Department of Health Care Services: DRAFT Potential Palliative Care Quality, Structure, Process Measures **Attachment 2**
June 1, 2015 - Version 1. Note: Only a Limited Number of Measures will be Selected

No.	Measure Name	Description	NQF #	Measure Steward/Source	Type(s) of care assessed	Priority	Considerations (Pros and Cons)	Stakeholder Input
1	Hospice and Palliative Care - Comprehensive Assessment	**Hospice:** Percentage of patients enrolled in hospice for >7 days for whom a comprehensive assessment was completed within 5 days of admission. Components of comprehensive assessment include documentation of prognosis (can be prior to admission), functional assessment, screening for physical and psychological symptoms, and assessment of social and spiritual concerns. **Palliative Care:** Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting for >1 day for whom a comprehensive assessment was completed. Components of comprehensive assessment include screening for physical symptoms and discussion of the patient's and family's emotional or psychological needs. All physical screenings must be completed within 24 hours of admission (screening date – admission date ≤ 1). Discussions regarding emotional or psychological issues can take place at any time during the admission.	N/A	Measuring What Matters	Hospice; inpatient palliative care		As written, not applicable to community-based specialist PC services	
2	Screening for Physical Symptoms	Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 days or patients enrolled in hospice >7 days who had a screening for physical symptoms (pain, dyspnea, nausea, and constipation)	N/A	Measuring What Matters	Hospice; inpatient palliative care		As written, not applicable to community-based specialist PC services; could be adapted to pertain to patients cared for by specialist PC services outside the hospital setting	
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	N/A	Measuring What Matters	Hospice; inpatient palliative care		As written, not applicable to community-based specialist PC services; could be adapted to pertain to patients cared for by specialist PC services outside the hospital setting	

NQF - National Quality Forum CCCC - Coalition for Compassionate Care of California
LGHC - Let's Get Healthy California

Priority: Low, Medium, or High

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4	Dyspnea Screening and Management	Percentage of patients with advanced chronic or serious life-threatening illnesses that are screened for dyspnea; for those who are diagnosed with moderate or severe dyspnea, a documented plan of care to manage dyspnea exists	1639 and 1638	University of North Carolina Chapel Hill	Hospice; inpatient palliative care		As written, not applicable to community-based specialist PC services; could be adapted to pertain to patients cared for by specialist PC services outside the hospital setting	
5	Discussion of Emotional or Psychological Needs	Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 days or patients enrolled in hospice >7 days with chart documentation of a discussion regarding emotional or psychological needs	N/A	Measuring What Matters	Hospice; inpatient palliative care		As written, not applicable to community-based specialist PC services; could be adapted to pertain to patients cared for by specialist PC services outside the hospital setting	
6	Discussion of Spiritual/Religious Concerns	Percentage of hospital patients with documentation in the clinical record of a discussion of spiritual and religious concerns or documentation that the patient or caregiver did not want to discuss these issues	1647	Deyta., LLC	Hospice		Could be adapted to include care delivered by specialist PC services in any setting	
7	Documentation of Surrogate	Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days with the name and contact information for the patient's surrogate decision maker in the chart or documentation that there is no surrogate	326 (adapted)	NCQA	Hospice; inpatient palliative care		If used in its original form (as written applies to all adults age 65 and older) could be an excellent measure for primary palliative care	

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8	Treatment Preferences	Percentage of seriously ill patients receiving specialty palliative care in an acute hospital setting >1 day or patients enrolled in hospice >7 days with chart documentation of preferences for life-sustaining treatments	1641	University of North Carolina Chapel Hill	Hospice; inpatient palliative care		As written, not applicable to community-based specialist PC services; could be adapted to pertain to patients cared for by specialist PC services outside the hospital setting	
9	Care Consistency with Documented Care Preferences	If a vulnerable elder has documented treatment preferences to withhold or withdraw life-sustaining treatment (e.g. a do-not-resuscitate order, no tube feeding, no hospital transfer), then these treatment preferences should be followed	N/A	Measuring What Matters	None specified		Could be used to assess care delivered in any setting by specialist or primary providers	
10	Global Measure	Although no specific global measure was endorsed by the MWM process, the committee, panels, membership, and stakeholders agreed that patient and/or family assessments of the quality of care is a key part of measuring quality for any setting caring for palliative or hospice patients	N/A	Measuring What Matters	None specified			
11	Terminal hospital stays that include intensive care unit days	Terminal hospital stays that include intensive care unit days (Benchmark data available from The Dartmouth Atlas analysis of claims data for Medicare FFS patients, updated annually; could be replicated using Medi-Cal claims data)	N/A	LGHC (CHCF steward)	Population measure		Corresponds to NQF 0213, "Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life." Could be used to assess intensity of EOL care delivered to all patients; national, state, HRR rates available	
12	Percent of California hospitals providing inpatient palliative care	Percent of California hospitals providing inpatient palliative care (Data source: OSHPD's Utilization Report of Hospitals - updated annually)	N/A	LGHC (CHCF steward)	Inpatient palliative care		Structure measure for the state: could be used to monitor access across regions	

