



# A Discussion of Future Hospice Quality Reporting Measures

August 20, 2020

Theresa Forster, Vice President, Hospice Policy & Programs, NAHC  
Katie Wehri, Director, Home Care & Hospice Regulatory Affairs, NAHC

## Where Are We Now?

- Hospice Quality Reporting Program – pay for reporting
- Hospice Item Set (HIS) – process measures identifying patient care activities at admission and discharge
- CAHPS – caregiver view of hospice experience

## Where Are We Now?

- HIS Composite Process Measure: Comprehensive assessment at Admission
  - Treatment Preferences
  - Beliefs/Values Addressed (if desired by patient)
  - Patients Treated with an Opioid who are given a Bowel Regimen
  - Pain Screening
  - Pain Assessment
  - Dyspnea Screening
  - Dyspnea Treatment
- CAHPS Hospice Survey
  - Willingness to recommend the hospice
  - Communication with family
  - Getting timely help
  - Treating patient with respect
  - Emotional and spiritual support
  - Help for pain and symptoms
  - Training family to care for patient
  - Rating the hospice
- Hospice Visits when Death is Imminent (Measure 1)

## Where Are We Now?

- Quality reporting requirements for FY payment cycle:
  - 90% of HIS records submitted within 30 days of admission/discharge (January 1 through December 31)
  - Monthly participation in CAHPS (deaths occurring January 1 through December 31)
- Failure to meet results in 2% payment reduction for applicable year

## Where Are We Now?

In development:

- Transitions (live discharge) from hospice care, followed by death (within 30 days) or acute care (within 7 days)
- HOPE Assessment Tool/support quality measurement
  - Alpha (and Beta) testing forthcoming
  - Incorporate into EMR
  - Likely 2023 or later for start
- Hospice CAHPS – TEP to evaluate survey and administration modifications
- Refinement of CAHPS websites to ensure consistency, ease of use

## Claims-Based Measures

- CMS placing heavy focus on development of claims-based measures
  - Minimum provider burden
  - Not dependent upon compliance
  - Data in standardized format
  - Large supply of data
  - Low cost
  - Amenable to analysis

## Claims Based Measures

- NAHC concerns
  - Some measures more reflective of process than quality; more useful to hospice than public?
  - Measures used for quality purposes must have clear, direct link to quality that is readily discernible
  - Measures must allow for role that individualized care and patient choice play in care decisions

## Claims Based Measures

CMS interested in:

- identifying measures that capture good care practices
- utilizing currently available data sources
- public reporting
- addressing quality measurement gaps
- Addressing stakeholder suggestions to have a quality measures that reflect the holistic approach of hospice care

## Hospice Care Index

CMS' stated objective:

- Capture many aspects of hospice care with a broad, holistic set of claims-based quality measures
- Identify indicators based on caregiver and provider feedback
- Align index with family and caregiver perspectives from CAHPS

