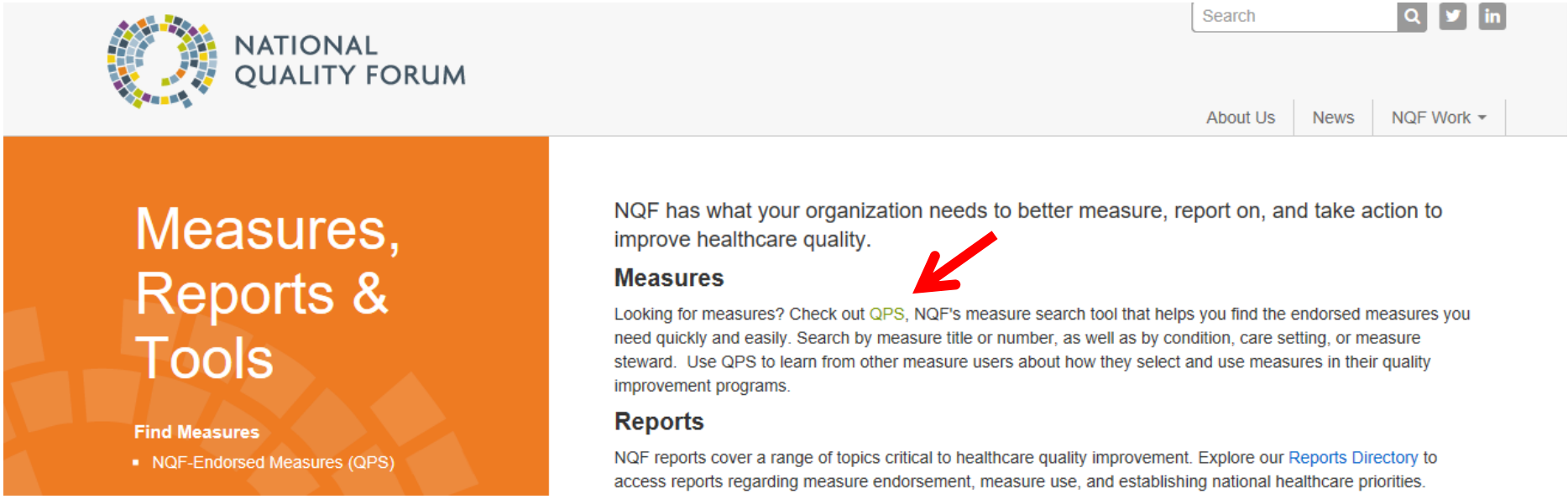
Data Element	Current metrics available for benchmarking
Patient Characteristics / Info at time of PC request	

Age	• Mean age
	• Percent of patients in the following age bands:
	  ○ 20 or under
	  ○ 21-40
	  ○ 41-60
	  ○ 61-80
	  ○ Over 80

