



Palliative Care Quality Improvement Program (QIP)

2018 Part III Measurement Specifications

Developed by: QIP Team

Contact: palliativeQIP@partnershiphp.org

Published on: July 31, 2018

Table of Contents

Program Overview..... 3

 Participation Requirements..... 3

 Patient Eligibility..... 3

 Payment Methodology..... 3

 Program Timeline..... 3

Measure I. Avoiding Hospitalization and Emergency Room Visits..... 4

Measure II: Completion of POLST and use of Palliative Care Quality Network (PCQN) Tool..... 5

Appendix I: Table of Hospital Admissions and Emergency Department Codes..... 6

Appendix II: Palliative Care Quality Network Data Elements..... 7

Program Overview

Partnership HealthPlan of California (PHC) has value-based programs in the areas of primary care, hospital care, specialty care, long-term care, community pharmacy, and mental health. These value-based programs align with PHC's organizational mission to help our members and the communities we serve be healthy.

In 2015, Partnership HealthPlan of California (PHC) developed a pilot pre-hospice intensive palliative care program, called *Partners in Palliative Care*. The legislature of California passed a bill (SB 1004) in late 2015, requiring the development of a similar program as a state wide benefit for Medicaid. Implementation of this benefit occurred on January 1, 2018.

Our Palliative Care Part III Measurement Period began on July 1, 2018, and includes incentives used in our pilot program since 2017. The incentives are monitored by the PHC Quality Department under the name "Palliative Care Quality Improvement Program (QIP)" consistent with terminology used for other value-based payment programs at PHC.

Participation Requirements

All contracted Intensive Outpatient Palliative Care provider sites participating in the expanded pilot will be automatically enrolled in the Palliative Care QIP, and therefore eligible for the Palliative Care QIP payments. Provider sites must be in good standing with state and federal regulators as of the month the payment is to be disbursed. Good standing means that the provider site is open, solvent, not under financial sanctions from the state of California or Centers for Medicare & Medicaid Services.

Patient Eligibility

Providers may earn incentives from the Palliative Care QIP based on care provided to PHC eligible members, 18 years or older, who have an approved Intensive Outpatient Palliative Care Treatment Authorization Request (TAR) on file. For more information about how members qualify for the program, please contact palliativeQIP@partnershiphp.org for a detailed policy.

Payment Methodology

The incentives provided through the Palliative Care QIP are separate and distinct from a palliative care provider site's usual reimbursement. Each provider site's earning potential is based on its volume of members approved for enrollment in the palliative care program. Please refer to the measure specifications for the incentive amount and payment calculation for each measure.

Program Timeline

The measurement set is continuing from the 2017-18 measurement year, and will run from July 1, 2018 to December 31, 2018. Performance will be evaluated at the end of this 6 month measurement period, and payment will be disbursed four months after the end of the measurement period to allow time for payment calculation. This six-month – as opposed to annual – payment schedule is to ensure provider engagement during the transition from the PHC pilot to the implementation of the Medi-Cal benefit.

Measure I. Avoiding Hospitalization and Emergency Room Visits

Description

The number of members enrolled in the Intensive Outpatient Palliative Care program who did not get admitted to the hospital or emergency department.

One goal of palliative care is to improve quality of life for both the patient and the family. For members who have serious illnesses and are in the palliative care program, we expect the palliative care team to be the first point of contact, which in turn minimizes unnecessary hospitalizations and emergency department visits.

Target

Zero admission or ED visit per member per month.

Measurement Period

Monthly, from July 1, 2018 to December 31, 2018.

Specifications

\$200 per member enrolled in the palliative care program per month only if there are no hospital admissions or ED visits that month.

Hospital admissions and ED visits are identified through data sources including encounters, claims, or treatment authorization requests (TARs) submitted to PHC. Observation stays are included.

Refer to [Appendix I](#) for codes used to identify hospital admissions and ED visits.

Example

For a member who is enrolled in the program on February 25, seen in the emergency room on March 9, admitted from April 23 through April 30, and dies on June 2 at home, the number of months with no hospital encounters or ED visits is 3 (February, May and June). The palliative care provider site will be eligible for a total payment for avoiding hospitalization and ED visits of \$600.

