



EDUCATIONAL RESOURCES

HOSPICE QRP - DRILLING DOWN ON HIS AND CAHPS

Presented by:

Sharon M. Litwin, RN, BSHS, MHA, HCS-D
Senior Manager – Coding & Clinical Consulting
Healthcare Provider Solutions



OBJECTIVES

- Understand why quality measures are needed
- Be familiar with what the HQRP requirements are and their impact on your agency
- Learn how measures for both the Hospice Item Set (HIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) hospice survey items correlate to clinical practice
- Be able to identify strategies to maximize customer service opportunities within your own agency targeting HIS and CAHPS questions

WHAT IS HQRP

- **Hospice Quality Reporting Program**
 - Promotes the delivery of person-centered, high quality, and safe care by hospices
 - CMS adopted measures that were recommended by multi-stakeholder organizations and developed with the input of providers, payers, and other stakeholders.

WHY HQRP IS NEEDED

- Medicare CoPs
 - §418.58 – Quality Assessment and Performance Improvement
- Affordable Care Act
 - Section 3004 authorized the Health and Human Services Secretary to establish a quality reporting program for Hospice
- *Measure Value Based Care*
 - *Quality, safe and efficient care*
- Revise payment models
- Monitor resource utilization
- Protect and detect fraud and abuse
- Performance monitoring

HQRP REQUIREMENTS

- Two requirements for HQRP
 - Hospice Item Set (HIS) data collection and submission
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey submission
- All Medicare-certified hospice providers must comply with these two reporting requirements



HQRP – TRANSITION TO IQIES

- Hospices are currently required to submit HIS data to CMS using the Quality Improvement and Evaluation System (QIES) Assessment and the Submission Processing (ASAP) system.
- The FY 2020 Hospice final rule finalized the proposal to migrate to a new internet Quality Improvement and Evaluation System (iQIES) for submitting and processing assessment data.
- iQIES allows for real-time upgrades, greater security.
- Similar change made for Home Health in 2020.
- No date announced yet for the migration.



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HQRP EXEMPTIONS DUE TO COVID-19 PUBLIC HEALTH EMERGENCY

HQRP DATA REQUIREMENTS

- Due to COVID-19 and the resulting Public Health Emergency, the CY 2020 data used for meeting the HQRP requirements will include July 1 through December 31, 2020 as Q1 and Q2 of 2020 (January 1-June 30, 2020) were exempted.
- This means that even if a hospice submits HIS and CAHPS® Hospice Survey data for Q1 and Q2 2020, CMS will not include any of that data for purposes of calculating whether a hospice meet HQRP requirements impacting FY 2022 payments.

FY 2022 REPORTING YEAR ACTIVITIES

Figure 2.1: FY 2022 Reporting Year Activities

CY 2020	CY 2021	CY 2022
<p>Data Collection and Submission: Collect and submit HIS data for all patient admissions during CY 2020 (July 1, 2020-December 31, 2020) *Q1 and Q2 of 2020 (January 1-June 30, 2020) were exempted due to the COVID-19 PHE</p>	<p>Compliance Determinations: In 2021, CMS makes compliance determinations based on HIS submissions for patient admissions occurring in 2020 *Q3 and Q4 of 2020 (July 1-December 31, 2020) since Q1 and Q2 were exempted due to COVID-19 PHE</p>	<p>Payment Impact: Determinations of noncompliance made in 2021 will go into effect in FY 2022 (10/1/2021) reducing the FY 2022 APU by 2 percentage points.</p>

HQRP REQUIREMENTS

- HIS submission deadline was not exempted due to the COVID-19 PHE.
- Timely submission and acceptance of HIS data were unchanged.
- Data submission must occur for all patients within 30 days of admission and discharge at least 90 percent of the time.



