

## **Rural Hospice Demonstration Project (2005)**

- Section 409 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173) authorized a five-year demonstration for rural Medicare beneficiaries who are unable to receive hospice care at home for lack of an appropriate caregiver. These demonstration patients are provided such care in a rural facility of 20 or fewer beds that provides, within its walls, the full range of hospice services.
- The demonstration tested whether hospice services provided by a rural hospice that does not need to meet the cap on inpatient care days or provide hospice services outside of the facility results in wider access, improved hospice services, benefits to the rural community, and a sustainable pattern of care.
- The demonstration was awarded to the Sanctuary Hospice House (SHH) located in Tupelo, Mississippi and Haven Hospice (formerly Hospice of North Central Florida) headquartered in Gainesville, Florida.
- October 1, 2005 was the start date for the demonstration.
- Site visits, one per site, occurred in February and March 2006.
- The demonstration ended September 30, 2010.
- The demonstration sites served about 1,200 demonstration patients.
- Quality Program for the Demonstration:
  - The demonstration also implemented a Quality Assessment and Performance Improvement (QAPI) Program following the CMS proposed Conditions of Participation (CoP's) for hospice with CMS receiving aggregated metrics electronically.
  - QAPI means that the demonstration sites collect quality data, analyzes their data, and then develop performance improvement projects based on a review of its quality data.
  - Metrics collection began July 2006.
  - The hospices report aggregated data using an electronic tool developed for the demonstration and in conjunction with the hospices using their work processes. The data output is in tables and graphs.
- Each site agreed to work on a health disparity project relevant to increasing awareness and use by underserved populations.
  - SHH focused on engaging this population
  - HH focused on addressing specific cultural issues

- Lessons Learned:
  - Hospices were able to care for all patients appropriately under the traditional Medicare Hospice Program and that this provided a more sound business model.
  - The demonstration was designed to provide lessons learned for future planning of hospice quality measures since this demonstration was the first time Medicare required hospice providers to collect and report on quality measures.
  - To learn about issues in implementing aggregated quality measures, we used rapid response learning. A key to success in fostering the candid discussions that allowed the sites to share and act on their insights was trust and mutual respect between all parties.
  - The sites reported that the aggregated metrics are a useful set of core measures.