The Serious Illness Quality Alignment Hub Scorecard
2018

The Current State of the Health Care System

• There are at least 11.8 million adults and 400,000 children in the United States living with serious illness
• Presently, there is insufficient access and little standardization in care for people with a serious illness:
  o An estimated 1,831 hospitals report having a palliative care program, representing 79% of total hospitals with 50 or more beds
  o Currently 91 hospitals hold advanced certification in palliative care from The Joint Commission (TJC) or DNV-GL
  o Specialty palliative care is available in at least 1,852 sites of service, with in-home programs serving at least 1,392 counties
  o Currently 24 home health agencies/hospices hold TJC or ACHC certification/distinction in palliative care
• At the same time, progress to improve access and standardization includes:
  o Several relevant CMMI models are now operating, including the Medicare Care Choices Model, Oncology Care Model, and the Comprehensive ESRD, and a potential new model focused on people with a serious illness has been recommended for development
  o An increasing number of Medicare Advantage (MA) plans are implementing programs and benefits to enhance care for people with a serious illness, and recent changes in MA guidance and the passage of the CHRONIC Act gives them greater flexibility to do so
  o Twenty-six states now have Palliative Care Advisory Councils, and California has legislation on defining and requiring access to palliative care services for eligible Medicaid beneficiaries

The Role of the Hub and the Projects in Improving Access and Quality

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| CMS Oversight of Medicare Advantage (MA) Plans | • Mapped processes of regulatory change  
• Selected four potential strategies to advance MA attention on the care of people with a serious illness  
• Contracted with a federal policy strategy firm to develop next steps | • To be determined with input from federal policy strategy firm | • BPC  
• Denominator |
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<td>CMS Requirements and Incentives for Health Care Providers</td>
<td>• Mapped processes of regulatory change</td>
<td>• To be determined with input from federal policy strategy firm</td>
<td>• BPC</td>
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<td>• Completed an inventory of current relevant Quality Measures</td>
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<td>• NCP</td>
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<td>• Completed a “Roadmap” to advance CMS opportunities</td>
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<td>• RAND</td>
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<td>• Contracted with federal policy strategy firm to prioritize opportunities for feasibility and develop a strategy for next steps</td>
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<td>Center for Medicare and Medicaid Innovation (CMMI)</td>
<td>• (AAHPM/CTAO) PTAC recommended serious illness program model development, which was highlighted by Secretary Azar</td>
<td>• CMMI strategy discussion at Sept Accountability Committee meeting</td>
<td>• AAHPM &amp; CTAC</td>
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<td>• Submitted recommendations for provider eligibility, beneficiary eligibility, and quality measures to CMMI</td>
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<td>• Denominator</td>
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<td></td>
<td>• Mapped processes of CMMI model development and modification</td>
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<td>• NCP</td>
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<td>Accreditation and Certification Program Standards</td>
<td>• Collected information on accreditation and certification market dynamics</td>
<td>• Accreditation and Certification discussion at Dec Accountability Committee meeting</td>
<td>• RAND</td>
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<td>• (NCQA) Drafted the “Serious Illness Care Program” standards; tested three process measures: assessment; care planning and goal setting</td>
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<td>Health Plan Network Credentialing and Financial Standards</td>
<td>• Drafted Network standards from updated NCP Guidelines and Anthem QHIP model</td>
<td>• Network standards to be disseminated via health plan gathering in October</td>
<td>• Denominator</td>
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<td>• Published Health Affairs blog on suggestions for Medicare Advantage plans</td>
<td>• Additional dissemination to be identified</td>
<td>• NCP</td>
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| Accountable Care Organizations (ACOs) Infrastructure and Network Management | • Developed a monograph for ACOs, summarizing both the value proposition and implementation steps  
• Six Case studies of ACO serious illness programs have been completed  
• *(Duke)* Quantitative analysis on quality and cost performance of ACOs being conducted to help ACOs make the business case for serious illness programs  
• *(Duke)* Another six case studies are being developed | • *(Duke)* Publish and disseminate case studies and analysis to support the business case for serious illness programs | • Duke |
| State Regulation of Health Plans and Providers | • Completed state strategy “Roadmap” to advance State opportunities  
• Developed and disseminated template Issue Brief for national state-based organizations to customize and disseminate to their members  
• Identified and disseminated definitions and standards for palliative care  
• *(NASHP)* Performing a systematic review of state palliative care activity and existing policies, resulting in an inventory of feasible state actions  
• *(NASHP)* Held first State policymaker round table | • *(NASHP)* Convene a state leadership council on palliative care  
• Develop and disseminate technical assistance to all states *(NASHP)* | • BPC  
• CAPC  
• NASHP  
• NCP |
| Purchaser Demands on Health Plans, ACOs, and Vendors | • *(CPR)* Developed a comprehensive “Purchaser Toolkit for Improving the Care of people with a serious illness” providing guidance on how purchasers can work with health plans, ACOs, and vendors to ensure adherence to best practices | • *(CPR)* Hold Webinar for Employers, Benefits Consultants and Health Plans on 9/27  
• *(CPR)* Continue to disseminate Toolkit and related resources | • CPR |

