



Cambia Palliative Care Metrics: Where are we and where are we going?

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Overview of System-Wide Quality Metrics: Settings & Providers

	Inpatient	Outpatient
Specialty Palliative Care	<p>Consult Services Inpatient Units</p>	<p>Clinic-based Home-based Community-based</p>
Primary Palliative Care	<p>Physicians Nurses/ARNPs Physicians Assistants Social Workers Chaplains Systems</p>	<p>Physicians Nurses/ARNPs Physicians Assistants Social Workers Chaplains Systems</p>

Current List of Quality Measures

Utilization at EOL

1. ED visits in last 30 days
2. Inpatient in last 30 days
3. ICU stay in last 30 days
4. Hospital Readmissions
5. Chemo in last 14 days

Circumstances of Death

6. Died in hospital
7. Died in hospital w/ ICU days
8. Died after planned ICD deactivation
9. Died w/ cancer & no hospice
10. Died w/ <3 days in hospice

Screening/Assessment

11. Completed comprehensive assessment, including prognosis, function, symptoms
12. Screen for pain
13. Screen for shortness of breath
14. Bowel regimen with opioids

Needs & Preferences

15. Advance directive and POLST documentation
16. Documented ACP and goals of care discussions
17. Documented discussion of emotional/ psychosocial needs
18. Documented discussion of spiritual concerns

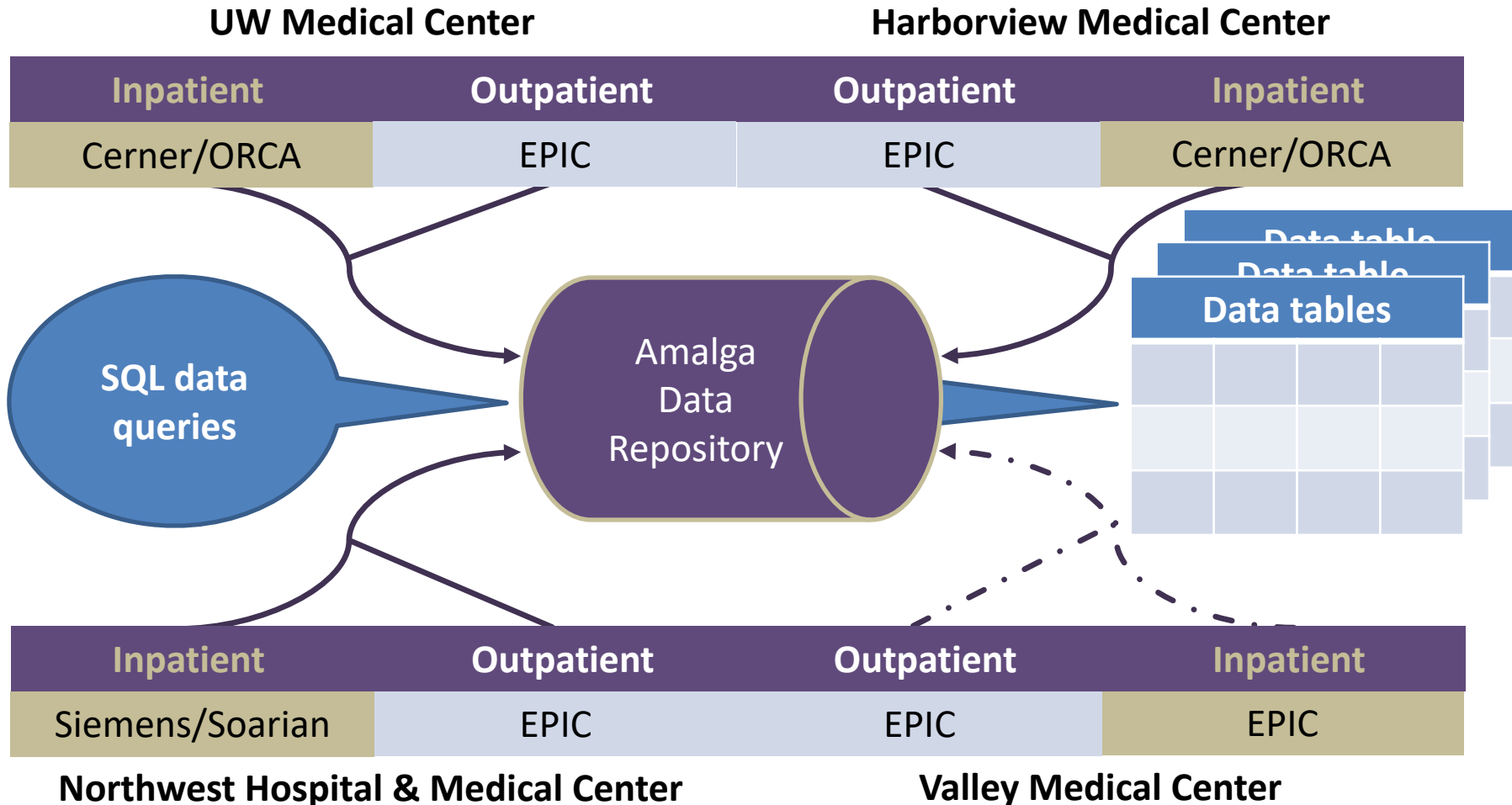
Denominator: Definition of Serious Illness

