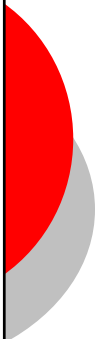


CMS Quality Reporting- Comfortable Dying Are You Ready?

April 13, 2012




HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE



NQF Selection Criteria

- Importance to Measure & Report
 - Impacts lots of patients
 - Management of pain key priority at end-of-life
- Scientific acceptability
 - Measure well defined and precisely specified
 - Accurately represents the concept being evaluated
 - Information presented indicating no difference in ethnic distribution of patients whose pain was not brought to a comfortable level to those whose pain was relieved



HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE

The Beginning of Public Reporting Pain – NQF #0209

The Measure	To Be Reported	Mandatory
NQF #0209 Percentage of patients who were uncomfortable because of pain on admission to hospice whose pain was brought to a comfortable level within 48 hours.	Some clarification with 4/11/12 webinar. However, CMS will issue more specific reporting information.	April 1, 2013 Reporting data October 1, 2012 through December 31, 2012 Future reporting will be prior calendar year for next fiscal year For example : Reporting data January 1, 2013 through December 31, 2013 for FY2015


HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE

Generate

Record

Retrieve

Questions to Answer

- Do you currently have a process in place to generate this information?
- Do you have the right denominator and numerator?
- Do you currently have a process in place to document this information?
- Do you currently have a process in place to retrieve all this information
- How clean is your data?



The Measure

Denominator Statement

- Patients who replied “yes” when asked if they were uncomfortable because of pain at the initial nursing assessment (may be after admission to hospice services if 2 events occurred at different times)
No distinction on source of pain-any pain counts

Plain speak – Patients who replied “yes” when asked if they were uncomfortable because of pain at the initial assessment (after admission to hospice services)

(The number at the bottom of the fraction)



The Measure

Numerator Statement

- Patient's whose pain was brought to a comfortable level (as defined by patient) within 48 hours of initial assessment (after admission to hospice services)

Plain speak – Number of patients who replied "yes" when asked if their pain was brought to a comfortable level within 48 hours

(The number at the top of the fraction)



It Is

- **Not** answered by someone other than the patient
- **Not** a 0 to 10 or other scale
- **Not** based on an interpretation of a patient's nonverbal response

It is the patient's self report of discomfort due to pain



Generate The Denominator

- First up-at the initial assessment, determine if patients are eligible:
 1. Are able to communicate & understand the language of the person asking the question
 2. Are able to self-report; and
 3. Are at least 18 years of age or older
- Then if eligible, prior to pain assessment and interventions, ask the question, are you uncomfortable because of pain?



Record The Denominator

- Then document patient response to question
Are you uncomfortable because of pain?
"Yes" or "No"
- If not eligible, then document why
 - *Unable to self report*
 - *Language barrier*
 - *Less than 18 years of age*



Retrieve The Denominator

From the initial assessment

- Number of patients who answered "yes"
- Number of patients who answered "no"
- Number of patients determined not eligible
- Number of patients with no data

Total cannot exceed the total number of admissions for the quarter



Generate The Numerator

- Contact patient between 48 and 72 hours
- Ask the question, was your pain brought to comfortable level within 48 hours?



Document The Numerator

- Document patient response to question

Was your pain brought to a comfortable level within 48 hours?

- If unable to self report, then document reason why
 - Discharge (death or live)
 - Condition deteriorated/no longer able to communicate
 - Other (explain)



Retrieve The Numerator

- Number of patients who answered "yes"
- Number of patients who answered "no"
- Number of patients unable to self report
- Number of patients with no data

Should add up to number of patients reporting uncomfortable due to pain on admission (the denominator)



Any Concerns?

- The denominator – what happens to those patients who can not respond in 48 hours
 - They still count as part of the denominator
- Potential results
 - Acuity, short LOS can impact a hospice's public score (although scores will not be reported to CMS at this time)
- Timeframe for re-evaluation – can it be 72 hours?
 - Window is 48 hours to 72 hours after initial nursing assessment to



Reporting Measure Data

Not confirmed yet but may include

- Number of admissions during data collection period
- Number of patients who answered "yes" to the question "are you uncomfortable because of pain" at initial assessment
- Number of patients who answered "no" to the question "are you uncomfortable because of pain" at initial assessment
- Number of patients excluded from measure



Reporting Measure Data

Not confirmed yet but may include (cont.)

