



Hospice Quality Reporting Program: Special Open Door Forum



*Update on the Hospice
Assessment Tool Development*

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Housekeeping

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Acronyms in Presentation

CAHPS	Hospice Consumer Assessment of Healthcare Providers and Systems CAHPS® Survey	IDG	Interdisciplinary Group
CHC	Continuous home care	NAHC	National Association for Home Care and Hospice
CMS	Centers for Medicare & Medicaid Services	NHPCO	National Hospice and Palliative Care Organization
COP	Conditions of Participation	NPHI	National Partnership for Hospice Innovation
GIP care	General inpatient care	PGD	Prolonged grief disorder
HIS	Hospice Item Set	QAPI	Quality assurance/performance improvement
HQRP	Hospice Quality Reporting Program	VNAA	Visiting Nurse Associations of America

Agenda

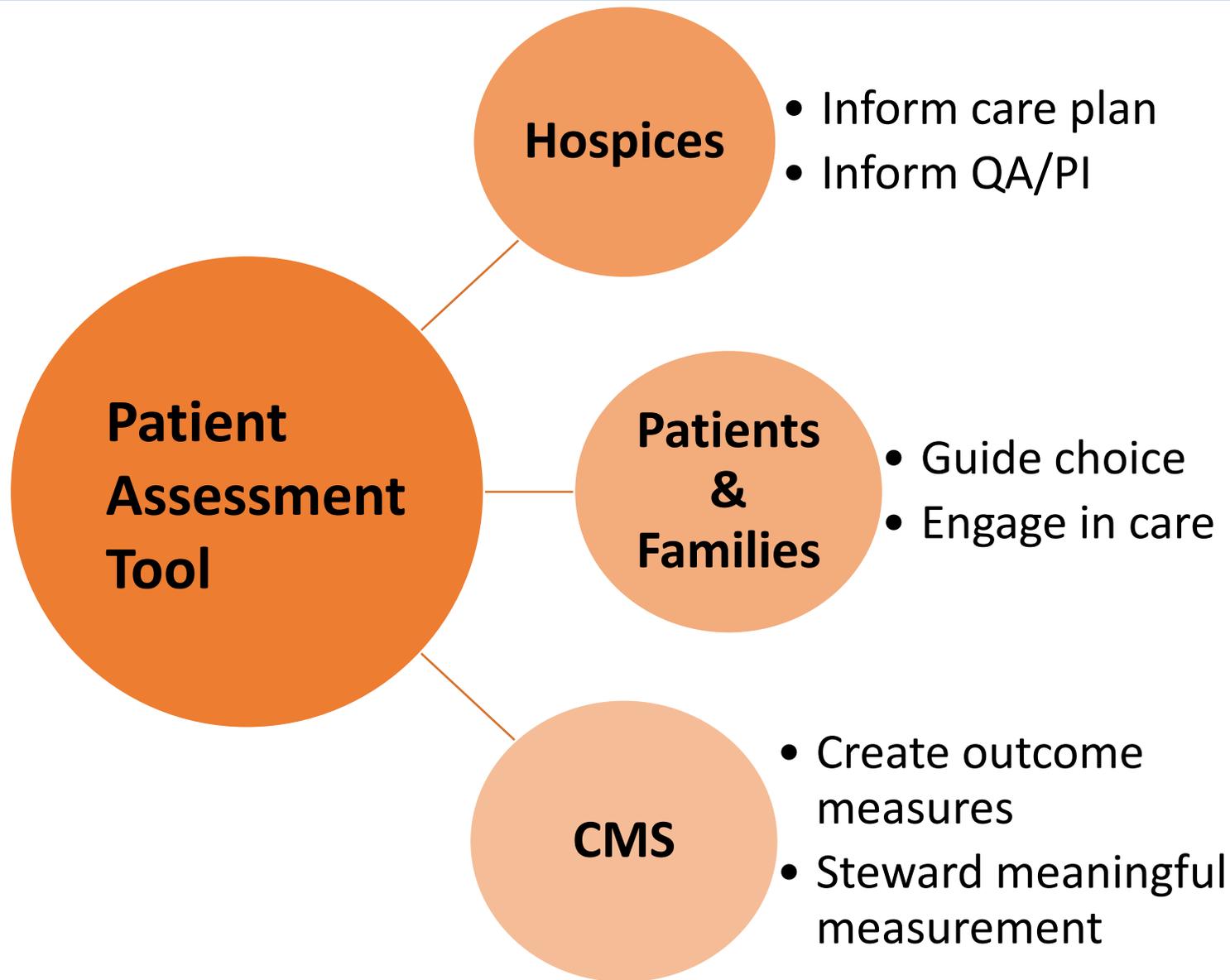
- Background
- Process for redesigning assessment tool
- Current work: information gathering
- Learnings from information gathering to date
- Next steps
- Questions & Answers



