Quality Measures Framed For Palliative Medicine

By Bruce K. Dixon
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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 (NCP) for Quality Palliative Care.

The NCP is a private, not-for-profit membership organization created to develop and implement a national, patient-centric, evidence-based health care quality measurement and reporting system.

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 NCP chair 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, 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 to treat and manage, 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.

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“The NQF and the development of 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. Schowetter, executive vice president and chief medical officer of LifePath Hospice and Palliative Care in Tampa.

“Having 10 specialties working together is completely new,” she said at the annual meeting of the American Academy of Hospice and Palliative Medicine. It took the ABHPM 10 years to persuade the ABMS to recognize hospice and palliative medicine as a medical subspecialty. Dr. Lupu said. From 1996 through 2006, the ABHPM certified more than 2,800 physicians in hospice and palliative medicine, she added.

The effort to achieve ABMS-recog-