QUALITY MEASURES – WHAT'S ON THE HORIZON

The Hospice Quality Reporting Program (HQRP)

Hospice Fundamentals Subscriber Webinar
November 2013

Plan for the Day

- Discuss the implementation of the Hospice Item Set (HIS)
- Discuss the implementation of the Hospice Experience of Care Survey
- Develop a plan to be ready for both

Healthcare Trends

- Rising costs
- Focus on evidence-based medicine
- Emphasis on care coordination across the continuum
- Move towards consumer-driven healthcare
- Effort to measure and pay for value vs. performance

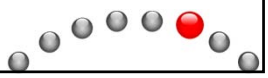
Direction of CMS Policy

"We pay the same whether the care is good or whether it is not good…. The current sector is all about volume. The future is about value."

Michael Leavitt
Former Secretary HHS
(2005 – 2009)

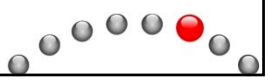
ACA Statutory Requirements

- Measures must have been endorsed by the consensus-based entity which holds a contract regarding performance measurement with the Secretary
  - Contract currently held by the National Quality Forum (NQF)
- Requires consensus based entity (NQF) to convene multi-stakeholder groups to review and provide input on measures under consideration



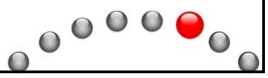
Other Considerations

- Should align with the National Quality Strategy (NQS) three-part aim
  1. Better care
  2. Healthy People / Healthy Communities
  3. Affordable care
- Should align with other Medicare & Medicaid quality reporting programs as well as other private-sector initiatives



The National Quality Forum

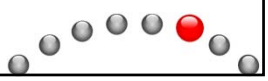
- Private, nonprofit membership organization
  - Not a government entity
  - Comprised of representation of stakeholders
- Created to develop & implement a national strategy for healthcare quality improvement
- Sets national priorities for health care quality initiatives for all provider types



Strategic Direction of NQF

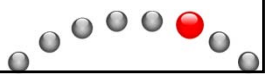
NQF's mission includes three parts

1. Setting national priorities and goals for performance improvement
2. Endorsing national consensus standards for measuring and publicly reporting on performance
3. Promoting the attainment of national goals through education and outreach programs



Strategic Direction of NQF

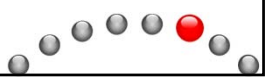
As greater numbers of quality measures are developed and brought to NQF for consideration of endorsement, NQF must assist stakeholders in measuring "what makes a difference" and addressing what is important to achieve the best outcomes for patients and populations



NQF End of Life Project

The current project sought to endorse performance measures focusing on:

- Assessment and management of relief of symptoms at EOL and for acutely ill patients (e.g., pain, dyspnea, weight loss, weakness, nausea, serious bowel problems, delirium, and depression)
- Patient and family-centered palliative and hospice care that address psychosocial needs and care transitions
- Patient, caregiver, and family experiences of care



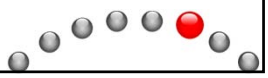
NQF Measures Selection Criteria

Importance: focus on areas where evidence is highest that measurement can have a positive impact on healthcare quality

Scientific Acceptability: produces consistent and credible results about quality of care

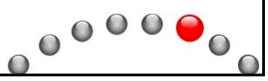
Usability & Relevance: stakeholders can use the measure to make decisions

Feasibility: data can be readily available for measurement & retrievable without undue burden



Concerns Raised by the Industry

- Implementing all performance measures at once and at the same time as implementing the HIS tool
- Software upgrades challenges (new programming and extensive testing with a short turn around)
- Information unclear for the NQF measures on data to collect
- Proposed HIS forms and items are not self-explanatory requiring the development of additional materials before implementing
- How long will it really take?
- What is the added expense to hospices?