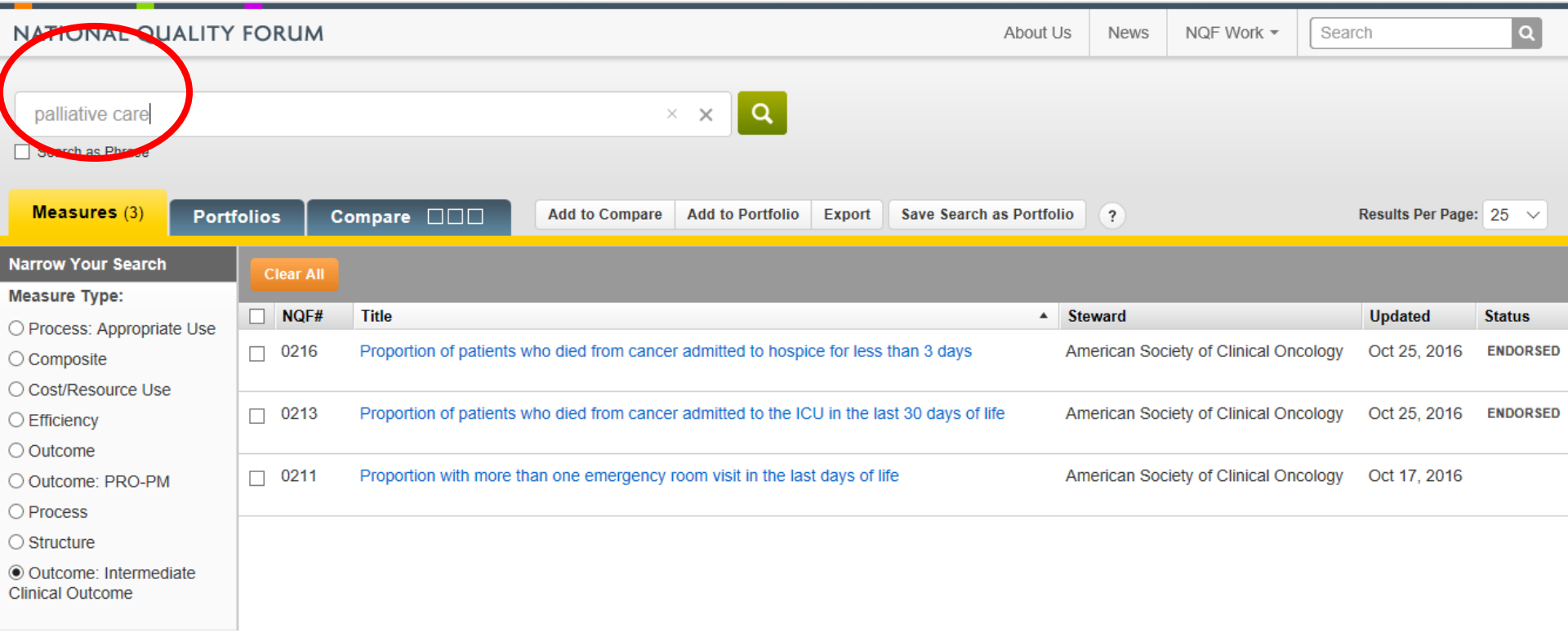
Gender	• M/F (%)
Referral source	Percent of patients referred from the following: • Inpatient PC • Other Inpatient Team • Emergency Dept. • Primary Care • Outpatient PC • Other Outpatient Specialist • Self • Unknown • Other

PC Metrics Endorsed by NQF

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



PC Metrics Recommended by AAHPM

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.

aahpm
AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

AAHPM & HPNA Measuring WHAT Matters

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 Set[1,2] | 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 Set[1,2] | 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 Set[1,2] | http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures

The Palliative Care Measure Menu

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PUBLICATION

Palliative Care Measure Menu

FEBRUARY 5, 2016

By Kathleen Kerr, Brian Cassel, Lewis Broome

SHARE

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.