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QUALITY OF CARE

HOSPICE ITEM SET (HIS)

- All Medicare-certified hospice providers are required to submit:
 - HIS Admission records
 - HIS Discharge records
- HIS data is collected and submitted on all patient admissions, regardless of the payer, patient's age, or location of the receipt of hospice services
 - CMS will cut out patients under 18 and length of stay less than 7 days but data is still required to be collected and submitted
- Displayed publicly on Care Compare (Formerly Hospice Compare)

HOSPICE ITEM SET (HIS)

- Not an assessment instrument; however, the questions can be incorporated into the nursing assessment process
- HIS Admission Records
 - Need to be completed within 14 days of admission
- HIS Discharge Records
 - Need to be completed within 7 days of discharge

COMPOSITE HIS MEASURE

- NQF #3235 - Composite Process Measure
- Patients who got an assessment of all 7 HIS quality measures at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements

HIS MEASURES

- The seven measures that make up the HIS Comprehensive Assessment Measure
 - NQF #1641 – Treatment preferences
 - NQF #1647 – Beliefs / Values addressed
 - NQF #1634 & NQF #1637 – Pain screening and pain assessment
 - NQF #1639 & NQF #1638 – Dyspnea screening and dyspnea treatment
 - NQF #1617 – Patients treated with an Opioid who are given a bowel regimen

DOCUMENTATION FOR HIS

- To answer the HIS items “yes” you must have documentation to support that you did provide what you answered!
 - PAIN assessment and follow up interventions
 - Gave patient choices and preferences
 - Dyspnea assessment and follow up interventions
 - Opioids and bowel regimen

HIS SUPPORTING DOCUMENTATION

- If you answer “yes” that the patient is uncomfortable on admission with pain, have supporting documentation to show your nurse followed up by ensuring treatment for pain and re-assessment of pain on subsequent visits.
- If you identify the patient is to have an opioid, make sure you document teaching caregiver/ patient about side effects and provide a bowel regimen and can support that in documentation.

HIS & PATIENT PREFERENCES

- If you answer “yes” that your staff provided care based on patient preferences, make sure you have supporting documentation that shows you asked about their faith traditions, cultural or other preferences, and incorporated their preferences into your care plan.

HQRP – PROPOSED RULE – REMOVAL OF THE SEVEN HIS PROCESS MEASURES

- As part of the CY 2022 Proposed Rule, CMS is Proposing:
 - To remove the seven individual Hospice Item Set (HIS) measures from HQRP beginning FY 2022 and also to remove the “7 measures that make up the HIS Comprehensive Assessment Measure” section of Care Compare, but continue to have it publicly available in the data catalogue
 - To make these changes removing the seven HIS process measures as individual measures from HQRP no earlier than May 2022.
- The proposal is to remove the 7 individual HIS process measures, but it does not propose any changes to the requirement to submit the HIS admission assessment.
- Hospices that do not report HIS data used for the HIS Comprehensive Assessment Measure will not meet the requirements for compliance with the HQRP.

HQRP – PROPOSED RULE – HOSPICE CARE INDEX MEASURE - HCI

- CMS is proposing A new measure to the HQRP called the *Hospice Care Index*. This single measure includes *10 indicators* of quality that are calculated from claims data.
 1. Continuous Home Care (CHC) or General Inpatient (GIP) Provided
 2. Gaps in Nursing Visits
 3. Early Live Discharges
 4. Late Live Discharges
 5. Burdensome Transitions (Type 1) - Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission

HQRP – PROPOSED RULE – HOSPICE CARE INDEX MEASURE - HCI

6. Burdensome Transitions (Type 2) - Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital
7. Per-beneficiary Medicare Spending
8. Nurse Care Minutes per Routine Home Care (RHC) Day
9. Skilled Nursing Minutes on Weekends
10. Visits Near Death

HQRP – PROPOSED RULE – HCI MEASURE

- Each indicator equally affects the HCI score, reflecting the equal importance of each aspect of care delivered from admission to discharge.
- A hospice is awarded a point for meeting each criterion for each of the 10 indicators.
- The sum of the points earned from meeting the criterion of each indicator results in the hospice's HCI score, with 10 as the highest hospice score.
- The indicators represent different aspects of hospice care and aim to convey a comprehensive characterization of the quality of care furnished by a hospice.

HQRP – PROPOSED RULE – HCI MEASURE

- The HCI will help to identify whether hospices have aggregate performance trends that indicate higher or lower quality of care relative to other hospices.
- CMS will revise the QM report to include claims-based measure scores, including agency and national rates through the Certification and Survey Provider Enhanced Reports (CASPER) or replacement system.
- The QM report will also include results of the individual indicators used to calculate the single HCI score and provide details on the indicators and HCI overall score.
- If finalized, this measure would be publicly reported no earlier than May 2022.

