CAHPS® Hospice Survey
What the Heck Does That Mean?

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What we will discuss today
• Provide a brief overview of the Hospice Quality Reporting Program and the path to public reporting
• Describe CAHPS® Hospice Survey
• Prepare for the implementation of the CAHPS® Hospice Survey

THE ROAD TO PUBLIC REPORTING IN HOSPICE

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)
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

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS SYSTEMS

CAHPS – An Overview

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

• Initiative of Agency for Healthcare Research and Quality (AHRQ) to promote assessment of consumer’s experience with health care

• 1st CAHPS program launched in 1995 in response to concerns about lack of good information about quality of health plans from the enrollees’ viewpoint

Goals of the CAHPS Program

• Develop standardized surveys for organizations to use to collect comparable information on patients’ experience with care

• Generate tools and resources to support distribution & use of comparative survey results to inform the public and improve health care quality
Current CAHPS surveys implemented
- Medicare health and drug plans
- Inpatient hospitals
- Home health agencies
- In-center hemodialysis facilities
- Nursing homes
- Clinician and group practices
- Surgical Care
- American Indian
- Behavioral health care organizations

Principles Guiding CAHPS Survey Development
- Ask about aspects for care for which a patient is the best or only source of information
- Ask about aspects of care that patients say are most important
- Ask patients to report on the healthcare they receive
- Reflect input from a broad spectrum of stakeholders, including patients, clinicians, administrators, accrediting bodies and policy makers
- Build on existing research and available tools
- Are standardized to ensure that data collection, analyses and reports are consistent across all users of a given survey

Topics of CAHPS Surveys
- Communication with health care professionals
- Access to care and information
- Customer care
- Coordination of care

CAHPS® HOSPICE SURVEY
CAHPS® Hospice Survey

- **Purpose** - to understand
  - Patient experiences throughout their hospice care as reported by their family members/friends
  - The perspectives of family members/friends with regard to their own experiences with hospice vs. satisfaction
- **Goal**
  - Provide measures to be publically reported to consumers as a decision aid for selecting a hospice
  - Aid hospices with internal quality improvement efforts and external benchmarking
  - Provide CMS with information for monitoring care provided

CAHPS® Hospice Survey

- Developed based on principles used in development of other CAHPS surveys
- Topics include
  - Hospice provider communication with patients & family members
  - Treatment of symptoms
  - Pain medication
  - Cooperation among caregivers
  - Treating patients with dignity & respect
  - Spiritual support offered
  - Patient & family member characteristics
  - Overall rating of the hospice
  - "Would you recommend" question

What We Know

- Survey contains 47 items
- Estimated to take about 10 to 12 minutes
- Must outsource survey to 3rd party vendor
- Vendors required to offer the survey in English & Spanish
- Sample size of caregivers based on size of hospice program

<table>
<thead>
<tr>
<th>Decedents Prior CY</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 50</td>
<td>Exempt</td>
</tr>
<tr>
<td>50 - 699</td>
<td>All</td>
</tr>
<tr>
<td>700+</td>
<td>Sample of 700</td>
</tr>
</tbody>
</table>

- Hospices are not responsible for response rates
Eligible for Inclusion Criteria

- Patients over the age of 18
- Patients with death at least 48 hours following admission to hospice care
- Patients with caregiver listed or available & caregiver contact information is known
- Patients whose primary caregiver is someone other than a non-familial legal guardian
- Patients whose primary caregiver has a US or US Territory home address

Time Line for 2015

<table>
<thead>
<tr>
<th>Month of Death</th>
<th>Initial Contact</th>
<th>Due to CMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>April 1, 2015</td>
<td>August 12, 2015</td>
</tr>
<tr>
<td>February</td>
<td>May 1, 2015</td>
<td>November 1, 2015</td>
</tr>
<tr>
<td>March</td>
<td>June 1, 2015</td>
<td>February 10, 2016</td>
</tr>
<tr>
<td>April</td>
<td>July 1, 2015</td>
<td>May 11, 2016</td>
</tr>
<tr>
<td>May</td>
<td>August 1, 2015</td>
<td>November 1, 2015</td>
</tr>
<tr>
<td>June</td>
<td>September 1, 2015</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>October 1, 2015</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>November 1, 2015</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>December 1, 2015</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>January 1, 2016</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>February 1, 2016</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>March 1, 2016</td>
<td></td>
</tr>
</tbody>
</table>