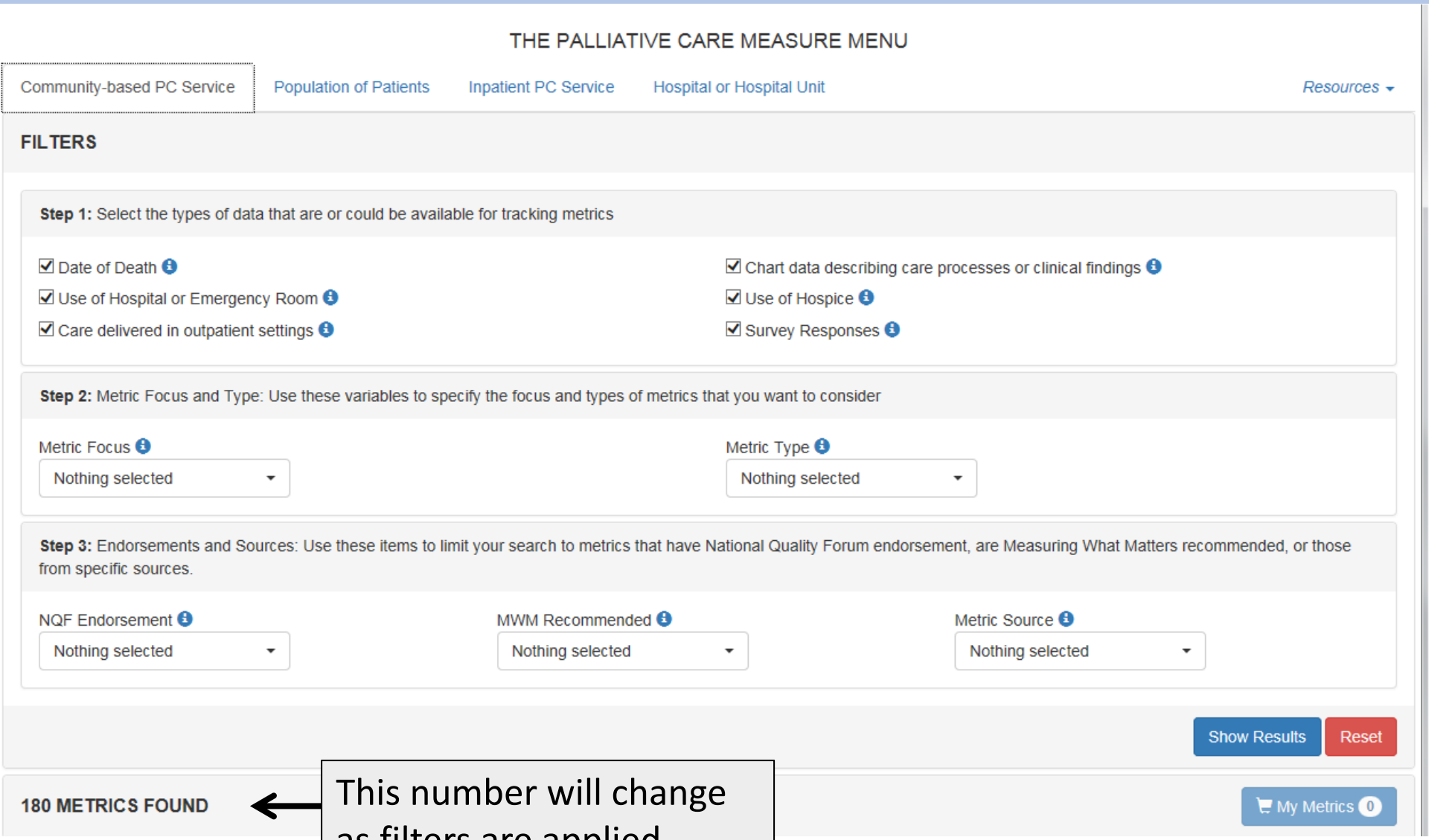
Designed for palliative care leaders, quality professionals, and administrators, the Palliative Care Measure Menu simplifies the task of reviewing possible measures, enabling users to quickly and efficiently select a feasible, balanced portfolio of measures that mirror the scope and focus of a given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



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Results View

Community-based PC Service | Population of Patients | Inpatient PC Service | Hospital or Hospital Unit | *Resources*

FILTERS — Show Filters

32 METRICS FOUND — My Metrics 0

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

Metrics that meet the criteria specified in the Filters section.

Domain	Metric Type	Source	Original Population	NCP Ref		Add
Social	Process	NQF PP	PC patients	NCP 4.2	Proportion of patients/families who were invited to participate in a care conference with the interdisciplinary team	Add
Social	Process	NQF PP	PC patients	NCP 4.2	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.)	Add
Spiritual	Structure	NQF PP	PC patients	NCP 5.1	Specialized palliative and hospice care teams should include spiritual care professionals appropriately trained and certified in palliative care.	Add
Spiritual	Structure	NQF PP	PC patients	NCP 5.2	Presence of a policy or procedure requiring assessment of religious, spiritual and existential concerns using a structured instrument	Add
Spiritual	Structure	NCP	PC patients	NCP 5.3	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.	Add
Spiritual	Structure	NCP	PC patients	NCP 5.3	Non-chaplain palliative care providers obtain training in basic spiritual screening and spiritual care skills	Add
Spiritual	Structure	NQF PP	PC patients	NCP 5.3	Spiritual care is available through organizational spiritual counseling or through the patient's own clergy relationships	Add

Results View

Community-based PC Service | Population of Patients | Inpatient PC Service | Hospital or Hospital Unit | *Resources*

FILTERS — Show Filters

32 METRICS FOUND — My Metrics 0

Use the "Add" buttons to save metrics to your My Metrics cart

Metrics that meet the criteria specified in the Filters section.