Dartmouth Atlas Chronic Conditions

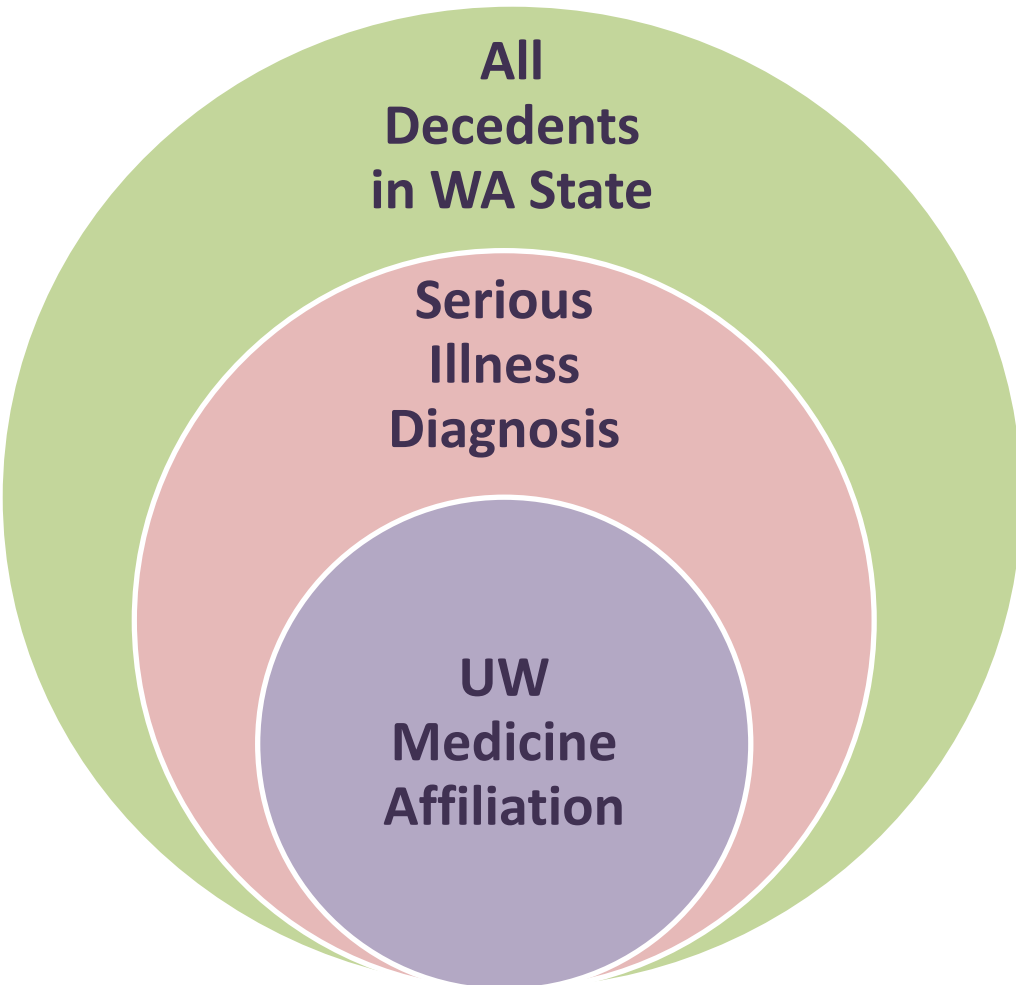
- Cancer (CA)
 - w/ poor prognosis
 - Leukemia
 - Metastatic
- Chronic pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Congestive heart failure (CHF)
- Severe chronic liver disease (Liver)
- Chronic renal disease (Renal)
- Dementia
- Peripheral vascular disease
- Diabetes w/ end organ damage