HOSPICE VISITS IN LAST DAYS OF LIFE (HVLDL)

- As of January 1, 2021, the Hospice Visits in the Last Days of Life claims-based measure replaces the information previously collected in Section O of the HIS-Discharge.
- This is a re-specified, claims-based version of the Hospice Visits when Death is Imminent (HVWDII) measure pair.
- HVLDL indicates the hospice provider's proportion of patients who have received visits from a RN or MSW (non-telephonically) on at least two out of the final three days of the patient's life.
- The calculation of the last three days remains unchanged from the last three days documented in Section O.

QM REPORTS

- The QM Reports and the Review and Correct Reports align with the Hospice Item Set (HIS) V3.00, which removes Section O from the Discharge Assessment and ends data collection for the Hospice Visits When Death Is Imminent (HVWDII) measure pair.
- Because of this change to the HIS, the QM and Review and Correct reports display HVWDII measure scores only when hospice agencies select quarters before or including Q4 2020; when hospice agencies select quarters after Q4 2020, the reports will display a dash for HVWDII.

HQRP MEASURES

- All HQRP measures in the past included data for all hospice patients regardless of payor however, because claims-based data available to CMS is only for Medicare hospice patients, Patient Visit Data in the last days of life for non-Medicare hospice patients will not be used in the HQRP after January 1, 2021.
- All HQRP measures that are not claims based will continue to be used for all hospice patients regardless of the payor

CMS - COMMON QUESTIONS - HQRP CLAIMS BASED QUALITY MEASURES

- Do hospices still need to submit a HIS-Discharge?
 - The requirements for the HQRP remain unchanged.
 - The HQRP includes both the Hospice Item Set (HIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice survey.
 - According the HIS Manual, hospices shall continue to submit two HIS records (HIS-Admission record and HIS-Discharge record) for each patient admission occurring on or after July 1, 2014. Hospices no longer need to submit Section O (Service Utilization).

CMS - COMMON QUESTIONS - HQRP CLAIMS BASED QUALITY MEASURES

- How are the visits calculated in the HVLDL?
 - Calculated from Claims Data
 - HVLDL indicates the hospice provider's proportion of patients who have received visits from a registered nurse or medical social worker (non-telephonically) on at least two out of the final three days of the patient's life.
 - While all patient visits are meaningful, only patients with visits on two different days during the last three days of life will count towards the numerator for this measure.
 - These visits can be made by either the nurse, the social worker, or both.

HVLDL MEASURE

- Hospice Visits in the Last Days of Life (HVLDL) Measure
- The new HVLDL measure achieves:
 - Improved ability to differentiate higher from lower quality hospices
 - Quality rankings more consistent with those produced with other quality measures in the HQRP
 - Alignment with the Service Intensity Add-On (SIA), CMS's payment policy initiative implemented in 2016 which seeks to incentivize visits by registered nurses and medical social workers when patients are near death
 - Reliance solely on existing administrative data for calculation, removing the need for data collection through clinician assessment

HIS DATA: WHEN TO SUBMIT DATA

- Hospice Admission HIS and Discharge HIS data must be submitted for all patients within 30 days of the event or target date
- Submission **does not** equal acceptance
- Recommend submitting data within 7 – 14 days to be sure of acceptance by the 30-day deadline
- After submitting the HIS data, be sure to review the final validation report for errors.

HIS DATA SUBMISSION

- Data collection year runs from January to December.
- HIS data needs to be submitted and accepted within the acceptable threshold.
- Beginning in FY2020 and going forward, hospice providers must submit 90% of all required HIS records by the 30-day deadline to avoid a 2% point reduction in their APU.

HIS Records From	Submission Threshold	Reporting Year
CY 2021	90%	FY 2023

HIS TECHNICAL INFORMATION

- Technical resources and updates related to HIS data submission specifications can be found by visiting the website:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information>

- Newest FREE submission software application: HART v1.7.0 (Dec 2020)



EDUCATIONAL RESOURCES

FAMILY EXPERIENCE OF CARE

HOSPICE CAHPS SURVEY

- Used to measure and assess the experience of patients who died while receiving hospice care, as well as the experiences of their informal primary caregivers.
- Incorporates questions for all patient locations:
 - Home
 - Facility / Hospital
 - Nursing Facility

HOSPICE CAHPS SURVEY

- Administered via:
 - Mail only
 - Telephone only
 - Combination of mail with telephone follow-up
- Focuses on experiences of care
- Consists of 47 questions