Hospice Item Set - The HIS

- Implementation scheduled for July 2014
- Failure to submit quality data via the HIS in CY 2014 will have market basket update reduced by 2% for FY 2016
- For purposes of quality reporting, hospices will be evaluated on submission of data not performance level
- For FY 2016 payment and beyond, data, submission will have to be electronic with no other data submission method available

Purpose of HIS

Standardized the collection of data elements that are needed to calculate the following NQF endorsed measures

# 1617	Patients Treated with an Opioid who are Given a Bowel Regimen
# 1634	Pain Screening
# 1637	Pain Assessment
# 1638	Dyspnea Treatment
# 1639	Dyspnea Screening
# 1641	Treatment Preferences
# 1647	Beliefs / Values Addressed (if desired by the patient)

The Real Purpose

Fulfills following requirements of the ACA

- Allows standardized, patient-level data collection for quality reporting purposes of the HQRP
- Standardized data can be used to calculate quality measures consistent with scientific methods required to create publicly reported quality measures under the HQRP

Information users

- CMS – as required under Section 3004 of the Affordable Care Act
- Public – at a later date via the CMS website

Hospice Item Set Elements

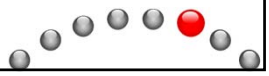
		Admit	D/C
Administrative Elements	Type of record		
	Facility provider numbers		
	Site of service at admission		
	Admission date		
	Date initial nursing assessment initiated		
	Reason for record		
	Patient demographics		
	Where patient was admitted from? (location of patient at time of admission)		
	Discharge date		
	Reason for discharge		

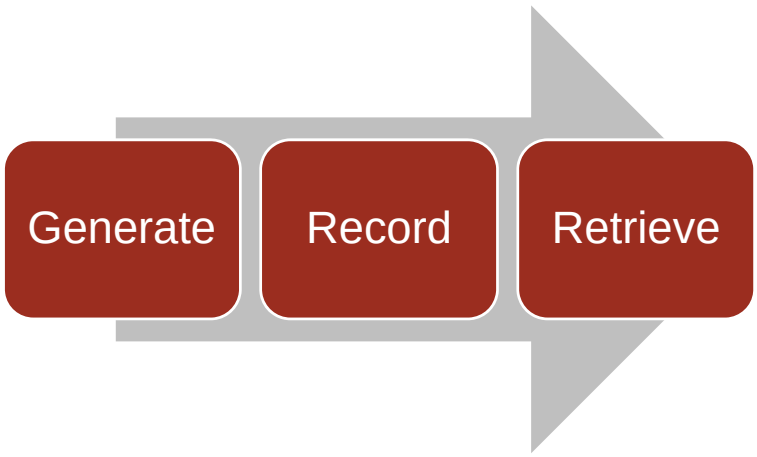
Clinical Elements	Preferences CPR preference Other life-sustaining treatment preference Hospitalization preference Spiritual/ existential concerns		Admission HIS Only
	Active diagnoses Cancer Dementia / Alzheimer's None of the above		
	Pain screening		
	Comprehensive pain assessment		
	Respiratory status		
	Medications (including bowel regimen)		
	Attestation(s)		

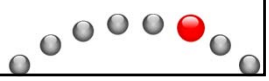
HIS Completion & Submission

Electronically completed and submitted on an ongoing basis

What	Completion Date	Submission Date
HIS Admission Record	Within 14 days from admission	Within 30 days from admission
HIS Discharge Record	Within 7 days from discharge	Within 30 days from discharge







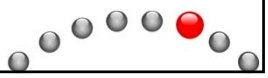
Generate

Electronic or Paper?

- If paper – are you going to implement an EMR

Electronic

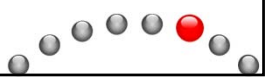
- Is your software vendor ready?
- If not, when will they be?
- If they are not ready by July 1, 2014 – what is the plan?



Generate – EMR

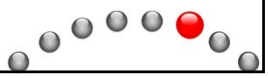
How hard is it now?

- Wrong questions in the EMR
- Missing information
- Inconsistent documentation
- Not documenting in a manner useful for data collection
- Not putting in the information in a place that is easily retrievable



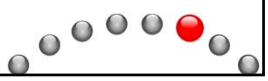
Generate – Paper

- Does your documentation system have the right questions?
- What modifications need to be made?
- What is the process for making changes?



