HQRP
A Hospice Quality Update and Look Into The Future

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Objectives

• Review of current HQRP and proposed changes
• Review the current HIS reporting requirements
• List and explain the two new quality measure details
• Review new HIS items and impact on processes
• Provide a preview of publicly reported data
• Share common HIS questions and concerns/tips for dealing with these issues

HQRP Update - HIS

Timeliness Threshold
• Moved to 80% in 2017 for HIS, impacting FY2019 payment
• Moving to 90% in 2018 for HIS, impacting FY2020 payment

CASPER - Timeliness Compliance Threshold Report
HQRP Update - HIS

• Measure concepts under consideration
  – Potentially avoidable hospice care transitions
  – Access to levels of hospice care

Would be claims based

CMS SOLICITING COMMENTS

HQRP - Submission Requirements
Extensions/Exemptions

• Must be extraordinary circumstances beyond the control of the hospice
• Hospice must request the extension/exemption in writing
  – Currently within 30 days of the circumstance occurring
  – PROPOSED:
    • extend the 30 days to 90 days
    • extend same to CAHPS Hospice Survey
HQRP Update – CAHPS Hospice Survey

CAHPS hospice survey
– Must collect data monthly Jan-Dec 2017, impacting FY2019 payment
– Exempt for FY2019 payment update
  • < 50 survey eligible decedents/caregivers
  • submission and acceptance of exemption request form
– Proposed: same methodology through FY2020

HQRP - CAHPS Hospice Survey
PROPOSED MEASURES

Six Composite Measures
• Hospice Team Communication
• Getting Timely Care
• Treating Family Member with Respect
• Getting Emotional and Religious Support
• Getting Help for Symptoms; and
• Getting Hospice Care Training

Two Global Measures
• Rating of Hospice
• Willingness to Recommend Hospice
HQRPG Update

Measures Under Consideration

NQF – MAP

• Maintain current HQRGP measures
• Two new quality reporting measures April 1, 2017
  – Hospice Visits When Death Is Imminent
  – Hospice And Palliative Care Composite Process Measure
• Comprehensive patient assessment instrument
• Hospice Compare web site
HIS Review

- Hospice quality reporting program mandated by ACA
- HQRP components
  - HIS
  - CAHPS Hospice Survey
  - Penalty for not participating
- HIS
  - July 1, 2014 mandatory reporting
  - HIS Admission AND HIS Discharge
  - Currently addresses delivery of seven care process measures

Two New Measures

Hospice Visits When Death is Imminent

Hospice and Palliative Care Composite Process Measure
Visits When Death is Imminent

DAY 1  DAY 5  DAY 10  DAY 14  DAY 18  DAY 20
Admission  SW. CHAP  STAR  Death  RN
Visits When Death is Imminent

• addresses whether patient’s and caregivers’ needs were addressed by hospice staff during last days of life

• Considered a “paired measure”
  
  **Measure 1** – assesses percentage of patients receiving at least 1 visit from specified disciplines in the last 3 days of life
  
  **Measure 2** – assesses percentage of patients receiving at least 2 visits from specified disciplines in the last 7 days of life

Visits When Death is Imminent

• addresses whether patient and caregivers’ needs were addressed by hospice staff during last days of life

• Measure 1—assesses percentage of patients receiving at least 1 visit from
  • registered nurses,
  • physicians,
  • nurse practitioners, or
  • physician assistants
  
  in the last 3 days of life and addresses case management and clinical care.
Visits When Death is Imminent

Measure 2 - assesses percentage of patients receiving at least 2 visits from

- medical social workers,
- chaplains or spiritual counselors,
- licensed practical nurses,
- or hospice aides

in the last 7 days of life and

- gives providers the flexibility to provide individualized care that is in line with the patient, family, and caregiver’s preferences and goals for care and
- Intended to address the overall well-being of the individual and others important in their life

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Visits When Death is Imminent

- Discharge Hospice Item Set (HIS) will contain four new items to collect the necessary data elements for this measure
- Goal is to encourage hospices to visit patients and caregivers during the last days of the patient’s life to address care needs and improve quality of life
- Clinician visits to patients at end of life are associated with improved outcomes
- Research shows that 28.9 percent of Routine Home Care hospice patients did not receive a skilled visit on the last day of life
Visits When Death is Imminent

- Data collected via HIS v2.00.0
- Four new items added to the HIS-Discharge record
  - O5000 Level of care in final 3 days
  - O5010 Number of hospice visits in final 3 days
  - O5020 Level of care in final 7 days
  - O5030 Number of hospice visits in 3-6 days prior to death
- April 1, 2017
Visits When Death is Imminent

- If skip pattern instructs visits to be included, do not leave any visit boxes blank.
- Use zeros if no visits were made or patient not enrolled in hospice.
- Only enter single digit numbers
- If enrolled for less than 3 days enter a response based on days patient was enrolled
- Visits are counted for all of the disciplines if the staff member is:
  - employed, contracted, or volunteer
  - Visits with family members DO count
  - Phone calls do NOT count
  - Post mortem visits do NOT count
Two New Measures

