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

**Presenters**

- **Measuring What Matters (MWM) Co-chairs:**
  - David Casarett, MD MA, University of Pennsylvania
  - Sally Norton, PhD RN FPCN FAAN, University of Rochester

- **MWM Technical Advisory Panel Co-chair:**
  - Sydney Dy, MD, Johns Hopkins University

- **MWM Clinical User Panel Co-chairs:**
  - Joseph Rotella, MD MBA FAAHPM, AAHPM
  - Keela Herr, PhD RN AGSF FAAN, University of Iowa
Additional Authors

- AAHPM staff and consultants
  - Katherine Ast, MSW LCSW & Dale Lupu, PhD MPH
- HPNA Staff
  - June Lunney, PhD RN

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

Overview

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

Where did we come from?
Reasons to measure quality

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


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
MWM indicator selection process

Identify candidate measures
- Identifies 75 published measures

Technical Advisory Panel Review
- Narrows to 34 technically strongest measures

Clinical User Panel Review
- Selects 12 best measures

AAHPM & HPNA member ranking, public input
- Prioritizes top 10 measures

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
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

10 measures selected
- Summary handout online
Integrating MWM into your quality improvement efforts

Measuring our performance

• What do I do now with the MWM indicators?
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

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
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

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
Resources to help advance a quality improvement agenda in your setting

- **PEACE measures**

- **IHI open school**
  [http://www.ihi.org/education/IHIOpenSchool/Pages/default.aspx](http://www.ihi.org/education/IHIOpenSchool/Pages/default.aspx)

- **BMJ Quality Learning Modules**
  [http://quality.bmj.com](http://quality.bmj.com)

---

**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**
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.

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

Share!

- Journal of Pain & Symptom Management
  - Brief Quality Improvement Reports

- BMJ Quality
  - Projects developed in their on-line process can be easily submitted
### Collaboration Opportunities

- **CHOICE** [http://www.choicehospices.org/home](http://www.choicehospices.org/home)
  - Coalition of Hospices Organized to Investigate Comparative Effectiveness
  - Suncoast Solutions platform

- **QDACT** [http://www.qdact.org/](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/](https://registry.capc.org/cms/)

- **NHPCO quality** [http://www.nhpco.org/qualitypartners](http://www.nhpco.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

---

**What next?**
Set priorities & goals
Develop & test measures
Endorse & harmonize measures
HIT specification & embed in EMR
Implementation strategies & Technical assistance
Data aggregation, benchmarks, registries
Public reporting
Public policy, including payment incentives
Continuously evaluate health & health care
National Quality Framework

Quality Improvement

Improve quality & affordability
Endorse & harmonize measures
Implementation strategies & Technical assistance
Data aggregation, benchmarks, registries
Public reporting
Public policy, including payment incentives
Continuously evaluate health & health care

Progress Assessment

Quality Improvement

Improve quality & affordability
Endorse & harmonize measures
Implementation strategies & Technical assistance
Data aggregation, benchmarks, registries
Public reporting
Public policy, including payment incentives
Continuously evaluate health & health care

Adapted from the Consumer-Purchaser Disclosure Project: Idealized Framework for Quality and Cost Transparency for High-Value Care, QASC, January 2008

NCP Guidelines
> 75 measures currently, but gaps exist, testing lags
NQF endorsed 14 measures, MWM "recommends" 10
PEACE toolkit; other generic resources not PC specific

QDACT, PCQN, CAPC, NHPCO

Hospice on CMS radar, but not PC

AnnualAssembly.org | #hpm15
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

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
## 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

## 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?
• If you want to go fast, go alone.

• If you want to go far, go together.

» African proverb