HOSPICE CAHPS SURVEY

- Survey administration begins two months following the month of patient death
- Data collection process must be completed within 42 calendar days after initial contact
- All Medicare-certified hospice providers must participate
- Data collection year runs from January to December
- Displayed publicly on Hospice Compare
- Need to have 30 completed and returned surveys for data to be displayed

HOSPICE CAHPS SURVEY

- Hospices ARE allowed to do the following:
 - Inform caregivers about the survey
 - Perform quality improvement initiatives such as assessing patient and family responses to questions asked by hospice staff to promote well-being

HOSPICE CAHPS SURVEY

- Hospice are NOT allowed to:
 - Ask CAHPS Hospice Survey questions
 - Influence or direct caregivers on how to answer the questions
 - Offer incentives

HOSPICE CAHPS SURVEY EXEMPTIONS

- Patients under 18 at the time death
- Patients who died within 48 hours of admission to hospice care
- Agency is unable to locate caregiver or not available
- Primary caregiver has a foreign address listed
- Caregiver requests not to be contacted
 - Ensure documentation in record of this request

CAHPS – QUALITY MEASURES

- Use “key phrases” during staff ongoing conversations with caregivers. Hopefully, caregiver will recall what they discussed with your staff during care when CAHPS questions are asked of them later.
- Communication with family
 - The hospice team always listened carefully and kept the patient’s family informed (CAHPS MEASURE)
 - Staff could ask caregivers intermittently, “Are our hospice team members doing a good job of communication, keeping you informed of how your (dad/mom) is doing, and do you feel we listen to your concerns and address those?”

CAHPS – QUALITY MEASURES

- Getting timely help
 - The hospice team always gave patients and families help when they needed it (CAHPS MEASURE)
 - Staff could tell/ ask caregivers, “Please let us know if you feel we are not getting help you need in enough time...how are we doing at getting you help when you need it?” Or “ Has there been any time recently when you called for help and our staff did not get help to you in enough time?”

CAHPS – QUALITY MEASURES

- Treating patient with respect
 - The hospice team always treated the patient with dignity and respect
 - Staff can ask/tell caregivers, "Do you feel our staff listen and respond to your concerns?" "Please let us know if you feel someone is not listening to your needs."

CAHPS – QUALITY MEASURES

- Emotional and spiritual support
 - The hospice team gave the right amount of emotional, spiritual, and religious support
 - Each staff member every visit needs to ensure the patient is comfortable, respond promptly to any patient issues, and communicate caring, empathy, kindness, & sensitivity.
 - Staff can ask/tell caregivers, "Please let us know if you feel you need additional spiritual and/or religious support."

CAHPS – QUALITY MEASURES

- Help for pain and symptoms
 - The hospice team always gave the patient as much help as needed for pain and other symptoms (CAHPS measure)
 - Frequent low CAHPS score
 - Staff need to be checking every visit- ask caregiver: “Do you feel we give (patient) as much help as they need for pain or (other symptom)? Is there any question you have about how to manage these symptoms when we are not here?”
 - At every visit do full pain history and pain assessment– when hospice staff not there how often does patient show signs of pain/ symptom and how does caregiver feel pain or symptom not managed well enough?

CAHPS – QUALITY MEASURES

- Training family to care for patient
 - The hospice team always gave family members the training and information they needed to care for the patient (CAHPS measure)
 - Another frequent low score
 - Staff need to give CG training at SOC and periodically on all care for CG such as positioning, foley management, wound care, g-tube, colostomy care, or other specialty care, and ASK caregivers if they have had “the training and information” they need and if they feel comfortable giving the care they need to give to the patient.

CAHPS - QUALITY MEASURES – TRAINING

- Be sure to give adequate training and ensure return demonstrations for care the patient will need with all caregivers, not just the one that is there when staff are there during the day.
- Staff could also give out handouts with written instructions to help when there are multiple caregivers performing care for wounds, tubes, specialty care, etc.

