



California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Topic 6: Quality and Impact

June 2019

Kathleen Kerr, BA

Kerr Healthcare Analytics

Anne Kinderman, MD

Director, Supportive & Palliative Care Service
Zuckerberg San Francisco General Hospital
Associate Clinical Professor of Medicine,
UCSF

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

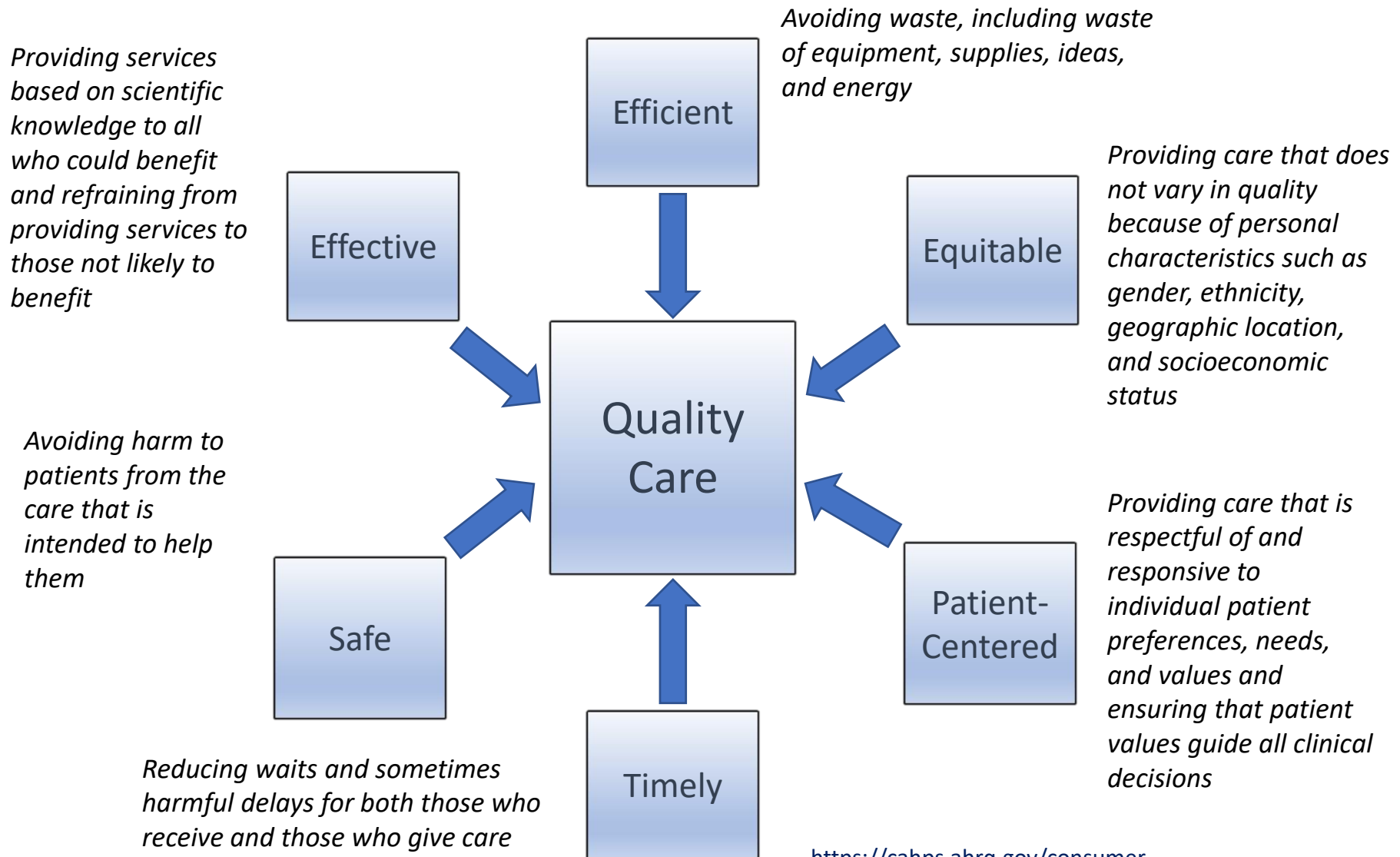
- Review DHCS program reporting requirements
- Describe resources available to measure palliative care quality
- Outline process steps to select quality metrics based on local needs, resources, and challenges
- Describe how findings will be shared and addressed