Background: Hospice Quality Reporting Program (HQRP) and the Hospice Item Set (HIS)

- HQRP promotes delivery of patient-centered, high-quality, and safe care
- HQRP established by the Patient Protection and Affordable Care Act
- HQRP= HIS + CAHPS
 - This work focuses only on HIS and has no impact on CAHPS.
- CMS has required submission of HIS since 2014. HIS:
 - Includes item sets for admission and discharge
 - Provides basic information about patient and hospice stay
 - Is not a patient assessment tool that can support quality assurance/performance improvement (QA/PI) activities or outcome quality measures
- CMS is developing patient assessment tool to replace HIS

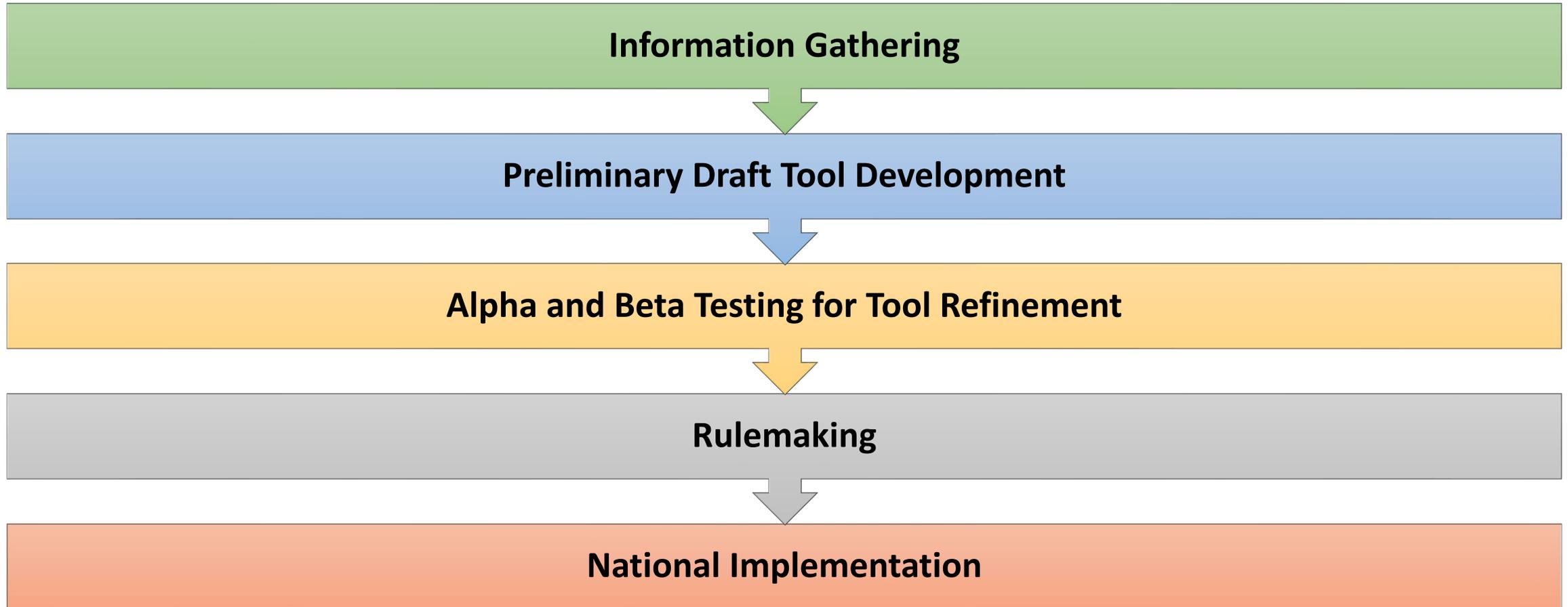
Background: Why develop a patient assessment tool?