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13	Hospice Enrollment Rates	Proportion of decedents who utilize hospice services. (Benchmark data from Medicare claims files, which are updated annually; could be replicated using Medi-Cal claims data)	N/A	LGHC (CHCF steward)	Population measure		Population measure that corresponds to NQF 0215, "Percentage of patients who died from cancer not admitted to hospice". Could be used to assess quality of EOL care delivered to all Medi-Cal patients	
14	Hospice and Palliative Care - Pain Screening (UNC) (paired with measure 1637)	Percentage of hospice or palliative care patients who were screened for pain during the hospice admission evaluation/palliative care initial encounter	1634	University of North Carolina Chapel Hill	Hospice; inpatient palliative care		As written, not applicable to community-based specialist PC services; could be adapted to pertain to patients cared for by specialist PC services outside the hospital setting	
15	Patients treated with an Opioid who are given a bowel regimen	Percentage of vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed.	1617	RAND	None specified		Could be an excellent measure for both specialist and primary PC	
16	Patients with advanced cancer assessed for pain at outpatient visits	Adult patients with advanced cancer who have an assessment of pain with a standardized quantitative tool at each outpatient visit	1628	RAND	Primary care and oncologic care delivered in outpatient settings			

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17	Hospice and Palliative Care - Dyspnea Treatment (UNC) (paired with measure 1638)	Percentage of hospice or palliative care patients who were screened for dyspnea during the hospice admission evaluation/palliative care initial encounter	1639	University of North Carolina Chapel Hill	Hospice; inpatient palliative care		As written, not applicable to community-based specialist PC services; could be adapted to pertain to patients cared for by specialist PC services outside the hospital setting	
18	Comfortable Dying (maintenance)	Number of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services) who report pain was brought to a comfortable level within 48 hours	209	NHPCO	Hospice			
19	Hospitalized patients who die an expected death with an ICD that has been deactivated	Percentage of hospitalized patients who die an expected death from cancer or other terminal illness and who have an implantable cardioverter-defibrillator (ICD) in place at the time of death that was deactivated prior to death, or there is documentation why it was not deactivated	1625	RAND	Hospital		Could be used to assess both care delivered by inpatient PC specialists and care delivered by other providers	
20	Family Evaluation of Hospice Care (NHPCO) (maintenance)	Composite Score: Derived from responses to 17 items on the Family Evaluation of Hospice Care (FEHC) survey presented as a single score ranging from 0 to 100. Global Score: Percentage of best possible response (Excellent) to the overall rating question on the FEHC survey. Target Population: The FEHC survey is an after death survey administered to bereaved family caregivers of individuals who died while enrolled in hospice. Timeframe: The survey measures family members perception of the quality of hospice care for the entire enrollment period, regardless of length of service.	208	NHPCO	Hospice			

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21	CARE - Consumer Assessments and Reports of End of Life	The CARE survey is a mortality follow-back survey that is administered to the bereaved family members of adult persons (age 18 and older) who died of a chronic progressive illness receiving services for at least 48 hours from a home health agency, nursing homes, hospice, or acute care hospital. The survey measures perceptions of the quality of care either in terms of unmet needs, family reports of concerns with the quality of care, and overall rating of the quality of care. The time frame is the last 2 days of life up to last week of life spent in a hospice, home health agency, hospital, or nursing home.	1632	Center for Gerontology and Health Care Research	Home health, NH, hospice, hospital			
22	Bereaved Family Survey	The purpose of this measure is to assess families´ perceptions of the quality of care that Veterans received from the Veteran's Administration in the last month of life. The BFS consists of 19 items (17 structured and 2 open ended). The BFS items were selected from a longer survey that was developed and validated with the support of a VA HSR&D Merit Award and have been approved for use by the Office of Management and Budget.	1623	PROMISE Center	Any setting (for care delivered to Veterans)			
Metrics that Address Reach and Use of Palliative Services								
23	Number of individuals receiving specialist PC services	Number of Individuals receiving specialist PC services	N/A	CCCC	Specialist PC delivered in any setting		Measure of reach of specialist PC services; potential denominator of individuals with advanced disease, defined through ICD-10 codes	
24	Types of Services	Types of specialist PC services utilized (hospital, clinic, home-based, telephonic, etc.)	N/A	CCCC	Specialist PC delivered in any setting		Could be used to assess use / accessibility / capacity of specialist PC services across regions	

