

Patient Choice and Quality Care Act of 2017

Section by Section

When faced with serious illness, you want the freedom to control how you will live. The Patient Choice and Quality Care Act of 2017 will ***help you get the care you want: no more, no less***. It offers a person-centered approach to planning for care and treating patients with advanced illness. It will help your doctor and your hospital understand the choices that you and your loved ones have made.

Section 1 – Title & Table of Contents

Section 2 – Findings

Section 3 – Advanced Illness Care and Management Model.

Creates a new Medicare model for Advanced Illness Care and Management: This section directs CMS to create and test a new model—offered both independently and in conjunction with other models—that would enable eligible individuals to voluntarily engage in a team-based planning process designed to align the care a patient receives with his or her goals of care, values, and preferences. Members of an interdisciplinary team would work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of the patient and caregivers by providing important information and services, including:

- Assisting the patient in defining and articulating goals of care, values, and preferences;
- Providing information about disease trajectory;
- Discussing and evaluating how a range of treatment options align with patient goals;
- Preparing and sharing recognized documentation stating the patient’s goals of care, preferences, and values, preferred decision-making strategies, and plan of care;
- Referrals to medical or social service providers for care consistent with the plan;
- Providing training to the patient and caregivers to enable them to implement the plan;
- Providing site visits and additional services consistent with the care plan, to assist the patient and caregivers in management of the condition; and
- Facilitating care coordination and communication across health care and social service settings and providers, including 24-hour emergency support, while continuing to evaluate involvement of the team over time.

Section 4 – Quality Measurement Development and Implementation

Facilitates increased coordination and alignment between the public and private sector quality measures:

- Directs an environmental scan of existing quality measures, measure concepts, and preferred practices for advanced illness, palliative, and end-of-life care used in both private and public sectors and across multiple settings of care.
- Requires NIH to conduct a study regarding the development of measures related to key gaps, such as ensuring that care aligns with patient wishes, better understanding the population that would benefit from palliative care and advance care planning, and appropriate transitions to hospice.
- Directs the Secretary to develop and incorporate quality measures related to end-of-life care under the Medicare Access and CHIP Reauthorization Act (MACRA) and Improving Medicare Post-Acute Care Transformation Act (IMPACT) reforms, and into Medicare Advantage programs and Alternative Payment Models.

Section 5 – Enhancing coverage of advance care planning services.

Improves Medicare’s existing coverage for advance care planning services, by:

- Allowing appropriately trained or experienced clinical social workers to provide advance care planning services;
- Ensuring that costs are not a barrier to patients using these services.

Section 6 – Advance care planning support tools.

Will ensure that patients and providers have the support tools they need by:

- Directing the Secretary to include information in the Medicare & You Handbook about advance directives, planning services, planning tools, and portable treatment orders.
- Requiring the Secretary to develop standards for including completed advance care planning documents within a patient’s electronic health record.

Section 7 – Improvement of Policies Related to the Use and Portability of Advance Directives and Portable Orders

Requires Medicare providers of services and entities to follow individuals' preferences:

- Ensures that advance directives should follow the patient; regardless of the state or site of care
 - Physicians and other health care providers and organizations must honor patient preferences in making treatment decisions.
- Directs the Comptroller General to study the use, portability, and electronic storage of advance directives.

Section 8 – Additional Requirements for Facilities

Requires Medicare providers and entities to document plans made during the stay:

- Healthcare facilities must assure that care plans made while an individual receives care are appropriately documented prior to discharge and sent to appropriate providers and facilities upon discharge.

Section 9 – Grants for Increasing Public Awareness of Advance Care Planning and Advanced Illness Care

Appropriates \$50 million and authorizes the Secretary to award grants, to:

- Develop materials and resources addressing advance care planning for healthy individuals, the elements of care planning for individuals with advanced illness, the role and effective use of advance directives and portable treatment orders, the range of services designed for individuals facing advanced illness, and for training and professional development for clinicians who care for people with advanced serious illness;
- Establish and maintain web- and phone-based resources to disseminate resources and materials;
- Conduct a national public educational campaign;
- Establish, develop, and expand programs for life sustaining treatment (POLST) and similar programs, which help seriously ill patients identify their treatment preferences using a clear, standardized template.

Section 10 – Advance Care Planning Advisory Council

Establishes an Advisory Council to advise the Secretary on issues of advanced and terminal illness.

Section 11 – Annual report on Medicare decedents

Requires the Secretary to issue an annual report, to:

- Analyze the care or payer settings at the time of death;
- Analyze the demographics and geographic information of Medicare decedents;
- Evaluate Medicare claims data for services furnished in the last year of life.

Section 12 – Rule of Construction

Establishes that this Act shall not be construed to limit restrictions of the Assisted Suicide Funding Restriction Act of 1997.