CAHPS – QUALITY MEASURES

- Rating of hospice
 - Family caregivers who gave the agency a total rating of 9 or 10 (where 10 is the best)
- Willing to recommend hospice
 - Family caregivers who would definitely recommend the hospice agency to friends and family

CAHPS – HOSPICE SURVEY SUBMISSION REQUIREMENTS

- Requires ongoing monthly participation through an approved vendor who submits data quarterly per CMS deadlines
- Submission of data **does not** equal successful submission of data
 - Submission of survey data needs to be to the CAHPS Hospice Data Warehouse
- Apply for access to the Data Warehouse so you can get reports about your data submission
- Keep in touch with your vendor

CAHPS – HOSPICE SURVEY SUBMISSION REQUIREMENTS

- During CY 2021, the CAHPS Hospice Survey will continue data collection as normal. This means that deadlines for data submission to the CAHPS Hospice Survey data warehouse will occur on the second Wednesday of the month in February, May, August, and November.

CAHPS Hospice Survey Upcoming Data Submission Deadlines in CY 2021

Quarter	Dates of Deaths	Data Submission Deadline
Q3 2020	July-September 2020	February 10, 2021
Q4 2020	October-December 2020	May 12, 2021
Q1 2021	January-March 2021	August 11, 2021
Q2 2021	April-June 2021	November 10, 2021

AGENCY EXEMPTIONS FROM CAHPS HOSPICE SURVEY

- Can request a size exemption from collection and reporting requirements for CAHPS ONLY --- NOT HIS
 - Fewer than 50 survey eligible decedents/caregivers in the reference year (January 1 – December 31)
 - Good for only one year
 - Newness exemption
 - Only a one-time exemption
 - Recommend saving your letter with your new CCN and save the envelope
 - Remember after first year as new agency you must request size exemption if not enough eligible decedents during the second year --if you want exemption another year!!

POTENTIAL PENALTIES

- Must submit **BOTH** HIS and CAHPS for HQRP
 - Failure to comply will result in a 2% decrease in reimbursement for providers
- Review QIES (CASPER) reports timely and address all errors timely to avoid 2% penalties
 - Hospice Timeliness Compliance Threshold Report
 - Final Validation Report

QUALITY REPORTING – FINANCIAL IMPACT

- A 2% reduction in annual payments if HQRP requirements not met
- Accuracy of HIS questions
 - Ensure documentation in clinical record to support all HIS responses
- Referral relationships
 - If outcomes are good, can show referral sources and providers how your agency compares to others
 - If outcomes are poor, could result in few referrals
- Hospice will likely be included in Value Based Purchasing (VBP) in the future
 - Want to ensure you are establishing quality indicators now along with committing to continued improvement

PROPOSAL TO ADD CAHPS STAR RATINGS TO PUBLIC REPORTING

- As part of the FY 2022 proposed rule, CMS is proposing to introduce Star Ratings for public reporting of CAHPS Hospice Survey results on the Care Compare or successor websites no sooner than FY 2022.
 - The calculation and display of the CAHPS Hospice Survey Star Ratings be similar to other CAHPS Star Ratings such as Hospital and Home Health CAHPS.
 - The stars would range from one star (worst) to five stars (best).
 - The stars be calculated based on “top-box” scores for each of the eight CAHPS Hospice Survey measures.
 - Individual-level responses to survey items would be scored such that the most favorable response is scored as 100 and all other responses are scored as 0.

PROPOSAL TO ADD CAHPS STAR RATINGS TO PUBLIC REPORTING

- CMS proposes:
 - An overall CAHPS Hospice Survey Star Rating will be achieved by averaging the Star Ratings across the 8 measures.
 - Only the overall Star Rating be publicly reported.
 - That hospices must have a minimum of 75 completed surveys in order to be assigned a Star Rating.
 - To publish the details of the Star Ratings methodology on the CAHPS Hospice Survey website.
 - To introduce Star Ratings for public reporting of CAHPS Hospice Survey results on Care Compare no sooner than FY 2022.



EDUCATIONAL RESOURCES

GATHERING DATA

GATHER ALL YOUR DATA

- Check Care Compare to see what is publicly reported from your data and how your Hospice compares to other Hospices in your area and National Averages.
- Check CAHPS data warehouse and HIS data during preview periods to make sure your data is reported accurately.
- Check your CASPER Reports for Hospice Level and Patient Level data results, Final Validation/Error reports.
- Examine your agency statistics through data collected in QAPI.

