

## **Policy Issue: Establish a Statewide Palliative Care Dashboard**

As SPC service availability expands across Texas, state policy must drive the industry to meet the highest standards for quality and efficiency. Public reporting, in conjunction with an effective business intelligence and informatics strategy, is essential for achieving accountability in healthcare and empowering patients, families, communities, providers, and policy makers to make informed choices. Currently, Texas does not support a stakeholder facing dashboard that shows metrics specifically for palliative care.

## **Recommendation**

Texas should expand analysis and public reporting on palliative care metrics within a state level dashboard. The dashboard could be published and updated regularly on the state's Palliative Care Information and Education Website.

## **Discussion**

High quality data informatics are essential to implement effective value-based and quality improvement initiatives and to support decision making for patients, providers, payers, and policy makers. However, currently, very little actionable information is available related to palliative care, particularly SPC, even though the field has emerged as a significant area of opportunity for producing value (better outcomes and patient experience at lower cost) in healthcare. As routine data collection, measurement, and reporting are hallmarks of a learning healthcare system, the state and the Palliative Care Information and Education Program must focus more resources to support business intelligence initiatives, including dashboards, that deliver relevant information quickly and efficiently to SPC stakeholders.

Initially, an SPC dashboard could be built from data already collected in Texas. These sources include Medicaid and Medicare claims, workforce and licensing information, and surveys of hospitals, providers, and individuals. Some statistics calculated from this existing data are included in this report. However, a deeper dive into this data offers rich possibilities to identify variations in access, services, and outcomes related to palliative care; monitor fidelity to key processes and standards; and estimate return on investment for SPC interventions. Over time, the dashboard should evolve to

include metrics that become available through electronic records systems, expanded population surveillance,<sup>1</sup> or other means.

The dashboard should highlight the most meaningful measures for assessing access to high quality, patient and family centered SPC services at the earliest appropriate time in the course of a serious illness. While the Council does not suggest beginning with public reporting at a provider level, the dashboard should include breakouts for geographic areas that represent markets for services. As Texas is a large, diverse state, reporting by geography and other important demographics could assist policy makers to identify and address disparities across Texas communities.

The development of this new capability should be led by interdisciplinary SPC practitioners but will require input and collaboration by experts across many other fields, including health services research, performance measurement, implementation science, and information technology. The voice of patients and families must always be heard as well. To achieve maximum effectiveness, resources should be dedicated to commission academic or other professionals to compile data, perform the needed analytics, and create meaningful displays and visualizations. The state's Palliative Care Information and Education Website provides an established option as a location to publicly report and routinely update a state palliative care dashboard.

---

<sup>1</sup> For example, the state's first population level data on advance care planning is currently being collected through the Behavioral Risk Factor Surveillance System (BRFSS) and will be available to include on a dashboard in 2019. The BRFSS, established in 1984, is the nation's premier survey for collecting data from U.S. residents in every state regarding their health related risk behaviors, chronic health conditions, and use of preventive services. The system is administered, predominantly, at a state level and operates through a state-federal cooperative agreement.