Background: Pilot A---Conducted Winter 2018

- Draft hospice patient assessment instrument piloted in 2018
 - Included admission, interim (60 day), interim for actively dying, and discharge
 - Nine hospice organizations participated in Pilot A
- Pilot A identified range of ways to improve assessment instrument
 - Align timing with Medicare Conditions of Participation
 - Address logistical concerns
 - Design items to reflect realities of hospice patients' needs and abilities
 - Reduce burden on hospices

Process for Redesign of the Patient Assessment Tool



Current Stage: Information Gathering



Current Stage: Information Gathering – Listening Sessions



Open discussion on

- Concerns/advice in developing the tool?
- What is important for CMS to do/include?
- What should CMS avoid doing/including?

Listening sessions held with national associations that included:

- NHPCO, April 2019
- NAHC, May 2019
- VNAA, May 2019
- NPFI, May 2019

Current Stage: Information Gathering – Expert Interviews



Request for input/feedback on

- Prior and proposed assessment tools
- Most important factors to consider when developing an assessment instrument

Many Expert Interviews conducted in May 2019, with discussion on:

- Types of tools and their timing
- Quality measures
- Pain symptom scale
- Actively dying
- Spirituality
- Prolonged grief disorder (PGD)

Current Stage: Information Gathering – Literature Review



Conduct literature review to:

- Synthesize latest knowledge on key topics for instrument development
- Identify and assess past/latest available tools/items

Current Stage: Information Gathering – Focus Groups



Request for input/feedback on

- Specific items
- Goals of assessment tool
- Timing/alignment with COPs
- Which items to include in cognitive testing

Call for focus group participants:

- Public call for participants to be posted & held in summer 2019
- 8 virtual sessions
- 90 minutes each

What we learned from the listening sessions

- What are characteristics of high-quality hospice care?
 - Identifies individualized patient goals
 - Provides individualized patient care with right mix of staff
 - Addresses psychosocial aspects of the individual patient's needs
 - Emphasizes support for family and caregiver
 - Facilitates comfortable dying

“Some of the most poignant compliments that you get from family members after patient’s death, is how the staff know when the patient was uncomfortable and didn’t let it get too of control.”

- Listening session participant

What we learned from the listening sessions (continued)

- What are important areas of focus for assessment?
 - Treating the patient as a whole person
 - Understanding patient's choices: What do they want now?
 - Informing the plan of care, including:
 - Symptoms and impact on patient's life
 - Pain (both physical and emotional)
 - Shortness of breath
 - Factors that are important to patients, caregivers and families
 - Caregiver stress and family dynamics
 - Spirituality, concordant care, and risk factors for PGD

What we learned from expert interviews

- Overall
 - Focus on patient goals, symptoms, and caregivers
 - Support quality measures that are primarily focused on care and outcomes
 - Streamline content to limit burden on hospices, patients, and families
 - Require minimal data collection for actively dying patients; avoid interference with vigils
- Pain symptom assessment:
 - Align with hospice day-to-day operations

What we learned from Pilot A sites

- Liked the focus on:
 - Symptom management
 - Inclusion of social work and spiritual questions
 - Outcome measures
- Feedback from hospice staff:
 - 60-day timing of interim assessment not fit hospice workflow
 - Rethink the actively dying assessment
 - Lengthy questions
 - Lengthy tool
 - Cumbersome to complete chart review to abstract information
- Feedback related to patients:
 - Too scripted
 - Too many scales
 - Hard to quantify the number of days on look-back questions
- Suggestions for the tool:
 - Aim for standardization, but not rigidity
 - Link to the plan of care
 - Align with hospice benefit periods: 90, 90, 60
- Suggestions for assessment training:
 - Include clearly defined examples
 - Include direction for skip patterns
 - Provide clinical support during data collection

Applying learnings to assessment tool development

Goals for the patient assessment tool

- Assessment data can be used for care-planning and outcome quality measures
- Apply a patient-centered approach that supports patient choice
- Incorporate full hospice team in assessment process
- Align assessments with the COPs and the hospice workflow

