

# Making your Measurement Matter: The AAHPM & HPNA Measuring What Matters Project



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## Presenters

- **Measuring What Matters (MWM) Co-chairs:**
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- **MWM Technical Advisory Panel Co-chair:**
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- **MWM Clinical User Panel Co-chairs:**
  - Joseph Rotella, MD MBA FAAHPM, AAHPM
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# Additional Authors

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- **HPNA Staff**
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## Disclosures

- (All authors listed above had no relevant financial relationships to disclose with the following exceptions: Rotella and Lupu are contractors and receive consulting fees from AAHPM.)

# Objectives

- Describe rationale and methods of MWM
- Identify benefits of implementing MWM measures in your program
- Describe next steps for advancing a quality improvement agenda

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# Overview

- Where have we come from – MWM story to date
- Implementing MWM
- Where are we going next:
  - next steps for MWM
  - creating strategic alliances

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# What do we mean by 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.  
<http://aahpm.org/quality/measuring-what-matters>

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## Where did we come from?



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# Reasons to measure quality

Purpose	Example measures
Justify need for a palliative care program	Extended hospitalizations, intensive care unit stays near the end of life
Demonstrate where improvements are needed	Pain scores Documentation of end-of-life discussions
Evaluate impact of new programs or quality improvement	Patient/family perceptions of care
Monitor care for deficiencies, worsening care	Patient safety reporting on pain issues Scorecard including pain scores
Help patients, families, providers make informed choices	Hospice quality reporting, including patient/family perceptions of care

Dy S. Measuring the quality of palliative care and supportive oncology: principles and Practice. J Support Onc. Dec. 2013.

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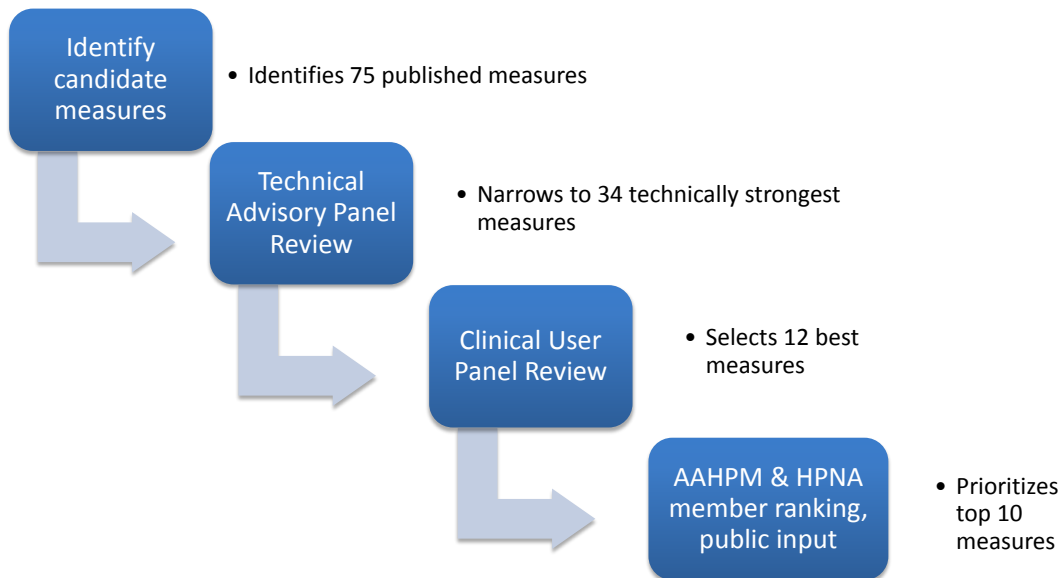
## Seize the opportunity

- **Problem** – Bewildering array of published measures (e.g. 15 measures about advance care planning and preferences)
- **Opportunity** – Focus providers on a few of the best, so they can begin to share and benchmark
- **Problem** – Few palliative care measures included in the national quality programs
- **Opportunity** – Set the agenda for what should be included



