

Final Hub National Strategic Plan

Vision

A defined population with serious illness will receive medical care meeting measurable quality standards across diagnoses, populations, care settings and geographies.

Background

All individuals with serious illness, along with their caregivers, deserve high-quality health care that relieves their suffering and maximizes their quality-of-life. While few would argue with that statement, our current health care system does not yet reliably support access to palliative care services, nor does it ensure that those services adhere to nationally recognized standards. Recent growth in the number of home-based programs has occurred without accompanying protections – such as program standards and quality monitoring – leaving patients vulnerable to regional variation and bad actors.

What was the Hub?

To address this gap, the Serious Illness Quality Alignment Hub (“the Hub”) was a coordinated effort to develop a national strategic plan to incentivize the delivery of high-quality care for people living with a serious illness. The Hub – led by CAPC, in collaboration with the [National Quality Forum](#) – was funded by the Gordon and Betty Moore Foundation. It completed four work streams:

Needs Assessment: investigating operations and opportunities across multiple levers of accountability

Accountability Committee: assessing and prioritizing opportunities to strengthen accountability, by feasibility and likely impact, across each of the levers

Quality Measurement Committee: cataloging measures and making recommendations to address measurement gaps

National Serious Illness Projects: coordinating and aligning multiple national efforts to improve standards and measures in the care of people living with serious illness



The Hub investigated the full range of potential levers across the U.S. health care system to ensure that patient can access, and providers can deliver, high-quality palliative care – regardless of the patient’s age, diagnosis, stage of illness, site of care, geographic region, etc. Early work included developing a framework of those levers that determine requirements and incentives governing provider behavior, which we have dubbed “accountability systems.” These accountability systems include:

- Centers for Medicare and Medicaid Services (CMS) oversight of Medicare Advantage
- Center for Medicare and Medicaid Innovation (CMMI) model requirements and measures
- Accreditation and certification program standards and measures
- State regulation of health plans and providers
- CMS requirements and incentives for health care providers
- Health Plan network credentialing and financial incentives
- Accountable Care Organization (ACO) infrastructure and network management
- Purchaser demands on health plans, ACOs, and vendors

The following goals and strategies are the result of an 18-month process in which the Hub staff and participants systematically reviewed each accountability system to understand its operations and opportunities, and then prioritized the most feasible and impactful activities to hold providers accountable for delivering care that meets minimum standards. The final priorities were then reviewed and revised through conversations with more than 40 individuals and organizations, including a group review at an in-person meeting held October 30, 2019.

Some goals are intended to directly promote accountability, while others are intended to establish a foundation for accountability that will eventually lead to standardized, high-quality care. Furthermore, many of these goals, strategies, and tactics are ongoing; therefore, much of the plan’s impact will come through increased transparency and coordination to expedite what moves forward. The agreed-upon goals and strategies recognize that adequate quality measures for the seriously ill population and the delivery of palliative care are in development. Note that most of the goals and strategies contained within will require funding to complete.

Goal 1 – Increased state-level efforts driving availability and oversight of high-quality care for people living with serious illness

Outcomes

The Hub seeks an increase in the number of states with one or more of the following:

- increased public and professional awareness of palliative care
- investment in growing the state’s specialist-level palliative care workforce
- refined facility and/or professional licensure to specify who can provide home-based palliative care and what standards must be met

- improved Medicaid payment for palliative care services, including billing changes, managed care strategies, and incorporation of meaningful measurement and reporting requirements that directly address the needs of people living with serious illness
- incorporation of serious illness communication, and pain and symptom management in professional continuing education requirements
- other policies recommended by national organizations focused on state-level palliative care efforts, as well as state and regional coalitions

Strategies to Achieve these Outcomes

Strategy 1.1: Create a coordinated understanding of common needs, barriers, and opportunities by: 1. Gathering information from key stakeholders; and 2. Convening a broader group of organizations working on state-level palliative care efforts to share information, identify areas for collaboration, and avoid duplication of effort.