UW Medicine

Data and Electronic Health Records Systems



Starting with Decedents: Patient Attribution to UW Medicine

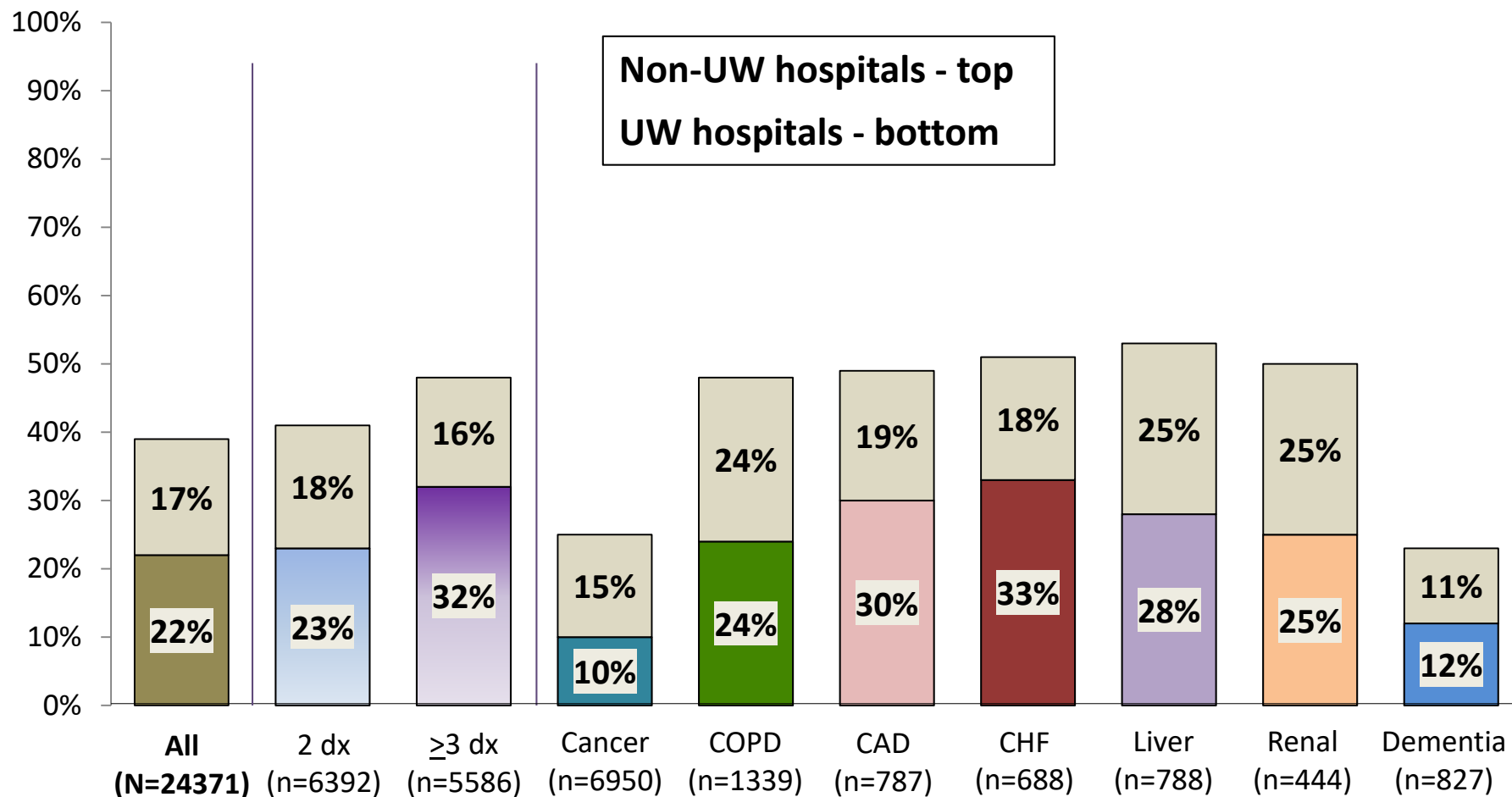


- **Serious illness: 9 chronic life-limiting illnesses**
 - Dartmouth Atlas definition
- **UW Medicine affiliation defined as:**
 - 1+ non-surgical inpatient visits in last 24 months, or
 - 2+ outpatient visits in last 24 month