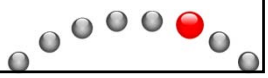
Generate – Map the Data Elements

- HIS is not a patient assessment instrument
- Is a standardized mechanism for abstracting data from the medical record
- Amount & type of quality data specified for participation in the HQRP is already currently collected by hospices as part of their patient care processes
  - Pilot test of the data collection showed that hospice of varying sizes were able to find the required data elements
- Mapping items in clinical record to the items in HIS will identify any gaps in the potential data collection



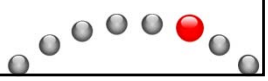
Mapping – Preferences

- How & when do you assess for preferences regarding the use of CPR?
- Do you assess for preferences regarding other life-sustaining treatments?
- How & when do you ask about preferences regarding hospitalization?
- How & when do you assess for spiritual / existential concerns?



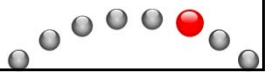
Mapping – Pain

- Are you using a standardized pain screening tool?
- How do you rate the patient's pain severity?
- Does your comprehensive pain assessment include
  - Location
  - Severity
  - Character
  - Duration
  - Frequency
  - What relieves/ worsens pain
  - Effect on function or quality of life



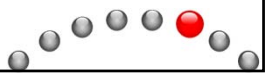
Mapping – Respiratory Status

- How & when are you screening for shortness of breath?
- How will you determine if a treatment for shortness of breath was initiated?
- Can you easily determine what treatment was initiated
  - Opioids
  - Other medications
  - Oxygen
  - Non-medication



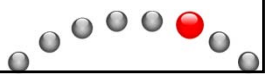
Mapping - Medications

- Is the opioid scheduled or PRN?
- How will you determine when the bowel regimen was initiated or the patient was already on one?
- Is there documentation of why a bowel regimen was not initiated or continued?



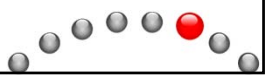
Retrieve: Questions to Answer

- Do you currently have a process in place to generate this information?
- Do staff understand what, why & how they need to complete the assessment?
- Who is responsible for what items?
- Do you currently have a process in place to retrieve all this information
- Do you currently have a process in place to document this information?
  - Not all EMRs have this right yet
  - If on paper, maybe easier to make the change
- How clean is your data?



Record

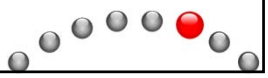
- If on paper, what is the plan to gather and submit electronic
- Will you use the software provided by CMS?
  - Beta version available May 2014
  - Final version June 2014
- If electronic, how will the information be collected and submitted



What Do I Do If…

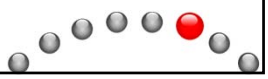
I do not have the right process or any process at all?

- Don't panic – yet
- Spend the next 2 months figuring it out so you have a solid process in place and everyone understands roles and responsibilities
- Begin collecting data January 1 to give you plenty of time to work out the kinks



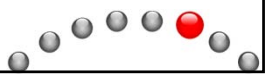
Goals of the Hospice Experience of Care Survey

1. Produce comparable data on the caregiver's perspective on care that allows objective and meaningful comparisons between hospices on domains important to consumers
2. Create incentives for hospices to improve quality of care through public reporting of survey results
3. Enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public investments



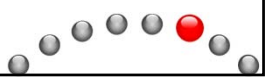
Hospice Experience of Care Survey (CAHPS)

- Will impact FY 2017 payment determinations
- To be administered by a 3rd party vendor
- Hospice required to do a dry run for at least 1 month in first quarter of CY 2015
- Starting April 1, 2015 required to participate in the survey on an ongoing basis



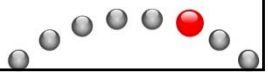
What We Know Today

- More questions in the test surveys than will have in the final surveys
  - Anticipate it to be significantly shorter than the FEHC (54 items)
- Anticipate administering the survey about 2 – 3 months following the patient's death
- Vendors will be required to offer the survey in English and Spanish
  - Additional languages must use the CMS official translations
- CMS will be proposing sample sizes for all hospices in FY 2015 proposed rules
  - Small hospices will need to conduct census sampling if they do not qualify for the size exemption
  - Hospices will not be responsible for certain response rates