Key:

AAHPM – American Academy of Hospice and Palliative Medicine  
BPC – Bipartisan Policy Center  
CAPC – Center to Advance Palliative Care  
CPR – Catalyst for Payment Reform  
Duke – The Duke-Margolis Center for Health Policy  
NASHP – The National Academy for State Health Policy  
NCP – The National Consensus Project  
NCQA – The National Committee for Quality Assurance
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| Development, dissemination, and implementation of the National Consensus Project Clinical Guidelines – NCHPC | • Implemented communications plan to publicize the Guidelines  
• Implemented targeted stakeholder outreach and engagement to disseminate Guidelines  
• Systematic review completed and incorporated into Guidelines | • Draft of updated Guidelines completed | • Publish the Guidelines  
Accountability Relevance: Guidelines potentially can be used to:  
✓ Set standards for seriously ill programs  
✓ Define/update standards for people with a serious illness accreditation and/or certification programs |
| Serious Illness Care Measures for Accountability-NCQA | • Three process measures tested: assessment; care planning and goal setting  
• Data collection complete for serious illness conversations and goal setting to build toward person-driven measures  
• Serious Illness Care Program feasibility assessment completed | • Serious Illness Care Program draft standards completed | • Phase 2 will include review, revision and additional testing of measures  
Accountability Relevance: The Serious Illness Care Program standards can be used to:  
✓ Identify measures for the care of people with a serious illness  
✓ Provide an example of exclusions to defining people with a serious illness |
| Developing a Toolkits to Help Purchasers Demand High-Quality Serious Illness Care – CAPC & CPR | • Finalized the Purchaser Toolkit to include model RFI, evaluation, model contract language and case studies | • Hold training webinar for benefits consultants | • Dissemination of Toolkit  
Accountability Relevance: The Purchaser Toolkit can be used to:  
✓ Educate purchasers on the elements required of health plans for high quality care for people with a serious illness  
✓ Provide model language for RFIs and contracts to ensure that high quality care for people with a serious illness is part of a plan bid |
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<td>Developing Measures of Care Experiences of Seriously Ill Individuals – RAND</td>
<td>• Survey instruments developed to measure care experiences of individuals with serious illness</td>
<td>• Conduct field test to test survey questions, develop and assess composite measures, and evaluate survey administration</td>
<td>• Data Analysis from field test to assess response rates, consistency and reliability of survey questions, and key drivers to overall rating</td>
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<td><strong>COMPLETION DATE:</strong> September 2020</td>
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<td><strong>Accountability Relevance:</strong> the survey can be used to:</td>
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<td>✔️ Provide measurement of experience and satisfaction with patient care</td>
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<td>Defining the Denominator for the Seriously Ill Population – Mt. Sinai</td>
<td>• Tested potential methods for delineating people with a serious illness on a local, health care system and national level and shared methods and codes with stakeholders</td>
<td>• Continue to test methods and share findings</td>
<td>• Peer review journal articles based on research findings</td>
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<td><strong>COMPLETION DATE:</strong> December 2020</td>
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<td><strong>Accountability Relevance:</strong> defining the denominator(s) can be used to:</td>
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<td>✔️ ensure access to appropriate care and evaluate quality of care for those with serious illness</td>
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<td>Identifying Strategies for How ACOs Can Improve Care for High-Need Patients in the Community – Duke-Margolis Center for Health Policy</td>
<td>• Six ACO case studies developed to share with ACOs for education and potential program development</td>
<td>• Quantitative analysis that analyzes the quality and cost performance of ACOs over time</td>
<td>• Dissemination of case studies and analysis</td>