Decedent Demographics: 2010-2015

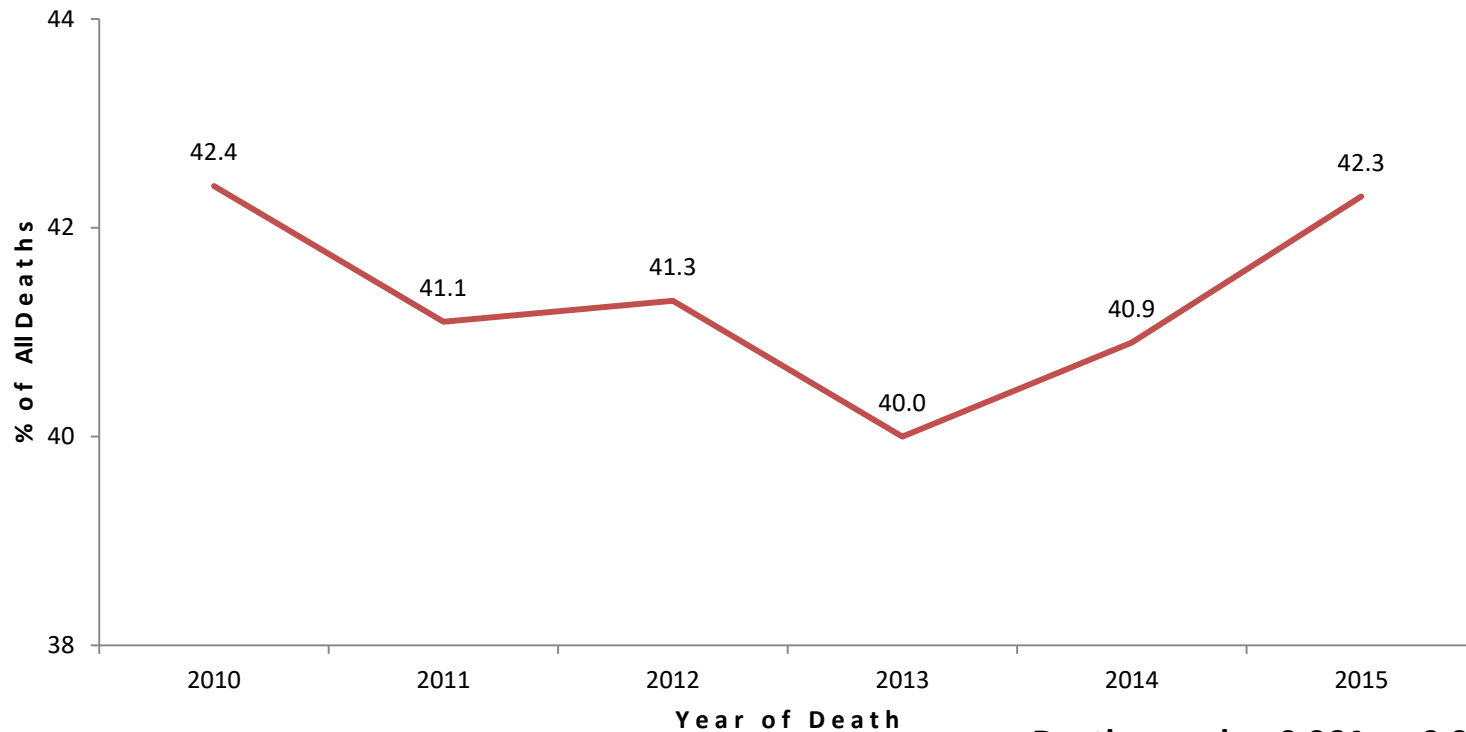
Diagnostic Group	N	% Male	% \geq age 65	Mean age
All	24,371	57%	55%	66.1 yrs
2 dx	6,392	59%	57%	67.4 yrs
≥ 3 dx	5,586	65%	67%	70.1 yrs
Cancer	6,950	51%	42%	60.5 yrs
COPD	1,339	52%	48%	63.0 yrs
CAD	787	69%	78%	75.4 yrs
CHF	688	48%	62%	68.6 yrs
Liver	788	65%	18%	55.8 yrs
Renal	444	56%	55%	66.6 yrs
Dementia	827	45%	86%	79.7 yrs

