



HQRP Forum

HOPE Update

December 4, 2019

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WELCOME AND INTRODUCTIONS

Cindy Massuda



AGENDA

- **Welcome and Introductions**
Cindy Massuda
- **Update on HOPE Development**
Olga Ehrlich
- **Update on Focus Group Findings and Cognitive Testing**
Olga Ehrlich
- **Update on EHR Vendor Listening Sessions Findings**
Zinnia Harrison
- **Next Steps**
Cindy Massuda



GLOSSARY

CAHPS	Hospice Consumer Assessment of Healthcare Providers and Systems CAHPS® Survey	HOPE	Hospice Outcomes & Patient Evaluation
CMS	Centers for Medicare & Medicaid Services	HQRP	Hospice Quality Reporting Program
COP	Conditions of Participation	IDG	Interdisciplinary Group
CTI	Certification of Terminal Illness	QAPI	Quality Assurance and Performance Improvement
EHR	Electronic Health Record	QM	Quality Measure
HIS	Hospice Item Set	SODF	Special Open Door Forum

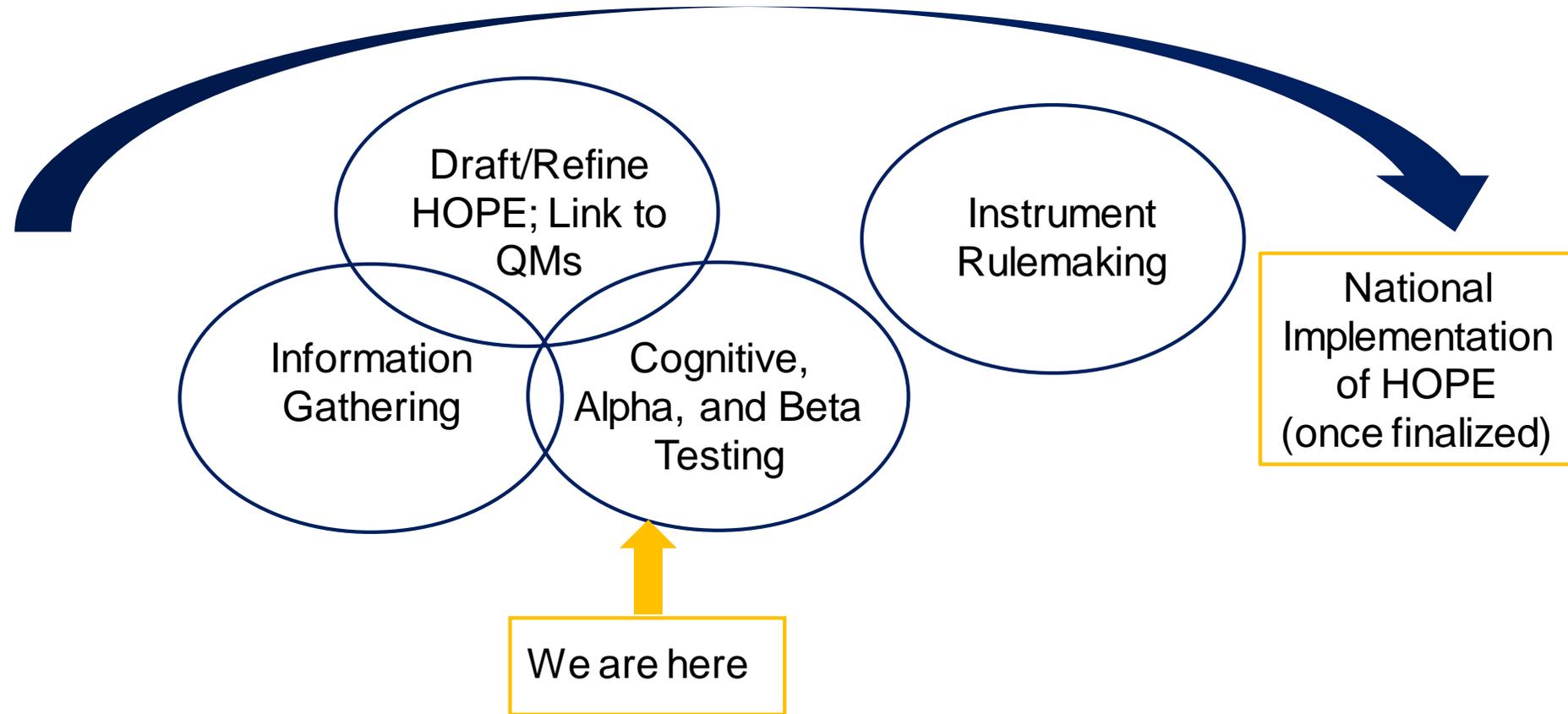


UPDATE ON HOPE DEVELOPMENT

Olga Ehrlich



UPDATE: HOPE DEVELOPMENT PROCESS



UPDATE: ACTIVITIES ENGAGING STAKEHOLDERS

June – September Activities Reported in September SODF

- Interviews with caregivers
- Intent to engagement with EHR vendors
- Focus groups with hospice staff

October – December Activities Covered in December HQRP Forum

- Summarize focus groups with hospice staff
- Cognitive testing with hospice staff
- Convene first in-person Technical Expert Panel



POLL: HQRP FORUM AUDIENCE

Who joined us on the call today?

I am a -

- Consumer
- Clinician
- Hospice staff (non-clinician)
- Vendor
- Staff or Administrator
- Policy or government

Did not respond to the poll



UPDATE ON FOCUS GROUP FINDINGS & COGNITIVE TESTING

Olga Ehrlich



UPDATE: FOCUS GROUPS

- Eight focus groups were conducted in August and September 2019.
- More than 70 hospice staff participated.
- Discussed knowledge and experience of the HQRP or conducting patient assessments.
- Included national representation of hospice demographics.
- HOPE Information Gathering Report and Focus Group Addendum are available in the downloads section of the [HOPE webpage](#).



