



NQF Serious Illness Initiative Quality Measurement Committee

*Presentation for the C-TAC Summit
October 3, 2018*

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Background Serious Illness

- What is serious illness?
 - "...a health condition that carries a high risk of mortality AND either negatively impacts a person's daily function or quality of life, OR excessively strains their caregivers."¹
- Who is included in the serious illness population?
 - Cancer (poor prognosis, metastatic, or hematologic)
 - Advanced liver disease or cirrhosis
 - Other conditions + markers of advanced state
 - » COPD + using home oxygen or hospitalized for the condition¹
- What care does this population require?
 - Identifies a population of patients and caregivers who need primary or specialty palliative care services.¹

Background

Serious Illness and Accountability

- A growing number of programs and models are designed to target palliative services to individuals with serious illness. To name just a few...

Programs	Models
Aetna Compassionate Care Program	Patient & Caregiver Support for Serious Illness Model (AAHPM)
Mass General Hospital's ELEOS Program	Advanced Care Model (C-TAC)

- Tools for assessing the quality of care delivered to the this population and a comprehensive approach to accountability for programs and providers caring for the seriously ill are lacking.³

NQF Serious Illness Initiative

Goals

- The Initiative seeks to advance the quality of care delivered to the seriously ill by:
 - *Advancing serious illness-related quality measurement and advance use of serious illness-related quality measures in public reporting and value-based payment programs*
 - *Preparing providers to use serious illness-related quality measures*
 - *Engaging and activating stakeholder groups to accelerate the alignment of incentives and quality measures within serious illness care*

NQF Serious Illness Initiative Goals and Timeline

1. Advance Measurement
 - **Serious Illness Quality Alignment Hub**
 - Convene a Quality Measurement Committee
 - Host a series of Measurement Strategy Sessions
2. Prepare Providers
 - Develop a Serious Illness Playbook for providers
3. Engage and Activate Various Stakeholder Groups
 - Host Annual Stakeholder Summits



Introduction to the Serious Illness Quality Alignment Hub

Serious Illness Quality Alignment Hub

What do we mean by “serious illness?”

Serious illness is a health condition that carries a high risk of mortality and either negatively impacts a person’s daily function or quality of life or excessively strains caregivers

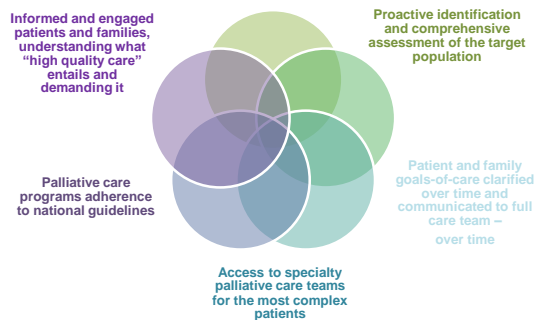
Conditions include:

- Cancer
- Renal failure
- Dementia
- Advanced liver disease
- Diabetes w/complications
- ALS
- AIDS
- Hip fracture
- COPD w/oxygen
- CHF w/hospitalization
- Advanced frailty

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What do we mean by “high quality care?”



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What are the accountability systems?

CMS oversight of Medicare Advantage (MA) plans
CMS requirements and incentives for health care providers
Center for Medicare and Medicaid Innovation (CMMI) model requirements and measures
Accreditation and certification program standards and measures
Health Plan network credentialing and financial incentives
Accountable Care Organization (ACO) infrastructure and network management
State regulation of health plans and providers
Purchaser demands on health plans, ACOs and vendors
Public opinion/public awareness
Provider quality improvement/quality assurance structures

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How the Hub Operates



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National Serious Illness Projects

Project	Organization	Details
National Consensus Project Clinical Practice Guidelines	National Coalition for Hospice and Palliative Care	Develop 4 th Edition, spanning settings and including evidence review
Serious Illness Care Measures	National Committee for Quality Assurance	Develop structure, assessment, and patient-reported measures
Purchaser Toolkit for High-Quality Serious Illness Care	Catalyst for Payment Reform and CAPC	Develop tools for employers/others to specify competencies needed in their health plans and provider networks
Measures of Care Experience for Seriously Ill Individuals	RAND Corporation	Develop and test new survey questions specific to the experience of care for those with serious illness, family
CMMI Advanced Alternative Payment Model	AAHPM and CTAC	Advance the development of an APM for the concurrent care of Medicare beneficiaries with serious illness
Denominator Definition	Icahn School of Medicine at Mount Sinai	Develop a methodology to proactively identify appropriate populations using claims data
Mapping Community-based Palliative Care	CAPC	Identifying palliative care programs in home, office, and nursing home settings
Advancing Quality & Transparency	NQF	Convene stakeholders to define best measures and next steps in quality measurement
Policy Recommendations	Bipartisan Policy Center	Convene stakeholders to define policy barriers to access and quality, as well as recommendations to overcome
Palliative Care Quality Collaborative	AAHPM	Create single quality registry for palliative programs, for benchmarking and quality improvement
Resource Hub for State Policymakers	National Academy for State Health Policy	Collect and disseminate options and examples for state health policymakers to improve access and quality
Legislative Strategy Options	The Sheridan Group	Define "hooks" and opportunities to advance federal policy supportive of access and quality