UNDERSTANDING HOSPICE CASPER QUALITY MEASURE REPORTS

- In the Certification and Survey Provider Enhanced Reporting (CASPER) application, two reports are available as Confidential Provider Feedback Reports:
 - Hospice-Level Quality Measure Report
 - Hospice Patient Stay-Level Quality Measure Report.
- These two reports fall under the class of CASPER reports known as “QM reports.”
- CASPER QM reports are intended to provide hospice providers with feedback on their quality measure scores, helping them to improve the quality of care delivered.
 - Incorporate Error Details in hospice QA program to monitor timeliness and proper HIS submission sequence

UNDERSTANDING HOSPICE CASPER QUALITY MEASURE REPORTS

- CASPER QM reports
 - View national average scores in a specific reporting period
 - View your own quality data at both the patient-stay level and hospice level.
- Reports are on-demand
 - Can view and compare your performance to a national comparison group at any time and for a reporting period of their choice.

HOSPICE HIS – WHAT MEASURES ARE REPORTED & HOW IS THE DATA COLLECTED


- Hospices are required to submit the appropriate HIS record for each patient admission and discharge, regardless of the patient's payer source, age, or location where the patient receives hospice services.
- Hospices submit HIS data to CMS through the Quality Improvement and Evaluation System (QIES), Assessment Submission and Processing (ASAP) system.
- HIS data are used to calculate 10 quality measures.
- These quality measures are reported on both the Hospice-Level Quality Measure Report and Hospice Patient Stay-Level Quality Measure Report.

CASPER – HOSPICE-LEVEL QUALITY MEASURE REPORT

- Quality measure scores - Figure 1 illustrates how to read this report.
 - The report identifies which quality measures a hospice could develop quality improvement interventions to improve performance.
 - Hospice providers can trend their quality measure results by comparing their quality measure scores and percentiles across multiple reporting periods, such as consecutive quarters.
 - Trending the quality measure scores enables hospice providers to monitor the progress of the quality improvement interventions.

CASPER – HOSPICE-LEVEL QUALITY MEASURE REPORT

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CASPER Report
Hospice-Level Quality Measure Report

Facility ID: THFR01 **Report Period:** 10/01/2014 – 09/30/2017
CCN: 123456 **Data was calculated on:** 10/15/2017
Hospice Name: MY HOSPICE **Comparison Group Period:** 10/01/2014 – 09/30/2017
City/State: WALTHAM, MA **Report Run Date:** 10/15/2017
 Report Version Number: 3.00

Table Legend—
 N/A: Not Available
 Dash (-): A dash represents a value that could not be computed

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	Comparison Group National Average	Comparison Group National Percentile
Treatment Preferences (NQF #1641)	H001.01	10	20	50.2%	75.2%	23
Beliefs/Values (NQF #1647)	H002.01	5	20	25.3%	50.2%	5
Pain Screening (NQF #1634)	H003.01	0	0	-	50.2%	-
Pain Assessment (NQF #1637)	H004.01	10	20	50.2%	75.2%	23
Dyspnea Screening (NQF #1639)	H005.01	5	20	25.2%	50.2%	5
Dyspnea Treatment (NQF #1638)	H006.01	15	20	75.2%	50.2%	95
Bowel Regimen (NQF #1617)	H007.01	10	20	50.2%	75.2%	23
Hospice Comprehensive Assessment (NQF #3235)	H008.01	5	20	25.2%	72.3%	5
Hospice Visits when Death is Imminent, Measure 1	H009.01	5	20	25.2%	50.2%	5
Hospice Visits when Death is Imminent, Measure 2	H010.01	15	20	75.2%	72.3%	95

This field contains the number of patient stays that triggered the measure.

This field contains the number of patient stays that could qualify for the measure.

This field contains the percentage of patient stays in the hospice that triggered the measure. This value is derived by dividing the numerator value by the denominator value, then multiplying by 100.

This field contains the average of the measure occurrence for all providers in the country. This number is calculated by taking the sum of all of the hospices' scores, and dividing by the total number of hospices in the country.

This field contains the provider's national rank. For example, if the provider's national percentile value is 23, this means that 23% of the providers in the nation had a QM score that was less than or equal to the provider's score.

* Because of the change to the HIS, the QM and Review and Correct reports display HVWDII measure scores only when hospice agencies select quarters before or including Q4 2020, after Q4 2020 the reports will display a dash for HVWDII.