UPDATE: FOCUS GROUPS

Discussions and goals focused on four primary themes:

1. Input on specific assessment items in regard to approach, definitions, and terminology
2. Key assessment concepts that promote and capture quality hospice care and prioritize them
3. Feedback on proposed assessment types and corresponding timing with hospice workflows
4. Review and validation of a series of symptom assessment items for actively/imminently dying patients to assist hospice staff identify these patients



UPDATE: FOCUS GROUPS

Hospice Demographics Represented

	FOR PROFIT	NOT-FOR-PROFIT	URBAN	URBAN AND RURAL	RURAL	LARGE	MEDIUM	SMALL	FREE-STANDING	FACILITY-BASED
CHARACTERISTICS OF HOSPICES REPRESENTED	56%	44%	21%	47%	32%	46%	44%	10%	79%	21%



UPDATE: FOCUS GROUPS BACKGROUND

- Domains are based on:
 - Listening sessions
 - Expert interviews (e.g. public and private subject matter experts)
 - Relevant clinical practice guidelines, legislation, and regulations
 - High-level literature review
 - Environmental scan of existing items, instruments, scales, and tools
- Focus groups helped expand and validate the evidence base for draft assessment domains and items
- Focus groups guided the scope of subsequent cognitive testing



WHO COMPLETES HOPE?

- HOPE is designed to be an interdisciplinary assessment, with different items assessed at different time points over a hospice episode
- Nurses, social workers and spiritual counselors can contribute to each assessment
- As the discipline that visits patients most frequently over a hospice episode, and given the frequency of physical symptoms, nurses are the ‘global’ assessors
- Therefore, focus groups were used to elicit feedback mainly from nurses



MEASURE & INSTRUMENT DEVELOPMENT

The following are the domains currently being tested for inclusion in HOPE:

- Actively Dying
- Caregiver Well-Being
- Psychological Well-Being
- Social Well-Being
- Physical Symptoms
- Physical Function
- Prognosis and Performance Status
- Spirituality
- Shared Decision-Making & Advance Care Planning



