Recommended Quality Measures/Measure Areas

As health plans, policymakers, and other stakeholders develop interventions to improve health care delivery for people with serious illness, quality measures can incentivize providers to improve care and evaluate impact. This document provides recommended quality measures for a palliative care or serious illness initiative, along with high-level implementation considerations, such as what can be collected from claims versus provider reporting.

Category	Type	Quality Measure/Measurement Area	Related NQF #	Considerations
Access	Structure	Availability of interdisciplinary team, with 24/7 clinical response (yes/no).[i] Team members should also demonstrate appropriate competencies.		Demonstrates availability of qualified teams. Can be collected through attestation (with audit as needed) or through programmatic certification
Access	Process	Racial/ethnic composition: comparison of a program's patient mix to the broader population it serves (e.g., hospital, county, ACO or plan population, etc.)		Opportunity to evaluate for any racial/ethnic disparities. This can be calculated via claims when race/ethnicity data available
Satisfaction	Patient Reported Outcome	Patient survey on how true: "I felt heard and understood by this provider and team"	#3665	Patient experience measure. The American Academy of Hospice and Palliative Care is the measure steward
Satisfaction	Patient Reported Outcome	Likelihood to recommend the services or program (i.e., Net Promoter Score)		Patient derived measure. Ensure consistent survey language to enable aggregation of the data
Clinical Quality	Process	Proportion of patients who have a surrogate decision-maker documented in the medical record, or documentation that patient did not wish/was unable	#0326	NQF endorsed measure also includes "advance care plan" and is only validated for patients 65+ Providers can report

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Clinical Quality	Patient Reported Outcome	Patient survey (yes/no): "In the last six months, did you get as much help as you wanted for your pain from this provider and team?"	#3666	Patient experience measure. The American Academy of Hospice and Palliative Care is the measure steward
Clinical Quality	Process	Proportion of patients with documented symptom assessment completed	#1634 #1637 #0420	NQF endorsed quality measures for pain screening or assessment and pain plan of care) but not yet for other or combined symptoms. Providers can report
Clinical Quality	Process	Proportion of patients with functional and/or cognitive assessment completed	#2631 #2872e	NQF endorsed measures are for specific settings or types of assessments only, but consider application more broadly. Providers can report
Clinical Quality	Process	Proportion of patients with their caregiver burden formally assessed		Not yet commonly collected Zarit Burden Interview is an evidence-based tool that may be useful. Providers can report.
Utilization[ii]	Outcome	Rates of "avoidable" hospitalization; risk-adjusted as appropriate. Potentially can use All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	#0288	Can be pulled from claims data. NCQA HEDIS 'hospitalization for potentially preventable complications" specifications can provide useful guidance
Utilization	Process	Timely and appropriate hospice utilization (e.g., hospice referral rate, or hospice length of stay (LOS) for those referred, or proportion of patients with a hospice LOS less than seven days or more than 180 days)	#0215 #0216	Hospice length of stay can be pulled from claims data

i Home-based Care Program Credentialing Recommendations; retrieved from https://www.capc.org/defining-and-measuring-quality/ (https://www.capc.org/documents/946/)

ii Note that utilization measures based on "Days at Home," while seemingly appropriate, does not seem to align with Black family preferences, and has been removed from the recommendations