



PALLIATIVE CARE

QUALITY IMPROVEMENT PROGRAM

DETAILED SPECIFICATIONS

2022

MEASUREMENT YEAR

Published: January 1, 2022

Revised: March 2, 2022



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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.

Participation Requirements

In 2017, PHC started an incentive program for Palliative Care providers. This incentive program is monitored by the PHC Quality Department under the name "Palliative Care Quality Improvement Program (QIP)". All contracted Intensive Outpatient Palliative Care provider sites participating 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 Palliative Care QIP is administered in 6 month measurement periods: Part I runs from January – June, and Part II runs from July – December. This document details requirements and specifications for both Part I and Part II. Performance and payment will be calculated at the end of each 6 month period, and a check for the incentive payment will be mailed out four months later (i.e. Part I check mailed by October 31, and Part II check mailed by April 31).

Measure I. Avoiding Hospitalization and Emergency Room Visits

Description

The number of members enrolled in the Intensive Outpatient Palliative Care program who were not admitted to the hospital and did not have an emergency department visit

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 admissions or ED visits per member per month.

Measurement Period

Monthly, from January to June for Part I, and July to December for Part II.

Specifications

\$200 per member enrolled in the Intensive Outpatient Palliative Care program per month, only if there are no hospital admissions or ED visits during that month.

Hospital admissions and ED visits are identified through data sources including encounters, claims, and 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 after the end of the measurement year and prior to payment to help providers confirm and correct performance data, if needed. Providers can also request member-level reports of admissions and ED visits on an ad hoc basis.

Measure II: Completion of POLST & Use of Palliative Care Quality Collaborative (PCQC) 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 Collaborative (PCQC) system and 3) PCQC report submission to PHC.

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 want and avoid those treatments that they do not want. The PCQC 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 capture the key components of care delivery, contribute data, learn about best practices, and share data with PHC.

Measurement Period

Monthly, from January to June for Part I, and July to December for Part II.

Specifications

\$200 per member enrolled in the palliative care program per month upon:

1. POLST completion and documentation using the PCQC tool.
2. Completion of at least two patient encounters per month, documented using PCQC tool.
3. Download and submission of all-member reports to palliativeQIP@partnershiphp.org on a **monthly and semiannual basis**.

Encounter data criteria and report download instructions available in [Appendix II: PCQC Data Elements and Report Download Instructions](#).

Reporting

Palliative care sites are required to enter data elements into PCQC, and to download and send reports to palliativeQIP@partnershiphp.org on a **monthly and semiannual basis** to meet the requirements of this measure. Reports should be submitted to PHC by the 7th of each month (after the close of the month).

See Appendix II for step by step instructions to generate and submit reports.

Example

For a member enrolled on February 25, with at least two visits documented on PCQC each month but the POLST completed and entered into PCQC 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 PCQC of \$600, if they are compliant with the reporting requirement.

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		EMERGENCY DEPARTMENT	ED
M, MX		15	COMMUNITY HOSP OUTPATIENT DEP	ED
M, MX		61	COUNTY HOSP OUTPATIENT DEP	ED

Appendix II: PCQC Data Elements Table & Report Download Instructions



Palliative Care
Quality Collaborative

	PCQC Data Element	Item Choices
IDENTIFIERS	Patient ID # <i>(refers to CIN #)</i>	
	Patient Last Name	
	Patient First Name	
	Ethnicity (select one):	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Declined to Say
	Date of Birth	mm/dd/yyyy
	Pref Lang (select one):	<input type="checkbox"/> Eng <input type="checkbox"/> Spanish <input type="checkbox"/> Other Indo-Euro lang <input type="checkbox"/> Asian & PI lang <input type="checkbox"/> Other languages: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Not Reported
	Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male (FTM) <input type="checkbox"/> Transgender Female (MTF) <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer to Self-Describe: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Declined to Say
	Race (select all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Reported <input type="checkbox"/> Declined to Say
ITEM #	ITEM	ITEM CHOICES
1	Hospitalization ID	
2	Hospital Admission Date	mm/dd/yyyy
3	Hospital Admission Time	__ : __

4	Manner of Visit <i>(describes a visit type and does not refer to location of visit)</i>	<input type="checkbox"/> In-person <input type="checkbox"/> Video Visit <input type="checkbox"/> Telephone Visit <input type="checkbox"/> Unknown
5	Date of Visit	mm/dd/yyyy
6	Date of Consult	mm/dd/yyyy
7	Referral Service (select one) <i>(refers to what medicine services the patient is on at time of referral and is for inpatients only. This data element is not needed for outpatient referrals)</i>	<input type="checkbox"/> General Medicine <input type="checkbox"/> Hospital Medicine <input type="checkbox"/> Oncology <input type="checkbox"/> Hematology <input type="checkbox"/> Cardiology <input type="checkbox"/> Neurology <input type="checkbox"/> Pulmonary <input type="checkbox"/> Critical Care <input type="checkbox"/> Ped Critical Care <input type="checkbox"/> Neonatal Critical Care <input type="checkbox"/> Other Internal Medicine or Peds Subspecialty <input type="checkbox"/> Surgical Specialties <input type="checkbox"/> OB/GYN & Mother-Fetal <input type="checkbox"/> Emergency Med <input type="checkbox"/> Self <input type="checkbox"/> Other <input type="checkbox"/> Unknown
8	Referral Source (select one)	<input type="checkbox"/> Emergency Dept <input type="checkbox"/> Group Home <input type="checkbox"/> Health Plan <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital Inpatient PCS <input type="checkbox"/> Other Hospital IP Service <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Primary Care Practice <input type="checkbox"/> Primary Care Practice – Ambulatory <input type="checkbox"/> Primary Care Practice – Home <input type="checkbox"/> Specialty Practice – Onco/CC <input type="checkbox"/> Specialty Practice – Cardiology/HF Clinic <input type="checkbox"/> Specialty Practice – Neurology <input type="checkbox"/> Specialty Practice – Neph/Dialysis Cntr <input type="checkbox"/> Specialty Practice – Geriatrician <input type="checkbox"/> Specialty Practice – Palliative Care Clinic <input type="checkbox"/> Other <input type="checkbox"/> Unknown
9	Reason(s) for Referral (select all)	<input type="checkbox"/> Symptom Management <input type="checkbox"/> Decision Making <input type="checkbox"/> Providing Support to Patient & Family <input type="checkbox"/> Other <input type="checkbox"/> Unknown