SELECTION OF DOMAINS

Domains for HOPE were selected based on a variety of sources, including:

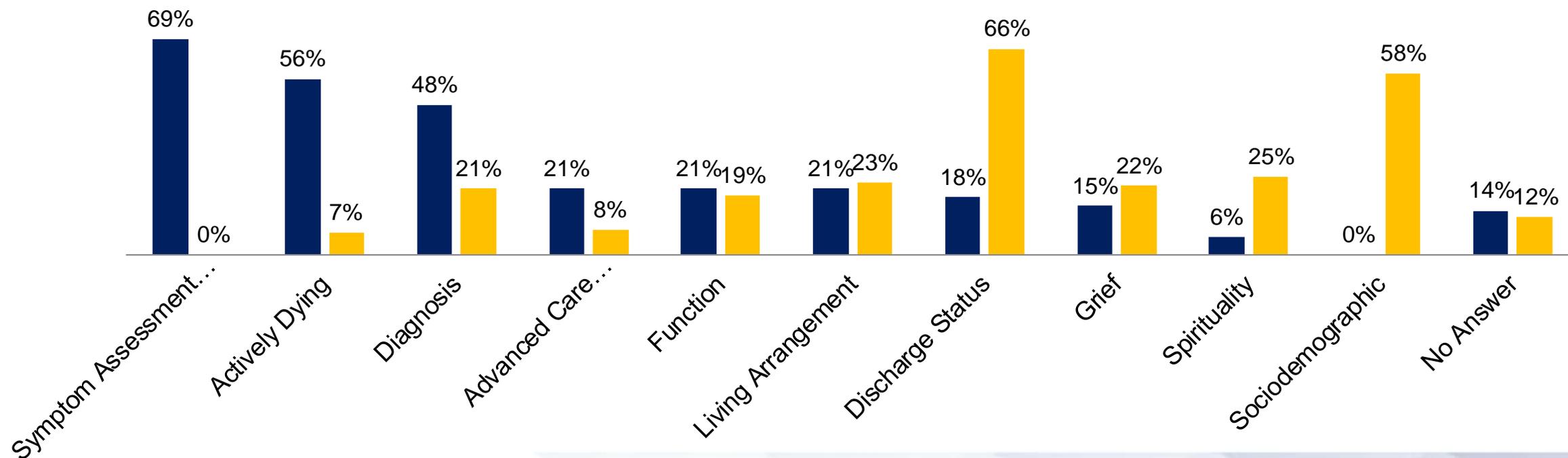
- Goals and business model of hospice care
 - Validation by focus group and expert interview participants
 - Feedback from caregiver interviews
- Medicare Conditions of Participation for Hospice
- Review of guidelines including **Clinical Practice Guidelines for Quality Palliative Care, 4th edition**
- Alignment with information currently being collected via electronic health records (EHRs)
- Our conceptual model linking care context, systems, processes and outcomes for hospice
- Literature reviews



