Getting Started with Hospice CASPER Quality Measure Reports: August 2019

This fact sheet contains information about the two CASPER Quality Measure (QM) reports available to hospice providers. Additionally, this fact sheet includes one potential model hospices could employ to use the QM reports for quality improvement.

Update: The Hospice Visits When Death Is Imminent Measures have been added to providers' Hospice-Level and Patient Stay-Level CASPER QM Reports.

I. Understanding the 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** and **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. The CASPER QM reports allow hospice providers to not only view national average scores, but also specify a reporting period and view their own quality data at both the patient-stay level and hospice level. These reports are on-demand and thus enable hospice providers to view and compare their performance to a national comparison group at any time and for a reporting period of their choice. The information available in CASPER is for internal purposes only and is not intended for public display.

What measures are reported and how were these data collected?

According to Section 3004 of the Affordable Care Act (ACA), Medicare-certified hospice providers are required to submit a Hospice Item Set (HIS)-Admission and HIS-Discharge record for all patient admissions on or after July 1, 2014 and their subsequent discharges. 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.

These HIS data are used to calculate ten quality measures, eight of which are endorsed by the National Quality Forum (Table 1). These quality measures are reported on both the Hospice-Level Quality Measure Report and Hospice Patient Stay-Level Quality Measure Report.

Table 1. Quality Measures Reported on CASPER QM Reports

Measure Title (NQF ID)	Measure Description
Treatment Preferences (NQF #1641)	The percentage of hospice patient stays with chart documentation that the hospice discussed (or attempted to discuss) preferences for life-sustaining treatments.
Beliefs/Values Addressed (if desired by the patient) (NQF #1647)	The percentage of hospice patient stays with documentation of a discussion of spiritual and existential concerns or documentation that the patient and/or caregiver did not want to discuss.
Pain Screening (NQF #1634)	The percentage of hospice patient stays during which the patient was screened for pain during the initial nursing assessment.
Pain Assessment (NQF #1637)	The percentage of hospice patient stays during which the patient screened positive for pain and received a comprehensive assessment of pain within 1 day of screening.
Dyspnea Screening (NQF #1639)	The percentage of hospice patient stays during which the patient was screened for dyspnea during the initial nursing assessment.
Dyspnea Treatment (NQF #1638)	The percentage of hospice patient stays during which the patient screened positive for dyspnea and received treatment within 1 day of the screening.
Patients Treated with an Opioid who are Given a Bowel Regimen (NQF #1617)	The percentage of patient stays with vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed.
Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission (NQF #3235)	The percentage of hospice stays during which patients received a comprehensive patient assessment at hospice admission.
Hospice Visits When Death Is Imminent, last 3 days of life	The percentage of patients receiving at least one visit from a registered nurse, a physician, a nurse practitioner, or a physician assistant in the last three days of life
Hospice Visits When Death Is Imminent, last 7 days of life	The percentage of patients receiving at least two visits from a medical social worker, a chaplain or spiritual counselor, a licensed practical nurse, or a hospice aide in the last seven days of life

Hospice-Level Quality Measure Report

This report enables hospice providers to review their quality measure scores at the hospice-level and compare their organization's overall performance to the national average scores. Figure 1 illustrates how to read this report.

- This report can assist hospice providers in their quality improvement processes. The report will enable hospice providers to identify on which quality measures they perform well and for which quality measures they 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.

Figure 1. Breakdown of Hospice-Level Quality Measure Report[1]

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CASPER Report
Hospice-Level Quality Measure Report

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

Report Period:	10/01/2014 – 09/30/2017
Data was calculated on:	10/15/2017
Comparison Group Period:	10/01/2014 – 09/30/2017
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

Callout boxes:

- 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.

[1]More information on how the numerator and denominator are determined and how quality measures are calculated see the QM User's Manual ("Current Measures" link provided in Resources section, below)

Hospice Patient Stay-Level Quality Measure Report

This report enables hospice providers to 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.

- This report is a companion report to the Hospice-Level Quality Measure Report, as this report drills down to patient-stay level information for each quality measure.
- Should quality measure scores on the Hospice-Level Quality Measure Report be less favorable than anticipated, 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.
- This report can be used to assess quality of care concerns for specific patient populations based upon length of stay. For example, a hospice provider 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. See Chapter 3 of the HIS Manual ("HIS Technical Information" link provided in Resources section, below) for more information about submitting HIS records.

Figure 2. Breakdown of Patient-Stay-Level Quality Measure Report[2]

[2] More information on how the numerator and denominator are determined and how quality measures are calculated see the QM User's Manual ("Current Measures" link provided in Resources section, below)

II. Sample Process for Using the Measure Reports for Quality Improvement

1. Obtain Hospice-Level Quality Measure Report.
2. Use hospice-level performance on this report to identify on which quality measures your hospice performs well and which quality measures need improvement.
3. Obtain the Hospice Patient Stay-Level Quality Measure Report for the same report period that was selected for the Hospice-Level Quality Measure Report.
4. Use the Hospice Patient Stay-Level Quality Measure Report to determine a sample of patient stays that triggered a specific quality measure (i.e., met the numerator criteria) and those that did not trigger that quality measure. The patient stays that did not trigger each quality measure reflect opportunities for quality improvement.
5. Audit the charts for those sample patient stays to determine where there are opportunities to improve care and where defined care processes were not carried out as planned. Identify root causes of why the care processes were not carried out as planned, which may require looking beyond chart data. For example, if all patient stays in a poor-performing quality measure were under the care of one nurse, discuss with the nurse about why sub-optimal care was delivered. In cases where excellent care was identified, note how those processes could be replicated and applied to other patients.
6. Implement changes in care processes related to the findings of the chart audits.
7. Repeat this cycle monthly to drive quality improvement.

III. Resources Available to Hospice Providers

- For more detailed instruction on accessing CASPER reports, please view the CASPER Reporting Hospice Provider User's Guide. For questions about access to CASPER, or specific provider reports, please contact the QIES Technical Support Office (QTSO) Help Desk at help@qtso.com or 1-877-201-4721.

- For questions about HIS record completion and submission processes, technical questions, questions for users who are registering for the QIES User ID, issues with the HART training modules, and technical support for problems while using the HART software, please contact the QTSO Help Desk at Help@qtso.com or 1-877-201-4721.

- Hospice providers should visit the HIS Technical Information portion of the CMS HQRP website for more information on submitting HIS data to CMS, and information on using the HART, CASPER, and QIES ASAP systems.

- For more information on how quality measures are calculated see the HQRP QM User's Manual in the Downloads section of the Current Measures portion of the CMS HQRP website.

- For questions about HIS and general questions about the HQRP program, reporting requirements, quality measures, and reporting deadlines, please contact the Quality Help Desk at HospiceQualityQuestions@cms.hhs.gov.