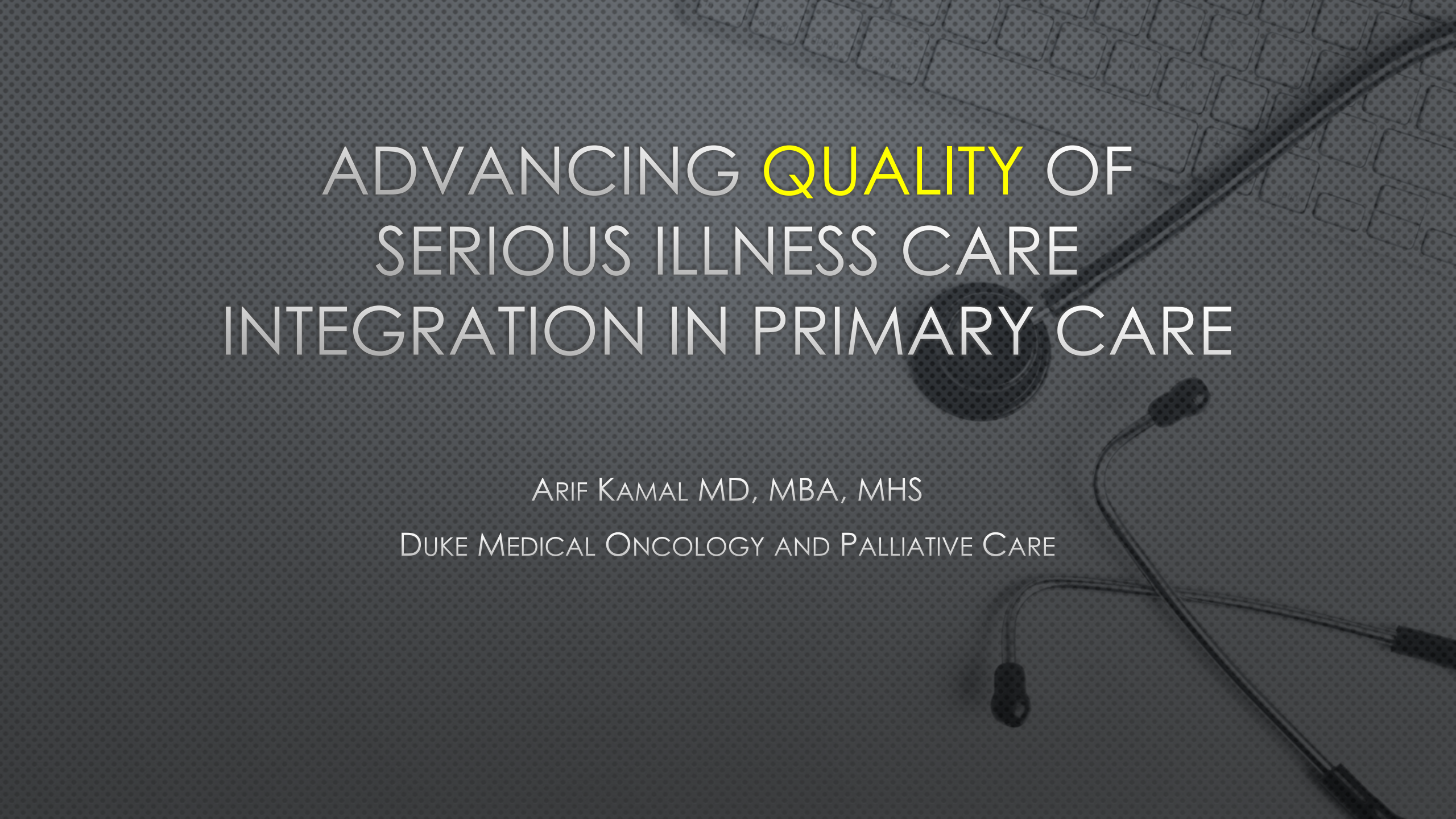


The background of the slide features a dark, textured surface with a grid of small dots. In the upper right corner, a portion of a computer keyboard is visible. A stethoscope is draped across the lower right side of the image, with its chest piece resting near the center and its tubing extending towards the bottom right.

