C-TAC Comments 2023 Serious Illness Measures Under Consideration (MUC)

MUC ID	Measure Title	CTAC Comments
049*	Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure-to-Rescue)	While C-TAC appreciates the focus of this measure on promoting rescue where possible, we are aware of situations where its unintended consequence is to discourage patients or surrogate decision makers from changing their goals care within 30 days of surgery away from life-prolonging efforts. This resistance to allowing mortality in those cases impedes referrals to palliative care, hospice or a shift to comfort care. Perhaps the measure could be modified so as exclude cases where the goals of care are appropriately changed within 30 days and natural death allowed to occur.
119*	Excess Days in Acute Care (EDAC) after Hospitalization for Heart Failure (HF)	C-TAC supports this measure and notes that it should trigger or prompt a palliative care referral for such patients. There is increasing evidence that palliative care can benefit those with heart failure, particularly when they are having more frequent hospitalizations.
120*	Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia (PN)	C-TAC supports this measure and notes that it should trigger or prompt a palliative care referral for such patients. There is evidence that this population could benefit from palliative care and that was certainly the case during the COVID-19 pandemic.
137	Initial Opioid Prescribing for Long Duration (IOP-LD)	C-TAC appreciate the exemption of those receiving palliative care and notes that such an exemption should apply throughout a painful illness.
138	ESRD Dialysis Patient Life Goals Survey (PaLS)	This is a wonderful new measure and should be used elsewhere for ESRD patients This measure should also allow for not penalizing dialysis programs if ESRD patients stop hemodialysis when their goals of care change or due to its high burden and negative impact on quality of life. Please develop similar measures for other illnesses with high burden treatments such as transplant, ECMO, and even oncology care.
146, 147, 148* 149	Hospital Patient Experience of Care	C-TAC supports this survey but it lacks a communication component. Please consider adding the newly endorsed "Felt Heard and Understood" measure to address that important aspect of clinical care.
156	Screening for Social Drivers of Health (SDOH)	C-TAC supports this measure and suggests CMS consider adding an assessment of family caregiver burden as these can also prompt emergency department visits or hospitalizations.

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163	Timely Reassessment of Pain Impact	C-TAC supports this measure as the best pain management involves regular reassessment so treatment can be titrated as needed.
166	Timely Reassessment of Non-Pain Symptom Impact	We agree that timely non-pain symptom reassessment is important to optimize symptom management. We note that the MAP didn't endorse the measure as is and would encourage CMS and the developers address issues the MAP raised so this could be reconsidered for future use.
171	Screen Positive Rate for Social Drivers of Health (SDOH)	C-TAC supports this measure and suggests CMS consider adding an assessment of family caregiver burden as well as this can prompt emergency department visits or hospitalizations.
172	Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery	This is a helpful measure and C-TAC supports it and recommends CMS consider similar ones for other major medical treatments like hemodialysis, intubation, transplant, cancer treatment, ECMO, ICD insertion, etc.
183, 191*, 192*	CAHPS® Hospice Survey	C-TAC supports the update to this survey and hopes that further work can improve its response rate so as to capture all needed patient/family input.
196	Age Friendly Hospital Measure	C-TAC supports this helpful measure and suggests CMS consider using it for all settings where older patients receive care.
199	Connection to Community Service Provider	C-TAC support this a good next step in measurement after screening for SDOH/social risk factors. We encourage CMS to eventually measure whether identified social needs are actually met. Referrals are an important next step after screening but not enough if there aren't available services or long lead times to access them. Making providers aware of that via a measure could help improve access to services delivery.