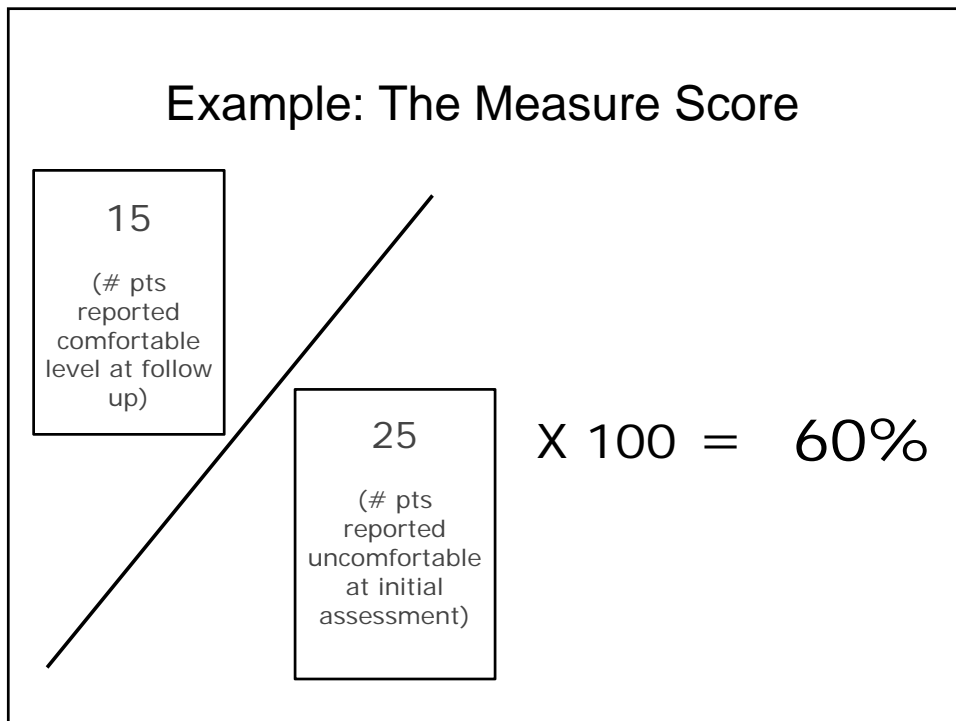
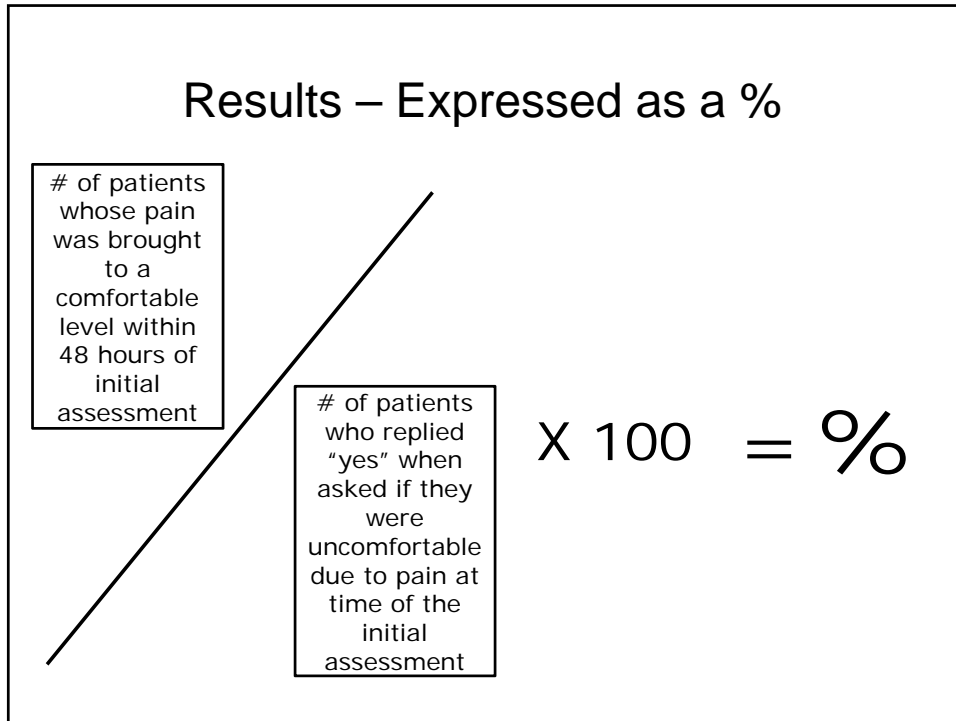
- Number of patients who answered "yes" to the question "was your pain brought to a comfortable level within 48 hours of the start of hospice care/" at follow-up
- Number of patients who answered "no" to the question "was your pain brought to a comfortable level within 48 hours of the start of hospice care/" at follow-up
- Number of patients unable to self report at follow up