Domain	Metric Type	Source	Original Population	NCP Ref	Metric or Quality Indicator	Add
Social	Process	NQF PP	PC patients	NCP 4.2	Proportion of patients/families who were invited to participate in a care conference with the interdisciplinary team	Add
Social	Process	NQF PP	PC patients	NCP 4.2	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.)	Add
Spiritual	Structure	NQF PP	PC patients	NCP 5.1	Specialized palliative and hospice care teams should include spiritual care professionals appropriately trained and certified in palliative care.	Add
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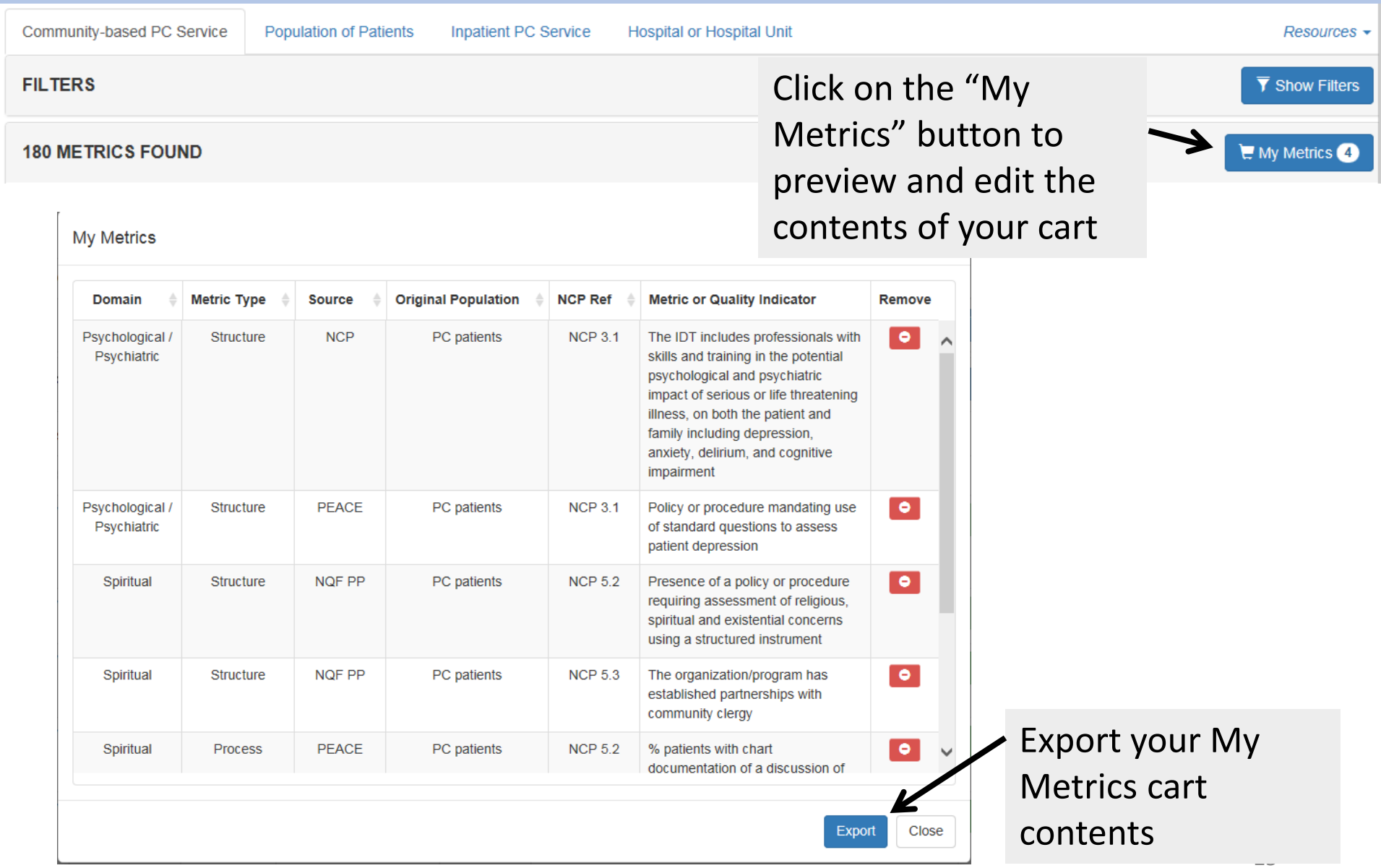
My Metrics


