Hospice Subspecialty Gets Quality Measures

BY BRUCE K. DIXON
Chicago Bureau

The National Quality Forum has published a comprehensive quality measurement and reporting system for the new subspecialty of hospice and palliative medicine.

"A National Framework and Preferred Practices for Palliative and Hospice Care Quality" crosses all health care settings and establishes minimum preferred practices. Published in December by the National Quality Forum (NQF), the framework is intended to be the first step in a process through which rigorous, quantifiable internal and external quality indicators are developed. The document is based on an extensive set of clinical practice guidelines published in 2004 by the National Consensus Project for Quality Palliative Care (NCP).

The NQF is a private, not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. NQF was assisted in this project by the Robert Wood Johnson Foundation.

The NCP is a consortium of the American Academy of Hospice and Palliative Medicine, the Center to Advance Palliative Care, the Hospice and Palliative Nurses Association, and the National Hospice and Palliative Care Organization.

"Together, these two documents define the state of the art in palliative care practices," according to the NQF report. Of particular importance, palliative care services are indicated across the entire trajectory of a patient's illness; their provision should not be restricted to the end-of-life phase.

The field of palliative care "is escalating dramatically in response to an aging population and an overburdened health system. People are eager for direction in terms of palliative care," said Betty R. Ferrell, Ph.D., of the City of Hope National Medical Center in Duarte, Calif.

More than 2,000 U.S. hospitals have palliative care programs of some kind, but the interdisciplinary care outlined in the NCP guidelines remains confined mostly to large, metropolitan hospitals, NCP chair Dr. Ferrell said in an interview.

"What we have to do now is catch up the practice. A family practice doctor may say he takes care of dying patients, but now we have to make sure that that doctor knows what to do, that he's competent in pain management, knows how to break bad news, and holds family conferences in the ICU. The culture has changed, but there's still an enormous amount of work to be done to translate this change in attitude into action," she said.

According to the NCP, palliative care should be integrated into all health care for debilitating and life-threatening illnesses. The NCP framework for quality assessment emphasizes these goals:

► Address pain and symptom control, psychosocial distress, spiritual issues, and practical needs with patient and family throughout the continuum of care.

► Offer patients and families the information they need in an ongoing and understandable manner, so they may grasp their condition and treatment options. Elicit their values and goals over time; regularly reassess the benefits and burdens of treatment; and remain sensitive to changes in the patient's condition during decision-making process about the care plan.

► Ensure genuine coordination of care across settings with regular, high-quality communication, particularly at times of transition or changing needs. Use case management techniques to provide effective continuity of care.

► Prepare both the patient and family for the dying process and for death, when it is anticipated. Explore hospice options; allow opportunities for personal growth; and offer families bereavement support.

"These quality indicators will advance palliative care in all disciplines to improve the quality of life of people facing life-threatening and chronic, debilitating diseases," said Judy Lenz, R.N., chief executive officer of the Hospice and Palliative Nurses Association.

The NQF preferred practices will help to lay the foundation for all hospice and palliative care services as well as to maximize the quality of care in a cost-effective manner, said Dr. Ronald S. Schonwetter, executive vice president and chief medical officer of LifePath Hospice and Palliative Care in Tampa.

Medicare reimbursement for hospice and palliative care will likely be influenced by pay-for-performance quality measures at some point, he said in an interview.

A technical report to identify appropriate evidence-based quality indicators for the specialty is being worked on by researchers at the University of North Carolina, at Chapel Hill, who will turn over the findings to the Centers for Medicare and Medicaid Services in the next year.

"The NQF and the development of preferred practices are crucial steps in that process," explained Dr. Schonwetter, who is an internist and the immediate past president of the American Academy of Hospice and Palliative Medicine. ■

Physicians Criticize Budget Plan

Budget *from page 1*

for skilled nursing facilities and inpatient rehabilitation facilities in 2008; freezing updates for home health agencies in 2008; and reducing the update for ambulatory surgical centers for 0.65% starting in 2010.

The proposed budget does not address payments to physicians under Medicare, calling into question whether physicians will get relief from a projected 5%-10% cut in Medicare reimbursement slated for January 2008. However, Leslie Norwalk, acting administrator for the Centers for Medicare and Medicaid Services, said she has "no doubt" that proposals to address the sustainable growth rate formula—which is used to determine physician payments under Medicare—will be on the table for discussion with Congress.