Survey Options – Mail Only

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail initial questionnaire with cover letter</td>
<td>2 months after the month of the patient death within 1st seven days of</td>
</tr>
<tr>
<td>to sampled caregivers</td>
<td>the field period</td>
</tr>
<tr>
<td>Mail 2nd questionnaire with cover letter</td>
<td>Approximately 21 calendar days after the first mailing</td>
</tr>
<tr>
<td>to sampled caregivers not responding to 1st</td>
<td></td>
</tr>
<tr>
<td>mailing</td>
<td></td>
</tr>
<tr>
<td>Complete data collection</td>
<td>Within 6 weeks (42 calendar days) of the 1st mailing</td>
</tr>
<tr>
<td>Submit data files to the CAHPS Hospice</td>
<td>By quarterly data submission deadlines</td>
</tr>
<tr>
<td>Survey Data Warehouse by the data submission deadline</td>
<td></td>
</tr>
</tbody>
</table>

Survey Option – Telephone Only

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate systematic telephone contact with</td>
<td>2 months after the month of patient death within the 1st seven days of</td>
</tr>
<tr>
<td>sampled caregivers</td>
<td>the field period</td>
</tr>
<tr>
<td>Complete telephone data collection</td>
<td>Within 6 weeks (42 calendar days) after the 1st attempt</td>
</tr>
<tr>
<td>Submit data files to the CAHPS Hospice</td>
<td>By quarterly data submission deadlines</td>
</tr>
<tr>
<td>Survey Data Warehouse by the data submission deadline</td>
<td></td>
</tr>
</tbody>
</table>
Survey Options – Mixed Mode

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail initial questionnaire with cover letter to sampled caregivers</td>
<td>2 months after the month of the patient death within 1st seven days of the field period</td>
</tr>
<tr>
<td>Initiate systematic telephone contact for all non-respondents</td>
<td>Approximately 21 calendar days after the first mailing</td>
</tr>
<tr>
<td>Complete data collection</td>
<td>Within 6 weeks (42 calendar days) of the 1st mailing</td>
</tr>
<tr>
<td>Submit data files to the CAHPS Hospice Survey Data Warehouse by the data submission deadline. No files accepted after deadline</td>
<td>By quarterly data submission deadlines</td>
</tr>
</tbody>
</table>

Meeting Compliance

• Remember – this is a “pay-for-reporting” program (today)
• Failure to meet requirements – reduction of 2% in the APU
• For 2015
  • Must participate in a Dry Run for at least 1 month during the 1st quarter CY 2015
  • Beginning in April 2015, participate on a continuous monthly basis
• For subsequent years – continuous monthly participation

CAHPS® Hospice Survey Quality Measures

• Hospice Team Communication
• Getting Timely Care
• Treating Family Member with Respect
• Providing Emotional Support
• Support for religious and spiritual beliefs
• Getting Help for Symptoms
• Information Continuity
• Understanding the Side Effects of Pain Medication
• Getting Hospice Care Training (Home Setting of Care Only)

Some of the Questions

Hospice Team Communication
• While your family member was in hospice care,
  • how often did the hospice team keep you informed about your family’s condition
  • how often did the hospice team keep you informed about when they would arrive to care for your family
  • how often did the hospice team explain things in a way that was easy to understand
Some of the Questions

Getting Timely Care
• How often did you get the help you needed from the hospice team during evenings, weekends, or holidays

Treating Family Member with Respect
• While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?

Providing Emotional Support
• How much emotional support did you get from the hospice team?
• In the weeks after your family died, how much emotional support did you get from the hospice team?