Community-based PC Service
Population of Patients
Inpatient PC Service
Hospital or Hospital Unit
Resources
FILTERS
Show Filters
180 METRICS FOUND
My Metrics 4
Click on the "My Metrics" button to preview and edit the contents of your cart
My Metrics
Domain
Metric Type
Source
Original Population
NCP Ref
Metric or Quality Indicator
Remove
Psychological / Psychiatric
Structure
NCP
PC patients
NCP 3.1
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
Psychological / Psychiatric
Structure
PEACE
PC patients
NCP 3.1
Policy or procedure mandating use of standard questions to assess patient depression
Spiritual
Structure
NQF PP
PC patients
NCP 5.2
Presence of a policy or procedure requiring assessment of religious, spiritual and existential concerns using a structured instrument
Spiritual
Structure
NQF PP
PC patients
NCP 5.3
The organization/program has established partnerships with community clergy
Spiritual
Process
PEACE
PC patients
NCP 5.2
% patients with chart documentation of a discussion of
Export
Close
Export your My Metrics cart contents

Export a Spreadsheet File

A	B	C	D	E	F	G
Metric ID	**Domain**	**Metric Type**	**Metric or Quality Indicator**	**Source**	**Original Population**	**NQF Deta**
173	Psychological / Psychiatric	Structure	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	NCP	PC patients	
255	Psychological / Psychiatric	Structure	Policy or procedure mandating use of standard questions to assess patient depression	PEACE	PC patients	
218	Spiritual	Structure	Presence of a policy or procedure requiring assessment of religious, spiritual and existential concerns using a structured instrument	NQF PP	PC patients	
221	Spiritual	Structure	The organization/program has established partnerships with community clergy	NQF PP	PC patients	
260	Spiritual	Process	% patients with chart documentation of a discussion of spiritual or religious concerns	PEACE	PC patients	1647 (adapted
166	Ethical/Legal	Process	% heart failure patients who have documentation in the medical record that an advance directive was executed.	Joint Commission	Individuals with heart failure	
262	Ethical/Legal	Process	% patients with chart documentation of an advanced directive or discussion that there is no advanced directive	PEACE	PC patients	

Outline

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

Selecting Quality Metrics: Factors to Consider

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. Its 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

Selecting Quality Metrics: What Matters to Stakeholders

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?

Selecting Quality Metrics: What Matters to Stakeholders

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)

Selecting Quality Metrics: What Matters to Stakeholders

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?

Selecting Quality Metrics: Assess Availability and Feasibility

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?

Selecting Quality Metrics: Assess Availability and Feasibility

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

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✓What matters to stakeholders

✓Feasibility of data collection & analysis

- Balanced portfolio

Selecting Quality Metrics: Aim for a 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

Selecting Quality Metrics: Aim for a Balanced Portfolio

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

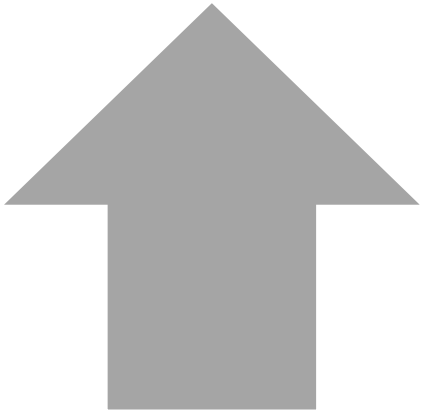
Different focus areas:

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

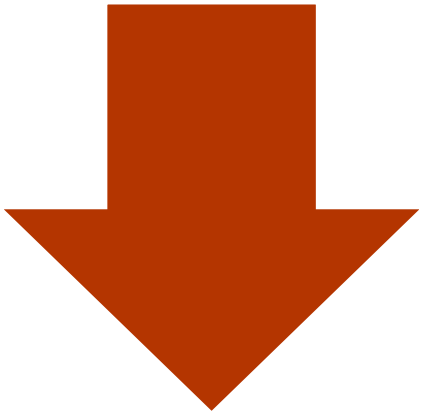
See **Metrics Balance Check Worksheet,** *available in this section of the SB 1004 Resource Center, for examples of metrics in each category.*

