

The Serious Illness Quality Alignment Hub Scorecard 2018

The Current State of the Health Care System for People with Serious Illness

- There are roughly 12 million adults and 400,000 children in the United States living with a serious illness
- Palliative care is a validated approach to the care of people with serious illness, and access is growing
 - Physician, nurse, social work, and chaplaincy board certifications have been available since 2008, with more than 7,600 board-certified physicians in the US
 - [National guidelines](#) for quality palliative care delivery exist
 - An estimated 1,831 hospitals report having a specialty palliative care program, representing 79% of total hospitals with 50 or more beds
 - Specialty palliative care is available in at least 1,852 sites of service, with in-home programs serving at least 1,392 counties
 - The Joint Commission, the Accreditation Commission for Health Care, DNV-GL Healthcare, and other major accrediting bodies recognize distinction in palliative care delivery
- However, access to palliative care services remains uneven, and there is little standardization in care delivery
 - The chances of a hospital having a palliative care program vary by geography and other factors, and [fewer than half of hospital programs comply fully with national guidelines](#)
 - Currently fewer than 3 percent of US hospitals hold certification in palliative care
 - Currently fewer than 40 home health agencies/hospices hold certification/distinction in palliative care
 - There is currently no state licensure and no Medicare conditions of payment for the delivery of community-based palliative care
- At the same time, progress to improve access and standardization includes
 - Several relevant CMMI models are now operating, including: Medicare Care Choices Model; Oncology Care Model; and the Comprehensive ESRD care model. A potential new model focused on Medicare beneficiaries with a serious illness has been recommended for development
 - 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
 - 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

ACCOUNTABILITY SYSTEM	ACCOMPLISHMENTS	NEXT STEPS	RELATED SERIOUS ILLNESS PROJECTS
CMS Oversight of Medicare Advantage (MA) Plans	<ul style="list-style-type: none"> • Mapped processes of regulatory change, for potential addition of MA Star measure(s) • Defined professional educational strategies to increase MA attention on their members with serious illness 	<ul style="list-style-type: none"> • To be determined by national coalitions 	<ul style="list-style-type: none"> • Bipartisan Policy Center Policy Recommendations • Mount Sinai Denominator Population Project • RAND Patient Experience Survey for People with Serious Illness
CMS Requirements and Incentives for Health Care Providers	<ul style="list-style-type: none"> • Mapped processes of regulatory change, for potential addition of provider quality measure(s) • Completed an inventory of current relevant quality measures • Defined measurement priorities in the Quality Measurement Committee 	<ul style="list-style-type: none"> • To be determined by national coalitions 	<ul style="list-style-type: none"> • Bipartisan Policy Center, Policy Recommendations • National Consensus Project Guidelines • RAND Patient Experience Survey for People with Serious Illness
Center for Medicare and Medicaid Innovation (CMMI)	<ul style="list-style-type: none"> • (AAPHM/CTAC) The Physician Focused Payment Model Technical Advisory Committee (PTAC) recommended serious illness program model development • Submitted recommendations for provider eligibility, beneficiary eligibility, and quality measures to CMMI • Mapped CMMI processes model development and modification 	<ul style="list-style-type: none"> • Continue to provide information and recommendations to CMMI 	<ul style="list-style-type: none"> • Proposals for a CMMI payment model • Mount Sinai Denominator Population Project • National Consensus Project Guidelines • RAND Patient Experience Survey for People with Serious Illness
Accreditation and Certification Program Standards	<ul style="list-style-type: none"> • Collected information on the market status of relevant accreditations and certifications • (NCQA) Drafted the "Serious Illness Care Program" standards; tested three process measures: assessment, care planning, and goal setting 	<ul style="list-style-type: none"> • Accreditation and Certification discussion at the December 7, 2018 Accountability Committee meeting 	<ul style="list-style-type: none"> • NCQA Measures • RAND Patient Experience Survey for People with Serious Illness
Health Plan Network Credentialing and Financial Incentives	<ul style="list-style-type: none"> • Drafted Network standards from updated national guidelines and the Anthem QHIP model • Published a Health Affairs blog on suggestions for Medicare Advantage plans 	<ul style="list-style-type: none"> • Network standards disseminated at health plan gathering October 4, 2018 • Health Plan strategies discussion at the June 13, 2019 Accountability Committee meeting 	<ul style="list-style-type: none"> • Mount Sinai Denominator Population Project • National Consensus Project Guidelines

ACCOUNTABILITY SYSTEM	ACCOMPLISHMENTS	NEXT STEPS	RELATED SERIOUS ILLNESS PROJECTS
<p>Accountable Care Organizations (ACOs) Infrastructure and Network Management</p>	<ul style="list-style-type: none"> • Six case studies of ACO serious illness programs have been completed • <i>(Duke)</i> Quantitative analysis on quality and cost performance of ACOs is underway, to help ACOs make the business case for serious illness programs • <i>(Duke)</i> Another six case studies are being developed 	<ul style="list-style-type: none"> • <i>(Duke)</i> Publish and disseminate the additional case studies and analysis to support the business case for serious illness programs 	<ul style="list-style-type: none"> • Duke Margolis Center ACO Strategies
<p>State Regulation of Health Plans and Providers</p>	<ul style="list-style-type: none"> • Developed and disseminated an Issue Brief for national state-based organizations to customize and disseminate to their members • Identified and disseminated definitions and standards for palliative care • <i>(NASHP)</i> Creating an inventory of feasible state actions, through a systematic review of existing state palliative care activity and policies • <i>(NASHP)</i> Held first State policymaker round table in September 2018 	<ul style="list-style-type: none"> • <i>(NASHP)</i> Convene a state leadership council on palliative care to define recommended policies, beginning March 2019 	<ul style="list-style-type: none"> • Bipartisan Policy Center, Policy Recommendations • National Academy for State Health Policy Inventory and Recommendations
<p>Purchaser Demands on Health Plans, ACOs, and Vendors</p>	<ul style="list-style-type: none"> • <i>(CPR)</i> 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. Available as of September 27, 2018 	<ul style="list-style-type: none"> • Continue to disseminate the Purchaser Toolkit and related resources 	<ul style="list-style-type: none"> • Catalyst for Payment Reform Purchaser Toolkit (in collaboration with CAPC)

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