Some of the Questions

Getting Help for Symptoms
• Did your family member get as much help with pain as he or she needed
• How often did your family member get the help he or she needed for constipation
• How often did your family member get the help he or she needed for trouble breathing

Some of the Questions

Information Continuity
• While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member’s condition or care

Understanding the Side Effects of Pain Medication
• Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with your or your family member?
Hospice Care in a Nursing Home

- How often did the nursing home staff and hospice team work well together to care for your family member
- How often was the information you were given about your family member by the nursing home staff different from the information given by the hospice team

Overall Rating

- Using any number from 0 to 10, where 10 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member’s hospice care
- Would you recommend this hospice to your friends and family

GETTING READY FOR THE CAHPS® HOSPICE SURVEY

January 2015 will be here before you know it

Timeline for CAHPS® Hospice Survey

- Fall 2013
  - Field test of draft survey
- 2014
  - Survey technical manual & protocols to be finalized
  - Select & contract with approved vendor
  - Jan – Mar 2015
    - Conduct "dry run" with vendor for at least one month (if not all of them)
  - April 1, 2015
    - Begin continuous monthly survey administration & data collection
Hospice’s Role

- Participate in the survey
- Choose a vendor & submit documentation to CAHPS authorizing survey vendor to collect & submit data
- Provide the decedent & caregiver lists to vendor
  - Know your due dates
- Provide counts of cases ineligible due to
  - Live discharges
  - Requests for no contact
- Participate in the dry run during 1st quarter 2015
- Review data submission reports
- Don’t influence the caregivers on how to answer the questions

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

Getting Ready

- 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

Culture is Key

- Definition of culture
  - the beliefs, customs, arts, etc., of a particular society, group, place, or time
  - a way of thinking, behaving, or working that exists in a place or organization (such as a business)

  Merriam-Webster Dictionary – accessed on line 7.22.14

- “culture eats strategy, tactics and methods for lunch”
Role of Leadership

- Important role in changing behavior and culture
- Sets vision, established rules, models behavior and develops the support systems
- Clarifies hospice’s purpose & constantly and consistently articulates it
- Culture is fragile and constantly needs attention
- Maintaining a culture focused on patient care as the center is as challenging as creating it

What to do now

- Read the FY 2014 Hospice Wage Index Final Rule – section III.B.6 – The CMS Hospice Experience of Care Survey for the FY 2017 Payment Determination and that of Subsequent Fiscal Years
- Read the FY 2015 Hospice Wage Index Proposed Rule – section H.6 – Proposed Adoption of the CAHPS® Hospice Survey for the FY 2017 Payment Determination
- Review CMS websites related to Hospital & Home Health CAHPS to begin to get comfortable with the process & language
- Review the CMS website for the CAHPS® Hospice Survey www.hospicecahpssurvey.org

What to do next

- Contact your EMR vendor to see how they can help support this requirement
- Choose a vendor from the approved CAHPS® Hospice Survey vendors
- Determine if you will add additional questions
- If currently using a satisfaction survey keep using for now
- Focus on improving return rates of current survey

What does it take to bring about improvement?

- IHI Model for Improvement
  - What are you trying to accomplish?
  - How will you know that a change is an improvement?
  - What changes can you make that will result in improvement
Limitations with CAHPS

- Time lag in data – hard to use to see short term improvement
- Low response rates
- The “n” problem (how many are sent out for small to medium size programs)

Where Are You Now?

- Review the questions in the CAHPS® Hospice Survey
- Many similarities to questions in FEHC
- What are your results now?
- What do you need to work on the most?
- How do you compare to the HHCAHPS data collection October 2012 – September 2013

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

HHCAHPS / Patient Survey

<table>
<thead>
<tr>
<th></th>
<th>National Average</th>
<th>National Top 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall rating of care given by care providers</td>
<td>84%</td>
<td>90%</td>
</tr>
<tr>
<td>Willingness to recommend to family / friends</td>
<td>79%</td>
<td>87%</td>
</tr>
</tbody>
</table>

GETTING READY FOR PUBLIC REPORTING

How do you think you will do?
Path to Public Reporting

- CY 2013
  - Structural Measure
  - NQF #209
- CY 2014
  - 7/1/14 HIS takes the place of current quality measures
- CY 2015
  - CAHPS Hospice Survey Dry Run Jan-Mar. Monthly as of 4/1/15
- CY 2017
  - 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 HIS measures
  - First 2 quarters typically reflect learning curve & not used to establish reliability & validity (3rd & 4th quarter 2014)
  - 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 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

Resources

CMS Quality Reporting website-Google CMS Hospice Quality or use this link:

2014 Hospice Wage index

2015 Wage Index

CAHPS® Hospice Survey
www.hospicecahpsurvey.org

Questions?

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