It remains unclear whether physicians will get relief from a projected 5%-10% cut in Medicare reimbursement slated for January 2008.

The reductions in traditional entitlement programs such as Medicare, Medicaid, and Social Security are necessary to avoid tax increases, deficits, or cuts in benefits, President Bush wrote in an accompanying statement to Congress.

But the fate of the Bush proposal already is in doubt in the Democrat-controlled Congress. "I doubt that Democrats will support this budget, and frankly, I will be surprised if Republicans rally around it either," Rep. John Spratt (D-S.C.), chairman of the House Budget Committee, said in a statement.

Physician organizations also took aim at the proposed budget. Dr. James T. Dove, president-elect of the American College of Cardiology, said the budget fell short in several areas, particularly in the lack of proposals to fix the physician payment formula. "Unless we can work together to put in place a more sustainable payment system for physicians, patients will suffer," Dr. Dove said in a statement.

Officials at the American Medical Association echoed those comments in their reaction to the president's budget request. "Over the next 8 years, Medicare payments to physicians will be slashed by nearly 40%, while practice costs increase about 20%. Without adequate funding, physicians cannot make needed investments in health information technology and quality improvement, and seniors' access to health care is placed at risk," Dr. Cecil B. Wilson, AMA board chair, said in a statement.

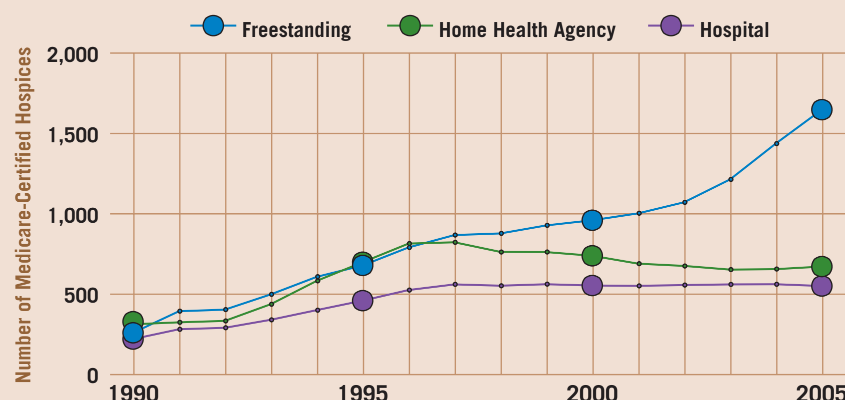
The president's budget proposal also came under fire from the American Hospital Association, which called it "devastating news" for children, seniors, and the disabled.

The president's plan would reauthorize SCHIP for 5 years and spend nearly $5 billion on the program over that period. However, it would refocus the program to children at or below 200% of poverty, a smaller group than many states currently target with their programs. But that level of funding would actually reduce SCHIP spending in fiscal year 2008, according to the American College of Physicians. Officials at the ACP called on Congress to provide additional funds to SCHIP so that it could be expanded to reach more low-income children and their parents.

President Bush also seeks the standard deduction for health insurance that he outlined in his State of the Union address in January. His proposal aims to make it more affordable for workers who do not get health care coverage through their employers to obtain insurance. It includes a $15,000 standard deduction for health insurance for any family covered by at least a catastrophic health insurance policy, regardless of whether it was purchased individually or by an employer.

The president proposed that the Health and Human Services secretary will work with Congress to redirect a portion of institutional payments so that states can help low-income residents purchase health insurance. ■

DATA WATCH



Notes: Based on data from the Centers for Medicare and Medicaid Services. The number of Medicare-certified hospices in skilled nursing facilities ranged from 10 to 22 during this period, falling to 13 in 2005.
Source: Hospice Association of America

Elsevier Global Medical News

Index of Advertisers

Berlex, Inc.
Betaseron 12-14

GlaxoSmithKline
Podcast: Headway on Migraine Headaches 17

Eli Lilly and Company
Cymbalta 5-6

Novo Nordisk Inc
Corporate 24

Ortho-McNeil Neurologics, Inc.
Podcast: STAT! 9

Pfizer Inc.
Aricept 3-4

Teva Neuroscience, Inc.
AZILECT 10a-10b, 11

Valeant Pharmaceuticals International
Zelapar 14a-14b, 15