

Hospice and Palliative Medicine Quality Agenda Themes and Corresponding Society Activities*

ABMS Standard 18, Development of a Quality Agenda: In collaboration with stakeholder organizations, Member Boards must facilitate the process for developing an agenda for improving the quality of care in their specialties. One area of emphasis must involve eliminating healthcare disparities.

- Member Boards are expected to support a quality agenda in alignment with their specialty-at-large.
- Member Boards must collaborate with key organizations, including specialty societies and other quality organizations, to identify areas in which patient care can be improved, review the areas and define strategies to improve care.

| Problems | Drivers | Relevant Society Strategies |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AIM 1: Promote equity in access to high-quality palliative care and increase diversity in the hospice and palliative medicine (HPM) workforce. | | |
| <ul style="list-style-type: none"> • Access to high-quality palliative care differs among various populations, particularly among marginalized groups. • HPM professionals are not proportionally representative of the communities they serve. | <ul style="list-style-type: none"> • Conduct research comparing access to facilities with higher Quality of Care Federal ratings (e.g., hospices, home health agencies, nursing facilities) among serious illness populations. • Support AAHPM workforce development initiatives to ensure equitable access to education and mentorship. | <ul style="list-style-type: none"> • AAHPM Next Gen Scholars Program (Applications open through June 30, 2026, for Scholars and Sponsors) • National Coalition for Hospice and Palliative Care Recommendations • Hospice Comprehensive Assessment Quality Measure (QM) Background and Methodology Fact Sheet (NQF #3235) <ul style="list-style-type: none"> ○ Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (CBE #3235), Hospice Visits in the Last Days of Life (HVLDL) (CBE #3645), and the Hospice Care Index (HCI), and CAHPS® Hospice Survey, included on the resources page (CBE #2651). |

| Problems | Drivers | Relevant Society Strategies |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AIM 2: Enhance primary palliative care education, including basic skills in symptom management, communication, and support, for all healthcare providers (not just HPM specialists) caring for patients with serious illness. | | |
| <ul style="list-style-type: none"> • Non-HPM clinicians lack opportunities for education in comprehensive biopsychosocial assessment. • Non-HPM clinicians have limited opportunities to gain experience in serious illness communication skills or components of a comprehensive palliative care assessment. | <ul style="list-style-type: none"> • Identify areas where hospice and palliative care can support other members of the healthcare team in building basic palliative care skills. <ul style="list-style-type: none"> ○ Incorporate as part of the toolkit or one-pager the “Feeling heard and understood” measure as a surrogate for patient-reported perception of having whole-person care, regardless of who is providing that care. ○ Similarly, also including the “Help wanted for pain” measure could help to address the relief and prioritization of symptoms. • Identify and disseminate better opportunities for Goals of Care Discussions. • Increase education and incorporation of biopsychosocial screenings by other members of the healthcare team. | <ul style="list-style-type: none"> • Quality Measurement: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood • Quality Measurement: Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain |

| Problems | Drivers | Relevant Society Strategies |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AIM 3: Define standards for high-quality specialty HPM care. | | |
| <ul style="list-style-type: none"> HPM is rapidly evolving, with multiple organizations determining guidelines and standards for care delivery. The interdisciplinary nature of palliative care presents challenges for funding and sustaining care teams. | <ul style="list-style-type: none"> Ensure that HPM is included in care coordination since the topics in HPM permeate all areas of medicine including multiple care sites, payment models and patient populations. Define the essential components of a high-quality HPM team. Disseminate tools that support biopsychosocial assessment and promote patients feeling “heard and understood.” | <ul style="list-style-type: none"> National Coalition for Hospice & Palliative Care Clinical Practice Guideline Update AAHPM Position Statement Updates Supporting Effective Palliative Care Teams toolkit Covering Costs and Generating Revenue toolkit <i>Collaboration with Center to Advance Palliative Care (CAPC), Hospice and Palliative Nurses Association (HPNA), Social Work, Hospice and Palliative Care Network (SWHPN), Pharmacy</i> |
| AIM 4: Ensure robust serious illness care research. | | |
| <ul style="list-style-type: none"> NIH funding is under threat with scrutiny over equity. There have been major changes to HPM research support in the past year (PCQC, NPCRC). | <ul style="list-style-type: none"> Advocate for serious illness care research as a Federal Administration priority. Advocate for funding for the National Institute on Aging and the National Institutes of Health. | <ul style="list-style-type: none"> Collaboration with and support of ASCENT Consortium Sign up for mailing list, apply for pilot funding AAHPM Serious Illness Research Consultant Center (SIRCC) |

- Parking Lot: Advocate for clear and transparent quality standards for hospice care.**

*Please submit any comments or questions you may have to StrategicAlliances@abim.org. Thank you!