Died in hospital: 2010 – 2015



Trends in Deaths in the Hospital

Percentage of All Deaths That Occurred in a Hospital

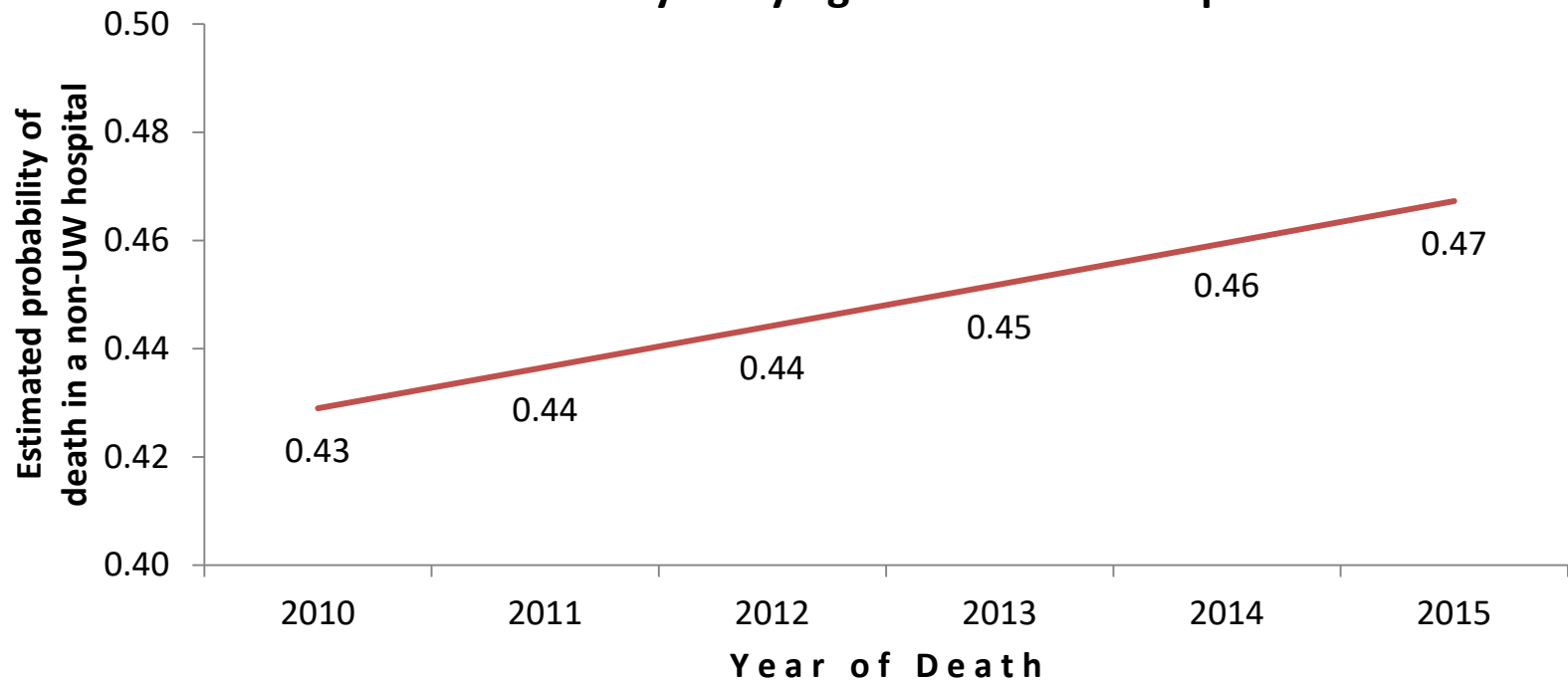


Death year: $b = -0.064$, $p = 0.037$

Death year squared: $b = 0.012$, $p = 0.034$

Among Hospital Deaths, Proportion of Deaths in non-UW Medicine Hospital

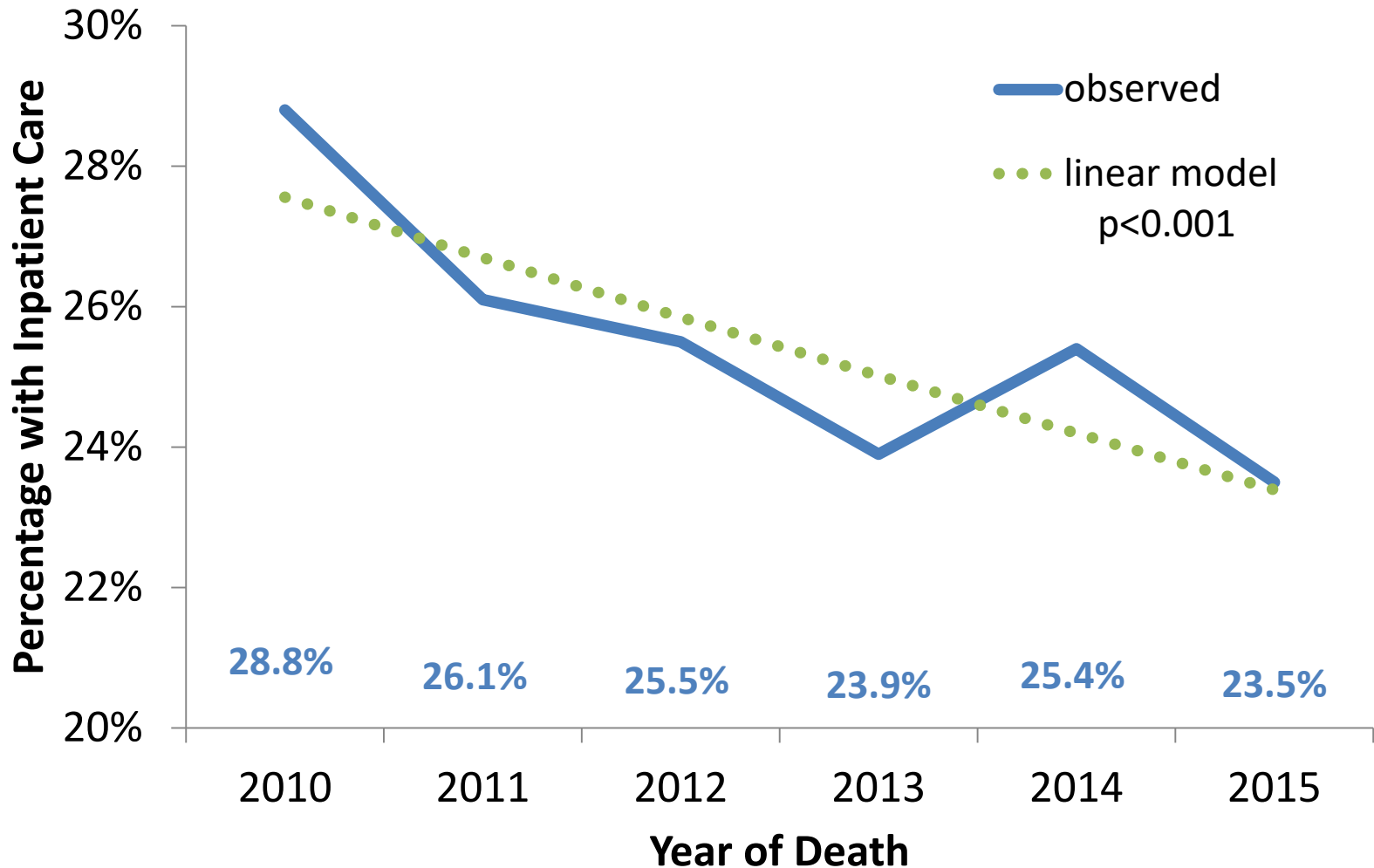
**For the Average* Patient Who Died in a Hospital,
Estimated Probability of Dying in a Non-UW Hospital**