Reporting

Reporting by palliative care provider sites to PHC is not required. PHC will send preliminary reports in the sixth month of the measurement period (i.e. December and June, prior to payment) to help providers monitor performance. Providers can also request member-level reports of admissions and ED visits on an ad hoc basis.

Measure II: Completion of POLST and use of Palliative Care Quality Network (PCQN) Tool

Description

To align best practices, the Palliative Care QIP includes an incentive for 1) completion of the Physician's Orders for Life Sustaining Treatment (POLST) in conjunction with 2) documentation of POLST and patient encounters in the Palliative Care Quality Network System (PCQN).

The POLST was designed for seriously ill patients with the goal of providing a framework for healthcare professionals so they can ensure the patient received the treatments they do want and avoid those treatments that they do not want. The PCQN tool is an online system where palliative care providers share data and from that data can identify possible quality improvement opportunities. This measure will incentivize providers in our program to contribute data, learn about best practices, and capture the key components of care delivery.

Measurement Period

Monthly, from July 1, 2018 to December 31, 2018.

Specifications

\$200 per member enrolled in the palliative care program per month upon completion of a POLST and documentation using the PCQN tool.

At least two entries reflecting patient contact into the PCQN tool must be submitted. Encounters must include minimum data elements exhibited in [Appendix II: PCQN Data Elements](#).

Reporting

Palliative care sites are required to enter data elements in PCQN. Separate reporting by palliative care provider sites to PHC is not required. PHC will send preliminary reports in the sixth month of the measurement period (i.e. December and June, prior to payment) to help providers monitor performance. Providers can also request member-level reports on this measure on an ad hoc basis.

Example

For a member enrolled on February 25, with at least two visits documented on PCQN each month but the POLST completed and entered into PCQN on April 20, the number of months meeting this measure is 3 (April, May, and June). The palliative care provider site will be eligible for a total payment for using PCQN of \$600.

Appendix I: Table of Hospital Admissions and Emergency Department Codes

CLAIM TYPE	LOCATION CODE	SERVICE PROVIDER TYPE	DESCRIPTION	TYPE
H, HX	3		INPATIENT HOSPITAL	Admissions
H, HX	21		INPATIENT HOSPITAL	Admissions
H, HX	51		INPATIENT, PSYCHIATRIC FACILITY	Admissions
H, HX	61		INPATIENT, REHAB	Admissions
M, MX	23		EMERGENY DEPARTMENT	ED
M, MX		15	COMMUNITY HOSP OUTPATIENT DEP	ED
M, MX		61	COUNTY HOSP OUTPATTIENT DEP	ED

Appendix II: Palliative Care Quality Network Data Elements



	CORE DATASET ITEM	ITEM CHOICES
IDENTIFIERS	Location / Type of Visit	<input type="checkbox"/> Clinic <input type="checkbox"/> Home <input type="checkbox"/> Telehealth <input type="checkbox"/> SNF / Nursing Home
	Visit type	<input type="checkbox"/> Initial consult
	Date of Visit	{YYYY-MM-DD}
	Medical Record Number	
	Encounter #	
	First Name, Last Name	
PATIENT / DEMOGRAPHIC INFO	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
	Age at time of visit	
	Primary diagnosis leading to PC consult	<input type="checkbox"/> Cancer (solid tumor) <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Pulmonary <input type="checkbox"/> Vascular <input type="checkbox"/> Complex chronic conditions/failure to thrive <input type="checkbox"/> Renal <input type="checkbox"/> Trauma <input type="checkbox"/> Congenital/chromosomal <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Hepatic <input type="checkbox"/> Hematology <input type="checkbox"/> Infectious/ immunological/HIV <input type="checkbox"/> In-utero complication/condition <input type="checkbox"/> Neurologic/stroke/ neurodegenerative <input type="checkbox"/> Dementia <input type="checkbox"/> Other _____
	Reasons given by referring provider for initial PC consult (check all)	<input type="checkbox"/> Goals of care discussion/Advance Care Planning <input type="checkbox"/> Pain management <input type="checkbox"/> Other symptom management <input type="checkbox"/> Withdrawal of interventions <input type="checkbox"/> Comfort Care <input type="checkbox"/> Hospice referral/discussion <input type="checkbox"/> No reason given <input type="checkbox"/> Support for patient/family <input type="checkbox"/> Other: _____