ADVANCING **QUALITY** OF SERIOUS ILLNESS CARE INTEGRATION IN PRIMARY CARE

ARIF KAMAL MD, MBA, MHS

DUKE MEDICAL ONCOLOGY AND PALLIATIVE CARE



GETTING TO PALLIATIVE CARE 3.0



1.0 – AWARENESS
(OF PATIENT AND
CAREGIVER
SUFFERING)



2.0 – AVAILABILITY
(OF SERVICES,
STANDARDS,
GUIDELINES, QUALITY
MEASURES)



3.0 - ACCESSIBILITY
(TO ALL WHO NEED IT,
WHEN THEY NEED IT,
MEETING THEIR NEEDS)



3 AREAS OF FOCUS

1. CHAMPIONING A **WORKFORCE**

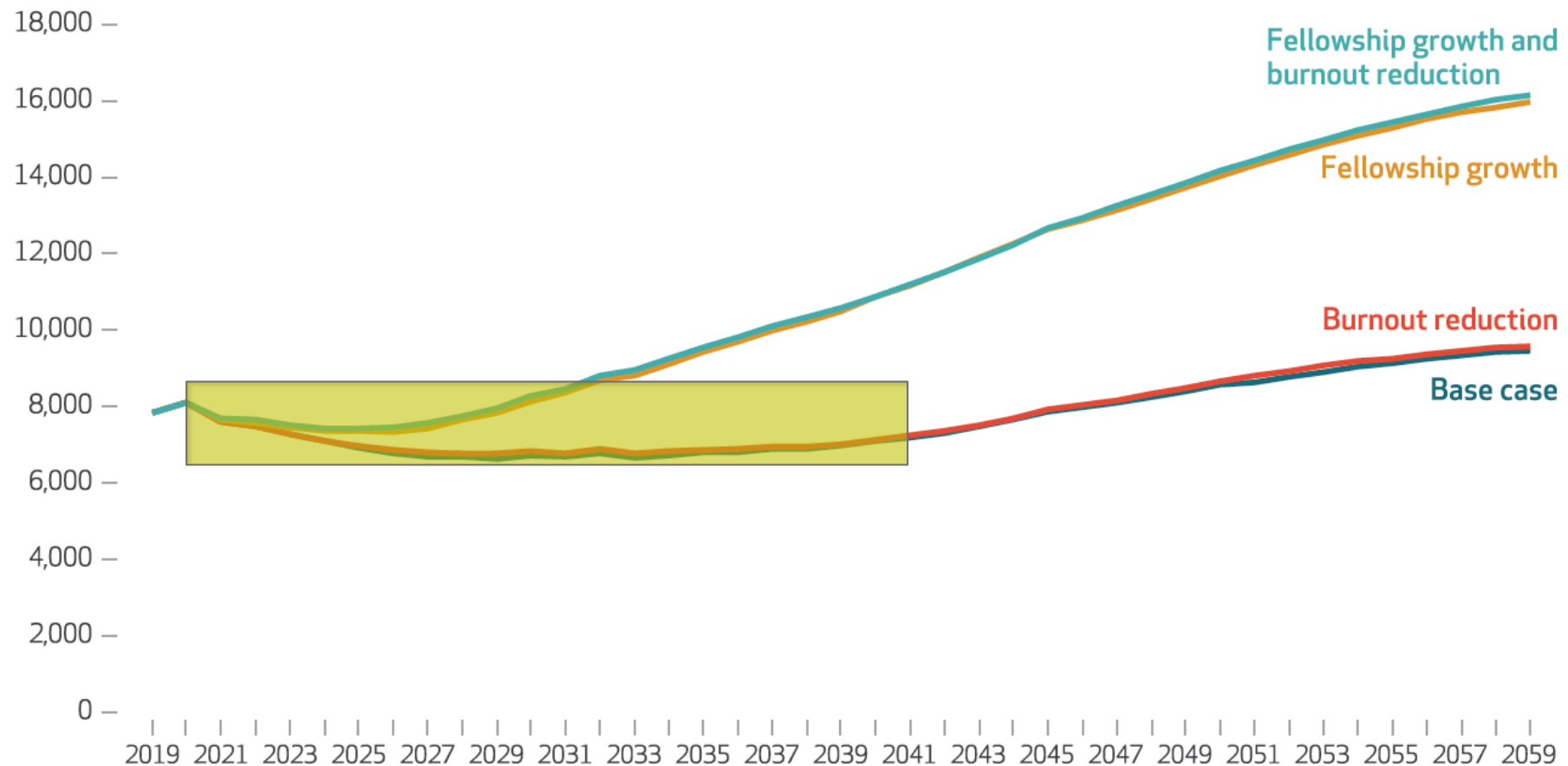
2. DEVELOPMENT OF **QUALITY MEASURES** IN GAP AREAS

