NATIONAL COALITION FOR HOSPICE AND PALLIATIVE CARE

National Coalition for Hospice and Palliative Care: Opportunities to Improve Care for Beneficiaries with Serious Illness under CMMI Models

I. Guiding Principles

The Coalition's principles align with CMMI's 2024 Quality Pathway and 2024 Value-Based Specialty Care Update:

- Quality of care should not depend on the payment model
- Patient-reported experiences need to have sufficient weight ("teeth") to drive changes in care delivery
- Without diminishing attention on prevention and chronic illness stability, the care of those with serious and progressive illnesses – who are often the highest need and highest cost beneficiaries – must also be emphasized
- For that sub-set of beneficiaries, person-centered, value-based care must **explicitly** include palliative care consultation and co-management, whether population-based models or specialty episodes

II. Quality Measure Recommendations

We applaud CMMI's parsimonious Universal Foundation and appreciate how difficult it must be to accomplish complex goals in a small set of measures. In the interest of add-ons for "specific populations and settings" we recommend CMMI consider these three measures for all models, which we believe can drive behavior change in the US health care system, and can incentivize appropriate collaborations with specialty palliative care:

Concept	Measure	Type
Patient-reported Experience of Serious Illness Care	Feeling Heard and Understood https://p4qm.org/measures/3665	Patient-reported experience of care
Prevention and Treatment of Symptoms	Getting the Help Wanted for Pain https://p4qm.org/measures/3666	Patient-reported experience of care
Timely and Appropriate Use of Hospice Care	Proportion of Patients who Died who Were Admitted to Hospice for 3 Days or More EOM – 2	Utilization outcome

III. Waivers and Enhancements

Existing value-based payment models have not yet motivated most participating providers to ensure access to high-quality palliative care services. And while sufficiently weighted quality measures can drive change, we believe that targeted resources and incentives are also needed. Recommended waivers and enhancements include:

- Add a new benefit enhancement to pay for co-management palliative care services. We recommend that model participants be allowed to bill for comprehensive palliative care services under a new care management code, when their participating providers explicitly include specialty palliative care clinicians and hospices. We believe this is especially warranted in ACO Reach and GUIDE.

- Continue the waiver to allow concurrent hospice benefits with all other benefits. While it is available in many models, uptake remains limited and best practices have not yet emerged. Therefore, CMMI should provide technical assistance and peer learning on concurrent hospice care.

- Exclude home health and hospice providers from ACOs' CEHRT requirements until federal investment is made. Many home health and hospice providers – especially smaller agencies and those that focus on rural and under-served populations – do not have the capital to meet the current CEHRT requirements, and yet they are essential to ensure high-quality care across the diversity of seriously ill Medicare beneficiaries. Moreover, there are very few existing EHR products for this sector that are currently ONC-certified, and we estimate it will take several more years for these products to be available nationwide.

  Because the NCHPC strongly believes that interoperable data ecosystems are essential, especially for this population, we recommend that CMMI provide upfront funding and technical assistance to help home-based care providers develop CEHRT. This recommendation aligns with CMMI's stated goal in its recent strategy refresh to increase the number of safety-net providers participating in APMs and "*address barriers to participation for providers that serve a high proportion of underserved and rural beneficiaries*".