

QUALITY REPORTING


Where We Are Now and Where We Are Headed



HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE

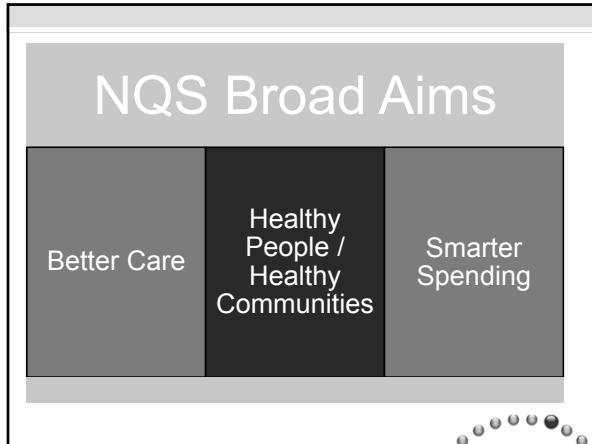
Topics for Today

- Recent changes in the HQRP
- How to ensure compliance with submission of HIS & CAHPS
- Proposed new measures
- Interrelatedness between HIS quality measures and Hospice CAHPS outcomes
- Comparison of preliminary data for Hospice CAHPS with HHCAPS
- A look at the big road ahead

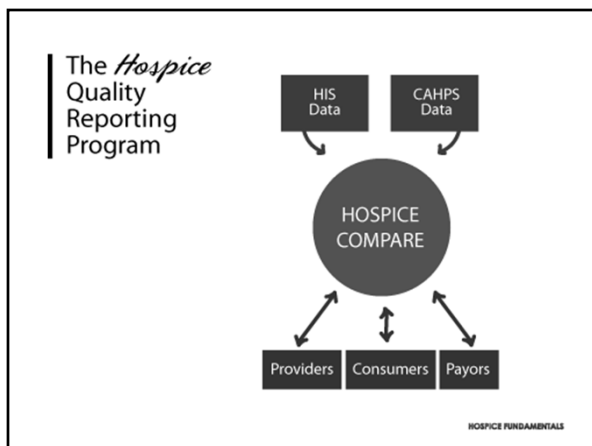


Value-Based Payments


GOAL 1	}	• Tie 30% of Medicare payments to quality or value through alternative payment models by end of 2016
		• Tie 50% to same by end of 2018
GOAL 2	}	• Tie 85% of all Medicare FFS payments to quality or value by end of 2016
		• Tie 90% to same by the end of 2018



- ### National Quality Strategy Priorities
1. Patient safety
 2. Person & family centered care
 3. Effective communication & care coordination
 4. Prevention & treatment of leading causes of mortality
 5. Health & well-being of communities
 6. Making quality care more affordable




HQRP Requirements and Updates



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Two Updates

- New hospices responsible for HQRP quality data reporting beginning on date receive Certification Number (CCN)
- Decisions about public reporting to be based on findings of analysis of CY2015 data



Compliance Threshold Requirements

Reporting Year (& Affected APU)	Dates	Requirement
FY2018	1/1/16 – 12/31/16	70% of all required HIS records submitted within 30 days
FY2019	1/1/17 – 12/31/17	80% of all required HIS records submitted within 30 days
FY2020 & Beyond	1/1/18 – 12/31/18	90% of all required HIS records submitted within 30 days


Meeting Compliance Thresholds

HIS File Submitted to QIES

- Two confirmation messages
 - Upload completed
 - Submission received

Hospice Final Validation Report

- Usually within 24 hours of submission
- Evidence of successful submission & processing of HIS records
- Print for Hospice's records to demonstrate compliance
 - Hospice reports not saved after 60 days on CASPER



Quality Measures Under Consideration

Under Consideration

- Patient reported pain outcome measure that incorporates patient and / or proxy report regarding pain management


Actions to Take Now

- Review HIS data related to pain screening & assessments
- Know how well you are managing pain
- Consider adding the following measure

of pts whose pain was not brought to a comfortable level

+

of pts were in pain on admission




Quality Measures Under Consideration

Under Consideration

- Claims-based measure focusing on care practice patterns
 - Skilled visits in the last days of life
 - Burdensome transitions of care for patients in & out of hospice benefit
 - Rates of live discharges from hospices

Actions to Take Now

- Individualized POC with increased frequencies at end of life
- Treat all live discharges (hospitalizations and revocations) as service delivery failures and look for ways to prevent
- Review HIS measure related to treatment preferences
 - On the POC
 - Honored