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



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/>

The screenshot shows the California Health Care Foundation (CHCF) website. The header includes the CHCF logo, the text 'California Health Care Foundation', and links for 'HELP | SIGN UP'. Below the header is a navigation bar with links: 'ABOUT CHCF', 'OUR WORK', 'THE CHCF BLOG', 'GRANTS', 'INVESTMENTS', 'EVENTS', 'MEDIA', 'SEARCH', and social media icons for Twitter, Facebook, and YouTube. A dark blue banner below the navigation bar contains the word 'PUBLICATION'. The main content area features the title 'Payer-Provider Partnerships: Lesson Six' in a large, dark font, followed by the subtitle 'Metrics and Assessing Impact' in a smaller, dark font. Below the subtitle is the date 'OCTOBER 8, 2018' and the authors 'Kathleen Kerr, Consultant, Kerr Healthcare Analytics' and 'Kate Meyers, Senior Program Officer, High-Value Care'. A 'SHARE' button with icons for Twitter, Facebook, LinkedIn, and a plus sign is located below the authors. Below the share button is a red button labeled 'DOWNLOADS'.

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

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



PALLIATIVE CARE QUALITY NETWORK
Improving the quality of caring

Welcome, John!
March 6, 2018

HOME ADMIN DATA REPORTS LOG OFF

Contact Support

AC Index | Member: PCQN Demo Member SX 5 | Upload EDS | Download Data | DB Report | DB Query | Add New Patient | Patient List

PCQN ID: 36 MRN: Last Name: First Name: ☐ Mark as complete

Visit dates: 29:04

Visit Preliminaries

Process, Outcomes, Services

Symptoms

Optional

Visit Date ☐ Never scheduled Initial Visit ☒ Yes ☐ No Patient Type ☐ Clinic ☐ Home ☐ SNF/Nursing Home Tele-Visit ☒ No (In-person) ☐ Yes

Age ☐ Age Unknown Gender ☐ Male ☐ Female ☐ Unknown

Referral Source

☐ Inpatient PC ☐ Emergency Dept. ☐ Outpatient PC ☐ Self ☐ Unknown
☐ Other Inpatient Team ☐ Primary Care ☐ Other Outpatient Specialist ☐ Other, description:

Referral Reason (check all that apply)

☐ Goals of care / ACP ☐ Pain management ☐ Other symptom management ☐ Support for patient/family
☐ Support with treatment decisions ☐ Transfer to comfort care bed / unit ☐ Comfort care
☐ Hospice referral/discussion ☐ No reason given ☐ Other:

Primary Diagnosis

☐ Cancer (Solid tumor) ☐ Vascular ☐ Congenital / Chromosomal ☐ Infectious / Immunological ☐ Neurologic / Stroke
☐ Hematology ☐ Complex chronic conditions / Failure to thrive ☐ Gastrointestinal ☐ / HIV ☐ / Neurodegenerative
☐ Cardiovascular ☐ Hepatic ☐ In-utero complication / condition ☐ Dementia
☐ Pulmonary ☐ Renal ☐ Trauma ☐ Unknown
☐ Other:

Advance Directive on Chart/Available

☐ Yes ☐ No ☐ Unknown

POLST on Chart/Available

☐ Yes ☐ No ☐ Unknown

☐ No-Show for Scheduled Appointment If available, indicate reason:
 If this box is checked, the Process/Outcomes/Services and Symptoms tab are removed.

Metrics for Assessment and Benchmarking

Data Element	Current metrics available for benchmarking
Patient Characteristics / Info at time of PC request	
Age	<ul style="list-style-type: none">• Mean age• Percent of patients in the following age bands:<ul style="list-style-type: none">○ 20 or under○ 21-40○ 41-60○ 61-80○ Over 80
Gender	<ul style="list-style-type: none">• M/F (%)
Referral source	<p>Percent of patients referred from the following:</p> <ul style="list-style-type: none">• 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.



NATIONAL
QUALITY FORUM

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Measures, Reports & Tools

Find Measures

- NQF-Endorsed Measures (QPS)

NQF has what your organization needs to better measure, report on, and take action to improve healthcare quality.

Measures

Looking for measures? Check out [QPS](#), NQF's measure search tool that helps you find the endorsed measures you need quickly and easily. Search by measure title or number, as well as by condition, care setting, or measure steward. Use QPS to learn from other measure users about how they select and use measures in their quality improvement programs.

Reports

NQF reports cover a range of topics critical to healthcare quality improvement. Explore our [Reports Directory](#) to access reports regarding measure endorsement, measure use, and establishing national healthcare priorities.