Potential Owners (listed alphabetically): Center to Advance Palliative Care (CAPC), Coalition to Transform Advanced Care (CTAC), National Academy for State Health Policy (NASHP)

Additional Actors: American Academy of Hospice and Palliative Medicine (AAHPM), American Cancer Society Cancer Action Network (ACS CAN), American Hospital Association (AHA), Center for Health Care Strategies (CHCS), Council of State Governments (CSG), National Association for Medicaid Directors (NAMD), National Coalition for Hospice and Palliative Care (NCHPC), National Conference of State Legislatures (NCSL), National Governors Association (NGA), National Hospice and Palliative Care Organization (NHPCO), National Patient Advocate Foundation (NPAF), Network for Regional Healthcare Improvement (NRHI)

Sample Tactics

- NASHP and ACS CAN: Convene state and regional leaders to identify challenges and opportunities and develop shared solutions (2020)
- CAPC and AHA: Convene state hospital associations to identify potential areas of advocacy or project overlap (2020)
- CAPC and NRHI: Convene NRHI members to identify potential areas of advocacy or project overlap (2020)
- CAPC: Re-convene all state-based actors on a webinar to discuss current status of efforts to improve access to palliative care, and identify areas for collaboration (2021)

Strategy 1.2: Based on those common needs, barriers, and opportunities, create and disseminate tools and technical assistance to state and regional leaders as they work to advance key activities.

Primary Owners: ASC CAN, CAPC, CTAC, NASHP

Additional Actors: AAHPM, AHA, CHCS, CSG, NAMD, NCHPC, NCSL, NGA, NHPCO, NPAF, NRHI, Yale Solomon Center for Health Policy

Sample Tactics

- CAPC: Create and disseminate sample palliative care definitions and standards, drawing from the examples in pioneering states (2020)

- CTAC: Create and disseminate state coalition toolkit (2020-2021)
- NASHP: Finalize and disseminate the Palliative Care Toolkit to all NASHP members, drawing on available tools and technical assistance at partner organizations as well as existing state policy initiatives (2020)
- ACS CAN: Create model legislation consistent with the priorities of the state and regional leaders, and support local advocacy efforts (2020-22)
- Yale Solomon Center for Health Policy: Launch a sustainable process and website to track relevant existing state policy, as well as the potential pipeline for new legislation and regulation (2020)

Strategy 1.3: Support state-level champions to promote policies and/or activities to ensure high-quality palliative care for people living with serious illness

Potential Owners: CAPC, CTAC

Additional Actors: AAHPM, ACS CAN, CHCS, CTAC, NASHP, NCHPC, NHPCO, NPAF, NRHI

Sample Tactics

- CTAC: Work with the emerging collaborative to define an advocacy agenda and advancement strategy (2020)
- CAPC and AAHPM: Create model regulatory language to incorporate palliative care into existing state loan forgiveness programs, and support local advocacy efforts (2021)
- CAPC: Work with interested state collaborative(s) or policymaker(s) to expand Medicaid palliative care payment options (2021)

Goal 2 – Increased private payer efforts driving access and standardization of specialty palliative care services

Outcomes

The Hub seeks an increase in the number of private payers, including Medicare Advantage (MA) plans, with one or both of the following:

- explicit services/benefits for members with serious illness and
- palliative care standards and measures incorporated into their network and ACO quality programs, including those that encourage functional assessment when warranted

Strategies to Achieve these Outcomes

Strategy 2.1: Create and disseminate tools, technical assistance, and programs to expedite health plan and ACO adoption of recommended standards and quality measures

Potential Owners: CAPC, Torrie Fields Analytics

Additional Actors: Accountable Care Learning Collaborative (ACLC), Alliance of Community Health Plans (ACHP), America's Health Insurance Plans (AHIP), Blue Cross Blue Shield Association (BCBS), Better Medicare Alliance (BMA), Duke Margolis Center for Health Policy, Institute for Healthcare Improvement (IHI), National Committee for Quality Assurance (NCQA), and/or others

Sample Tactics

- CAPC: Develop and disseminate a “short-list” of currently available quality measures for use in network and accountable care quality programs, along with model quality requirements for entities to whom the health plan delegates financial risk and/or utilization management (2020)
- CAPC: Interview thought leaders who have successfully spread key model standards re: lessons learned (e.g., Paul Grundy and the patient-centered medical home)(2020)
- BCBS: Create a Blues Distinction program for high-quality serious illness care (timeframe TBD)
- ACLC: Develop case studies to illustrate effective implementation of high-quality palliative care services under ACO arrangements, consistent with standards (2021)
- NCQA: Support the development of TA to help health plans implement a serious illness strategy that aligns with accreditation