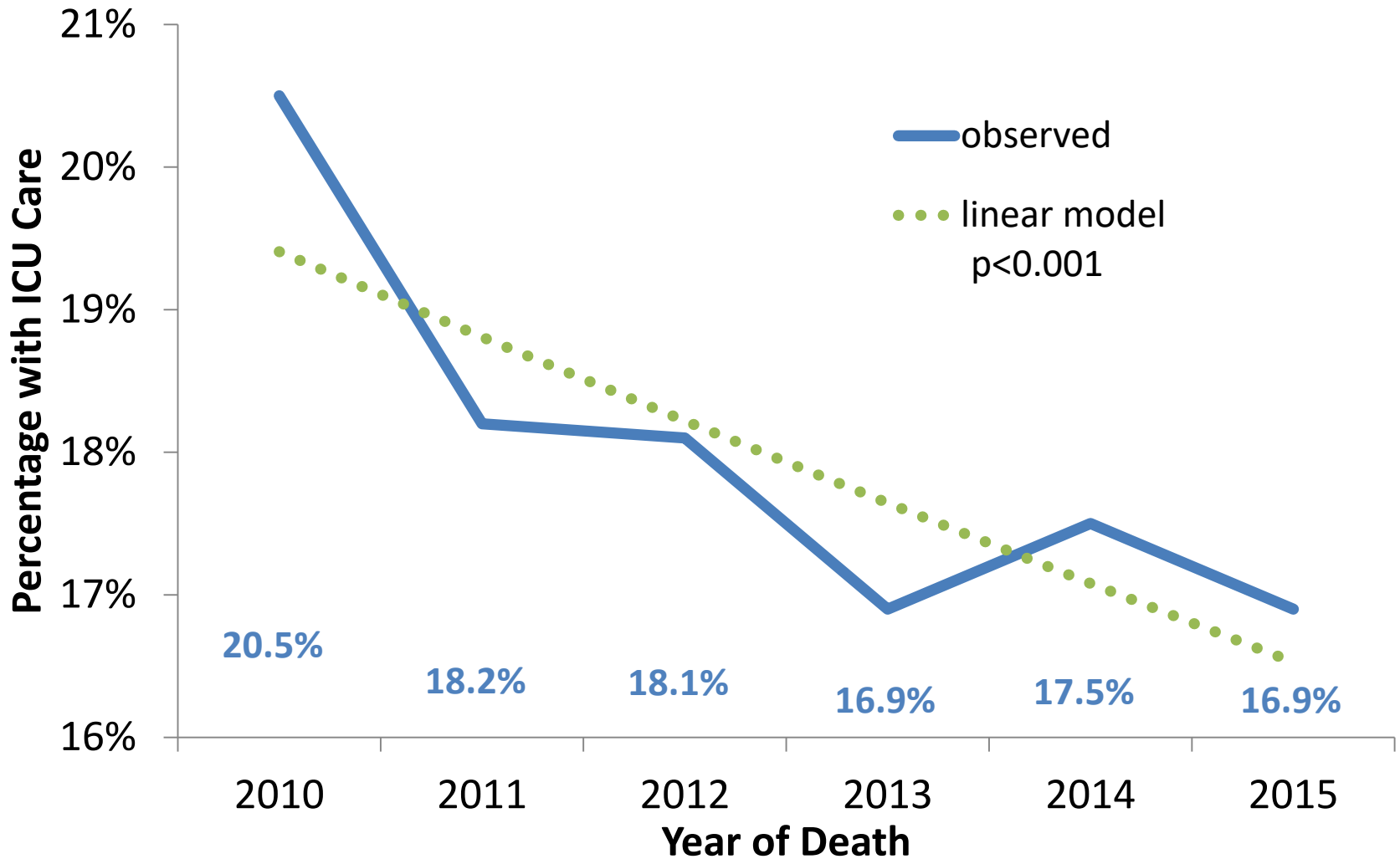
*Average patient was defined as someone with private insurance who had the sample's mean age, probability of each diagnosis, and number of hospital admissions, ED visits, outpatient visits, and outpatient providers in the year before death.

Death year: $b = 0.031$, $p = 0.022$

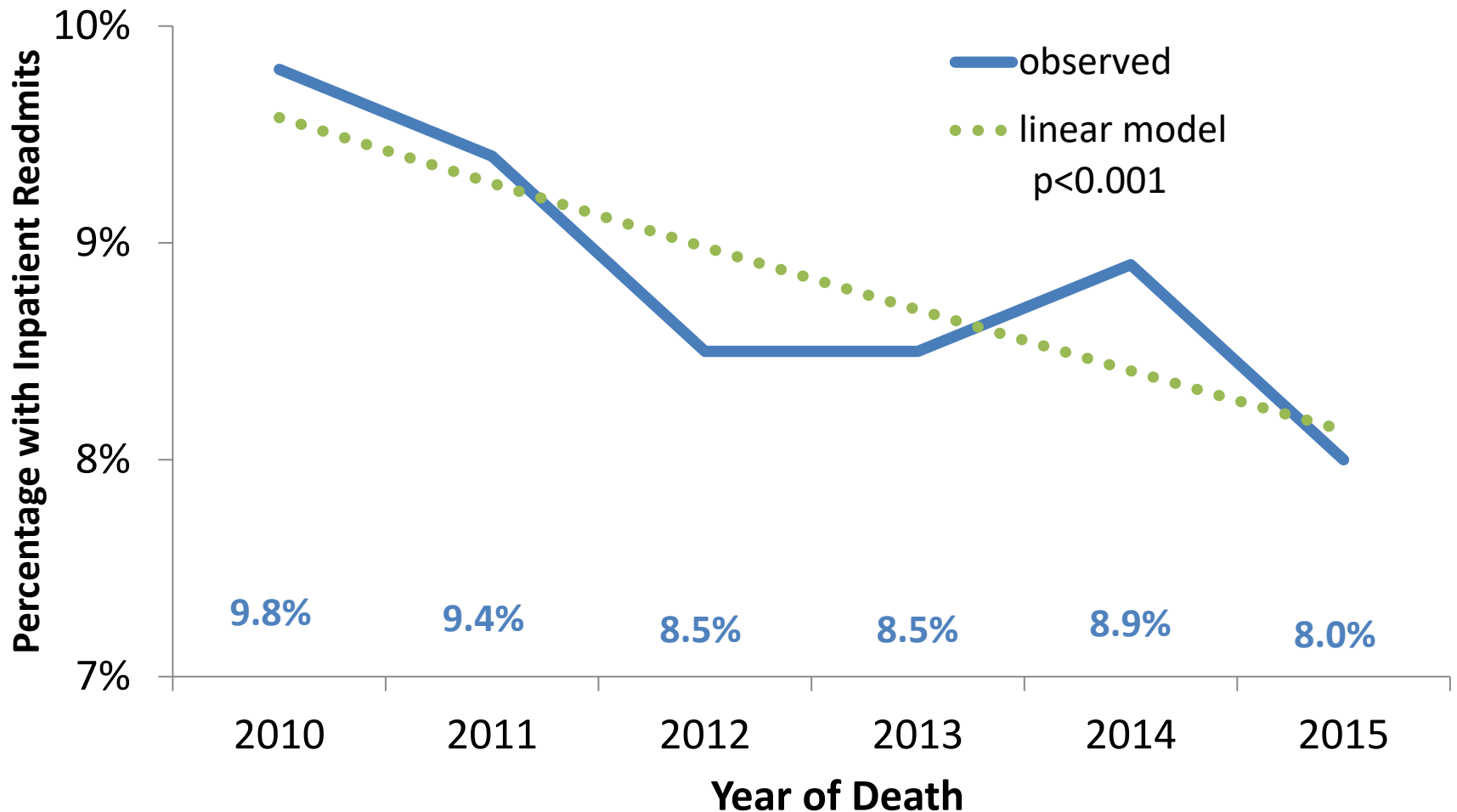
Hospitalizations in the Last 30 Days of Life at UW Medicine