Hub Member Organizations

- AARP
- Accountable Care Learning Collaborative (ALC)
- American Academy of Hospice and Palliative Medicine (AAHPM)
- Blue Cross Blue Shield Massachusetts
- Blue Shield California
- Catalyst for Payment Reform (CPR)
- Center to Advance Palliative Care (CAPC)
- Centers for Medicare & Medicaid Services (CMS)
- Cerner
- Coalition to Transform Advanced Care (CTAC)
- Discern Health
- Duke-Margolis Center for Health Policy
- Epic
- John D. Stoeckle Center for Primary Care Innovation
- Johns Hopkins University School of Medicine

Hub Member Organizations (cont.)

- Mount Sinai School of Medicine
- National Academy for State Health Policy (NASHP)
- National Coalition for Hospice & Palliative Care
- National Hospice & Palliative Care Organization (NHPCO)
- National Patient Advocate Foundation (NPAF)
- National Committee for Quality Assurance (NCQA)
- National Partnership for Women and Families
- National Quality Forum (NQF)
- Network for Regional HC Imp (NRHI)
- Optum Supportive Care
- Oregon Health & Science University (OHSU)
- Peterson Center on Healthcare
- RAND Corporation
- The Joint Commission (TJC)
- UCSF

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Quality Measurement Committee *Looking Back....*

Year 1 Activities and Results
Committee Meeting Results
Identified Priority Areas Year 1: Denominator Problem & Patient & Caregiver Experience
Shared Committee Member work related to Priority Areas: RAND's Development of an Experience Survey for Individuals with Serious Illness
Provided feedback on the Guiding Principles for Identifying Individuals with Serious Illness
Engaged in prioritization of quality measures and measures concepts
Measurement Strategy Session Results
Developed draft Guiding Principles to address the lack of guidance on approaches to identifying individuals with serious illness

Quality Measurement Committee Looking Ahead..

Year 2 Activities and Goals
Committee Goals
Finalize recommendations for prioritized quality measures and measures concepts
Continue to share updates on Committee Members related work
Develop recommendations for integrating the work of the Accountability and Quality Measurement Committees
Measurement Strategy Session Results
Develop recommendations for advancing the development of the prioritized measures concepts

References

1. Kelley AS & Bollens-Lund E. (2018). Identifying the population with serious illness: The "Denominator Challenge". *Journal of Palliative Medicine*. 21 (S2), S-7-S-16.
2. Foundation KF: A primer on Medicare: Key facts about the Medicare program and the people it covers. www.kff.org/report-section/a-primer-on-medicare-what-are-the-characteristics-of-people-with-medicare (last accessed September, 2018).
3. Teno JM, Montgomery R, VA luck T, Corrigan J, Meier DE, Kelley A, Randall Curtis J, Engberg R. (2018). Accountability for community-based programs for the seriously ill. *Journal of Palliative Medicine*, 21 (S2), S-81-S-87.

PTAC Serious Illness Patient Eligibility Criteria

Program Purpose	Criteria for Identifying the Seriously Ill	Data Sources	Challenges to Implementation
<p>Advanced Care Model (C-TAC) To provide an advanced APM to support population health management for those with advanced illness, focused on the last year of life</p> <p>Patient And Caregiver Support for Serious Illness (AAHPM) To provide monthly care management payments to support interdisciplinary teams delivering community-based palliative care to patients with serious illness</p>	<p>Acute care utilization Performance status (PPS) Functional decline (↓ ADLs) Nutritional decline (wt. loss) Prognosis (surprise question)</p> <p>Acute care utilization Performance status (PPS, ADL or DME) Diagnosis or multiple chronic conditions (criteria different for cancer v. non-cancer)</p>	<p>Claims EHR & admin data* EHR & admin data* EHR & admin data* EHR</p> <p>Claims EHR & admin data*</p> <p>Claims</p> <p><i>*If admin data includes OASIS, MDS, or DME</i></p>	<ul style="list-style-type: none"> Performance status and functional and nutritional decline not captured in claims/admin data if no SNF (MDS) or home health (OASIS) stay or DME claim Cannot identify a comparison group using only claims/admin data Limited accuracy of clinician prognosis estimates Diagnosis lists miss rare conditions