CASPER – HOSPICE PATIENT STAY-LEVEL QUALITY MEASURE REPORT


- Can review the quality measure outcomes for all patient stays during the reporting period.
- The report shows whether each patient stay triggered each quality measure. Figure 2 illustrates how to read this report.
 - Along with the Hospice-Level Quality Measure Report this report drills down to patient-stay level information for each quality measure.
 - This report can assist a hospice to quickly assess which patient stays contributed to the unfavorable results and then implement care processes to address the issues identified.

CASPER – HOSPICE PATIENT STAY-LEVEL QUALITY MEASURE REPORT

- Use this report to assess quality of care concerns for specific patient populations based upon length of stay.
- Example: a hospice could review cases in which the admission and discharge date were within the same month and year, and for which the patient did not achieve three or more of the quality measures, to determine if there are general quality of care concerns for patients with this length of stay.
- This report indicates when an admission record was not submitted with an HIS discharge record (Type 2 Stay). This information could assist hospice in identifying when a missing admission record should be submitted to the QIES ASAP system.

CASPER – HOSPICE PATIENT STAY-LEVEL QUALITY MEASURE REPORT

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Facility ID: THFR01
CCN: 123456
Hospice Name: MY HOSPICE
City/State: WALTHAM, MA

CASPER Report
Hospice Patient Stay-Level Quality Measure Report

Report Period: 10/01/2014-09/30/2017
Data was calculated on: 10/15/2017
Report Run Date: 10/15/2017
Report Version Number: 3.00

Status Legend
b = not triggered |
e = excluded from the QM denominator
X = triggered
c = admission date extracted from the discharge record because admission record is missing
d = measure not implemented based on patient's admission and/or discharge date(s)
N/A = not available because the patient stay is either active or the discharge record is missing

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Hospice Visits when Death is Imminent, Measure 1	Hospice Visits when Death is Imminent, Measure 2	Quality Measure Count
DOE, ANN	123456	10/01/2014	01/15/2014	b	b	b	b	b	b	b	d	d	d	0
DOE, CAROL	234567	10/25/2014	11/04/2014	X	b	X	e	b	b	X	d	d	d	3
DOE, LESLIE	345678	01/06/2015 c	02/01/2015	e	e	e	e	e	e	e	d	d	d	0
DOE, RUTH	456789	11/17/2014	N/A	e	e	e	e	e	e	e	e	e	e	0
DOE, THOMAS	567890	01/23/2015	02/05/2015	X	b	b	b	X	e	X	d	d	d	3

The date on which the hospice becomes responsible for the care of the patient.

'c' indicates that the admission date was extracted from the discharge record because the admission record is missing. If 'c' appears, verify that an admission record was submitted for that patient stay.

This field contains the date the hospice discharged the patient, the date the patient expired, or the date the patient revoked the Medicare benefit.

These fields contain the outcomes from the HIS quality measures. If 'b' is displayed, the patient stay did not trigger the measure. If 'e' is displayed, the patient stay was excluded from the measure denominator. If 'X' is displayed, the patient stay triggered the measure. If 'd' is displayed, the measure was not implemented during part or all of the patient stay; therefore, the measure cannot be calculated for this patient stay. 'c' and 'N/A' do not indicate measure outcomes.

This field contains the number of patient stays that triggered the measure.

Reference: CMS Getting Started with Hospice CASPER Quality Measure Reports: August 2019 Fact Sheet

CASPER REPORTS

- Need to assign someone to look in system monthly to see if reports have been updated
- When updated, do an analysis of the data, focusing on patient stays that did not trigger each quality measure
- Write an action plan for needed areas
- Develop Quality indicators
- Identify complex areas and choose a PIP
- Develop audit tools for objective monitoring
- Share with all staff! That is quickest, simplest way to get improvement!
- Plan the episode of care for the patient in order to focus on improving outcomes as a team!
- **This information primarily comes from what your clinicians document in HIS!!!**

IDENTIFY AND PRIORITIZE

- Identify how daily clinical practice and operations can impact responses and hospice outcomes
- Prioritize the areas that you are significantly below average first
 - What needs your attention the most?
- Develop a top priority list
 - Often this will branch off into other areas to work on
- Spend the majority of your time on the biggest challenges
- Assign task force for bigger areas

EDUCATE...EDUCATE...EDUCATE

- Involve EVERYONE
- Educate staff on HIS and CAHPS and review the items/questions
- Educate monthly in various ways:
 - Staff meetings
 - Posters
 - Newsletters
 - Games
 - Quizzes
- Discuss the impact of HIS and CAHPS and Hospice Quality Reporting has on agency outcomes
- At admission, educate patient, families and/or caregivers

