

Assessing Progress in End-of-Life and Serious Illness Care

National Academy of Medicine

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Person-Centered, Family Oriented Care

REPORT-OUT TEMPLATE

Overall takeaways (briefly characterize discussion overall—did anything surprise you? What did you find most encouraging?)

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Chief barriers identified by both groups

- Think of palliative care as one approach: need for understanding which solutions are best for which populations and which settings
- Lack of access to both skills and services to address the comprehensive needs of people with serious illness (often exacerbated in rural settings)
- No consistent approach to addressing palliative care needs outside of hospice or hospital-based palliative care

Most promising opportunities/solutions identified by both groups

- Pay for quality models and the need for relevant measures or metrics that capture outcomes that are important to people with serious illness and their caregivers
- Leveraging existing community based resources
- The changes in health care delivery systems provide an opportunity to reconfigure how we address the needs of people with serious illness and their families

Top 3-5 priority action items and actors identified by both groups

Top Priority Action Items		Actor(s)
1	Develop, implement, and publicly report person-centered, quality outcome measures that capture the patient experience and well-being, and are consumer friendly; Payment tied to performance	CMS and NQF; commercial payers
2	Public-private partnerships to evaluate models using telehealth services	Foundations, NIH-SBIR
3	Payment for palliative care in non-acute settings	CMS and commercial payers
4	Expand concurrent care model	CMS (Medicare), other payers, non-profits and specialty organizations
5	Participants of today's meeting need to enact change in their local communities	All of us