Selecting Quality Metrics: Aim for a Balanced Portfolio

Consider total effort required for collection and analysis



Easy



Hard

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

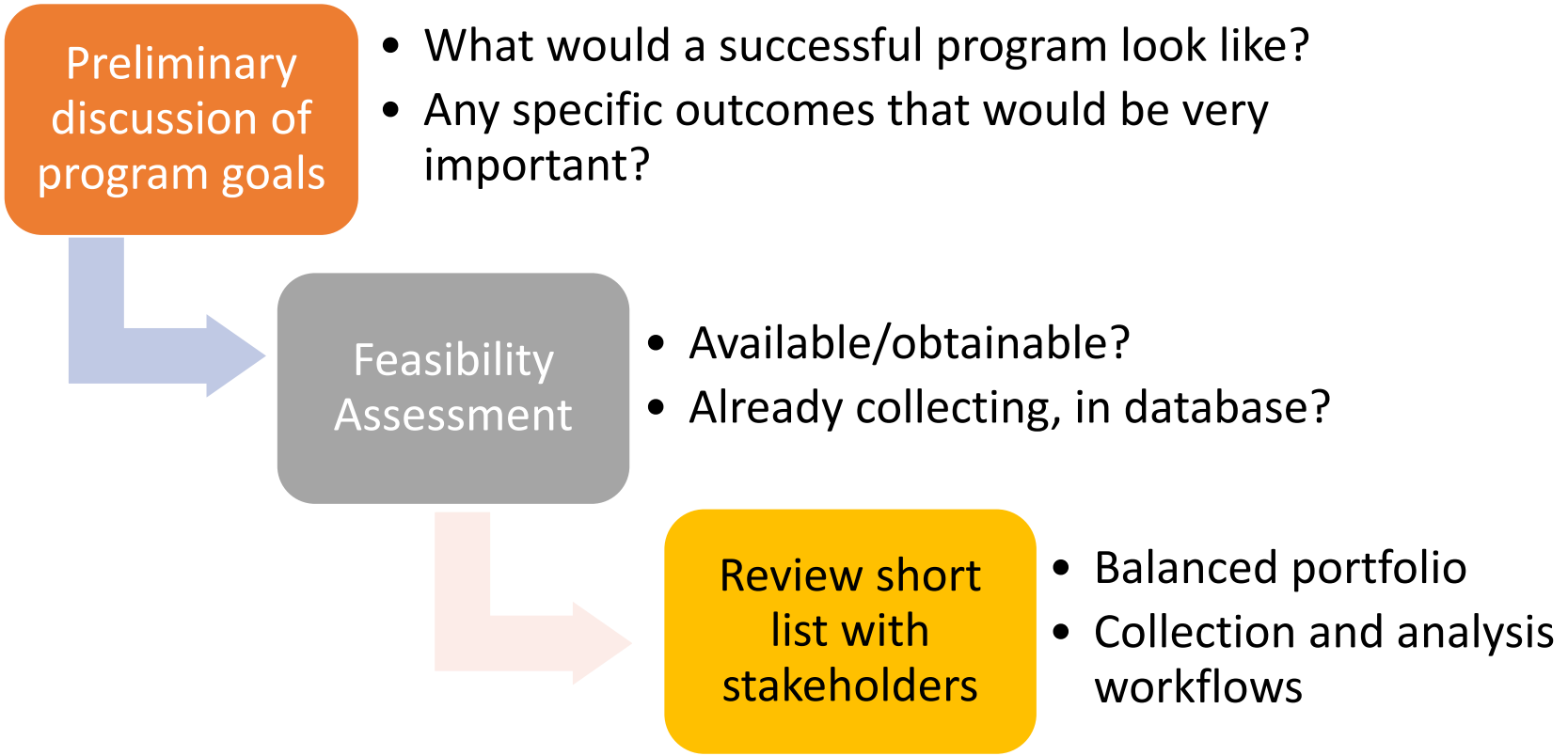
Context

- 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



Example of Metrics Selection: Zuckerberg San Francisco General Hospital

	Structure/ Process/ Outcome	Quality Focus area	Important to Plan	Important to Provider	Important to other(s)	Easy to collect, analyze
Interdisciplinary team, PC certified	Structure	Operational	++	++	++ Joint Commission	++
% of patients screened for psychosocial distress	Process	Screening & Assessments	0	++	++ Cancer Committee	0/+
Number of patients seen per year	Outcome	Operational	++	++	++ System leadership	+
Average costs of patients in last yr. of life	Outcome	Utilization & Fiscal	++	++	++ PC field	-/0

Putting It All Together

	Structure/ Process/ Outcome	Quality Focus area	Important to Plan	Important to Provider	Important to other(s)	Easy to collect, analyze
Metric 1						
Metric 2						
Metric 3						

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
  - Internal: to team and organizational leaders, as part of the organization's larger quality assessment and improvement program
  - External: between partners and with other stakeholders
- Format for reporting, communication preferences
  - Standardized report?
  - In-person meeting?

Reacting to Findings

- Targets
  - Who defines the target?
  - 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**

Recommendation #1

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