3. PERSON/PATIENT AND CAREGIVER ENGAGEMENT AND **EMPOWERMENT**

PROJECTED SPECIALTY PC PHYSICIAN WORKFORCE

EXHIBIT 3

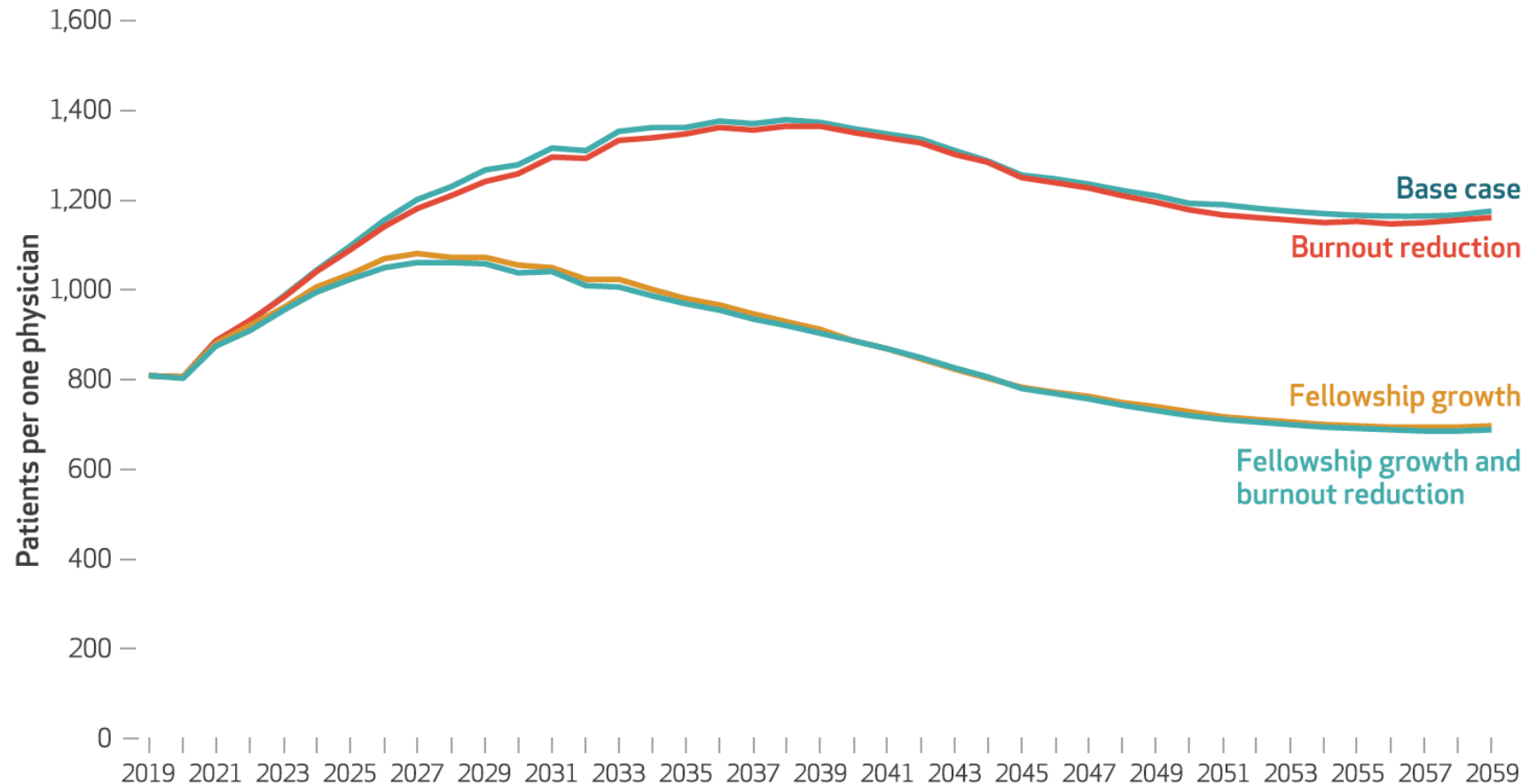
Projected numbers of certified specialty palliative care physicians in alternative scenarios, 2018–58