Hospice and Palliative Care Composite Process Measure

- Data on seven care processes will be captured
- Calculates the percentage of patients who received all care processes at admission
- Individual components assessed separately for each patient and aggregated into one score for each hospice
- Serves to ensure all hospice patients receive a comprehensive assessment for both physical and psychosocial needs at admission

Other HIS V2.00.0 Changes

Measures added to the HIS-Admission

- AO550 Patient ZIP code
- A1400 Payor information
- J0905 Pain active problem
- J0910 – change skip pattern for pain screen
### Section A  Administrative Information

**A0500. Legal Name of Patient**

A. **First name:**

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B. **Middle Initial:**

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C. **Last name:**

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D. **Suffix:**

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**A0550. Patient ZIP Code. Enter code in boxes provided.**

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**A1400. Payor Information**

Check all that apply:

- [ ] A. Medicare (traditional fee-for-service)
- [ ] B. Medicare (managed care/Part C/Medicare Advantage)
- [ ] C. Medicaid (traditional fee-for-service)
- [ ] D. Medicaid (managed care)
- [ ] G. Other government (e.g., TRICARE, VA, etc.)
- [ ] H. Private Insurance/Medigap
- [ ] I. Private managed care
- [ ] J. Self-pay
- [ ] K. No payor source
- [ ] X. Unknown
- [ ] Y. Other
Public Reporting

**Public Reporting and Hospice Compare**

- Calendar year 2016
  - Hospices meeting quality requirements
- Calendar year 2017
  - All seven HIS quality measures
    - Individual measure scores
    - Denominator smaller than 20 patient stays not reportable
  - CAHPS Hospice Survey
  - Hospice Compare site
Public Reporting

Data.Medicare.gov
National CAHPS Hospice Survey Data
National Hospice Item Set (HIS) Data

CASPER
Hospice-Level Quality Measure (QM) Report
Hospice Patient Stay-Level Quality Measure (QM) Report

HIS Measure Calculation

- Patients under 18 excluded
- Denominators less than 20 patient stays excluded
- Visits When Death is Imminent*
  - Patients with LOS of 1d. or less excluded from the second paired measure (7 days)

*Not in first round of Compare data
HQRPs - Public Reporting

- Slated to begin summer 2017
  - Will include all seven HIS measures
  - Will not include CAHPS Hospice Survey measures until 2018
    - Winter 2018
    - All eight measures
- HIS results will be based on rolling 12-month period
  - Will exclude data for measures with less than 20 eligible patient “stays”
- CAHPS Hospice Survey results will be based on 8 rolling quarters

HQRPs - Public Reporting

- CAHPS Hospice Survey results
  - Initially will include April 1, 2015 – March 31, 2017 data
  - Quarterly update to displayed data
  - Exclude hospices with less than 30 completed questionnaires for the period
  - Will be risk adjusted
CAHPS Survey results risk adjustment for decedent/caregiver characteristics
- lag time between patient death and survey response;
- decedent’s age,
- payer for hospice care,
- decedent’s primary diagnosis,
- decedent’s length of final episode of hospice care,
- caregiver’s education,
- decedent’s relationship to caregiver,
- caregiver’s preferred language and language in which the survey was completed, and
- caregiver’s age

CAHPS Survey results risk adjustment
- patient mix (patient characteristics) and
- mode of survey administration (mail, telephone, or mixed-mode)
- CMS SEEKING COMMENT: Social risk factors
  - Examples: race and ethnicity, geographic area of residence, dual eligibility/low-income subsidy
HQRP – Public Reporting

Public Reporting Preview Reports
• Will be available via CASPER
• June 1, 2017
• Hospices will review data for accuracy and request corrections by June 30, 2017
  – Submit proof of incorrect data
  – Submit plan for how it will be corrected
  – If CMS confirms error, measure will be suppressed on Hospice
    Compare one time with corrected measure displayed next quarter

HQRP – Public Reporting

Five Star Rating
• Will be part of the HQRP
• historically implemented approximately one year after
  Compare site
• hospice may take longer
HQRP – Comprehensive Patient Assessment Instrument

- HEART – Hospice Evaluation & Assessment Reporting Tool
- CMS currently in early stages of development of comprehensive patient assessment instrument tool
- Tool would serve two primary objectives
  - provide the quality data necessary for HQRP requirements and the current function of the HIS; and
  - provide additional clinical data that could inform future payment refinements

HQRP – Comprehensive Patient Assessment Instrument

- Allows more detailed clinical information collection
  - Symptom burden
  - Functional status
  - Patient, family, and caregiver preferences
- Information for use in development of future quality measures
- Data used for both quality and payment purposes
HQRП – Comprehensive Patient Assessment Instrument

• HEART
  – Would replace HIS
  – Would NOT replace current assessment requirements
  – Would be completed at
    • Admission
    • Discharge
    • Intervals in between, possibly

TIPS

• Incorporate HIS training and competencies into ongoing staff education
• Review validation reports
• Benchmark – internally and externally
• Continually assess for PROCESS opportunities for improvement
• Review:
  – How to record pain assessment/problem and new skip pattern
  – Interpretation of initiation of treatment relative to “comfort kits”

HIS Manual v2.00.0 – Downloads at bottom of page
TIPS

- Orientation and training
- Standardized processes
- Performance improvement process
- Sharing information/culture of quality
- Tying quality and process improvement to incentives
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