

Core Principles for Models with Serious Illness Populations

All persons living with serious illness should have access to equitable care reflecting these core principles, regardless of who pays for that care. Currently, they often receive services contrary to their individual care preferences while needed community services remain underfunded and utilization of palliative care and hospice is low. As a result, too many of these persons and their families, and especially people of color and historically marginalized groups, have high unmet needs and poor quality of life.

Aims

1. Care is person- and family-centered, improving quality of life.
2. Care is inclusive – reducing inequities and disparities, and removing barriers to access and to quality care.

Care

3. Each person’s physical, social, psychological, and spiritual needs are assessed on an ongoing and standardized basis.
4. A care plan is developed, using shared decision making, based on those needs and the person’s individual goals and preferences.
5. Care is provided by a qualified core interdisciplinary team, with additional team members as needed.
6. Care is accessible 24/7 (using technology as appropriate) and available throughout the continuum of a serious illness (including in the home when appropriate).
7. Care is comprehensive, coordinated, with seamless transitions, and with integration of clinical and community-based services and supports for the person and family caregiver(s).

Payment

8. Payment is value-based, available to qualified organizations of any size, and includes risk adjustment, upfront investment, accountability, standardized metrics, and quality improvement, and covers both clinical and social services.

Note: These Core Principles align with the evidence-based 4th edition of the [National Consensus Project Clinical Practice Guidelines](#)