## Claims Data

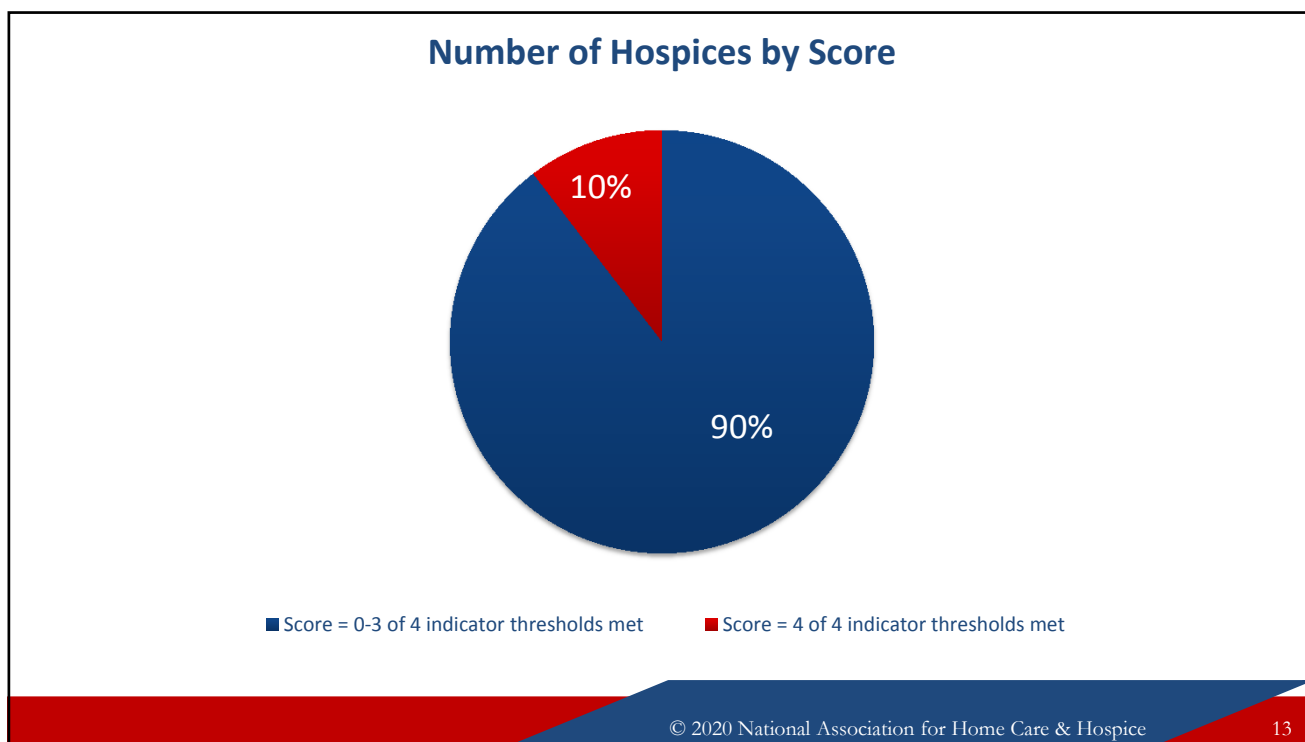
- Level of care
- Length of stay
  - Overall
  - Level of care
- Discharge disposition
- Service utilization
- Principle and other diagnosis codes
- Site of service
- Visit – number of, length of, day/week of
  - Overall
  - Level of care
  - Physician, PA, NP, RN, LPN, Aide, Medical Social Services, PT, OT, Speech

## Possible Indicators From Claims

- Site of service
- Length of stay
- Level of care/access to level of care
- Visits by hospice staff
- Live discharge
- Rate of discharge
- Higher levels of care (GIP, CHC)
- Care throughout stay
- Transitions
- Readmission

## Measure Concept

- Multiple indicators
- Threshold for each indicator
- Overall score is calculated on the number of instances when the hospice met a threshold



## Points of Consideration

- Claims based measure
- Target audience
- Correlation with CAHPS and overall satisfaction
- Risk adjusted
- Possibility of utilizing survey data in conjunction with claims data

## Points of Consideration

- Live discharges
- Visit data
  - Only some disciplines currently captured on claim
  - Frequency
    - Daily or weekly
    - After hours
    - By level of care
    - By site of service

## Points of Consideration

- What are some potential indicators
  - Meaningful to the target audience
  - Claims-based (and possibly survey based)
  - Hospice processes of care
  - Holistic





© 2020 National Association for Home Care &amp; Hospice

17

## Join NAHC

NAHC is the leading trade association for home care and hospice professionals and we serve as the unified voice for the industry.

Whether you're a home care provider, a hospice administrator, or a technology company that provides services for the industry, there's a place for you at NAHC.

Join your peers and fellow leaders as part of the NAHC community today! Learn more at: <http://nahc.org/join>



© 2020 National Association for Home Care &amp; Hospice

18

## Upcoming Events

Webinar

**Home Care & Hospice Town Hall:  
Strategies to Help Employees Navigate Change**

August 26, 2020

**2020 Home Care and Hospice  
Conference and Expo (Virtual)**

October 19-23, 2020

© 2020 National Association for Home Care & Hospice

19

## Contact Information

**Theresa Forster**

Vice President, Hospice Policy  
& Programs  
NAHC

[tmf@nahc.org](mailto:tmf@nahc.org)

**Katie Wehri**

Director, Home Care & Hospice  
Regulatory Affairs, NAHC

[katie@nahc.org](mailto:katie@nahc.org)

© 2020 National Association for Home Care & Hospice

20