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# MWM indicator selection process



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## More Detail on Process Steps

- Indicators mapped to domains defined by the National Consensus Project for Quality Palliative Care (NCP) an initiative of the National Coalition of Hospice and Palliative Care
- TAP rated published measures on their scientific soundness
- CUP rated measures based on 3 dimensions of importance:
  - How **MEANINGFUL** is this for patients/families?
  - How **ACTIONABLE** is this for providers/organizations?
  - How large is the **POTENTIAL IMPACT**?
- Draft list of 12 measures sent to AAHPM and HPNA members, organizations & patient advocacy groups, to elicit feedback
  - Feedback received from 264 individuals and 27 organizations



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# Gaps Identified

## 2 NCP domains have no recommended measures

- NCP Domain 4: Social Aspects of Care
  - None met rating criteria
- NCP Domain 6: Cultural Aspects of Care
  - None specific to palliative care found in literature

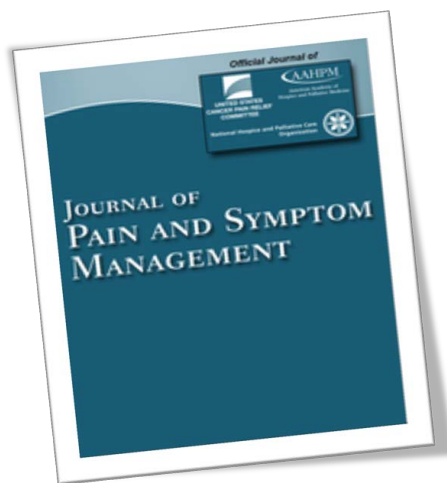
## Few truly cross-cutting measures

- Existing measures mostly specified for specific populations (eg. cancer or hospice)
- Need broad denominator definition



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# 10 measures selected



- Dy, Kiley, Ast, Lupu, Norton, McMillan, Herr, Rotella, Casarett. **Measuring What Matters: Top-Ranked Quality Indicators for Hospice and Palliative Care from AAHPM and HPNA. JPSM. [Epub ahead of print, February 16, 2015]**
- Summary handout online



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## Integrating MWM into your quality improvement efforts



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## Measuring our performance

- What do I do now with the MWM indicators?



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# Environment changing fast

- **Government**
  - Affordable Care Act
  - CMS regulations
- **Health care systems**
  - Consolidating
  - Integrating post-acute care continuum
- **Emerging models**
  - Population health management
  - Value-based purchasing



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# MWM maps the agenda

- **Signals what is most important in care model**
  - Measure what matters to patients and families
- **Grassroots power**
  - Multiple programs using the same measure creates opportunities for benchmarking and change



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## How to use

- Identify priorities in your setting to evaluate and improve
- Align with existing requirements
  - Hospices: start with measures already in HIS
  - Hospital based PC: select from MWM to meet TJC advanced certification requirements
  - Use MWM measures to meet MOC Part IV
- Integrate into dashboards for leadership
- Advocate for alignment of state, regional, payor efforts with MWM indicators

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## Tips on starting MWM

- Make sure you look CAREFULLY at measure definitions
- If at all possible, don't change the definitions
- Start with 2 or 3 measures, not full list
- Choose measures considering structure/process/outcome



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## Resources to help advance a quality improvement agenda in your setting

- PEACE measures

<http://www.med.unc.edu/pcare/resources/PEACE-Quality-Measures>

- IHI open school

<http://www.ihl.org/education/IHIOpenSchool/Pages/default.aspx>

- BMJ Quality Learning Modules

<http://quality.bmj.com/>



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## PEACE resources

- “Getting Started with PEACE Measures”

- [http://www.med.unc.edu/pcare/resources/1PEACEProjectReadThisFirst\\_REV2.pdf](http://www.med.unc.edu/pcare/resources/1PEACEProjectReadThisFirst_REV2.pdf)

- Measure specifications

- <http://www.med.unc.edu/pcare/files/specifications-for-recommended-quality-measures>