Results

- You will not be submitting measure scores to CMS
- But should know your measure scores for performance improvement activities





Where Hospices are Today

- SHP
 - Pain Control at 48 Hours for 2011 was 59.3%

- NHPCO data (2009 and 2010)
 - 2 year quarterly average % of patients reporting having pain brought to comfortable level within 48 hours – 69.3%
 - 2010 mean national % of patients whose pain brought to comfortable level was 72.6%




Consider Also Measuring....

- Denominator: Number of patients who were uncomfortable on admission
- Numerator: Number of Patients whose pain was **NOT** brought to a comfortable level within 48 hours after the initial assessment
- Why
 - Offsets negative bias introduced by inclusion of patients unable to respond at follow up
 - Provides additional context & insight for setting performance goals




What's the Difference

Comfortable Dying #0209	Not brought to comfortable level
$\frac{60}{100} = 60\%$	$\frac{15}{100} = 15\%$
Patients whose pain brought to comfortable level within 48 hours of initial assessment	Patients whose pain was not brought to comfortable level within 48 hours of initial assessment



Questions to Answer

- Do you currently have a process in place to generate this information?
- Do you have the right denominator and numerator?
- Do staff understand what and how they are asking?
- 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
- Do you currently have a process in place to retrieve all this information
- How clean is your data?



What Do I Do If...

- I don't have the right process?
- I don't have any process?

Don't panic. Spend the next 3 weeks figuring it out so by May 1 you have it in place

Gives you 5 months of "practice" before it "counts" What do I do if I do not have the right process or any process at all?



Up Next



Pilot Program Standardized Patient-Level Item Set

- CMS initiating project to investigate
 - Standardize how hospices collect information regarding care provided to assess and manage patients' symptoms and care preferences
 - Feasibility of standardized patient level item set for future use by hospices
 - Data collection methods to calculate quality measures endorsed by NQF (February 2012)
- 9 hospices
- Quick time frame
 - April 2012 recruit
 - June 2012 data collection and submission
 - Fall 2012 data analysis and reporting on burden and feasibility



Resources

- CMS Training Webinar
 - <http://www1d.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Spotlight.html>
 - Next one April 19 3:00 – 4:30 EST
- Hospice Quality Measures
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-IRF-Hospice-Quality-Reporting/index.html?redirect=/LTCH-IRF-Hospice-Quality-Reporting/>
- Or just Bing “Hospice Quality Reporting”

To Contact Us

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PAIN AT ADMISSION OUTCOMES MEASURES TRACKING TOOL

Patient	Date and time of admission	Patient meets criteria (noted below) for inclusion in Comfortable Dying Measure (Y/N). If no document which criteria (1, 2 or 3)	If included then document response to "are you uncomfortable because of pain" at admission (Y/N/NI)	Date/time Next contact	report at next contact "are you uncomfortable because of pain" (Y/N/UA)	Date/time Next contact	report at next contact "are you uncomfortable because of pain" (Y/N/UA)	<i>CMS Comfortable Dying Measure</i> If patient meets inclusion for comfortable Dying Measure (Column 3), was pain brought to comfortable level within 48 hours of initial assessment (when asked between 48 and 72 hours of initial assessment) (Y/N/UA). If unable to report then document why (D/UA/O)

Key:
 Y=Yes N=No NI=Not eligible UA=Unable D=Discharge/Death O=Other- must explain

Inclusion Criteria: Patients are eligible if they:
 1. Are able to communicate and understand the language of the person asking the question;
 2. Are able to self-report; and,
 3. Are at least 18 years of age or older.
 If they are eligible then prior to the pain assessment and initiation of any interventions, ask the question, are you uncomfortable because of pain at the initial assessment (after admission to hospice services)