UPDATE: FOCUS GROUPS

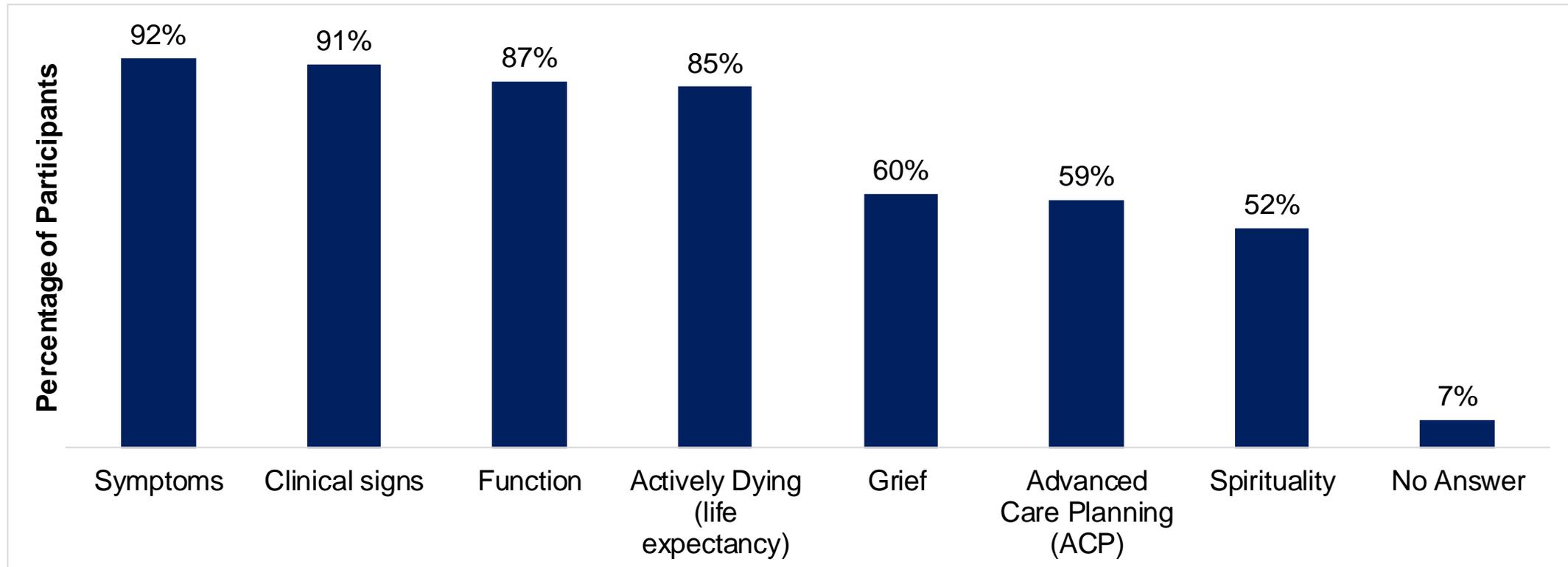
Most Important and Least Important Domains

- % Participants who think it's one of the most important domains
- % Participants who think it's one of the least important domains



UPDATE: FOCUS GROUPS

Nurses assessed these at every visit:



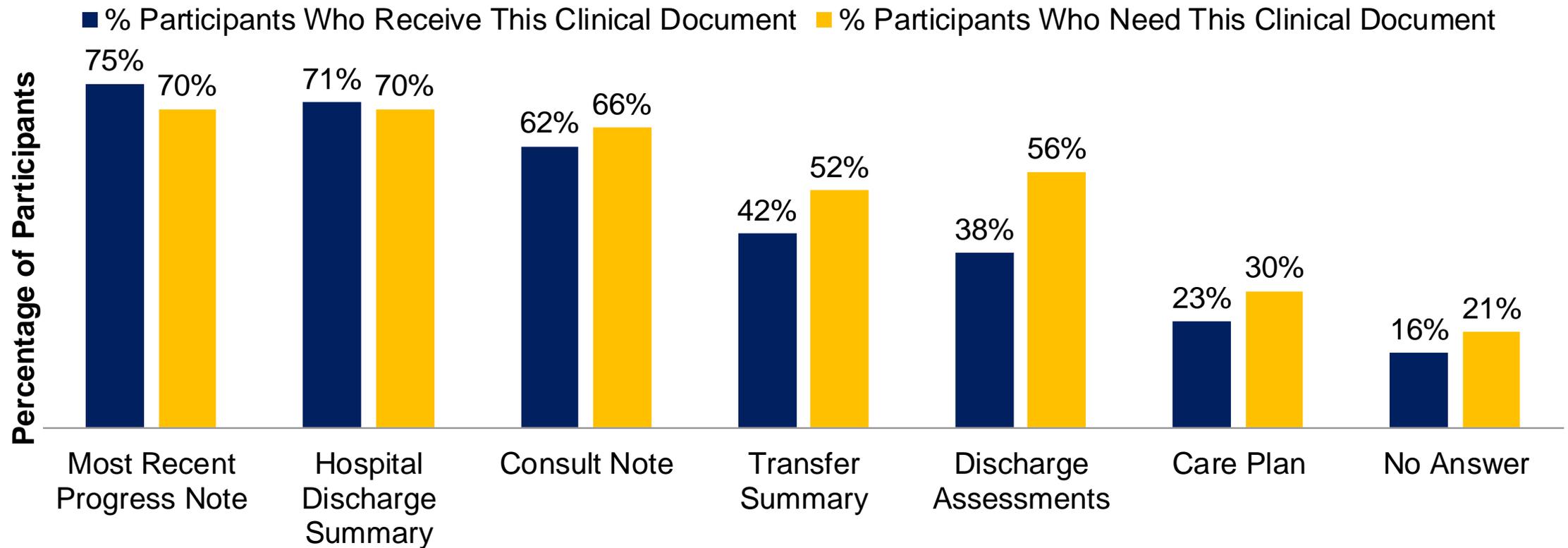
UPDATE: FOCUS GROUPS

- Nurses reported that they captured the following domains before IDG meetings:
 - Symptom management and status of active symptoms
 - Functional status
 - Patient and family coping and anxiety
 - Changes to the care plan