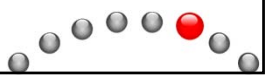
Hospice Experience of Care

- Three different surveys administered based on location of death
  - Home
  - Nursing home
  - Inpatient settings (acute care hospital / freestanding hospice inpatient units)
- Where did the questions come from?
  - Items addressing communication, shared decision making, and overall ratings – adapted from other CAHPS item sets
  - Items address symptom management and emotional and spiritual support – adapted from FEHC survey
- Field testing Fall 2013
  - Final requirements to be published in FY 2015 rule making



Perceptions of Care

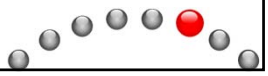
- The patient experience doesn't exist until it is provided at the call of the family / caregiver
- The experience takes up no space, can't be inventoried, and has no shelf life
- Service quality is evaluated against the satisfaction of the customer
- Patients / families don't usually know what they are getting until they don't get it



The Culture of the Hospice

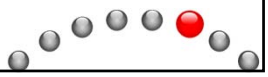
Focus on patient centered care becomes the cultural foundation

- Set expectations at the start
  - Establish patient centered care as a priority in the job description
  - Patient centered care is a priority within the hospice's cultural values
  - Hire staff that want to meet patient needs
- Build a healthy work environment
  - Stressed staff introduce stress into the patient's environment as well
- Establish transparency
  - Make patient satisfaction matter to the individual team members
  - Set standards and benchmarks, then publish how the hospice is doing
  - Reward small successes



What to Do Today

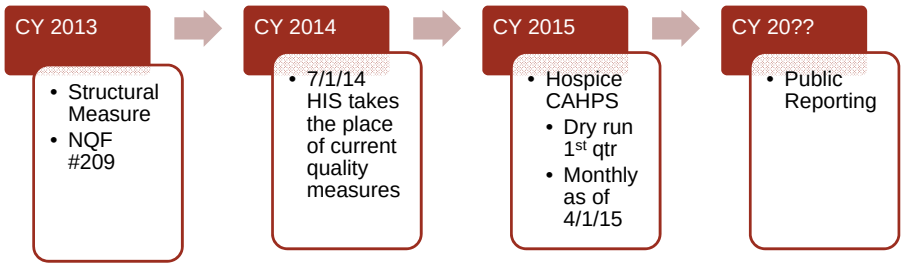
- Start discussions with potential vendors and choose one now
  - Allows time to get comfortable with the process
- If currently using a satisfaction survey keep using for now
- Focus on improving return rates of current survey



Improving Return Rates

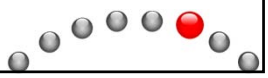
- Know your return rate today
- Staff understanding of importance
- Talk to patients and families about the survey to come during the course of care
- Remind families during bereavement calls
- Make sure the demographics are accurate
- Identify the correct caregiver and send to only one
- For facility patients – communicate on a routine basis with the family
- Analyze the demographics of those who don't return to better focus future efforts

Path to Public Reporting



What Will the Process Look Like?

- CMS committed to providing public reporting
- HIS (standardized instrument) first step
- Establishment of reliability and validity of the measures
  - Need 4 quarters of data to be analyzed
  - Analysis will be from data in Q1, 2, & 3 of CY 2015
  - Decisions to report some or all publically will be based on the findings of analysis of the CY2015 data
- CMS will provide reports to individual hospices on the 7 NQF performance measures in the future
  - Will occur before public reporting
  - Specifics of the reporting system and when specific measure will be available to be determined



Summary

- Hospice Compare is on its way, so get ready
- Implement data elements of the HIS into the comprehensive assessment
- Use what you have learned to develop a plan
  - Review your processes for data collection
  - Evaluate all QAPI measures – can you give some up to implement data elements of HIS?
  - Audit the results
    - Keep it focused
    - Connect the results to what is important for clinicians
  - Educate staff on the importance of these measures and hold staff accountable for them