

*Hospice Quality  
Reporting Program  
An Update*

Subscriber Webinar  
September 2016

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*Topics for Today*

- Recent changes in the HQRP
- Ensuring compliance of submission of HIS & CAHPS
- Discussion of new measures
- A look at the big road ahead

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*Triple Aim*

1. Pursuit of improving the experience of care
2. Improving the health of populations
3. Reducing per capita cost of healthcare

*Institute of Healthcare Improvement*

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*CMS Quality Strategy 2016*

- To optimize health outcomes by improving clinical quality and transforming the health system
  - Pay for how well providers care for patients instead of how much care is provided
  - Bundled payments
- Aligns with the 3 broad aims of the National Quality Strategy (NQS) and its 6 priorities
- Has four foundational principles
  - Eliminate racial and ethnic disparities
  - Strengthen infrastructure & data systems
  - Enable local innovations
  - Foster learning organizations

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*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

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*Seeing Hospice  
Through the Eyes of  
the Consumer*

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*Consumer's Hospice Journey*

- The experience doesn't exist until it is provided at the call of the family / caregiver
- Consumers of hospice frequently won't know what they are getting until they do or don't get it
  - Meeting expectations
- Service quality is evaluated against the satisfaction of the customer
  - How well did you meet his / her expectations at each touchpoint?
- The experience takes up no space, can't be inventoried, and has no shelf life

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*Touchpoints in the Journey*

Consumers experience hospice at very specific touchpoints

- Referral / 1<sup>st</sup> contact
- Admission process
- Introduction of team
- On-going care
- Death
- Bereavement care

Each creates a different experience

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*What Consumers Want & Need to Know in Choosing Hospice Care*

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

From Smith B., McDuff J., Nalerman, N Krelling 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

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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

Qing et al  
Correlates of Family Satisfaction with Hospice Care  
Journal of Palliative Medicine, Vol.8, Number 4, 2015

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*Perceptions of Hospice Care in NH*

Themes described by family members (both challenges and advantages)

- Communication
- Care coordination
- Support and oversight
- Role confusion

Gage, et al  
Family Members' Experience with Hospice in Nursing Homes  
American Journal of Hospice & Palliative Medicine 2016, Vol. 33(4) 354-362

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*HQRP Updates*

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*Hospice Data Directory Dataset*

What is it?

- Sortable demographic data for 4,326 Medicare certified hospice agencies that includes
  - Provider Name
  - Complete address & telephone number
  - Ownership type
  - Profit status
  - Category-specific facility type
  - CMS Certification Number (CCN)
  - Date of original CMS certification

<https://data.medicare.gov/Hospice-Data-Directory/Hospice-Agencies/s8t3-rfbq>

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*Updates*

- New hospices responsible for HQRP quality data (HIS) reporting beginning on date receive Certification Number (CCN)
- Hospices that receive their CCN after 1/1/17 are exempt from FY2019 APU Hospice CAHPS requirements due to newness (one year only)
- Discussed the development of a data collection instrument to serve as a comprehensive patient assessment instrument, rather than the current chart abstraction

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*Change to Regulations*

§418.312 Data submission requirements under the hospice quality reporting program

- (i) Retention of HQRP Measures Adopted for Previous Payment Determinations. If HQRP measures are re-endorsed by the NQF without substantive changes in specifications, CMS will implement the measure without notice and comment rulemaking.

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*Findings of HIS Data Analysis*

- Data obtained from analysis of discharge records from 10/1/14 – 9/30/15
- Analysis address following key areas:
  - Reportability – to determine if QM denominator size large enough to generate statistically reliable scores
  - Distribution and variability – to determine sufficient variability across providers to distinguish between high & low quality hospices
  - Reliability – to assess extent QM produces consistent results about quality of care
  - Validity – if QM captures actual quality of care intended to measure
  - Disparities – how measures are affected by the sociodemographic characteristics of hospice patients

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*Findings Based on Data Review*

Performance scores high on almost 6 of 7 measures with score of 90% or higher

Performance lower on Pain Assessment quality measure (65.7%)

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*Calculation of Quality Measures*

Measures will be calculated quarterly using a rolling 12 months of data

All hospice stays, except those that meet the exclusion criteria, discharged during the 12 months are included in denominator and are eligible for inclusion in the numerator

Each stay of patients with multiple stays during the 12 month window is eligible

Length of stay criterion was removed from denominator exclusions

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*Specifics in the Calculations*

Dyspnea screening – screened within 2 days of admission date  
 Dyspnea treatment – received treatment within 1 day of screening  
 Pain screening – within 48 hours of admission date  
 Pain assessment – within 1 day of the pain screening

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*Specifics in the Calculations*

Bowel Regimen – initiate or continued within 1 day of scheduled opioid initiated or continued  
 Treatment / Preferences – no more than 7 days prior or within 5 days of admission date  
 Beliefs / Values addressed – no more than 7 days prior or within 5 days of admission date

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*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

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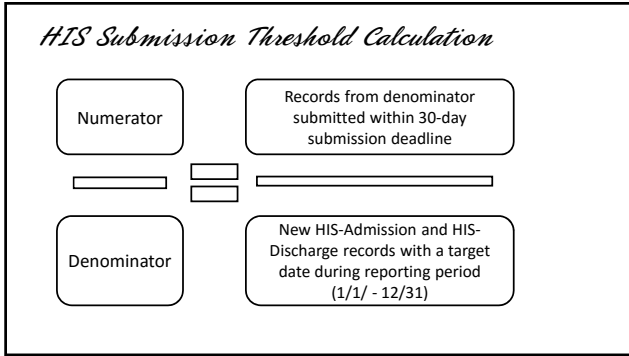
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*Meeting Compliance Thresholds*