Strategy 2.2: Promote adoption of new benefits and CMMI models among MA plans, particularly those options focused on the population with serious illness (e.g., Value-Based Insurance Design (V-BID), home-based palliative care and/or caregiver support supplemental benefits, Primary Care First Seriously Ill Population, Direct Contracting High-Needs Population entities), and provide feedback on unintended consequences

Potential Owners: BCBS, CAPC, Duke Margolis Center for Health Policy, NCHPC

Additional Actors: AAHPM, Discern, NAACOS, NHPCO, Torrie Fields Analytics

Sample Tactics

- CAPC and BCBS: Promote information about V-BID and other related opportunities to health plan members and audiences (2020)
- CAPC, Duke Margolis, and NAACOS: Create “peer pressure” by monitoring and publishing adoption and experiences of MA plans participating in relevant models and supplemental benefits (2020-2022)
- NCPHC: Monitor for the early impact of these models on patients and the palliative care field. Continue to advise CMMI on model improvements, appropriate measures, and other key features to ensure model success and beneficiary protection (2020-2023)

Strategy 2.3: Equip purchasers with the knowledge and tools they need to drive changes in their contracted health plans

Potential Owners: Catalyst for Payment Reform (CPR), National Business Group on Health (NBGH), Pacific Business Group on Health (PGBH)

Additional Actors: CAPC, Torrie Fields Analytics

Sample Tactics

- CPR, PGBH, and NBGH: Increase efforts to disseminate the Serious Illness Care Toolkit for Purchasers (2020 or 2021-2023)
- CPR, PGBH, and NBGH: Create and disseminate model contract language for cancer services, incorporating key elements from the serious illness care model contract (2021)

Goal 3 – Create a sustainable body that continuously drives quality measure development and promotes relevant quality measure adoption across accountability systems

Outcomes

The Hub seeks:

- The formation or identification of a sustainable body to track all relevant measure development work and maintain a centralized inventory of meaningful quality measures for the care of people living with serious illness
- The development of an advocacy agenda that promotes the adoption of meaningful measures in key accountability programs

Strategies to Achieve these Outcomes

Strategy 3.1: Establish a collaborative effort to create and maintain an inventory of: 1. All relevant measures currently in use (and where –e.g., specific CMMI models, private health plans, specific state initiatives), 2. All relevant measures under development and their status, and 3. All identified gaps

Potential Owners: National Quality Forum (NQF), Palliative Care Quality Collaborative (PCQC)

Additional Actors: AAHPM, CAPC, Cerner, Dartmouth, Discern, EPIC, NCHPC, NCQA, RAND

Sample Tactics

- NQF and PCQC: Outline roles and responsibilities for developing and maintaining the inventory (2021)
- NQF, PCQC, and CAPC: Update the 2018 Hub inventory. Review all relevant CMS programs, CMMI models, and publicly available information on private health plan quality programs to identify measures and measure concepts in use or recommended (including both NQF-endorsed and non-endorsed measures), and survey former Hub project leads to learn of measure development and status (2021)
- NQF Standing Committee on Geriatrics and Palliative Care: Identify and prioritize gaps in available measures; review Discern measure scan (2022)

Strategy 3.2: Coordinate measure developers and other champions to shepherd development of needed quality measures to address measurement gaps in serious illness, and to optimize coordination/avoid duplication across existing efforts

Potential Owners: NQF

Sample Tactic

- NQF: Convene semi-annual calls with known measure developers to review projects and remaining gaps; assist in arranging developer-to-developer calls as needed (2020-2023)

Strategy 3.3: Promote use of appropriate quality measures as they become available through advocacy and education. Efforts will include the adoption of quality measures that encourage functional assessment/change in status in appropriate populations

Potential Owners: NCHPC, NQF, PCQC, PQLC

Additional Actors: AHIP, BCBS, CAPC, Cerner, CMS Center for Clinical Standards and Quality (CCSQ), CMMI, EPIC

Sample Tactics

- PCQC: Cultivate and maintain relationships with health IT leaders, including EHR vendors, to ensure functional assessment and change of status is available for clinical workflow and reporting (2021-2023)
- NQF: Identify “low-value” measures that could be replaced with serious illness measures. Alternatively, identify measures where populations with serious illness should be excluded, and identify replacements targeted to the seriously ill population in CMS programs (2021-2022)
- NCHPC: Cultivate discussions with relevant CMS quality staff and explore opportunities to incorporate high-priority serious illness measures, including formal rule-making commentary (2021-2023)