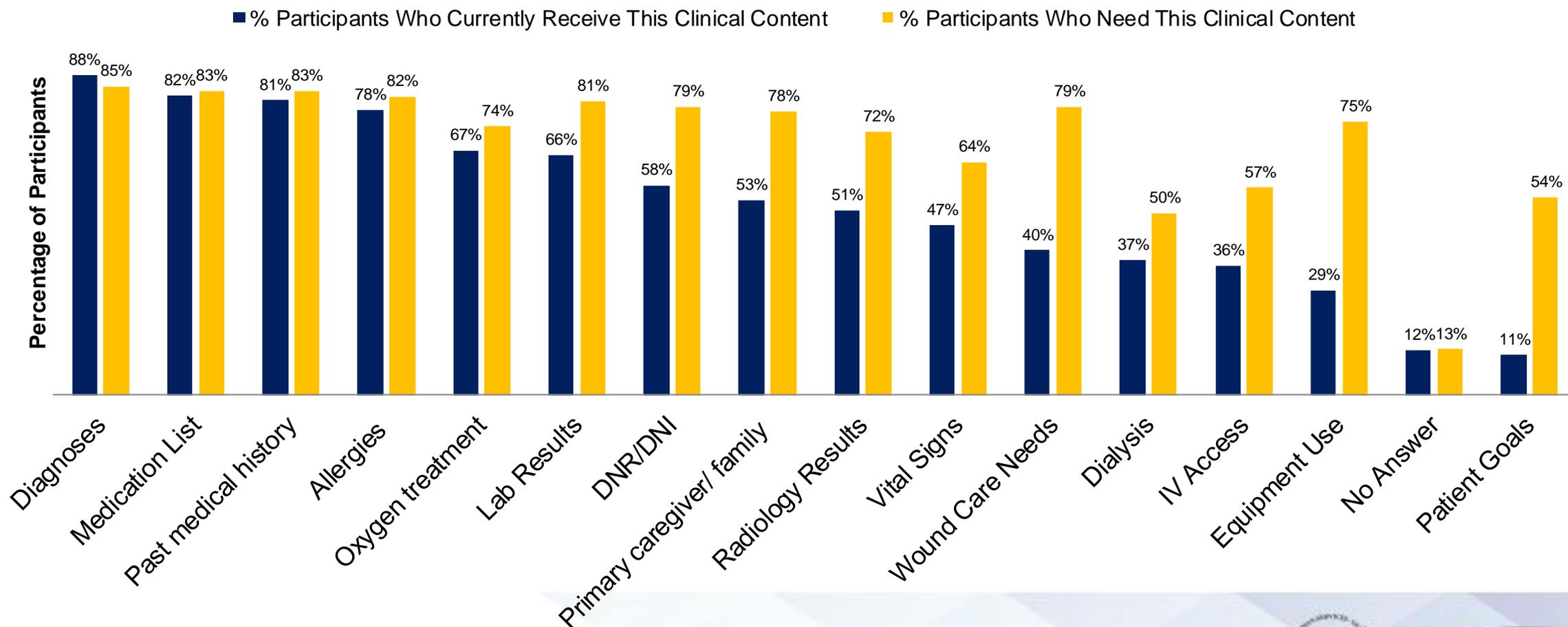
UPDATE: FOCUS GROUPS

Nurses Needs for Documentation vs. Documentation Received



UPDATE: FOCUS GROUPS

Patient Information Received vs. Perceived Value to Nurses



UPDATE: FOCUS GROUPS

- When we asked focus group participants about which EHR systems their hospices used, they reported 18 different systems, including commercial and home-grown.
- The majority used one of 6 commercial systems.

UPDATE: COGNITIVE TESTING

- Used what we learned from Focus Groups. Iterative learning to further develop a draft HOPE using Cognitive Testing.
- Conducted telephone cognitive interviews with hospice nurses and other providers on the hospice team (e.g., social workers, chaplains, and others) between October and November 2019.
- Identified ways to make the survey easier for hospice providers to understand and to complete, including by nurses, social workers, and spiritual counselors
- Refinements to the assessment items and guidance manual were informed by cognitive testing findings.



UPDATE: COGNITIVE TESTING

- As part of the HOPE development, the next phase included analysis of cognitive interview testing.
- Focus group participant feedback helped shape various aspects of cognitive interview content.
 - Assessment of HOPE domains identified as most important by nurses in the focus groups
 - Writing HOPE response instructions to clarify what each item reply required
 - Designing cognitive interview questions that would evaluate participants' understanding of the HOPE instructions



UPDATE: COGNITIVE TESTING

- Assessment of HOPE domains identified as important:
 - **Symptoms:** HOPE items tested included assessing and reporting on symptom severity, interference and patient/family preferences for symptom management to be assessed by nurses.
 - **Actively dying:** HOPE items tested included signs that nurses would use to determine actively dying
 - **Function:** HOPE items tested included elements of function and personal care that nurses would assess at admission and repeated time points.



UPDATE: COGNITIVE TESTING

- Writing HOPE guidance that clarified how to complete the items
 - Revision of the symptom assessment items instructions for cognitive testing
 - Creating examples of possible clinical situations to illustrate how item responses would be chosen
 - Symptoms assessment items assessed by nurses
 - Spiritual care needs assessed by all disciplines, including nurses
 - Patient and family worry/anxiety assessed by all disciplines, including nurses



UPDATE: COGNITIVE TESTING

- Designing cognitive interview questions that would evaluate participants' understanding of the HOPE questions
 - Probes about patient status items
 - Probes about how chaplains/spiritual counselors would assess signs of unmet needs
 - Probes about how social workers would assess patient and family anxiety levels



UPDATE ON EHR VENDOR LISTENING SESSIONS FINDINGS

Zinnia Harrison



POLL: EHR VENDOR LISTENING SESSIONS

Does your hospice agency use an electronic health record?

- Yes
- No
- Unsure

Did not respond to the poll



UPDATE: EHR VENDOR LISTENING SESSIONS

Listening Session Goals

- Learn from the EHR vendors and listen to their concerns regarding the development and implementation of the HOPE.
- Inform and improve stakeholder understanding of the HOPE, which increases their ability to support their clients and future implementation requirements.
- Inform the hospice quality measure development team.

UPDATE: EHR VENDOR LISTENING SESSIONS

Topics of Discussion

- Experiences in developing products that support hospice client's workflow.
- Assessment tools hospices use to support the comprehensive assessment or plan of care.
- Opportunities to inform a hospice's quality or compliance programs.



UPDATE: EHR VENDOR LISTENING SESSIONS

Should an EHR Vendor start making changes to their product(s) now? No.