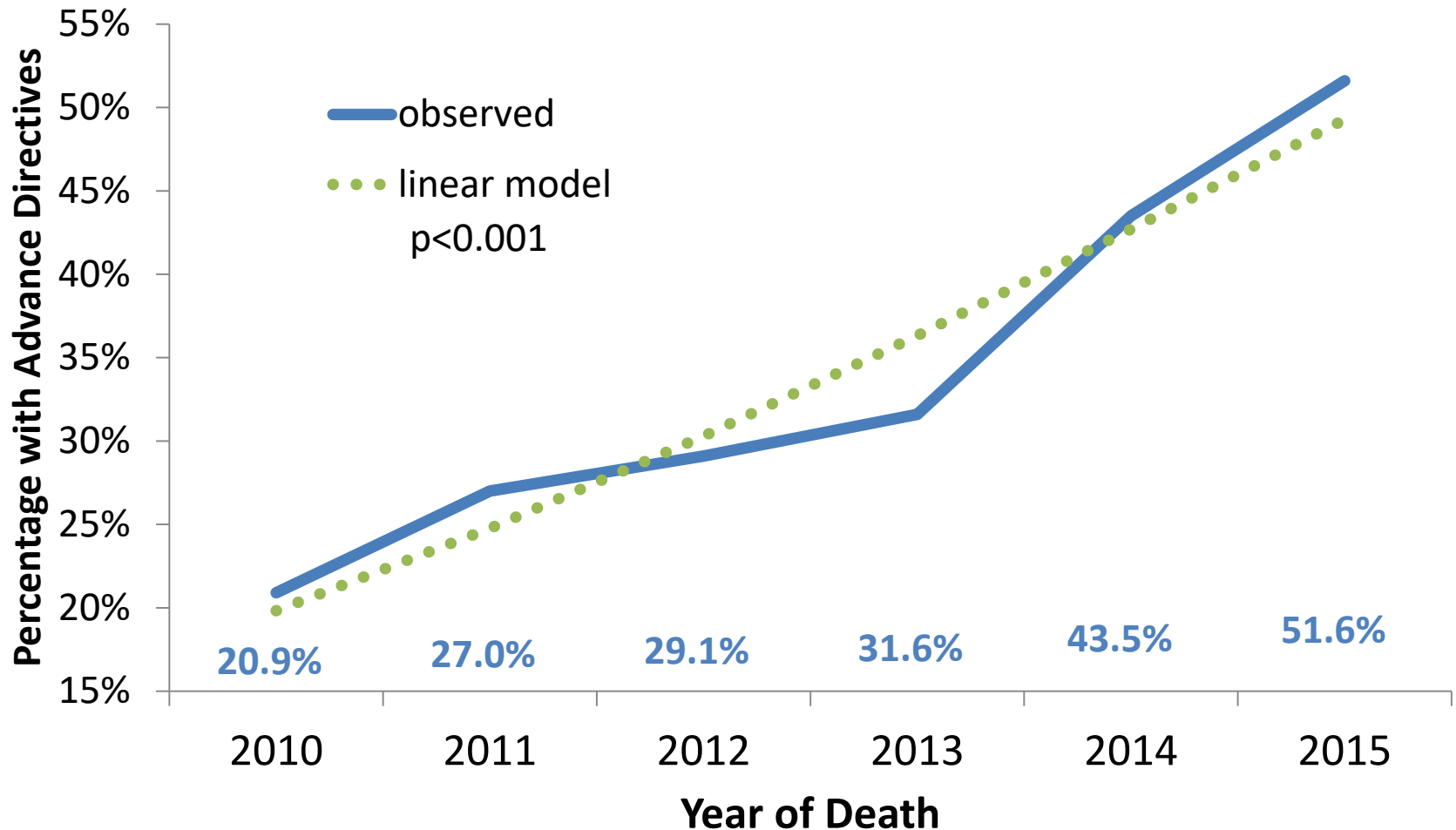
ICU use in the Last 30 Days of Life at UW Medicine