Use NQF's QPS to Find Endorsed Metrics

NATIONAL QUALITY FORUM

About Us News NQF Work ▾ Search

palliative care × × 🔍

☐ Search as Phrase

Measures (3) Portfolios Compare □□□ Add to Compare Add to Portfolio Export Save Search as Portfolio ? Results Per Page: 25 ▾

Narrow Your Search

Measure Type:

- ☐ Process: Appropriate Use
- ☐ Composite
- ☐ Cost/Resource Use
- ☐ Efficiency
- ☐ Outcome
- ☐ Outcome: PRO-PM
- ☐ Process
- ☐ Structure
- ☒ Outcome: Intermediate Clinical Outcome

[Clear All](#)

<input type="checkbox"/>	NQF#	Title	Steward	Updated	Status
<input type="checkbox"/>	0216	Proportion of patients who died from cancer admitted to hospice for less than 3 days	American Society of Clinical Oncology	Oct 25, 2016	ENDORSED
<input type="checkbox"/>	0213	Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life	American Society of Clinical Oncology	Oct 25, 2016	ENDORSED
<input type="checkbox"/>	0211	Proportion with more than one emergency room visit in the last days of life	American Society of Clinical Oncology	Oct 17, 2016	

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.



MEMBERSHIP

EDUCATION & PRACTICE

ADVOCACY

CAREER DEVELOPMENT

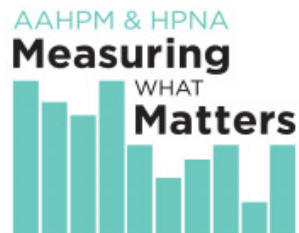
Meetings

- Annual Assembly
- Board Review Course
- Pediatrics Course
- Webinars
- Calendar

Publications

- JPSM
- PC-FACS

Measuring What Matters



Measuring What Matters (MWM) is a consensus recommendation for a portfolio of performance measures for all hospice and palliative care programs to use for program improvement.

The Measuring What Matters team identified existing indicators that were then rated by multiple panels to ultimately determine the **Top 10 Measures That Matter**. Read more about the findings and

recommendations of the consensus project in the [Journal of Pain and Symptom Management](#).

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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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

THE PALLIATIVE CARE MEASURE MENU

Community-based PC Service

Population of Patients

Inpatient PC Service

Hospital or Hospital Unit

Resources ▾

FILTERS

Step 1: Select the types of data that are or could be available for tracking metrics

☒ Date of Death ⓘ

☒ Use of Hospital or Emergency Room ⓘ

☒ Care delivered in outpatient settings ⓘ

☒ Chart data describing care processes or clinical findings ⓘ

☒ Use of Hospice ⓘ

☒ Survey Responses ⓘ

Step 2: Metric Focus and Type: Use these variables to specify the focus and types of metrics that you want to consider

Metric Focus ⓘ

Nothing selected ▾

Metric Type ⓘ

Nothing selected ▾

Step 3: Endorsements and Sources: Use these items to limit your search to metrics that have National Quality Forum endorsement, are Measuring What Matters recommended, or those from specific sources.

NQF Endorsement ⓘ

Nothing selected ▾

MWM Recommended ⓘ

Nothing selected ▾

Metric Source ⓘ

Nothing selected ▾

Show Results

Reset

180 METRICS FOUND

← This number will change
as filters are applied

My Metrics 0

Results View

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

FILTERS

32 METRICS FOUND

Metrics that meet the criteria specified in the Filters section.

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

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 +

Show Filters

My Metrics 0

Results View

Community-based PC Service

Population of Patients

Inpatient PC Service

Hospital or Hospital Unit

Resources ▾

FILTERS

Show Filters

32 METRICS FOUND

Use the “Add” buttons to save metrics to your My Metrics cart

My Metrics 0

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
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

My Metrics

Community-based PC Service

Population of Patients

Inpatient PC Service

Hospital or Hospital Unit

Resources ▾

FILTERS

180 METRICS FOUND

Click on the “My Metrics” button to preview and edit the contents of your cart

Show Filters

My Metrics 4

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 Data
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
-

