OVERVIEW

Under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the Centers for Medicare and Medicaid Services (CMS) was directed to develop performance measures for clinicians. To meet these requirements, CMS contracted with the American Academy of Hospice and Palliative Medicine (AAHPM) to develop two patient reported outcome performance measures (PRO-PMs) in the areas of pain/symptom management and communication for patients with serious illness, including those receiving palliative care (Cooperative Agreement #1V1CMS331639-01-00). The project was awarded funding in September 2018 and will run for three years.

To fulfill their requirements, AAHPM partnered with the National Coalition of Hospice and Palliative Care (Coalition) and RAND Health (RAND) to establish the Palliative Care Quality Measures Project and develop patient-centered palliative care measures for CMS’s Quality Payment Program (QPP) including the Merit-Based Incentive Payment System (MIPS) and alternative payment models (APMs).

The project will develop and test two patient experience measures assessing core patient-centered and patient-reported outcomes in palliative care:

1) The adequacy and appropriateness of symptom management – particularly pain; and
2) The experience of feeling heard and understood by their palliative care providers.

PROJECT GOALS

♦ Incorporate the patient voice into measure development.

♦ Shift from a focus on a clinical outcome in quality measurement to a patient-centered outcome that inherently incorporates personal preferences.

♦ Ensure dignity, respect, and autonomy in serious illness care.

♦ By keeping the focus on the patient, create cross-cutting measures, applicable broadly to seriously ill patients and their families receiving care in palliative, primary, and specialty care.

♦ Involve persons and families in the care process and demonstrate knowledge, skill, and confidence to self-manage health care, with the potential to improve person-centered care.

♦ Help to assure that patients feel heard and understood as a person to improve communicating prognosis and treatment options and assuring adherence to the treatment plan.

♦ Incorporate patient, caregiver and family input along with clinical and other stakeholder input and feedback throughout the measure development, testing and implementation of the measures.

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YEAR ONE PROJECT UPDATE: Patient Experience Measures and Testing

By the end of year one of the project, the two specific measure concepts that have been approved by CMS for testing are the following:

1. **Palliative care outpatients’ experience of receiving desired help for pain:** The percentage of patients aged 18 years and older with at least one outpatient palliative care visit in three months, reporting pain and wanting help for their pain, who report getting the help they wanted for their pain from their palliative care provider and team.

2. **Palliative care outpatients’ experience of feeling heard and understood:** The percentage of patients aged 18 years and older with at least one outpatient palliative care visit in three months, answering a survey question about feeling heard and understood, who report feeling heard and understood by their palliative care provider and team.

Also, RAND contracted with and began Alpha Testing of the measures with five palliative care outpatient sites and has contracts signed with 30 sites (of the 50 sites needed) for Beta Testing.

COALITION ROLE: STAKEHOLDER ENGAGEMENT

The National Coalition for Hospice and Palliative Care (Coalition) was contracted as a subrecipient and partner of the Palliative Care Quality Measures Project to be responsible for stakeholder engagement deliverables because of its central position, leadership expertise and longstanding relationships with key stakeholders in the palliative care field, including working collaboratively and consistently with leaders from national organizations representing physicians, physician assistants, nurses, social workers, palliative care programs, hospices, researchers, pharmacists, and chaplains (i.e., the core interdisciplinary team [IDT]).

STAKEHOLDER ENGAGEMENT DELIVERABLES

The Coalition will engage stakeholders throughout the measure development process, in collaboration with the AAHPM project team, as follows:

1) Convene a Technical Expert Clinical User Patient Panel (TECUPP) and Measure Specification Panel (MSP) to support the development and refinement of the proposed measure concepts;
2) Solicit participation from diverse care settings to ensure broad representation during informational interviews and the measure testing process;
3) Provide opportunities for input and public comment at appropriate intervals throughout the project; and
4) Develop and deploy a strategic communication and dissemination plan for sharing information on this project and the specific measures broadly among key audiences.

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