30-day Hospital Readmissions in the Last 90 Days of Life

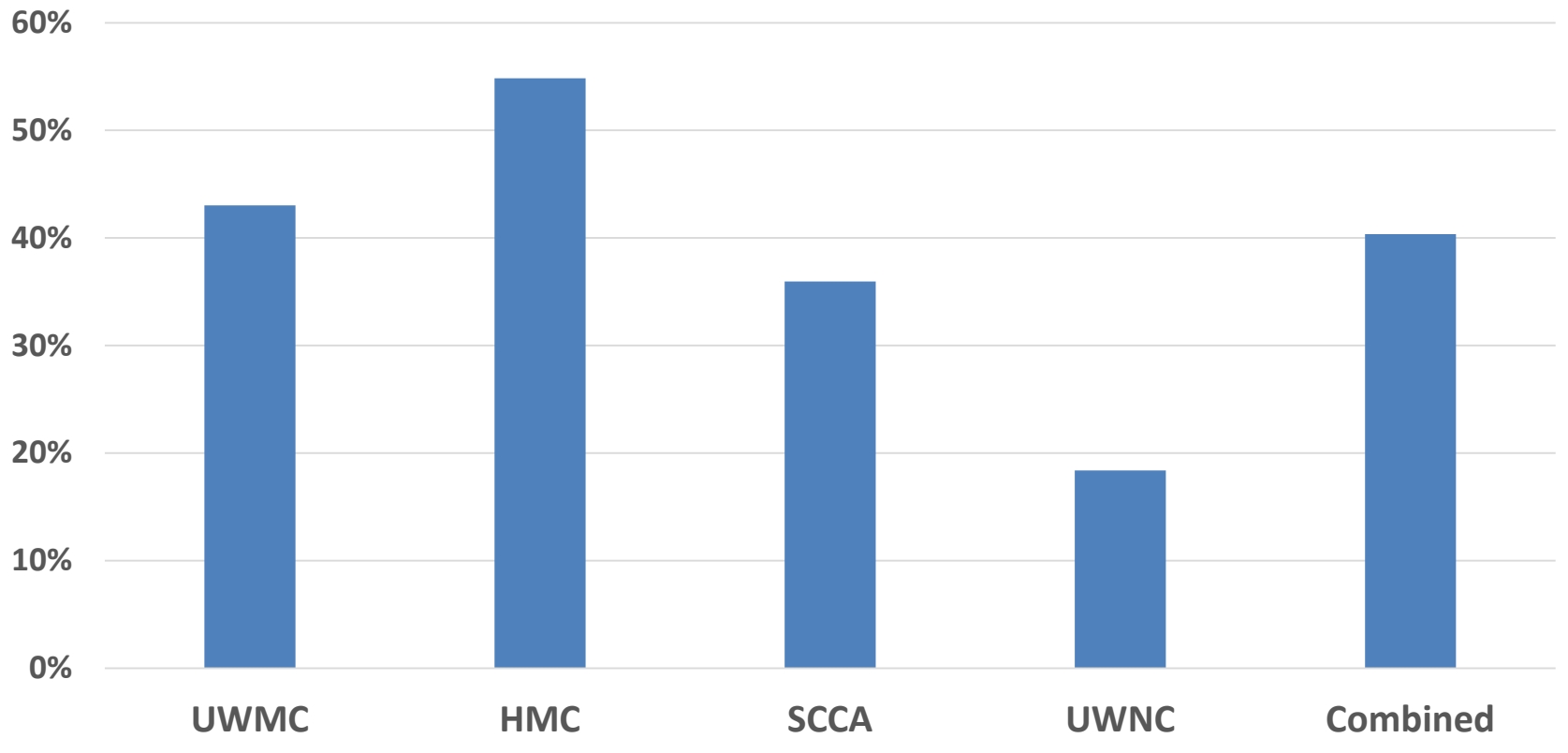


Advance Directives and POLST Forms at UW Medicine



Real-time Tracking: ACP in EHR for Current Patients

Percent of patients with any AD in EHR, May - July 2016,
by UW Medicine facility



Cambria Metrics Projects

- Patients with comorbid psychiatric illness: decreased death in ICU and hospital; increased death in SNF (**Lavin**)
- Increasing proportion of death in hospitals outside UW Medicine (**Hicks**)
- Multi-morbidity: increased intensity of care at the end of life (**Wagner**)
- Unexpected association between advance directives and intensity of care (**Sathitranacheewin**)
- Significant differences in intensity of care by race/ethnicity and SES (**Brown**)

Future Directions

- **Implement additional metrics**
 - ACP and goals of care discussions
 - Pain assessment and management
- **Develop “clinician-friendly” dashboards**
 - Specific to clinics, service lines, programs
 - Provider-specific metrics
- **Use metrics to support QI projects**
 - Opportunities to document improvements
- **Disseminate to other healthcare systems**

How can you use this program?

- **UW Medicine**
 - Identify target settings, interventions, and metrics for QI programs
 - Track changes with QI programs
- **Outside UW Medicine**
 - Use methods and “lessons learned”
 - Stay tuned for our users’ manual