No.	Measure Name	Description	NQF #	Measure Steward/Source	Type(s) of care assessed	Priority	Considerations (Pros and Cons)	Stakeholder Input
25	Number of contacts	Number of contacts with specialist PC per member that receives services	N/A	CCCC	Specialist PC delivered in any setting		Could be used to assess intensity of specialist PC services provided (multiple visits or just 1-2)	
26	Timing of initial offering	Timing of initial offering of specialist palliative care services, in relation to date of death	N/A	CCCC	Specialist PC delivered in any setting		Could be used to assess timeliness of recognition of PC needs (i.e., days or months prior to death)	
Structure Metrics								
27	Providers with advanced training	Proportion of providers or supervisors with advanced training in palliative care	N/A	CCCC	Specialist PC services or primary clinics / health homes / home health services		Corresponds to NQF Preferred Practices 4 & 5 (provision of adequate clinical support and specialist training)	
28	Accessibility of specialist services	Accessibility of specialist services (i.e., 24/7, or more restricted)	N/A	CCCC	Specialist PC delivered in any setting		Corresponds to NQF Preferred Practice #2 (24/7 access to PC)	
29	Specialist Team	Disciplines on a specialist team	N/A	CCCC	Specialist PC delivered in any setting		Corresponds to NQF Preferred Practice #1 (interdisciplinary care)	
30	Settings	Settings in which palliative care is offered (clinics, home, SNF, etc.)	N/A	CCCC	Specialist PC delivered in any setting		Structure measure that speaks to accessibility of specialist services	
31	Educational Materials Access	Availability of materials describing hospice, advance care planning and other key concepts that are available in the languages that are predominantly used by a plan’s members	N/A	CCCC	Any setting /service that provides care to individuals with advanced disease		Corresponds to NQF Preferred Practice #25 (availability of materials in the patient's preferred language)	
Process Metrics								

No.	Measure Name	Description	NQF #	Measure Steward/Source	Type(s) of care assessed	Priority	Considerations (Pros and Cons)	Stakeholder Input
32	Assessment Timeliness	Proportion of individuals who receive a comprehensive palliative care assessment within a certain time period following referral for specialist services	N/A	CCCC	Specialist PC delivered in any setting		Corresponds to MWM Comprehensive Assessment measure listed above; expanded to address PC delivered outside the hospital setting (interval for comprehensive assessment TBD)	
33	Surrogate Decision-Maker Identified	Number of individuals with surrogate decision maker identified and documented	N/A	CCCC	Any setting /service that provides care to individuals with advanced disease		Corresponds to NQF Endorsed Measure 0326, but includes all individuals with advanced disease (not just those age >=65) and NQF Preferred Practice #32 (document surrogate decision maker)	
34	Treatment for Pain	Proportion of individuals who screen positive for moderate or severe pain who receive treatment within 24 hours	N/A	CCCC	Any setting /service that provides care to individuals with advanced disease		Corresponds to MWM Pain Treatment measure listed above; expanded to eliminate stipulation that care be delivered by specialist PC service or that patient be enrolled in hospice. Denominator could be individuals with advanced disease	
Outcome Metrics								

