



February 24, 2016

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NCQA – Contractor for: Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services

Via Electronic Submission:
<https://jira.oncprojectracking.org/browse/PCQM>

Re: **Comments on “Access to Quality Advance Directive Care Plans” Electronic Clinical Quality Measure**

Dear Ms. Ward:

We appreciate the opportunity to submit comments on the new “Access to Quality Advance Care Plans” measure.

The Coalition for Compassionate Care of California (CCCC) is an interdisciplinary collaborative of thought-leaders from healthcare systems and organizations, government agencies, consumer organizations, and the general public. Through advocacy, education, and resource development, we’re working to ensure organizations and communities have the information, resources, and tools to expand palliative care across the continuum of care.

Our vision is to create a community where people explore their wishes for care towards the end of life, express these wishes, and have their wishes honored. Our goal is to transform healthcare so that medical care is aligned with individual patients preferences—that people get the care they need and no less, and the care they want and no more.

We commend CMS for the work that is being done to improve advance care planning, and the effort to ensure that quality conversations are documented in the electronic health record (EHR). With regard to the quality measure currently being developed under the Access to Quality Advance Care Plans, we offer the following brief comments:

- **Avoid use of “serious illness” as a denominator.** If the measure is intended to be focused on patients who have life-limiting or terminal illness, the term “serious illness” is not appropriate. Serious illness is often used to more broadly describe illnesses which are life-threatening, but may not be terminal. “Terminal illness” would more clearly represent the target population and provide better focus for data collection.

- **Quality measures should focus on the content of the advance care planning discussion.** Quality advance care planning can be difficult to quantify. However, most agree that it is much more than checking boxes and filling out forms. For this reason, we are concerned by quality measures which rely too heavily on the “check-box” nature of the advance care planning process. While some check-box measures have value, such as whether an advance directive is used to designate a medical power of attorney, in many cases, the fact that a box has been completed provides little in the way of evidence that quality advance care planning has occurred. Quality advance care planning must involve a thorough discussion between the individual and a well-trained person with a medical background to ensure that the patient fully understands their options, and that the information captured on the check-box form accurately represents the patient’s known wishes.
- **Support and measure advance care planning earlier in the disease process.** While we recognize the importance of advance care planning with hospitalized patients suffering from terminal illnesses, and the need for quality measures related to this population, we encourage CMS to also develop measures which encourage and support high quality advance care planning conversations earlier in the disease process and outside of the hospital. Advance care planning is most useful when it occurs before a serious event or illness, and with hospitals being held responsible for the episode of care both pre- and post-hospitalization, advance care planning earlier in the disease process becomes increasingly valuable.

Again, we thank you for the opportunity to share our thoughts on this matter. Please feel free to contact us if you need additional information.

Sincerely,



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CEO

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