National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, 4th Edition (target publication July 2018)

Project Overview and Scope

The goal of the National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care, 4th edition project is to improve access to quality palliative care for all people with serious illness, regardless of setting, diagnosis, prognosis, or age. To support health professionals across the continuum to achieve this goal, the NCP aims to formalize and delineate evidence-based processes and practices for the provision of safe and reliable high-quality palliative care for adults, children, and families with serious illness in all care settings. For the purpose of this project, serious illness is defined as 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 caregiver.1

Building on the success of the NCP Clinical Practice Guidelines for Quality Care, 3rd edition (2013), this two-year project involves national stakeholder organizations, including representatives from a broad range of care settings, accrediting bodies, payers, and community services organizations. Previous versions of the NCP Guidelines were developed to be applicable to specialist level palliative care within hospital and hospice settings, however the new NCP Guidelines will be broadened to encompass palliative care delivery by all clinicians caring for the seriously ill in all care settings, supported by the growing body of evidence demonstrating the beneficial impact of palliative care on the Triple Aim: Patient and Family Experience, Better Quality of Care, and Better Use of Health Care Resources.

Palliative Care in All Settings of Care

Palliative care is a person-and family-centered approach to care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team of doctors, nurses, social workers, chaplains and other disciplines who work together with a patient’s other doctors and community service providers to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment. Together, the team works with the patient, family and caregiver to learn their goals and better determine how best to achieve them. Palliative care can be delivered in all care settings, is frequently provided over a longer period of time to patients based on their need and not their prognosis, and can be offered by various types of organizations, such as health systems, office practices, cancer centers, dialysis units, home health agencies, hospices, long-term care providers, and social services organizations in any setting.

Currently the two most established forms of palliative care in the United States include hospital-based palliative care and hospice care. Hospice is a specific type of palliative care supported by a defined insurance benefit. In order to be eligible to utilize hospice care, individuals must have a defined, time-limited prognosis and desire a fully palliative plan of care, foregoing further disease-directed treatment efforts. Palliative care is not yet facilitated by consistent insurance benefit support.

1 Kelley AS. Identifying the Population with Serious Illness: the “Denominator” Challenge. Journal of Palliative Medicine. (in press). This work was completed with support of the Gordon & Betty Moore Foundation.
While hospital palliative care and hospice are widely available in the United States, access to palliative care in other settings is sometimes unreliable. It should be available to all seriously ill patients and their families and caregivers, including children, without regard to prognosis – including those who are pursuing curative or life-prolonging treatments – in any care setting, and for any duration of time. Since palliative care isn’t setting-specific, services should continue if a patient transitions to an acute, assisted, or long-term care setting – thus improving continuity of care and ongoing care coordination. The goal of the 4th edition of the NCP Guidelines is to improve access to palliative care in all care settings by encouraging organizations and clinicians across the continuum to integrate palliative care principles and best practices into their routine assessment and care of their patients.

**Palliative care** - comprehensive physical, emotional, spiritual, and social assessment; skilled management of pain and other distressing symptoms; and expert communication about what is most important to patients and families and implementing care plans to achieve those goals - should be provided in any setting by any clinician with appropriate preparation and training. Palliative care specialists have extensive post-graduate training to support the needs of the most complex patients and family caregivers. Front-line clinicians should manage pain and symptom issues, facilitate advance care planning and goal concordant care, work with community support service partners, and provide continuity and support to their seriously ill patients over time, referring to specialist palliative care consultants as necessary for more complex situations or when referral to hospice care becomes appropriate.

**Target Audience for the NCP Guidelines**

Since palliative care should be available to any patient with a serious illness in any care setting, the potential audience for the 4th edition of the NCP Guidelines includes specialty hospice and palliative care settings as well as health systems, office practices, cancer centers, dialysis units, long-term care facilities, assisted living facilities, home health and hospice agencies, and other care providers. Social service agencies, prisons, homeless shelters, and other community organizations serving individuals with palliative care needs would also benefit from implementing the NCP Guidelines in care of the seriously ill.

Additionally, payers, including Medicare Advantage plans, state offices of Medicaid, and health plans, are all exploring ways to pay for better access to quality palliative care and need guidelines to assist in developing palliative care reimbursement mechanisms linked to standardized and reliably high-quality care. Currently, The Joint Commission and the Accreditation Commission for Health Care have palliative care certification standards, both based upon the 3rd edition of the NCP Guidelines (2013). The new NCP Guidelines would support accountability standards for palliative care across settings. Individuals and organizations developing and implementing quality measures for quality improvement or value-based payment will find clear elements of structure and process measures in the new NCP Guidelines.

Most importantly, the goal of the NCP Guidelines is to improve the care that patients and families receive by defining and driving access to high-quality palliative care in all care settings. It is our hope that the care people with serious illness, and their families, receive will meet or exceed the criteria set forth in the final document.

**Timeline**

Following the [NCP Stakeholder Strategic Directions Summit](#) held in June 2017, the NCP Steering Committee will finalize the project domains and the Writing Workgroup will start their work. The first draft of the NCP Guidelines will be completed and sent to the Steering Committee for an initial review by January 2018. When all editing is completed, the final draft of the Guidelines will be sent to national stakeholder organizations for endorsement. The anticipated publication date is set for July 1, 2018.

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