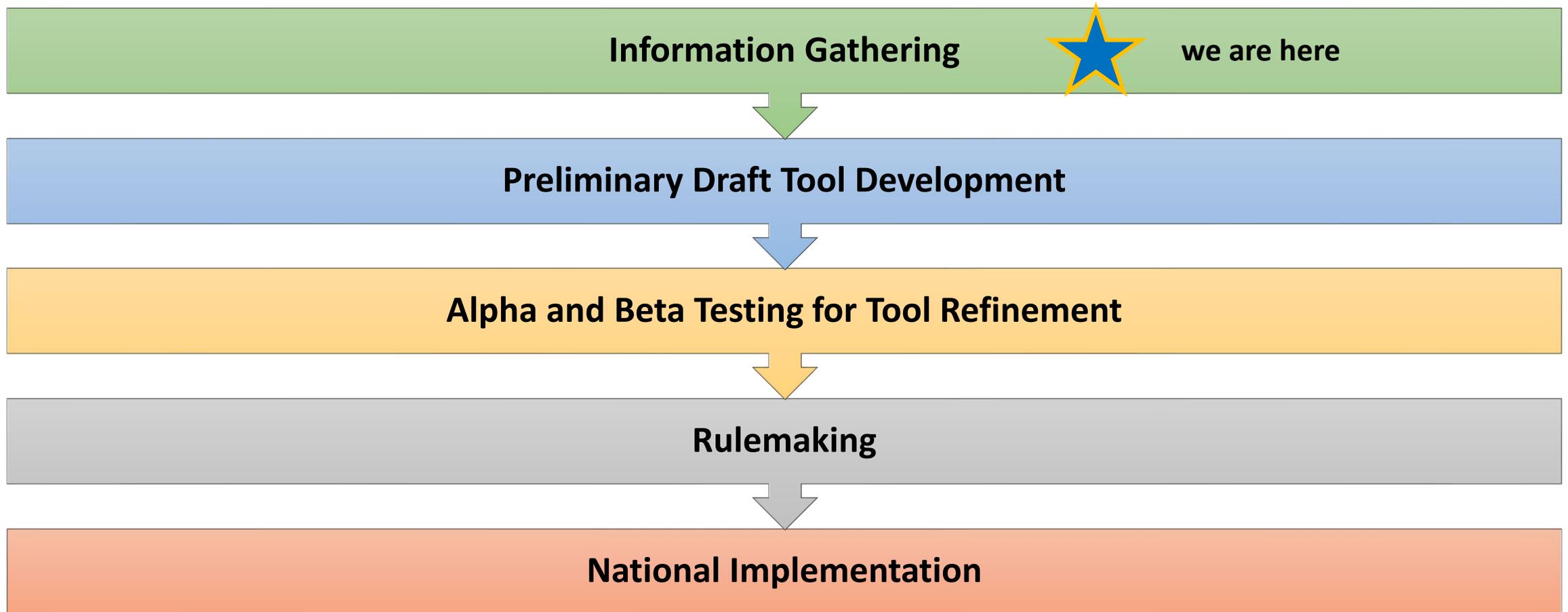
Goals for the patient assessment tool

- Minimize burden of data collection on patients, family, and the hospice team
- Require minimal data collection on actively dying patients
- Integrate the assessment with existing assessments and workflow in current electronic health records

Make instrument user friendly for all staff

- Collect standardized data on symptoms and other important domains
- Create and test materials that map symptoms to a plain language checklist for paraprofessional staff to use for monitoring and determining if outreach to the registered nurse is needed

Next steps



Soliciting feedback from you: a few probing questions

- What does it mean to provide “quality hospice care”?
- How can the assessment tool help measure holistic, patient-centered care?
- What is important for an assessment tool?
- What concerns do you have?
- How can the assessment tool address the needs of patients, their care needs if changing/declining?
- How can the assessment tool address the needs of actively dying patients?

Your Feedback and Input are Always Welcomed

Contact Us Anytime:

HospiceAssessment@cms.hhs.gov

**We appreciate hearing from you
This mailbox is actively monitored**

Thank You