PROJECTED PC PHYSICIAN:PATIENT RATIO

EXHIBIT 4

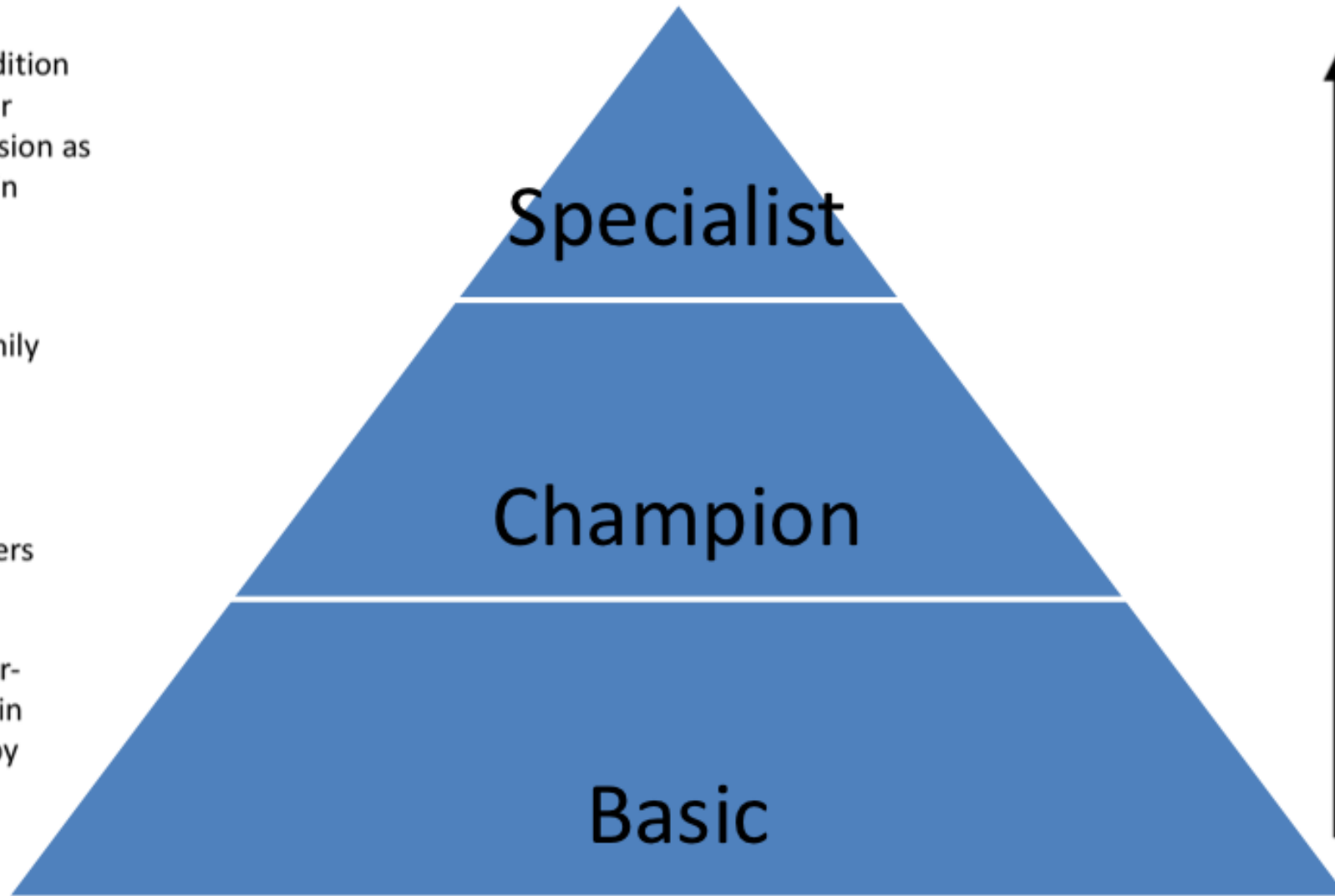
Projected numbers of Medicare patients eligible for palliative care per certified specialty palliative care physician in alternative scenarios, 2018–58



Example: addition of ketamine or lidocaine infusion as adjunct to pain regimen

Example: family meeting with conflict management between decision-makers

Example: routine cancer-associated pain ameliorated by first line interventions



↑
Patient
Complexity
Time Intensity

Clinical Practice Guidelines for Quality Palliative Care

4th edition



The NCP Guidelines, 4th edition, are organized into 8 domains:

Domain 1: Structure and Processes of Care

The composition of an interdisciplinary team is outlined, including the professional qualifications, education, training, and support needed to deliver optimal patient- and family-centered care. Domain 1 also defines the elements of the palliative care assessment and care plan, as well as systems and processes specific to palliative care.

Domain 2: Physical Aspects of Care

The palliative care assessment, care planning, and treatment of physical symptoms are described, emphasizing patient- and family-directed holistic care.

