**2.7.4-** **MWM#8 - Treatment Preferences (Outpatient)**

**Summary of Changes from DY14 Reporting Manual**

* Definitions as applicable, changed from “None” to “Specialty Palliative Care Services: Services provided (inpatient or outpatient) by a Palliative Care Team that includes care provided by a physician, nurse, social worker, and availability of a spiritual care professional, at least one of whom has evidence of training in palliative care.

**Modification from Native Specification**

Specification Source: PRIME Innovative Measure Steward (University of California, San Francisco; University of North Carolina); Based on [CMS Medicare HIS Manual April 2016](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/Downloads/HQRP-Specifications-for-HIS-based-Quality-Measures.pdf)

Metric Steward: University of California, San Francisco; University of North Carolina

* + - * Modified this metric for use in the hospice and/or palliative care setting.

**Value Sets for this metric:**

* + - * No external value sets required for this metric; all required codes are listed within the metric specification.

**Metric Description**

Percentage of patients with chart documentation of preferences for life sustaining treatments; adapted from NQF 1641. This quality metric reports the percentage of outpatient palliative care patients with chart documentation that the outpatient palliative care team discussed (or attempted to discuss) preferences for life-sustaining treatments during the measurement period. Patients are excluded from the metric if they are under 18 years of age as indicated by the birth date and first palliative care encounter date during the measurement period.

**Metric Numerator**

Patients from the denominator for whom a member of the outpatient palliative care team documented or reaffirmed patient preferences about CPR, life-sustaining treatments other than CPR, or hospitalization during the measurement period. The following documentation qualifies for numerator compliance:

* + - * discussion (or attempted discussion) of life-sustaining treatment preferences and / or identification of a health care decision maker,
			* has a completed Physician/Medical Orders for Life-Sustaining Treatment (POLST/MOLST) form,
			* **or** documentation that patient doesn't wish to discuss this topic.

The documentation listed above must be completed or reaffirmed by one of the outpatient palliative care team members during the measurement period.

*Numerator details*: Documentation of life-sustaining treatment preferences should reflect patient self- report. If the patient lacks capacity, discussion with surrogate decision-maker and/or review of written advance directive documents are acceptable. The numerator condition is based on the process of eliciting and recording preferences, whether the preference statement is for or against the use of life-sustaining treatments. This item is meant to capture evidence of discussion and communication. Therefore, brief statements about an order written about life-sustaining treatment, such as “Full Code” or “DNR/DNI” do not count in the numerator. Documentation using the POLST paradigm with evidence of patient or surrogate involvement, such as co-signature or description of discussion, is adequate evidence and can be counted in this numerator.

**Numerator Code/s (CPT, ICD10, other)**

Preference discussion can be tracked by internal code or documentation in the clinical record.

**Metric Denominator**

Individuals age 18 and older from the Project 2.7 Target Population receiving specialty palliative care in an ambulatory setting (2 or more specialty palliative care encounters) during the measurement period.

**Denominator Code/s (CPT, ICD10, other)**

* + - * Dates of specialty palliative care encounters

**Exclusion/s**

None. *Note: PRIME Eligible Population death exclusion does not apply to this metric.*

**Reporting Business Logic**

N/A

**Definitions as applicable**

Specialty Palliative Care Services: Services provided (inpatient or outpatient) by a Palliative Care Team that includes care provided by a physician, nurse, social worker, and availability of a spiritual care professional, at least one of whom has evidence of training in palliative care.[[1]](#footnote-1)

**Other Notes as applicable**

A higher rate indicates better quality.

**Rationale for Metric**

In its influential report Crossing the Quality Chasm, the Institute of Medicine (2001) called for ‘patient- centered care’ that explicitly considers the preferences and desires of the patients. In an effort to prevent provision of treatment that is not aligned with patient wishes, practitioners encourage older adults to express and document their treatment preferences when they are still able to communicate those preferences (American Medical Association, 1996). (NIH Public Access, Social Forum (Randolph NJ). 2009 December1:24 (4): 754-778.)

1. Per the measure steward, for The Joint Commission, this usually constitutes being certified by one’s discipline in palliative care—there is palliative care certification for medicine, nursing, social work, and chaplaincy. [↑](#footnote-ref-1)