

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

National Academy of Medicine

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Policies & Payment Systems

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

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Most promising opportunities/solutions identified by both groups

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

Top Priority Action Items		Actor(s)
1	<p>Outcome measures: Build from surveys of family members/proxy; review surveys that have been done; implement population-wide/more broadly; Investment in quality measures (they require agreement on defining denominator)</p> <p>With a goal of supporting a learning health care system for people with serious illness; validated measurement (link quality measures (first) to learning health care system and quality/accountability in payment system)</p>	<p>CMMI CMS Private companies (transparency of models) States Academic medical centers Associations</p>
2	<p>Test financial models that deliver high-quality care that pay for patient-centered outcomes and reward interdisciplinary care (properly designed incentives, measurements, adequate transparency, appropriate accountability)</p> <p>As we create payment systems, monitor for harms (e.g., undertreatment, observation stays, management of dyspnea), celebrate benefits</p>	<p>Private sector/Foundation Payers</p>
3	<p>Tie payment to people’s choices; Get care inconsistent with patient wishes listed as medical error (need for definition of medical error from federal level). Be careful to avoid unintended consequence.</p>	<p>CMS Payers Congress</p>
4	<p>Workforce: increase number of experts and build front line clinician competence (across disciplines); mid-career training</p>	<p>ACGME, LCME, ACEN/CCNE CMS</p>

	pathways	ABMS subboards State licensing boards (renewal) Health education schools (mid-career training) AAHPM/HPNA and specialty societies
5	Information exchange (EHR, registries for documenting advanced care plans); goals of care being shared across providers; testing for user centered design	Federal (Certify EHRs) State (registries)