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Watch this fun animated whiteboard video from Dr. Mike Evans and IHI, which introduces some history and concepts of health care quality improvement »

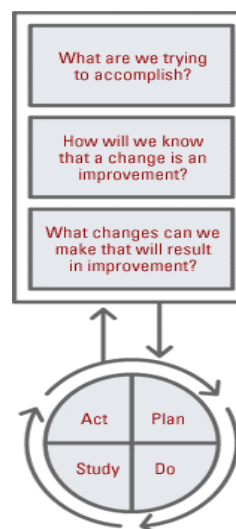
An Illustrated Look at  
QI in  
Health Care

### Open School

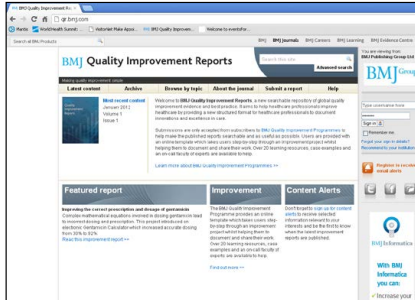
We offer students, residents, and faculty free online courses that teach the foundations of improvement, safety, system design, and leadership. Open School courses are also available to health care organizations and professionals for an annual fee. At approximately 200,000 members strong and growing, the Open School includes Chapters in more than 65 countries around the world.



- IHI uses the Model for Improvement\* as the framework to guide improvement work
- Not meant to replace change models already in place, but to accelerate improvement
- Learn fundamentals of the model and testing changes on a small scale using Plan-Do-Study-Act (PDSA) cycles



\*Source: Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.



- Aims to become the world’s largest repository of quality improvement evidence
- Standardised SQUIRE guideline template aids with sharing projects & allows comparison
- Making it searchable helps clinicians find what works and doesn’t work before they start

## Hospice HIS indicator convergence

1. NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen
2. NQF #1634 Pain Screening
3. NQF #1637 Pain Assessment
4. NQF #1638 Dyspnea Treatment
5. NQF #1638 Dyspnea Screening
6. NQF #1641 Treatment Preferences
7. Modified NQF #1647 Spiritual Concerns Addressed



## TJC Advanced Certification in Palliative Care Program

- Currently, any four measures permissible
- TJC working to specify and test select MWM measures to fit TJC Advanced Certification in Palliative Care Program
- In several years, expect several measures to be mandated



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## Share!

- **Journal of Pain & Symptom Management**
  - Brief Quality Improvement Reports
  - <http://www.elsevier.com/journals/journal-of-pain-and-symptom-management/0885-3924/guide-for-authors#2001>
- **BMJ Quality**
  - Projects developed in their on-line process can be easily submitted



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# Collaboration Opportunities

**CHOICE** <http://www.choicehospices.org/home>

- Coalition of Hospices Organized to Investigate Comparative Effectiveness
- Suncoast Solutions platform

**QDACT** <http://www.qdact.org/>

- Duke partnership with community based PC & hospices

**Palliative Care Quality Network (PCQN)** [www.pcqn.org](http://www.pcqn.org)

**CAPC registry** <https://registry.capc.org/cms/>

**NHPCO quality** <http://www.nhpc.org/qualitypartners>

## Disclaimer & Request for Additional Collaborators

- This list is not all-inclusive nor an endorsement of any kind. These potential partners have been engaged in our MWM process up to this point.
- Please email us about other collaboration opportunities – [kast@aahpm.org](mailto:kast@aahpm.org)

