



**Palliative Care Quality Improvement Program (QIP)**

**2019 Measure Specifications**

Developed by: QIP Team

Contact: [palliativeQIP@partnershiphp.org](mailto:palliativeQIP@partnershiphp.org)

Published on: January 7, 2019

## **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 and Report Download Instructions.....	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.

### **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](mailto: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 at the end of the measurement year (i.e. January, 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 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) and 3) PCQN 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 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 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 PCQN tool.
2. Completion of at least two patient encounters per month, documented using PCQN tool.
3. Download and submission of all-member reports to [palliativeQIP@partnershiphp.org](mailto:palliativeQIP@partnershiphp.org) on a **monthly and semiannual basis**.

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

### Reporting

Palliative care sites are required to enter data elements into PCQN, and to download and send reports to [palliativeQIP@partnershiphp.org](mailto: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 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, if they are compliant with the reporting requirement.

**Appendix I: Table of Hospital Admissions and Emergency Department Codes**

<b>CLAIM TYPE</b>	<b>LOCATION CODE</b>	<b>SERVICE PROVIDER TYPE</b>	<b>DESCRIPTION</b>	<b>TYPE</b>
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 OUTPATIENT DEP	ED

**Appendix II: Palliative Care Quality Network Data Elements and Report Download Instructions**



	CORE DATASET ITEM	ITEM CHOICES
<b>IDENTIFIERS</b>	Medical Record Number	
	Encounter #	
	Patient Last Name	
	Patient First Name	
	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	mm/dd/yyyy
	First Name, Last Name	
ITEM #	ITEM	ITEM CHOICES
1	Date of PC Consult Request	mm/dd/yyyy
2	Hospital Admission Date	mm/dd/yyyy
3	Age at time of visit	
4	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
5	Patient Location at Time of Referral	<input type="checkbox"/> Med/Surg Unit <input type="checkbox"/> Critical Care <input type="checkbox"/> Emergency Department <input type="checkbox"/> Labor & Delivery <input type="checkbox"/> Skilled Nursing Facility (SNF) <input type="checkbox"/> Telemetry/Step Down <input type="checkbox"/> Ambulatory/Outpatient <input type="checkbox"/> Pediatrics <input type="checkbox"/> Acute Rehab <input type="checkbox"/> Other <input type="checkbox"/> Unknown
6	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"/> Assess for transfer to comfort care bed or PC unit <input type="checkbox"/> Comfort care <input type="checkbox"/> Hospice referral/discussion <input type="checkbox"/> Support for patient/family <input type="checkbox"/> No reason given <input type="checkbox"/> Other

ITEM #	ITEM	ITEM CHOICES
7	Primary diagnosis leading to PC consult	<input type="checkbox"/> Cancer <input type="checkbox"/> Hematology <input type="checkbox"/> Cardiac <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 conditions <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Hepatic <input type="checkbox"/> Infectious/immunological/HIV <input type="checkbox"/> In-utero complication/condition <input type="checkbox"/> Neurologic/stroke <input type="checkbox"/> Dementia <input type="checkbox"/> Other <input type="checkbox"/> Unknown
8	Code Status at Time of Consult	<input type="checkbox"/> Full code <input type="checkbox"/> Partial code <input type="checkbox"/> DNR/DNI
9	Advance directive on chart at the time of consult	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	POLST on chart at the time of consult	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Patient Not Seen	<input type="checkbox"/> Yes
12	Palliative Performance Scale (PPS) (Functional Status) at Time of Consult	(0% - 100%)
13	Number of Family Meetings Held	N/A (text box)
14	PC disciplines involved in consultation	<input type="checkbox"/> Physician <input type="checkbox"/> Certified nurse specialist <input type="checkbox"/> Nurse Practitioner <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"/> Physician assistant <input type="checkbox"/> Other



ITEM #	ITEM	ITEM CHOICES
15	Screen for Pain	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Screened
	Screen for Non-Pain Symptoms	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Screened
	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
	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
	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
16	Intervened Pain	<input type="checkbox"/> Yes
	Intervened Non-Pain Symptoms	<input type="checkbox"/> Yes
	Intervened Psychosocial	<input type="checkbox"/> Yes
	Intervened Spiritual care	<input type="checkbox"/> Yes
	Intervened ACP/Goals of Care	<input type="checkbox"/> Yes
17	Code Status Clarified	<input type="checkbox"/> Yes
	Advance Directive Completed	<input type="checkbox"/> Yes
	POLST Completed	<input type="checkbox"/> Yes
	Avoided Admissions	<input type="checkbox"/> Yes
18	Surrogate Decision Maker	<input type="checkbox"/> Identified and documented. <input type="checkbox"/> Addressed but unable to confirm <input type="checkbox"/> Not addressed
19	Code Status Post Consult	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> DNI/DNR
20	Discharge/Sign-off Date	mm/dd/yyyy
21	Discharge Disposition	<input type="checkbox"/> Alive <input type="checkbox"/> Dead
	Discharge Location	<input type="checkbox"/> Home <input type="checkbox"/> Long-term acute care <input type="checkbox"/> Extended care facility <input type="checkbox"/> Hospital inpatient <input type="checkbox"/> Non-hospital inpatient <input type="checkbox"/> Residential care facility/Assisted living <input type="checkbox"/> Respite/Shelter/SRO <input type="checkbox"/> Other

ITEM #	ITEM	ITEM CHOICES
21	Discharge Services	<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

### **Monthly/Quarterly PCQN Report Download Instructions**

On the PCQN Landing page select “Data”

On the Data page select “Download Data” on the blue task bar

- 1) Select the database(s) you would like to download
  - a. For “Monthly Reports” select “Quick Download Patient Summary”
    - i. Submitted February – January (12 per year)
  - b. For “Semiannual Reports” select “Quick Download Patient Summary +POLST”
    - i. Submitted in July and January (2 per year)
- 2) Select the member(s) you would like to include
  - a. “individual members” – make sure to pick your PHC account if you have multiple
- 3) Select the file type
  - a. Comma Separated ASCII “.csv file”
- 4) Select the delivery method
  - a. “send via secure e-mail”
  - b. un-check “files in zip archive, protect with my user password”
- 5) Select the timeframe
  - a. For “Monthly Report” select “Entire year(s) based on date of first visit” and include all years (2016 – Current year)
  - b. For “Semiannual Report” select “Entire year(s) based on date of first visit” and include all years (2016 – Current year)

**E-mail report to [palliativeQIP@partnershiphp.org](mailto:palliativeQIP@partnershiphp.org)**