Quality Measures Under Consideration

Under Consideration

- Responsiveness of hospice to patient and family care needs
- Hospice team communication and care coordination

Actions to Take Now


- Use your CAHPS scores to improve care coordination and responsiveness to patient / family



What Consumers Want and Need to Know in Choosing Hospice Care

- Round-the-clock availability of comforting, compassionate, and competent hospice staff
- Types of spiritual and emotional support service for patients/ caregivers
- Education for caregivers about what to expect at various stages of illness and dying
- Availability and quality of support services beyond medical care
- Effectiveness of pain management medication for the patient

From Smith B. , McDuff J, Naierman, N Kreling B, et al
What Consumers Want to Know About Quality When Choosing a Hospice Provider
American Journal of Hospice & Palliative Medicine 2015, Vol 32(4) 393 - 400




Most Important NQF Quality Indicators

Consumers indicated the follow were the most important

- Satisfaction with the amount of pain medicine received by the patient
- Emotional support for the patient and caregiver
- Satisfaction with the amount of information received about medicines to manage patient
- Satisfaction with the help provided to patient in dealing with breathing
- Satisfaction with access to hospice care & after hours support

From Smith B , McDuff J, Naierman, N Kreling B, et al
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Least Important NQF Quality Indicators

Consumers indicated the following were least important

- Discussion of religious or spiritual beliefs and needs for the caregiver
- Discussion of religious or spiritual beliefs and needs for the patient
- Frequency of receipt of confusing or contradictory information about the patient's medical treatment


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Sources Consumers Trust for Receiving Hospice Quality Information

1. Doctor or doctor's office
2. Internet
3. Assisted living facilities or nursing homes
4. Hospitals
5. Individuals with previous experience receiving hospice services

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Correlates with Greater Satisfaction

Variables associated with greater overall satisfaction for routine home care


- Being kept informed about patient's condition
- Being provided clear / consistent information
- Perception patients were provided with adequate treatment for anxiety
- Right amount of information about the medicines used to manage pain
- Right amount of emotional support provided to caregiver prior to patient's death

Ong et al
Correlates of Family Satisfaction with Hospice Care
Journal of Palliative Medicine, Vo18 , Number X, 2015




Where to Focus Resources

HIS & CAHPS RESULTS




Overall Satisfaction

CAHPS Questions	SHP National	SHP State X
Overall Rating of Hospice (% 9 or 10)	84%	89%
Recommend Hospice to friends and family (% yes, definitely)	85%	87%



Communication

CAHPS Questions	SHP National	SHP State X
Hospice Team Communication	80%	86%
Family kept informed about when hospice team would arrive	71%	86%
Things explained in way easy to understand	85%	91%
Family kept informed about patient's condition	78%	86%
Hospice listen carefully about any problems with care	84%	90%
Hospice team listened carefully	86%	90%



Communication

CAHPS Questions	SHP National	SHP State X
Getting Timely Care	77%	82%
Help provided during evenings, weekends, or holidays	76%	78%
Requested help was provided when needed	78%	84%
Individual Questions		
How often did the NH staff and hospice work well together	67%	72%
How often was the information by NH staff different from what given by hospice team (% never)	65%	67%
How often confusing / contradictory information given (% never)	88%	92%

- ### Actions to consider
- Review after hours logs
 - Establish a standard of care for communicating with families for patients in facilities
 - Establish a standard of care for identifying the patient / caregivers most important need at each visit
 - Review complaint log / service delivery failures for trends and resolutions

Emotional Support

CAHPS Questions	SHP National	SHP State X
Providing Emotional Support	91%	91%
During hospice care, support for your emotional state provided	95%	95%
After hospice care, support for your emotional state provided	88%	86%
Treating Family Member with Respect	91%	94%
How often patient treated with dignity and respect	95%	97%
You felt the hospice team really cared about the patient	87%	92%
Individual Questions		
Help provided for feelings of anxiety or sadness	65%	71%

Actions to Consider

- Review frequencies of SW and SC visits and other contacts
- Customer service training for all staff
- Review Bereavement Program for opportunities to better reach out to family/caregivers
- Determine if the identified CAHPS recipient is receiving bereavement services

Dyspnea Management

HIS Measures	SHP National	SHP State X
% screened for dyspnea during initial nursing assessment	98.57%	99.49%
% who screened positive who received treatment within 1 day	96.01%	97.98%

CAHPS Questions	SHP National	SHP State X
Help provided for trouble breathing	83%	91%
Training provide about how to help with trouble breathing	76%	84%


