# **Conceptual definition:**

#### "Serious illness" is a health condition that carries a high risk of mortality AND either negatively impacts a person's daily function or quality of life, OR excessively strains their caregivers.

Kelley et al Journal of Palliative Medicine 2018

#### **Operationalizing Definition Brings Challenges**

- Aim to identify people with high **needs** vs **costs** 
  - -Business case for specialty Palliative Care services based on value
  - -Palliative Care services likely make the most impact on those with high needs
- Trade-off of sensitivity vs specificity
  - -Implications for **feasibility and cost-neutrality** if used for program eligibility
  - -Who will be missed if used for quality measures for accountability
  - -Potential **unintended consequences** of inappropriate application of measures
- Available data:
  - -Data **now** is inadequate: missing measures of function, cognition & care needs
  - -Data available in **future** and how we can influence this
- Likely need for multiple denominators for various purposes and unique populations

#### **Population Model of Serious Illness**

No Serious Condition or Functional Impairment lowest risk, no specialized services needed.

#### **Not Seriously Ill**

Α

Β

С

A: Serious Condition and/or Functional Impairment: moderate risk, may benefit from screening for needs amenable to specialized services.

B: Condition and/or Function and Utilization: moderate-high risk, may benefit from needs assessment and/or specialized services.

> C: Condition and Function and Utilization: highest risk group, may benefit from specialized interventions.

## **Comparison of Simulation Trials**



- Chronic Condition + Hospital Admission
- Serious Medical Condition + ADL Impairment
- Serious Medical Condition + Hospital Admission
- Chronic Condition + Hospital Admission + SNF/HH/DME
- Serious Medical Condition + Hospital Admission + SNF/HH/DME
- Serious Medical Condition + Hospital Admission + ADL Impairment

Kelley et al Journal of Palliative Medicine 2018

#### **Key Points Regarding the Denominator**

- Existing data offer poor measure of care need and severity of illness
- Approaches based solely upon diagnoses, cost and utilization miss many with significant need
- Function must be measured to improve identification
- Specificity and sensitivity must be considered in context of purpose, with eye toward unintended consequences

#### **The Serious Illness Quality Alignment Hub**

- The Hub is a three-year effort by the Center to Advance Palliative Care, coordinated with the National Quality Forum and funded by the Gordon and Betty Moore Foundation
- Our mission is improve access to high quality care for those with serious illness through integration of serious illness measures, standards, and best practices into existing health care accountability systems
- We seek to leverage the power of financing and regulation to drive adherence to best practice
- Co-Directors: Allison Silvers and Amy Kelley





NATIONAL QUALITY FORUM



#### The Hub aims to integrate serious illness quality measures, standards, and best practices into accountability systems

#### **4 Guiding Principles**

- Achievement of goal must be feasible within 3 years
- 2. Large scale impact on patients/families is priority
- 3. Targets for action are practice level or higher (not clinician level)
- 4. Relevance to community settings, but not limited to those settings

- <u>3 Key Functions</u>:
- 1. Coordinating existing projects in this space
- 2. Identifying new opportunities to pursue
- 3. Vetting next steps with assembled experts and partners

We will not be developing measures in this effort

### For More Information

Please contact: Sara Hufstader Collins Senior Manager, Hub Hub@CAPC.org