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<td><strong>COMPLETION DATE:</strong> June 2019</td>
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<td><strong>Accountability Relevance:</strong> the case studies and analysis can be used to:</td>
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<td>✔️ Educate ACOs about providing high quality care for people with a serious illness</td>
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<td>✔️ Highlight that high-quality programs for people with a serious illness can potentially lower costs of care and improve patient satisfaction scores</td>
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| **Alternative Payment Model for Serious Illness**  
– AAHPM & CTAC | • APMs for seriously ill care reviewed by PTAC and recommended for a demonstration | • CMMI potentially developing a demonstration seriously ill program model | • CMMI potentially announces launch of demonstration and sends out RFI  
**Accountability Relevance:** the demonstration can be used to:  
✓ Provide additional data on outcomes for services for people with a serious illness  
✓ Provide an opportunity to have standards for care for people with a serious illness tested and evaluated |
| **Completion Date:**  
On-going | | | |
| **Creation of the Palliative Care Collaborative Registry**  
– AAHPM | • Recently received approval for implementation phase | • Preparing to conduct market research on stakeholder engagement and create an annual member evaluation report | • Conduct market research on stakeholder engagement and create a communication plan  
• Create an annual member evaluation report  
**Accountability Relevance:** The registry can be used to:  
✓ Report on all measures of accountability |
| **Completion Date:**  
August 2021 | | | |
| **Mapping Community Palliative Care**  
– CAPC | • Data collected on prevalence of serious illness programs nationwide | • Baseline estimate of prevalence of palliative care programs nationwide | • Baseline estimate of prevalence of serious illness programs nationwide  
**Accountability Relevance:** mapping out serious illness programs can be used to:  
✓ Identify prevalence of programs that serve people with a serious illness  
✓ Potentially increase the data pool for serious illness programs |
| **Completion Date:**  
October 2019 | | | |
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| Advancing Quality & Transparency in Community-Based Serious Illness Care – NQF | • Strategy session on defining the population of people with a serious illness resulted in draft guiding principles on approaches to identifying these individuals within patient populations  
• Quality Measurement Committee Call | • Quality Measurement Committee meeting  
• Quality Measurement Committee call | • Strategy Session (topic TBD)  
**Accountability Relevance:** Recommendations can be used to:  
✓ Identifying quality measures to include accountability programs  
✓ Identifying strategies for overcoming barriers to implementing quality measures within practice and accountability programs |
| Policy Recommendations for Improving Community-Based Serious Illness Care – BPC | • Completed report and recommendations on challenges on delivering appropriate care to high-need individuals | • Promoting report and recommendations | • Promoting report and recommendations  
**Accountability Relevance:**  
✓ Adoption of recommendations will improve access to palliative care |
| Supporting the Continuum of Palliative Care: A Resource Hub for State Policymakers – NASHP | • Convene state roundtable at NASHP conference  
• Convene State Leadership Council  
• Launch Palliative Care Hub | • Release scan of state policies that examines trends, themes and best practices | • Promoting report and recommendations  
**Accountability Relevance:** Educating and engaging state policy makers can be used to:  
✓ Improve access to, and quality of, palliative care at the state level |
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| Exploring Federal Legislative Options – CAPC and The Sheridan Group | • Defining potential “hooks” and policy options for legislative interest  
• Developing an inventory of assets  
• Considering how to craft the economic case |
| **COMPLETION DATE:** October 2018 | **Current Status**  
• Hooks and policy options due October 1 |
| **Next Steps and Accountability Relevance** | **Next Steps and Accountability Relevance:**  
• Review recommendations with coalitions  
✓ Identify legislation to be created that advances accountability |

*Green indicates project is on target with their projected timeline*