Domain 3: Psychological and Psychiatric Aspects

The domain focuses on the processes for systematically assessing and addressing the psychological and psychiatric aspects of care in the context of serious illness.

Domain 4: Social Aspects of Care

Domain 4 outlines the palliative care approach to assessing and addressing patient and family social support needs.

Domain 5: Spiritual, Religious, and Existential Aspects of Care

The spiritual, religious, and existential aspects of care are described, including the importance of screening for unmet needs.

Domain 6: Cultural Aspects of Care

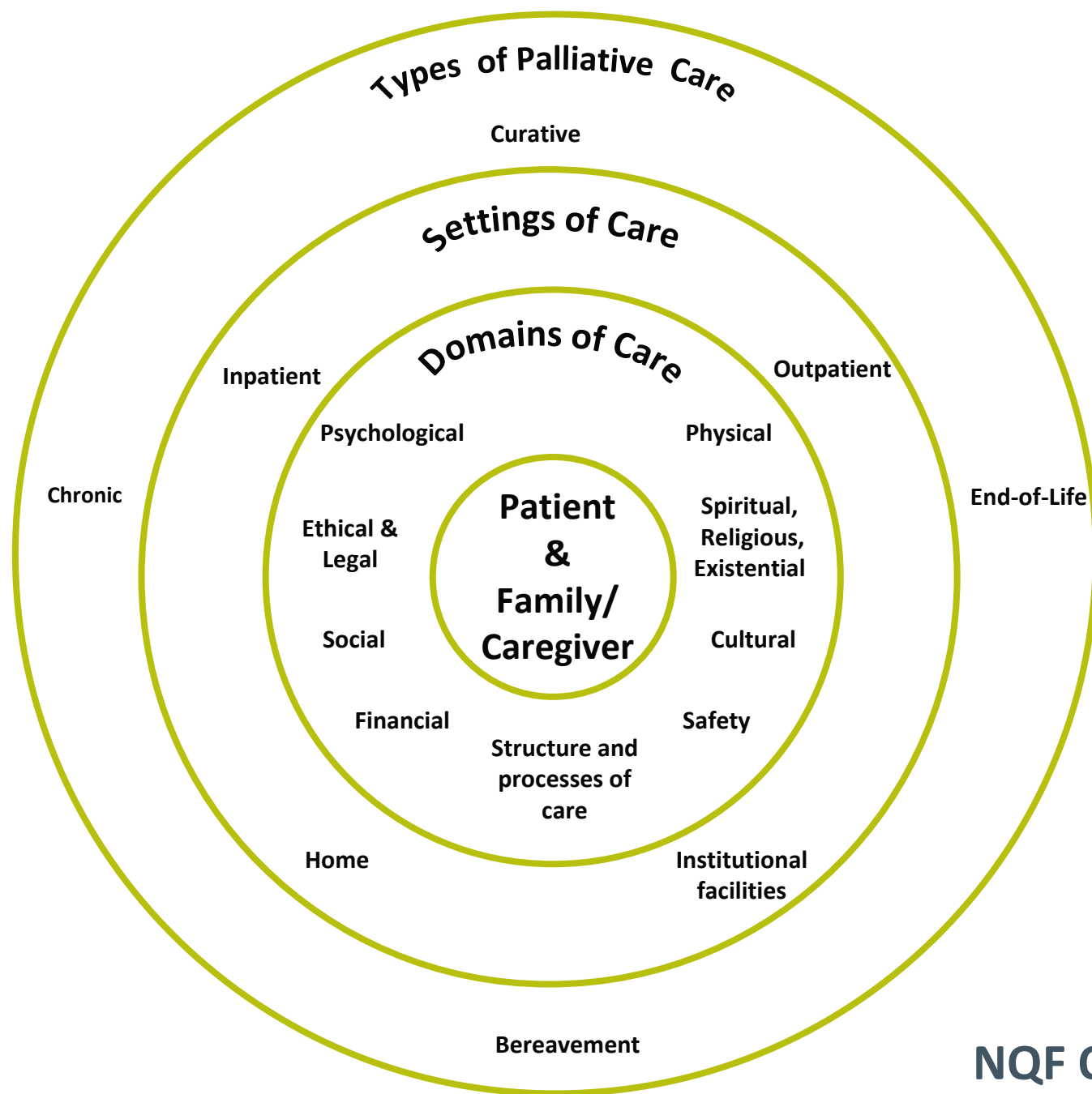
The domain outlines the ways in which culture influences both palliative care delivery and the experience of that care by the patient and family, from the time of diagnosis through death and bereavement.