10	Primary Diagnosis	<input type="checkbox"/> Cancer (solid tumor) <input type="checkbox"/> Cancer (Heme) <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Pulmonary <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Hepatology <input type="checkbox"/> Renal <input type="checkbox"/> Dementia <input type="checkbox"/> Neurology (includes Neuromusc./non-dementia Neurodegen) <input type="checkbox"/> Infectious <input type="checkbox"/> Trauma <input type="checkbox"/> Vascular <input type="checkbox"/> Metabolic/Endocrine <input type="checkbox"/> Genetic/Chromosomal <input type="checkbox"/> Hematology (non-cancer) <input type="checkbox"/> Prematurity/Complications related <input type="checkbox"/> Fetal <input type="checkbox"/> Other <input type="checkbox"/> Unknown
11	Manner Visit Conducted	<input type="checkbox"/> In-person <input type="checkbox"/> Video Visit <input type="checkbox"/> Telephone Visit <input type="checkbox"/> Unknown
12	Consultation Location	<input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> LTC <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Other Domiciliary <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Unknown
13	GOC Discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
14	Resuscitation Preference	<input type="checkbox"/> Full code <input type="checkbox"/> DNR, not DNI Other Limited DNR <input type="checkbox"/> DNR/DNI (DNAR+AND) <input type="checkbox"/> Unknown
15	Advanced Directive Completed During Consult?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA - No POLST Program in state <input type="checkbox"/> Unknown
16	POLST/MOLST Completed During Consult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Palliative Performance Scale (PPS)	(0% - 100%)

18	Screen for Pain	<input type="checkbox"/> Nausea <input type="checkbox"/> Drowsiness <input type="checkbox"/> Appetite <input type="checkbox"/> Constipation <input type="checkbox"/> Other: _____
19	Screen for Psychosocial Needs	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Patient/Family Declined <input type="checkbox"/> Patient/Family Unable <input type="checkbox"/> Not screened
20	Screen for Spiritual Needs	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Patient/Family Declined <input type="checkbox"/> Patient/Family Unable <input type="checkbox"/> Not screened
21	Team Members Involved in Visit	
22	Screen for Advance Care Planning/Goals of Care Needs	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Patient/Family Declined <input type="checkbox"/> Patient/Family Unable <input type="checkbox"/> Not screened
23	Advanced Directive Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	POLST Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Surrogate Decision Maker	<input type="checkbox"/> Surrogate/MDPA Identified & Documented <input type="checkbox"/> No Surrogate Confirmed <input type="checkbox"/> Not Addressed <input type="checkbox"/> Unknown <input type="checkbox"/> N/A – Patient is Minor
26	Code Status Post Consult	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> DNI/DNR
27	Discharge/Sign-off Date	mm/dd/yyyy
28	Discharge Disposition	<input type="checkbox"/> Alive <input type="checkbox"/> Dead
29	Discharge Services <i>(refers to services referred to at time of discharge)</i>	<input type="checkbox"/> Home Health <input type="checkbox"/> Palliative Care: Clinic <input type="checkbox"/> Palliative Care: Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> No services

Report Download Instructions

1. Log into the PCQC Registry.
2. Scroll down to the middle of the page on the left-hand side, to 'program reports' and 'patient reports.'
3. Both of these reports provide several sub reports, you will need to click on one of the report options (program or patient) and then they can select one of the sub-reports.
4. Once the user selects one of the sub-reports, you will be taken to a new page with a report displayed (if they have entered data for their program).
5. Once on the new page, you will be able to filter their reports by site, consultation location, and date, and compare their patients to "PCQC All."
6. To download a specific report, scroll down to the bottom of the page and click on the 'download' button at the bottom right-hand side of the screen- from here you will be given a few formats to choose from- image, PDF, PowerPoint.

For individual programs (not including PHC):

In addition to the release of the patient reports, all PCQC Premium members now have the ability to download a raw file of their data using the Advanced Export user interface within the Registry. The Advanced Export feature will allow you to download your patient data into a CSV file. There are two exports for Premium members to access, one export will contain patient demographic information, and one export will contain clinical assessment data.

Instructions to access the Advanced Export user interface to download patient demographic data:

1. Navigate to the PCQC Registry.
2. Click on the data entry icon and click the "Manual Patient Entry" link.
3. Once on the Patient List, click on the 'export' button at the top right-hand side of the screen and click the "Advanced Export" button to access the export interface.

Instructions to access the Advanced Export user interface to download clinical assessment data:

1. Navigate to the PCQC Registry.
2. Click on the data entry icon and click the "Consult List" link.
3. Once on the Consult List, click on the 'export' button at the top right-hand side of the screen and click the "Advanced Export" button to access the export interface.

E-mail reports to palliativeQIP@partnershiphp.org.