- ✓ 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

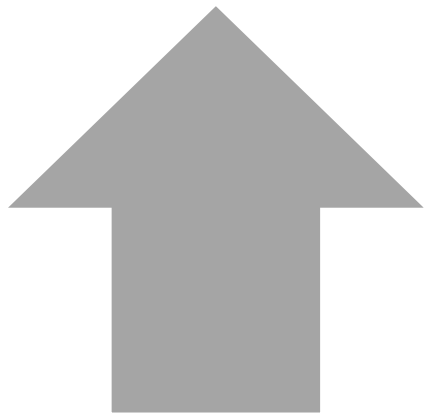
Hospice &
End-of-Life
Care

Utilization &
Fiscal

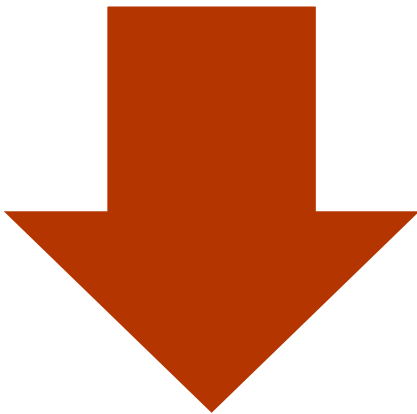
*See **Metrics Balance Check Worksheet**, available in this section of the SB 1004 Resource Center, for examples of metrics in each category.*

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

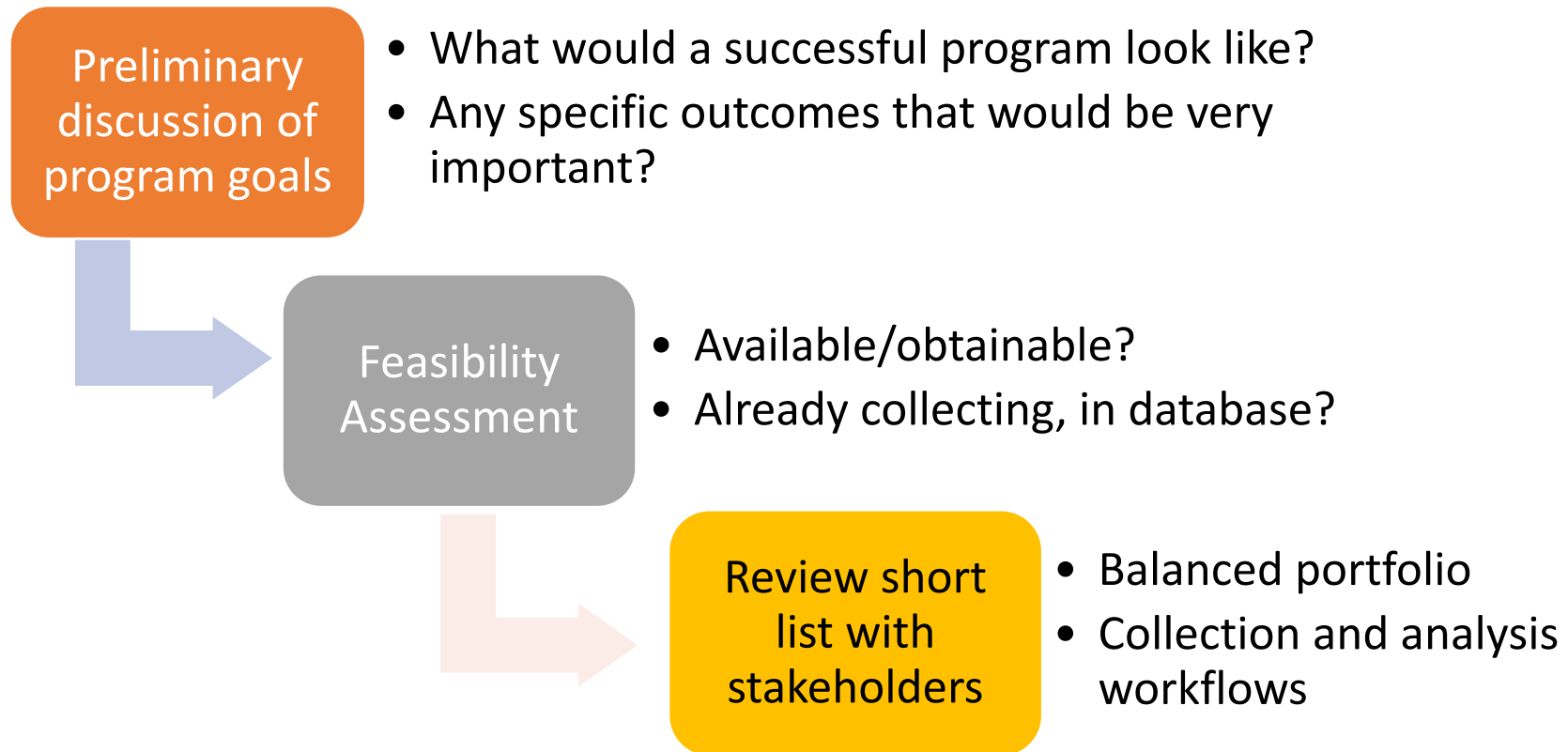
Context

- 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