- HOPE will have multiple testing phases:
 - Cognitive testing
 - Alpha testing
 - Beta testing
- Preemptively making adjustments to your product could devote unnecessary resources.

UPDATE: EHR VENDOR LISTENING SESSIONS

EHR Vendor History and Background: Key Findings

- Hospice products were often a response to the demand from Home Health and home/community care client expansions or changes in the market.
- Many use Human Centered Design and “Agile” to respond to regulatory or client needed changes.
- Vendors offer web based or cloud based platforms with the ability to automatically update data via Wi-Fi. Most also offer point of care software on a tablet, smartphone, or laptop.

UPDATE: EHR VENDOR LISTENING SESSIONS

Workflow: Key findings

- Hospices are collecting initial and comprehensive assessments, certification of terminal illness, and recertification periods – mirrors COP domains.
- Skip patterns are included for most vendors that collect HIS items as part of the assessment.

UPDATE: EHR VENDOR LISTENING SESSIONS

Workflow: Key findings

- Some vendors offer alerts to remind the clinical team about the IDG, CTI, or recertification following the COPs.
- HIS items are standardized, but other items are not standardized.
- Different disciplines complete parts of the assessment based on organizational policy.

UPDATE: EHR VENDOR LISTENING SESSIONS

Examples of Assessment Tools: To support eligibility for hospice, comprehensive assessment, or plan of care:

- Karnofsky Performance Scale (KPS)
- Palliative Performance Scale (PPS)
- Functional Assessment Staging (FAST)
- Edmonton Symptom Assessment System (ESAS)
- Palliative Prognostic Index (PPI)
- ECOG scale (Eastern Cooperative Oncology Group (ECOG) Performance Status)



UPDATE: EHR VENDOR LISTENING SESSIONS

Vendors also identified other assessments, for example:

- Braden Scale
- Pain Assessment in Advanced Dementia Scale (PAINAD)
- Wong-Baker FACES® Pain Rating Scale
- Patient Health Questionnaire (PHQ)
- Clinical practice guideline for specific conditions, such as the New York Heart Association
- Social Worker Assessment Tool (SWAT)

UPDATE: EHR VENDOR LISTENING SESSIONS

EHR support to QAPI programs: Key findings

- Hospices vary on whether they use the EHR data extracts (data-driven) to support QAPI.
 - Some hospices to pull their own data (via a Hospice's IT department).
 - Other vendors do not engage in QAPI with the hospice.

UPDATE: EHR VENDOR LISTENING SESSIONS

- One EHR vendor emphasized the importance of hospices using all available data to the hospice – claims, cost reports, CAHPS®, and HIS to design their QAPI programs.
- EHR vendors recognize the need for standardized assessment items and support the development of HOPE.
- Vendors are following HOPE developments and interested in future engagement opportunities

NEXT STEPS

Cindy Massuda



POLL: HOPE FIELD TESTING

My hospice wants to learn more about participating in HOPE alpha field testing.

- Yes
- No
- Unsure

Did not answer the polling question



NEXT STEPS

- Refine future QM concepts that are linked to the HOPE item based on TEP feedback.
- Post TEP report on HQRP Website.
- Recruitment for HOPE Alpha testing
- Continue developing claims-based quality measures as part of current and future quality measures.



QUESTIONS

Ketchum



Q&A SESSION

- Please submit your questions via the questions tab.
- We will address as many questions as time allows.



RESOURCES

- [HQRP's page on the HOPE](#)
 - Downloads section includes this HQRP Forum presentation and past SODF presentations
 - HOPE Information Gathering Report
 - HOPE Focus Group Addendum
- [Hospice QRP Provider Engagement Opportunities](#)
- [FY2020 Hospice Final Rule](#)
- [Blueprint for the CMS Measures Management System 15.0](#)
- HQRP Quality Measures
 - [Current Measures](#)



FEEDBACK?

Contact us anytime at
HospiceAssessment@cms.hhs.gov

We appreciate hearing from you!
This mailbox is actively monitored.



THANK YOU!