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

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*Know If You Are Compliant*

Hospice Timeliness Compliance Threshold Report

- Display provider identification information
- Number of HIS records submitted
- Number of HIS records submitted on time
- Percentage of HIS records submitted on time

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*New Measures*  
What They Are & How They Came About

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*QM #1 Hospice Visits When Death Is Imminent*

<p><b>Individual Measure A</b></p> <p>Percentage of patients receiving at least 1 visit from RN, physician, NP, or PA in the last 3 days of life to address care and clinical management</p>	<p><b>Individual Measure B</b></p> <p>Percentage of patients receiving at least 2 visits from medical social workers, chaplains or spiritual counselors, LPNs, or hospice aides in the last 7 days of life</p>
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A Measure Pair

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**NEW QUALITY MEASURE #1**

**Hospice Visits When Death Is Imminent Measure Pair**

Data Sources: Four new items added to the HIS discharge record  
When: April 1, 2017

DAY 7	DAY 6	DAY 5	DAY 4	DAY 3	DAY 2	DAY 1 (death)
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MEASURE A: % of patients receiving at least 1 visit to address case management and clinical care from an RN, physician, NP or PA in the last 3 days of life.

MEASURE B: % of patients receiving at least 2 visits from medical social workers, chaplains or spiritual counselors, LPNs or hospice aides in the last 7 days of life.

**Measure Specific Exclusion Criteria**

1. Patient received continuous home care, general inpatient care, or respite care during the final 7 days of life (A & B)  
2. Patient admitted and died on the same day (B only)

HOSPICE FUNDAMENTALS

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*The Process*

Pilot test conducted with hospices from June

– August 2015

- Tested at item level to determine feasibility and burden of patient-level data item reporting by hospices

Technical Expert Panel (TEP)

- Presented results of pilot test and other measure development activities
- Solicited input on measure development and HIS item revision

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*Purpose & Rationale*

Last week of life typically has highest symptom burden

Measure captures if patient/family needs addressed by hospice staff during last days of life when typically experience higher symptom & caregiving burdens with increased need for care

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*Technical Expert Panel Discussion*

1. Types of visits to include & report
2. Single measure vs. two paired measures
3. Logical specifications
4. Time frame
5. Exclusions & risk adjustments

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*Actions to Take Now*

- Know your what the frequencies of all disciplines are now for patients in last week of life
- Determine % of patients without a SW or spiritual counselor and why
- Change plan of care and frequencies as care needs change
- Ask at each IDT as part of care planning
  - Any patient actively dying?
  - How does this patient want to die?
  - How will he / she die?
  - How prepared is the family?
  - Do they need additional support?

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*QM #2 Comprehensive Assessment at Admission*

Percentage of patients that had all 7 individual HIS care processes completed upon admission

**Composite Measure:** combination of 2 or more components, each of which individually reflects quality of care, into a single measure with a single score

Intent is to provide a more comprehensive picture of quality care

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NEW QUALITY MEASURE #2

**Hospice and Palliative Care Composite Process Measure:**  
*Comprehensive Assessment at Admission*

PROPOSED  
Composite Measure

*How: The measure will be calculated using existing HIS measures*

*When: April 1, 2017*

**Existing HIS Measures**

1. Patients Treated with an Opioid who are Given a Bowel Regimen
2. Pain Screening
3. Pain Assessment
4. Dyspnea Screening
5. Dyspnea Treatment
6. Treatment PReferences
7. Beliefs/Values Addressed (if desired by patient)




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*Purpose & Rationale*

Provide consumers & providers with a single measure related to overall quality & completeness of assessment of patient needs at hospice admission

Assess if high priority care processes (7 QMs) are completed as part of the comprehensive assessment at admission

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*Actions to Take Now*

Average – 68.9% of patient stays had documented all 7 care processes were done at admission

- Know your numbers – what HIS measure gets missed?
- Make sure everyone knows how to do a comprehensive pain assessment - what elements gets missed?

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*Changes to HIS Data Collection*

A0550 – Patient ZIP Code

Addition of J0905 – Pain Active Problem  
Is pain an active problem for the patient?

Section O – Service Utilization

05000 – Level of care in final 3 days

05010 – number of hospice visits in final 3 days

05020 – Level of care in final 7 days

05030 – Number of hospice visits in 3 to 6 days prior to death

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*Why the Revision of Section J - Pain*

Currently, does not align with clinical practice

- If no pain at screening, comprehensive pain assessment not done yet pain may still be an active problem

Comprehensive pain assessment should be completed for patients where pain is an active problem, even if controlled at time of screening

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*Quality Measures Under Consideration*

Claims-based measure focusing on care practice patterns

- Burdensome transitions of care for patients in & out of hospice benefit
- Rates of live discharges from hospices

Actions to Take Now

- 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

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*Quality Measures 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

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*Quality Measures 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
- Improve return rate
- Verify vendor is meeting its obligations

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*The Hospice Quality Reporting Program*



HOSPICE FUNDAMENTALS

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*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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