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Accountability for Community-Based Programs For the Seriously Ill: Challenges

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Back to the Future

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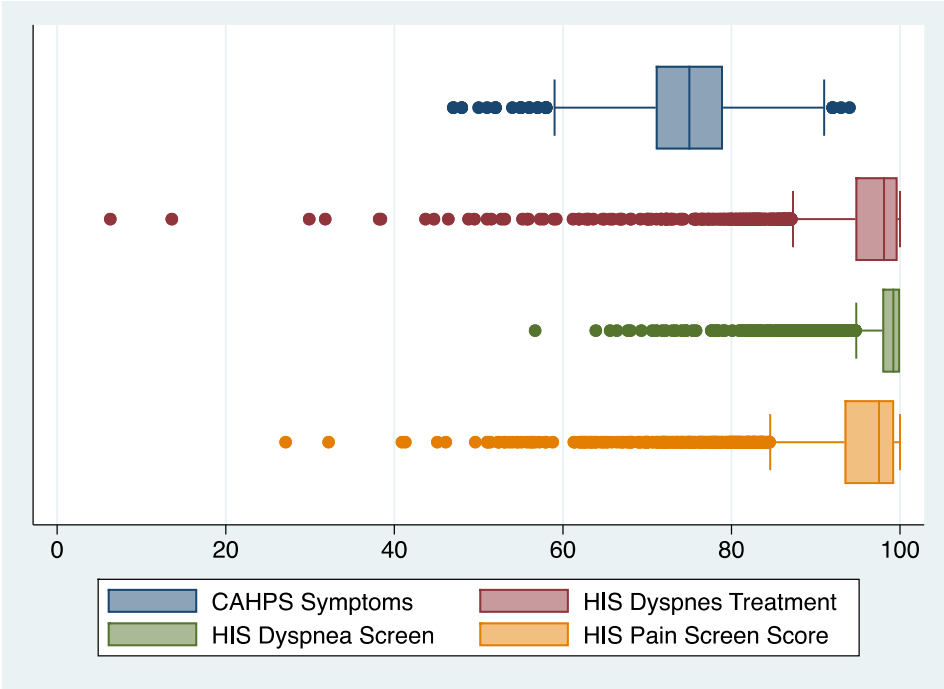
Challenge – Lack of Quality Measures

- Key lessons from Medicare Hospice Benefit
  - Lack of accountability
  - Initial focus on process measures led to check box mentality and not embracing the complexity in care for these patients
  - Topped out process measures



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Challenge: Measuring What is Easy

- What is easily counted, often become what is measured.
- Example of POLST, health system based P4P on completion of POLST – the unintended consequence of POLST completed without adequate informed consent

Challenge of the Denominator

- We are on the verge of a new APM and I would argue a much needed revision of the Medicare Hospice Benefit, key is access and cost that is based on denominator
- Accountability and small N problem

Challenge: Preferences are Ethereal and Ephemeral

- Goal concordance
- Propective: Timing is important (e.g.,dying at home, vs. the need for rapid titration of pain in IPU) –concerns with “information toxicity”
- Retrospective – hindsight bias
- May need to focus on key processes of communication and shared decision-making

Summary

- Urgent need to develop accountability now
- Balanced set of measures that embraces complexity, but is actionable
- We need a policy solution for “small N” or accountability at larger entities
- Careful thought to goal concordance care, avoid unintended consequences
- Finally, to discuss in later session – if value is based on cost and quality – how to combine these two potential divergent constructs -- we need to avoid unintended consequences