HAVE A MEANINGFUL QAPI PLAN

- Ensure program is designed to help you
- Incorporate HIS items and Hospice CAHPS survey results into your QAPI program
- Collect data
- Trend
- Analyze
 - Root cause analysis
- Develop action plans
- Evaluate plan



EDUCATIONAL RESOURCES

HOSPICE QUALITY REPORTING & PATIENT CARE

CONNECTING THE DOTS

- HIS and Hospice CAHPS Survey cross over areas:
 - Pain
 - Dyspnea / Breathing
 - Opioid Use / Bowel Regimen
- Be aware of areas where both direct and non-direct care employees could have impact
 - Dignity, respect and caring
 - Home visits
 - Patient / family / caregiver calls into office – during office hours and after hours

CONNECTING THE DOTS

- Be aware of areas that involve multiple disciplines
 - Communication
 - Telephone calls to schedule visits
 - Timeliness of visits / calls
 - During business hours
 - After hours – evenings, weekends, holidays
 - REMEMBER: When a patient/family member calls, they need assistance

CONNECTING THE DOTS

- Timeliness of follow-up
- Listening carefully
- Team working well together and coordinating care
 - Among IDG members
 - Internal hospice staff and facility staff
 - Coordinating visits on different days

CAHPS – BEST PRACTICES

- Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?
 - Summarize visit before leaving using “key words”
 - Example: Today I reviewed the side effects of your pain medications. Do you have any questions?
 - Communicate with caregiver, if not present at visit (They are the ones who complete the survey)
 - Example: Today I reviewed the side effects of pain medications with your mother, which are...
- Use of teach-back can be effective with many of the questions
 - Educate staff on teach-back and role play

CAHPS – BEST PRACTICES

- How often did the hospice team listen carefully to you...
 - Ask patient AND caregiver what his/her goals are and what is most important to them
 - Incorporate those into the plan of care
 - Address on future visits
- How often did your family member get the help he or she needed for trouble breathing?
 - Communicate with caregiver, if not present at visit
 - Example: Today your father had some trouble with breathing, which is under control now. Here is how we helped him...
 - This example can be use with any of the symptom management questions

CAHPS – BEST PRACTICES

- Incorporate quarterly follow-up calls to patients / families about service delivery into your QAPI Program
- Ask:
 - How has your care been with the team members?
 - Do the team members communicate with you about arrival time?
 - Have you been informed about the care that is being delivered?
 - Have you experienced any symptoms and, if so, what were they and were they resolved in a way that is satisfactory to you?
 - Have you had to use the after-hours number and, if so, how was your experience?
 - How has your Hospice experience been overall?
 - Is there anything we could do to improve?

THE KEY TO SUCCESS – EXCEPTIONAL CUSTOMER SERVICE

- Focus always needs to be on the patient and family
- First interactions impact patient and family experience significantly
 - By phone conversation or in person visit
- Quality starts when the phone rings
 - What does it sound like when the phone rings at your agency?
 - Live voice within your office
 - Is the voice cheerful or does it sound annoyed?
 - Answering service
 - Voicemail with number prompts

CONCLUSION

- Educate staff on:
 - Importance of HIS and supporting documentation
 - Hospice CAHPS
- Be aware of your agency specific results
 - Share results with staff
- Incorporate HIS and Hospice CAHPS items into your agency QAPI plan

REFERENCES

- CAHPS Hospice Survey
 - <https://www.hospicecahpssurvey.org/>
- CMS HIS Web page – updates, announcements & resources
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html>
- Care Compare
 - <https://www.medicare.gov/care-compare/>
- FY 2022 Hospice Wage Index and Payment Rate Update Proposed Rule
 - <https://www.govinfo.gov/content/pkg/FR-2021-04-14/pdf/2021-07344.pdf>



EDUCATIONAL RESOURCES

QUESTIONS?



EDUCATIONAL RESOURCES

THANK YOU

Presented by:

Sharon M. Litwin, RN, BSHS, MHA, HCS-D
Senior Manager – Coding & Clinical Consulting
Healthcare Provider Solutions

Contact us:

615-399-7499
healthcareprovidersolutions.com