	Referral Source	<input type="checkbox"/> Inpatient Palliative Care
	CORE DATASET ITEM	ITEM CHOICES
		<input type="checkbox"/> Other Inpatient Team <input type="checkbox"/> ED <input type="checkbox"/> Primary care <input type="checkbox"/> Outpatient Palliative Care <input type="checkbox"/> Other Outpatient Specialist <input type="checkbox"/> Self <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown
	Advance directive on chart at the time of consult	<input type="checkbox"/> Yes <input type="checkbox"/> No
	POLST on chart at the time of consult	<input type="checkbox"/> Yes <input type="checkbox"/> No
PATIENT SYMPTOMS/STATUS	Palliative Performance Scale (PPS) at time of consult	(0% to 100%)
	ESAS Measures	
	Pain	0-10 scale (77= pt unable)
	Tiredness	0-10 scale (77= pt unable)
	Nausea	0-10 scale (77= pt unable)
	Depression	0-10 scale (77= pt unable)
	Anxiety	0-10 scale (77= pt unable)
	Drowsiness	0-10 scale (77= pt unable)
	Appetite	0-10 scale (77= pt unable)
	Well-being	0-10 scale (77= pt unable)
	Short of breath	0-10 scale (77= pt unable)
	Constipation	0-10 scale (77= pt unable)
	Composite score	Auto calculated
	Are you at peace?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> A moderate amount <input type="checkbox"/> Quite a bit <input type="checkbox"/> Completely <input type="checkbox"/> Patient unable to rate
How much distress have you been experiencing the past week including today?	0-10 scale (Distress thermometer) (77=pt unable to rate)	
How would you rate your overall quality of life?	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Patient unable to rate	

PROCESSES/	PC team members involved in visit	<input type="checkbox"/> Physician <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Nurse Practitioner
	CORE DATASET ITEM	ITEM CHOICES
		<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Chaplain <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychologist/Psychiatrist <input type="checkbox"/> Other
Screening Status		
	Pain	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
	Non-Pain Symptoms	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
	Psychosocial needs	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Patient/Family declined <input type="checkbox"/> Patient/Family unable to be screened
	Spiritual needs	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Patient/Family declined <input type="checkbox"/> Patient/Family unable to be screened
	Advance care planning/Goals of care needs	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Patient/Family declined <input type="checkbox"/> Patient/Family unable to be screened
Intervention		
	Pain	<input type="checkbox"/> Yes
	Non-Pain Symptoms	<input type="checkbox"/> Yes
	Psychosocial needs	<input type="checkbox"/> Yes
	Spiritual needs	<input type="checkbox"/> Yes
	Advance care planning/Goals of care needs	<input type="checkbox"/> Yes
Other outcomes		
	Preference for life-sustaining treatment clarified	<input type="checkbox"/> Yes
	Advance directive completed	<input type="checkbox"/> Yes
	POLST completed	<input type="checkbox"/> Yes
	Preference for life-sustaining treatment	<input type="checkbox"/> Full code <input type="checkbox"/> Partial code <input type="checkbox"/> DNR/DNI <input type="checkbox"/> Unknown (default if no code status In system)

	Surrogate decision maker identified	<input type="checkbox"/> Surrogate decision maker identified and documented <input type="checkbox"/> Attempted to identify but not confirmed <input type="checkbox"/> Not addressed
	Support for family/caregiver provided	<input type="checkbox"/> Yes <input type="checkbox"/> No caregiver present

	CORE DATASET ITEM	ITEM CHOICES
DISCHARGE ITEMS	Services referred to	<input type="checkbox"/> Hospice <input type="checkbox"/> Home Health <input type="checkbox"/> Home-Based Palliative Care <input type="checkbox"/> Admission to Hospital <input type="checkbox"/> Emergency Department <input type="checkbox"/> Community Services <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Integrative Therapies <input type="checkbox"/> Social Work <input type="checkbox"/> Mental Health