Actions to Consider

- Standard of care for follow up contact / visit same day or next day after dyspnea treated initiated
- Quality measure to evaluate effectiveness of treatment
- Evaluate educational materials and techniques related to educating caregivers on managing dyspnea

Pain Management

HIS Measures	SHP National	SHP State X
% screened for pain during initial nursing assessment	97.53%	94.62%
% screened positive who received comprehensive pain assessment within 1 day of screening	82.37%	90.93%

CAHPS Questions	SHP National	SHP State X
Appropriate amount of help with pain was provided	85%	88%
Training provided about pain medicine side effects	66%	73%
Training provided about if and when to give pain medicine	82%	89%
Pain medicine side effects were discussed	75%	83%




Actions to Consider

Improve comprehensive pain assessment

- Ensure documentation contains all 7 elements
- Re-educate nurses on how to complete comprehensive pain assessment
- Proper use of all pain scales


Pain management education

- Evaluate education program provided to caregiver
- Develop simple, easy to understand pain management handouts
- Use of Teach Back
- Pain diary



Additional HIS / CAHPS Results


When You Have All the Others Down Pat



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Other Measures

HIS Measures	SHP National	SHP State X
% with documentation of discussion of spiritual / existential concerns	96.96%	97.63%
% with documentation of preferences for life sustaining treatments	99.16%	99.96%
% treated with an opioid with bowel regimen offered/ prescribed	95.44%	96.91%




Other Measures

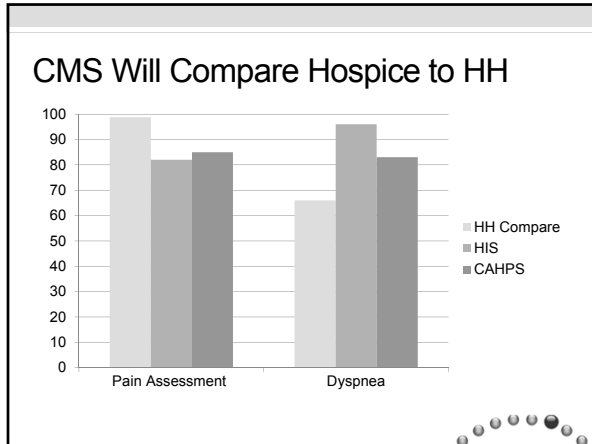
CAHPS Questions	SHP National	SHP State X
Support for your religious and spiritual beliefs provided	94%	95%
How often get help needed for trouble with constipation	73%	81%
Did you get training needed about what to do for restlessness or agitation	61%	67%
Getting Help for Symptoms	77%	83%
Getting Hospice Care Training	72%	81%

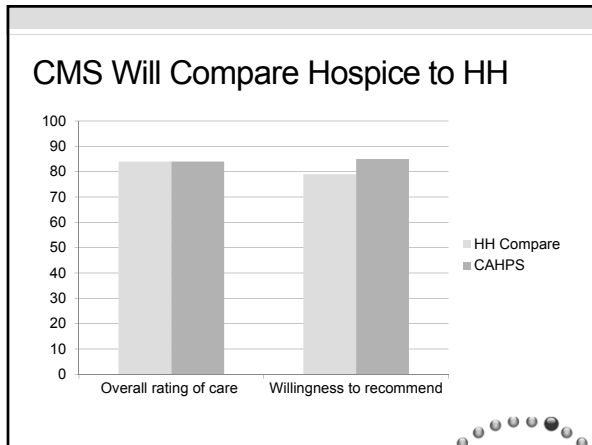


Hospice Compare
vs
Home Health Compare



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- ### Focus On ...
- Ensuring a patient / caregiver centered culture exists in your hospice
 - Taking exceptional & individualized care for all patients on your service
 - Knowing your HIS and CAHPS scores
 - Using HIS and CAHPS to improve care

Hospice Compare Is Coming

- Expect more quality measures in future rule making
- Know your data and how you might compare with similar measures from Home Health Compare and Nursing Home Compare for in your service area
- Embrace the measures and evaluate what current measures you can give up so you don't keep adding
- Share your data with referral sources, patients, the public to let them know how good you are

Where Are We Headed?

Look for increases in these areas

- CMS initiatives to improve quality of care and reduce cost
- Alignments between health care providers
- Use of data from the quality reporting programs to determine which providers are
 - Allowed to participate in specific programs
 - Determined to be desirable partners for alignments
 - Attractive to consumers

Are you ready?

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