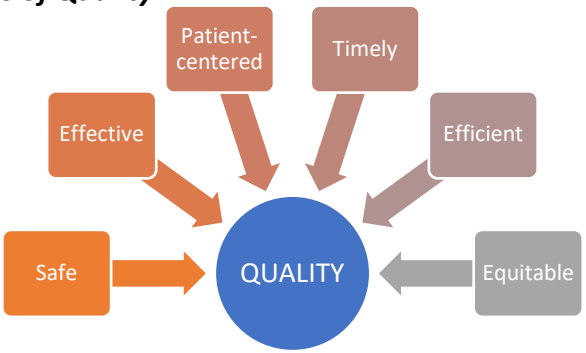
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

TIP SHEET: ASSESSING THE QUALITY OF COMMUNITY-BASED PALLIATIVE CARE IN THE COVID-19 ERA

COVID-19 has changed the way many programs are delivering community-based palliative care (CBPC) to Californians with low incomes. These changes have introduced new questions about the quality of care we are delivering, and how that can be assessed. Answering these questions requires reflection on the domains of quality for all health care, the specific goals of palliative care, and the changes resulting from COVID-19.

Elements of Quality



According to the framework developed by the Institute of Medicine*, quality health care is safe, effective, patient-centered, timely, efficient, and equitable. Measures used to assess the quality of CBPC should address one or more of these characteristics.

**https://www.ahrq.gov/talkingquality/measures/six-domains.html*

Quality Assessment in Palliative Care

Specialty palliative care provides multiple supports including symptom management, information about prognosis and care options, assessing values and translating those into medical choices, spiritual support, and psycho-social support. Most CBPC quality measures can be categorized into those that focus on operational issues, specific clinical interventions, and impact on health care service use and costs. To assess the quality of CBPC most organizations track measures from multiple categories.

Measurement Categories	Sample Measures
Operational	Average number of days from referral to initial visit
Screenings, Assessments, and Clinical Outcomes	Percent of patients screened for pain at initial visit
Planning and Preferences	Percent of patients with a documented goals of care discussion
Care Towards the End of Life	Percent of patients enrolled in hospice at the time of death
Health Care Service Use and Costs	Actual vs. expected total cost of care

Changes Brought on by COVID-19

- The rise of telehealth
- Changes in patient needs
- Changed access to all types of health care
- Safety concerns for both patients and staff

COVID-19 has changed the way programs are delivering care, as well as the needs and concerns of patients and families. These changes need to be accounted for when evaluating the adequacy of a CBPC quality assessment program.

Consider All Three Perspectives Together*

Consider all three perspectives – the elements of quality, how to assess quality in palliative care, and changes brought on by COVID-19 – to determine if your CBPC quality assessment program needs to be adjusted. The below examples highlight a framework any program can use to assess the adequacy of CBPC quality assessment practices in the COVID era.

Quality Care is SAFE

Imperative: *Avoid harm to patients from the care that is intended to help them*

- Do your practices improve safety of patients?
- Do your practices introduce new dangers or risks?

Example COVID Era Issue

- Need to protect staff and patients from exposure to COVID-19

Example adjustment to quality assessment program

- Adding a post-visit audit to verify that staff used appropriate safety protocols, including handwashing and use of personal protective equipment (PPE)

Quality Care is EFFECTIVE

Imperative: *Provide evidence-based services to all who could benefit and refrain from providing services to those not likely to benefit*

- Are your treatments and techniques evidence-based?
- Are the right treatments used for the right patients?

Example COVID Era Issue

- Maintaining ability to conduct necessary screenings, assessments, and interventions with increased use of remote care

Example adjustment to quality assessment program

- Comparing performance on process measures (e.g., use of standardized tools) and outcomes (e.g., impact on symptoms) pre- vs. post-COVID

Quality Care is PATIENT-CENTERED

Imperative: *Provide care that is respectful of and responsive to individual patient preferences, needs, and values and ensure that patient values guide all clinical decisions*

- Is care consistent with patients' values, preferences, and goals?
- How are these documented, accessed, and honored?

Example COVID Era Issue

- Ensuring patient comfort with remote care, and having options available for those who prefer in-person visits

Example adjustment to quality assessment program

- Adding specific questions regarding satisfaction with video visits to patient experience surveys

**Examples of adjustments to quality assessment practices were shared by palliative care providers that serve Medi-Cal enrollees, who were surveyed by the California Health Care Foundation*

Quality Care is TIMELY

Imperative: *Reduce waits and delays, which sometimes can be harmful*

- Are you able to respond to patients quickly?
- Are there delays between referral and your involvement?

Example COVID Era Issue

- Heightened reliance on phone communications

Example adjustments to quality assessment program

- Monitoring rate at which incoming calls go to voicemail (e.g., goal under 1% of callers)
- Monitoring response times for patient telephone inquiries

Quality Care is EFFICIENT

Imperative: *Avoid waste, including waste of money, supplies, ideas, and energy*

- Does your team employ resources wisely and work efficiently?
- Does your program increase the efficiency of care overall?

Example COVID Era Issue

- Some patients have difficulty with technology resulting in increased practitioner time to talk through connection instructions

Example adjustment to quality assessment program

- Monitor / adjust caseloads and productivity expectations to account for time needed to manage technical difficulties

Quality Care is EQUITABLE

Imperative: *Provide care that does not vary in quality because of personal characteristics such as gender, race/ethnicity, and socioeconomic status*

- Does your program reach all eligible patients equitably?
- Have you examined differences in processes or outcomes across patient groups?

Example COVID Era Issue

- Not all patients have internet access or phones, and some have limited cell phone minutes, which restricts access to care based on patient resources

Example adjustment to quality assessment program

- Measure differences in the amount of care delivered to individuals who cannot easily use video or telephonic visits; use data to support practices that increase access (provide patients with equipment, offer a toll-free number for phone visits, increase access to in-person visits, etc.)