Domain 7: Care of the Patient Nearing the End of Life

This domain focuses on the symptoms and situations that are common in the final days and weeks of life.

Domain 8: Ethical and Legal Aspects of Care

Content includes advance care planning, surrogate decision-making, regulatory and legal considerations, and related palliative care issues, focusing on ethical imperatives and processes to support patient autonomy.

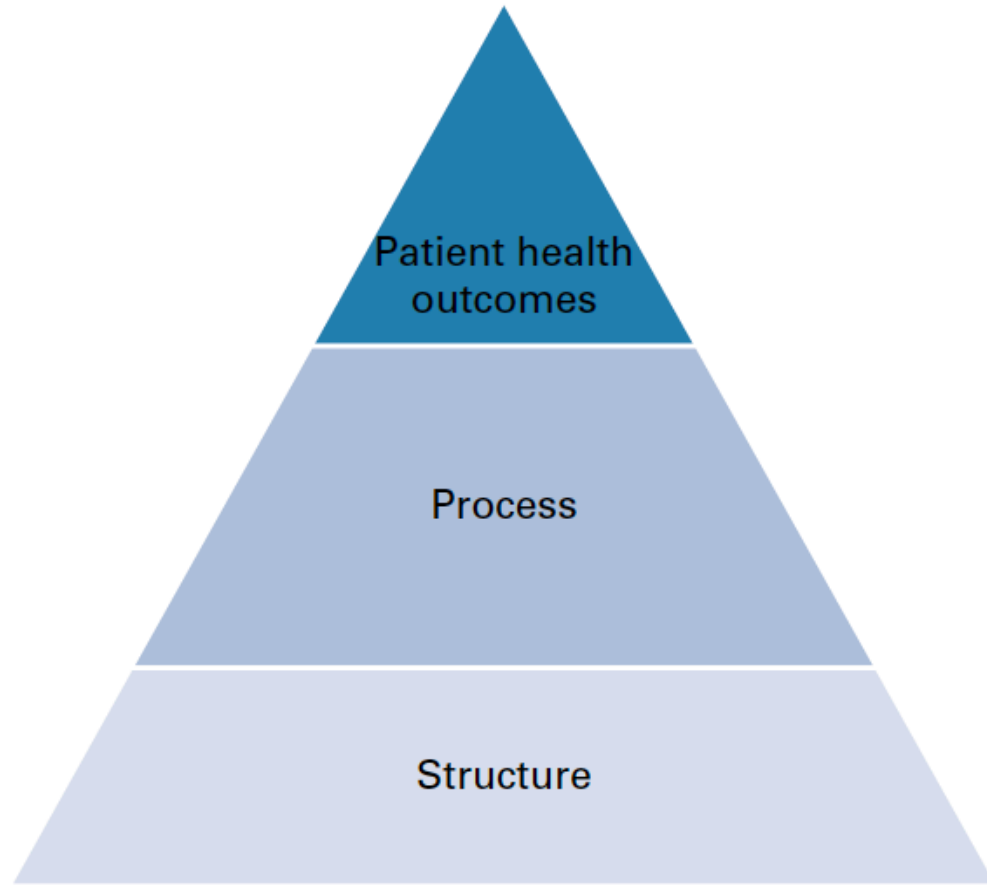


**NQF Quality Measurement
Framework for Palliative Care**

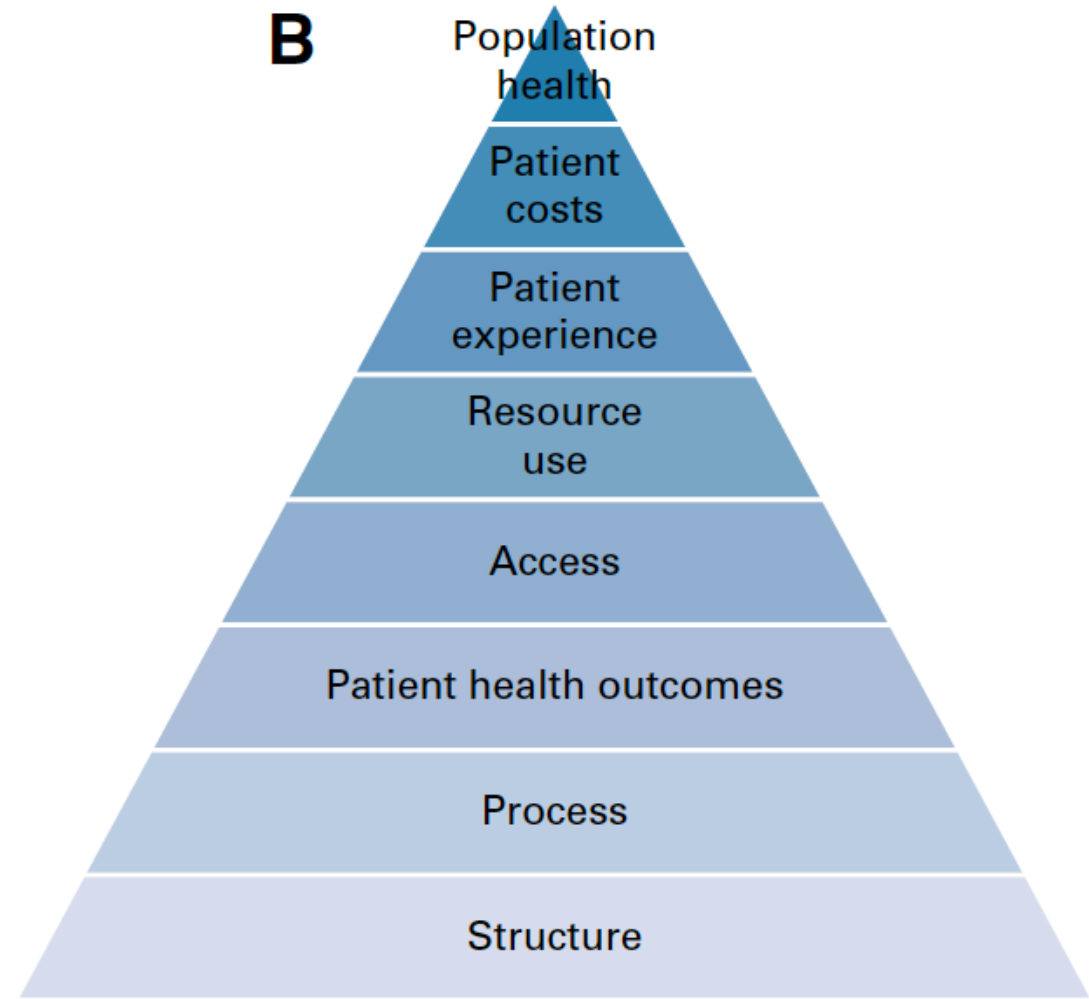
Table 2. Scope of Quality Measures Within Domains

National Quality Forum Domain	Percentage of Total Measures	Elements Included in Quality Measures
Physical Aspects of Care	35	General symptom assessment and management, pain, dyspnea, fatigue, diarrhea, delirium, constipation, oral care, bowel and bladder care, anemia, anorexia or dysphagia, skin rash, nausea/vomiting
Structure and Processes of Care	22	Access, contact person, communication, children's needs, healthcare utilization, continuity of care, timeliness of care, discharge planning, team structure, standardization of assessment, visitation policy, care withdrawal, clinical self-care, competency, care settings, adverse events
Psychiatric and Psychological Aspects of Care	7	Psychosocial support, caregiver depression, depression assessment and treatment, anxiety assessment, grief and bereavement
Cultural Aspects of Care	1	Meeting communication needs, delivering culturally sensitive care
Spiritual Aspects of Care	4	Spiritual support, value of life, spiritual assessment, spiritual needs management, religion assessment
Social Aspects of Care	7	General assessment and management, family satisfaction of care, caregiver stress, support from caregiver, family's preferences
Care of the Imminently Dying	7	Pain at EOL, information at EOL, impending death recognition, peace at death, post-death care, locations/ teams of care
Ethical and Legal Aspects of Care	17	Respect, insight into illness, impaired capacity, advance care planning, surrogate decision maker, advance directive continuity, following patient preferences, patient participation in advance care planning, informed consent, ethics