No.	Measure Name	Description	NQF #	Measure Steward/Source	Type(s) of care assessed	Priority	Considerations (Pros and Cons)	Stakeholder Input
35	Concordance	Concordance between care preferences and treatment received	N/A	CCCC	Any setting /service that provides care to individuals with advanced disease		Assessment of adherence to NCP Guideline 8.1 (the patient or surrogate's goals, preferences and choices are respected)	
36	Reduction in Symptoms	Reduction in severity of physical, psychological, and spiritual symptoms	N/A	CCCC	Specialist PC delivered in any setting		Corresponds to multiple NQF Preferred Practices addressing physical, psychological, spiritual domains (#13, 15, 16); could be defined to include symptoms assessed by the ESAS or similar tool	
37	Family Satisfaction	Family satisfaction with medical decision-making support	N/A	CCCC	Specialist PC delivered in any setting, or any setting / service that provides care to individuals with advanced disease		Could be assessed with post-bereavement follow back survey	
38	Use of ED and Hospital	Use of the emergency department and acute care hospital in the period following referral to specialist PC	N/A	CCCC	Specialist PC delivered in any setting		Measure commonly used to assess fiscal impact of specialist PC services; multiple options for defining time period of interest and comparison values	

No.	Measure Name	Description	NQF #	Measure Steward/Source	Type(s) of care assessed	Priority	Considerations (Pros and Cons)	Stakeholder Input
39	Total Cost of Care	Total cost of care in a defined period (before/after initial palliative care contact, or the final 6 months of life, etc.)	N/A	CCCC	Specialist PC delivered in any setting		Measure commonly used to assess fiscal impact of specialist PC services; multiple options for defining time period of interest and comparison values	
Utilization/Cost Metrics								
44	Hospice Referral Timeliness	First referred to hospice less than 3 days before death	216	ASCO	Population measure		NQF endorsed for cancer patients; could be adapted to apply to all deaths, or all deaths from chronic, progressive disease	
45	ICU Use	Intensive Care Unit (ICU) used in last 30 days of life	213	ASCO	Population measure		NQF endorsed for cancer patients; could be adapted to apply to all deaths, or all deaths from chronic, progressive disease	
46	ED Use	More than 1 Emergency Department (ED) visit in the last 30 days of life	211	ASCO	Population measure		NQF endorsed for cancer patients; could be adapted to apply to all deaths, or all deaths from chronic, progressive disease	
47	Chemotherapy	Chemotherapy in last 14 days of life (starting or continuing chemo, in inpatient or outpatient setting)	210	ASCO	Population measure			
48	Place of Death	Place of Death	N/A	NA	Population measure		Could be used to assess intensity of EOL care delivered to all patients	

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49	In-Hospital Death	In-hospital deaths	N/A	NA	Population measure		Previously endorsed NQF measure for cancer patients; useful indicator of EOL care intensity	
51	Hospital Admission in last 30 days of life	Admitted to hospital in last 30 days of life	N/A	CMS	Population measure		Used by CMS for some conditions in the VBP program ("30-day mortalities")	
52	Died within 3 days of discharge from hospital	Died within 3 days of discharge from hospital	N/A	NA	Population measure		Useful measure of EOL-care intensity and potentially burdensome transitions	
53	Number of days enrolled in hospice	Number of days enrolled in hospice	N/A	NA	Population measure		National data reported by NHPCO; state data available from CHPCA; useful measure of EOL-care intensity and timeliness of hospice referrals. Speaks to NQF Preferred Practice #8 (present hospice as an option to all patients when death within a year would not be surprising)	

No.	Measure Name	Description	NQF #	Measure Steward/Source	Type(s) of care assessed	Priority	Considerations (Pros and Cons)	Stakeholder Input
54	Admits per patient in last 6-12 months of life	Average number of hospital admits per patient in last 6-12 months of life	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	
55	ICU Days per patient in last 6-12 months of life	Average number of ICU days per patient in last 6-12 months of life	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	
56	ED visits per patient in last 6-12 months of life	Average number of ED visits per patient in the last 6-12 months of life	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	
57	Expenditures in last 6-12 months of life	Average total expenditures in last 6-12 months of life	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	

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58	Number of 30 day re-admits in last six months of life	Number of 30-day re-admits (all cause except for chemo) across last six months of life	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	
60	Number of hospital admissions	Number of hospital admissions, by month preceding death	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	
61	Length of Stay	Length of Stay (LOS) per admission, by month preceding death	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	
62	Number of 30 day readmissions	Number of 30-day readmissions, by month preceding death	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	

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63	ED visits	ED visits, by month preceding death	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	
64	ICU Days	ICU days, by month preceding death	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	
65	Total Expenditures	Total expenditures, by month preceding death	N/A	NA	Population measure		Used to document utilization patterns towards the end of life; informs assessments of care intensity and impact of specialist PC services	