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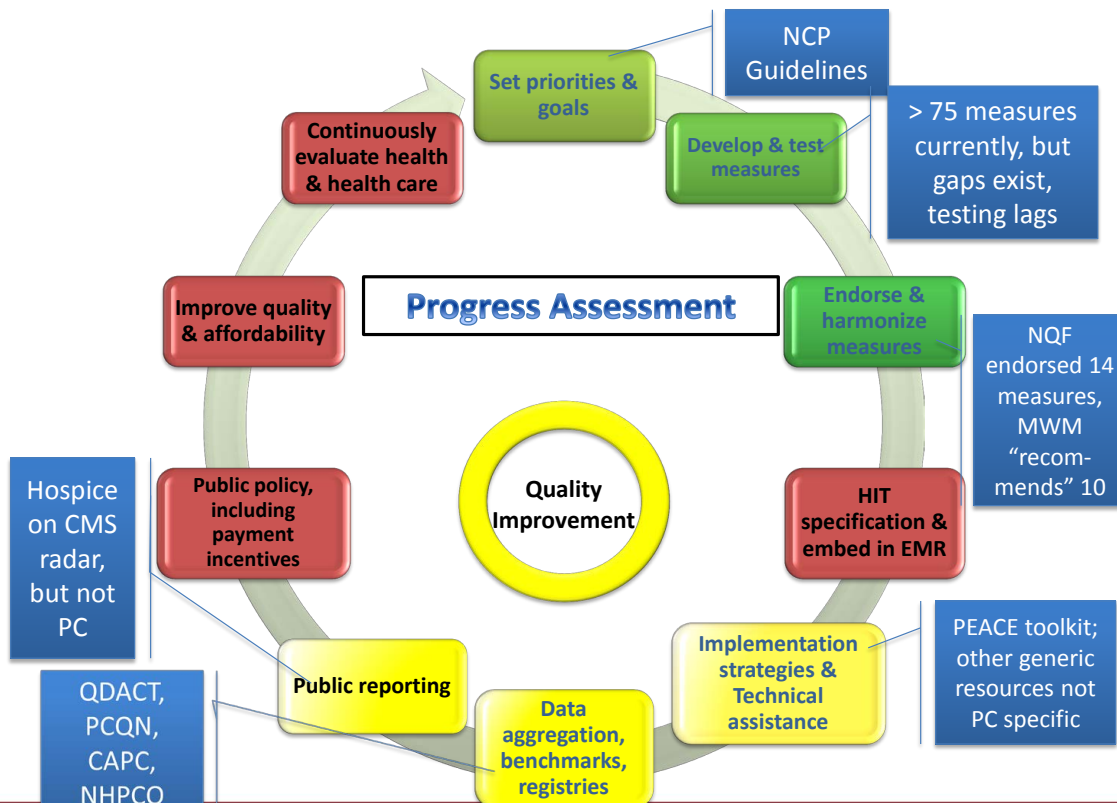


## What next?

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Adapted from the Consumer-Purchaser Disclosure Project: Idealized Framework for Quality and Cost Transparency for High-Value Care, QASC, January 2008. [AnnualAssembly.org](http://AnnualAssembly.org) | #hpm15



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## Top priorities for MWM from now-5 years

- (1) MWM 1.0 Top 10 Measures Rollout/Dissemination
- (2) Investigate Collaborations/Strategic Alliances/Funding
- (3) White Paper on Research Gaps
- (4) MWM Education
- (5) E-Specifications
- (6) MWM 2.0 Further Measure Development & Monitoring
- (7) Common Palliative Care Denominator



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## Methodological Research Priorities

As currently stated, they are:

- (1) defining the denominator(s) for palliative care quality indicators
- (2) methods for measurement across settings
- (3) further development of patient/family-reported outcome indicators



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## Alignment with other national initiatives

### Regulatory & Accrediting bodies

- CMS quality reporting programs
- TJC's Advanced Certification in Palliative Care Program
- CHAP's new quality initiatives



### Voluntary programs

- QDACT, PCRC
- PCQN
- CAPC registry
- NCQA's programs
- Home-based Primary Care and Palliative Care Network
- CHOICE Network
- NHPCO quality partners



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## The creative tensions

- Process or outcome measures?
- Specialty focus or primary care focus?
- Perfection or pragmatism?
- Quality improvement or accountability?
- Hospice or palliative care?
- Medical model or interdisciplinary?



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## For More Information

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- If you want to go fast, go alone.
- If you want to go far, go together.

» African proverb



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