A



B



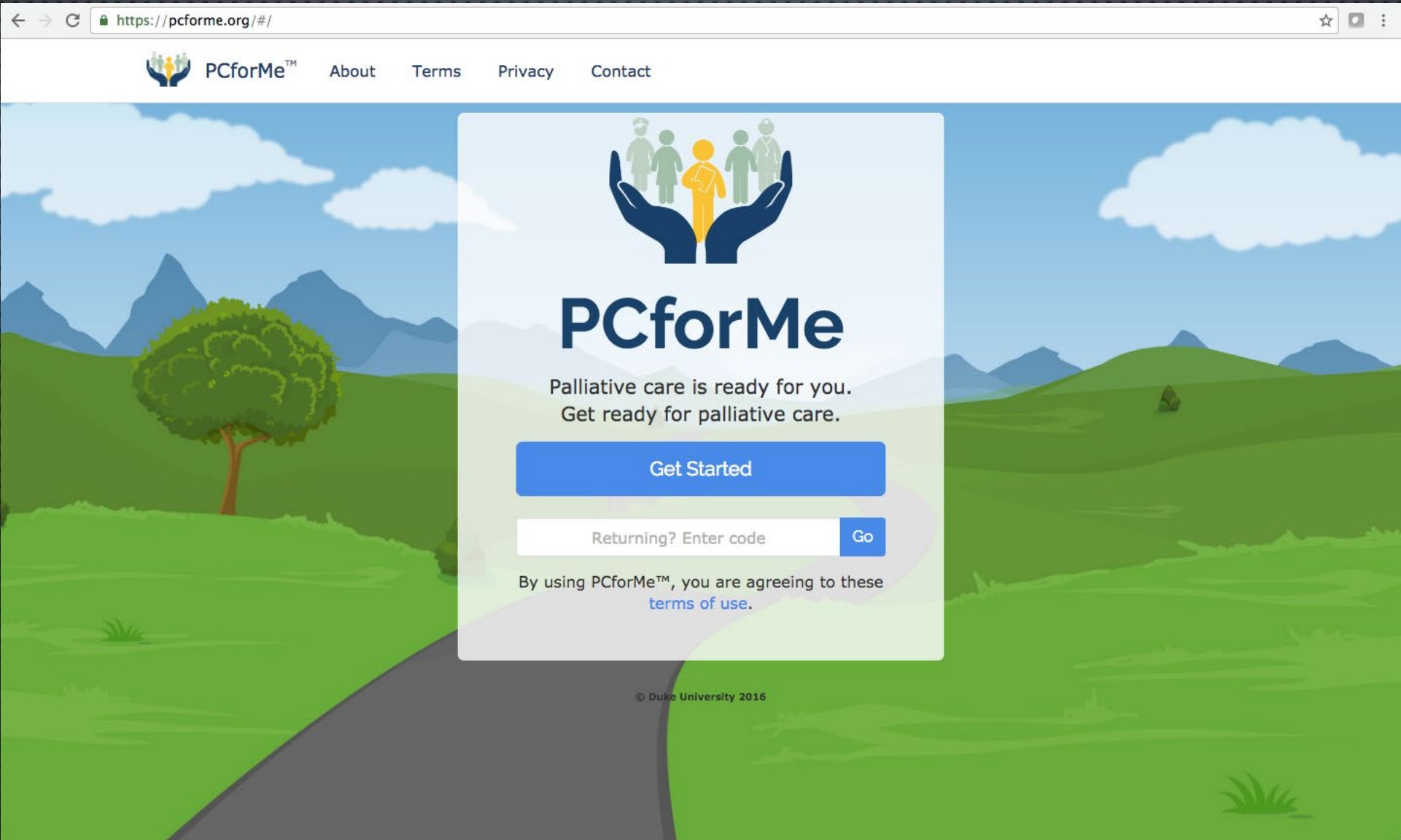


Improving Quality, Together

A New Unified National Palliative Care Data Registry

[Learn more](#)





curing an illness is no longer possible

during hospice &
bereavement



providing comfort in
familiar surroundings

Usual team
Hospice



Eligibility

actively receiving treatments can receive
palliative care at any point



help people and their loved ones wherever they are receiving their other medical care



Location

Working
with Others



Hospice Care

Palliative Care

● Getting Started

● Welcome

● Where to Receive Care

● Care Preferences

☒ Focus of Care

● Symptoms

● Supporting Loved Ones

● Quality of Life

○ Hospice Care Team

● Common Questions

● Preparing for Hospice

● My HoPE Care Plan

Choosing what you want your care to focus on is helpful so that everyone is on the same page. Elizabeth decided it was important that her symptoms were managed so that she could get a good night's rest. In the activity below, pick the things you want your care to focus on.

What would you like your care to focus on?

(select all that apply)

Managing my symptoms

Spending time with my family

Continuing to do the things I enjoy

Putting my affairs in order

Getting support for my family

Helping me stay in my own home

Being independent for as long as possible

Feeling at peace

Living for as long as possible

Something else

DISCUSSION/QUESTIONS

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