

Questions and Answers from Special Open Door Forum: Status Update on the Hospice Outcome and Patient Evaluation Tool – September 12, 2019

1. I didn't get an email link to get to the slides.

a. They are located on the CMS Quality - it's the CMS Quality Initiatives Patient Assessment Instrument. The Hospice - if you go to the Hospice Quality Reporting Program web page. You get onto HOPE, where the HOPE web page is within that Web site. The Hospice Quality Reporting Program. If you just put in your browser CMS HQR - CMS space HQR -- for Hospice Quality Reporting Program -- you should see the CMS Hospice Quality Reporting Program Web site. And once you get onto that Web site you will see HOPE at - you will see what -- on the left hand side -- you'll see a bunch of links, one of them saying HOPE. If you click on the HOPE link... Scroll to the bottom where the downloads are. And the very first download -- at the very top -- says HQR Special Open Door Forum Presentation September 2019. That's what we're working with.

2. One, the words that are there -- None, a doctor Cannot Assess -- those are all descriptive words that I would think are certainly valuable for a symptom screening. Are we going to hear more about the characteristics of the symptoms, a further assessment?

Currently most of us are, you know, we're able to use credible surrogates for patients that are, you know, non-verbal. Whether they're adults or certainly infants, if you have pediatric hospice like we do. So will this assessment tool take that into consideration as well beyond just Cannot Assess? Because with the tools we're using right now -- with the FLACC or the Pain Add -- we certainly get into that.

So I guess I just want to verify that the words here -- the descriptors, the verbal descriptors -- are just part of a screening and that there may be more detailed or in-depth assessment of the pain characteristics? Severity, what makes it better, duration, all that good stuff?

a. Thank you for the question, that's an excellent question. For your - the first part of your question -- where you're asking about further assessment of symptoms -- you're absolutely correct. The HOPE tool in and of itself is not intended to be a complete, comprehensive patient assessment.

The item that you're talking about -- the descriptors for the symptoms -- would be one piece of information that's part of a comprehensive assessment of symptoms. And although the entire comprehensive assessment won't be on the HOPE tool, it's expected that you would be completing the comprehensive assessment as part of your routine care.

For the second part of your question, again you're correct. The intent is for patients to be able to express their symptoms when they're able to do so. But in the event that they're not able to do so, credible surrogates - this item is designed so that credible surrogates can report on this. And so that would be the next step before selecting the option Cannot Assess.

3. For the hospice item set questions for symptoms, the - both the numerator and the denominator for patients screened as well as patients assessed, you know, is reported and is measured. Will there be some type of bridge between hospices' assessment, you know, the components of a comprehensive assessment for these symptoms and the HOPE tool? Or will that just disappear from the HIS measurement? Will HIS measurements look completely different too?

a. Yes, I think you might get some more information -- a little clarity on that -- in the next part of the presentation, where (Marian) is going to talk about quality measurement.

4. We're a hospice EHR vendor. And very interested in the engagement with EHR vendor sessions that you're going to do. How do we get signed up for that?

a. So yes, we are planning to have some engagement, listening sessions with EHR vendors. And we'll be reaching out in the next week or so.

4a. so if we are on this email list we'll just be notified through that? Is that how we would know?

a. Yes. Or you can also email Hospice Assessments@CMS.HHS.gov. And there's a slide at the very end that also has that email.

5. Yes, I just wanted to make an observation about the qualified surrogate. Just to follow up on that issue. One of the things that I think - that I hope -- and pun intended -- the tool will take into account is the surrogate's evaluation of the patient's symptom may have more to do with the surrogate than it does with the patient. So as an example, if I have a cough. It may bother my wife more than it bothers me. And so I'm just hoping that -- as this tool helps lead the organization toward a care plan -- that that part of it is taken into account that it might actually - the issue may actually be with the surrogate, not with the patient. Does that make sense?

a. Yes, it makes complete sense. And I completely agree, you're actually completely correct. Surrogate assessment of a symptom does not necessarily only reflect the patient. It reflects their perceptions as well.

6. I wanted to just focus on the role of the patient. It does have some relationship to the use of surrogates in responding to this. But my question is whether there is any plan to engage patients in this as opposed to caregivers and patient advocacy groups? In doing this research in the past I've found that you almost always get insight when you talk to the person receiving the care rather than people who are speaking for that person.

a. I completely agree. And the patients play a very important part in testing items so that we can learn from people who are receiving the care. Their perceptions about the assessment that's being completed. And we certainly use that information as we continue to make refinements to the assessment tool itself.

7. I'm an EHR vendor as well. And I guess one of the questions I have with the IPOS is, is this a tool that we anticipate handing to the patient family to fill out? And then would have to some way electronically put that in with the other information from the HOPE assessments? And

merge that all in to send up? Or what were your thoughts about - or are these questions that the clinicians would ask and capture that data through interview type process?

a. Part of what we're working on right now is determining exactly what format the assessment will take. And certainly what we're hoping to accomplish -- sorry, no pun intended -- is a mechanism that will allow assessment that follows the usual work flow and that is not overly burdensome. So for example -- as you indicated -- rather than having hard copy tools that you hand to patients, you know, what we would ultimately like to accomplish is an ability for information to be collected with -- for example -- a point of care device so that it could be electronically saved and transmitted. But that's part of the work that's ongoing right now.

8. We are curious to be able to see a draft version of where you are with the HOPE tool.

a. We will be sharing it as we get through the testing phase. We are at the very, very early stages now where we are looking at it from concepts and cognitive testing. And with our focus groups. If you go back several slides -- where we were showing visually -- that's where we are. So as we're able to test it in the beginning of calendar year 2020 we will be sharing the tool at that point.

9. I was curious to know why these claims measures were going to be continued to be developed? Or what the purpose they would serve, knowing that they have limited clinical information?

a. So claims-based measures work with the perspective of giving - broadening a portfolio of measures for C - for the Hospice Quality Reporting Program. So it's part and parcel of a much larger set of measures, including outcome, process, the CAHPS hospice survey metrics, and so on. But by being able to capture some claims-based measures, it is - it benefits from, you know, there's a very low level of burden to providers because we're using claims. And there's a lot of - there is some good information. And so -- in areas where there is good information from claims data -- we would like to be able to - we plan to use it for quality measures in the future.

9a. Are there current claims measures in this - in the Hospice Quality Reporting Program? Or no?

a. At this time there are not any claims-based measures.

9b. But is there the infrastructure available right now to be able to eventually accept quality measures that are developed off of the HOPE tool? Or even - well obviously the claims measures there are. But for the, you know, for these outcomes patient-reported quality measures?

a. we're obviously in the very early stages. And we've been holding special open door forum calls for about a year now. And we do it about once a quarter. In addition to that, we provide other educational materials. And that's part of

what we'll be doing as we keep developing this tool. We continue - we will be continuing with education and training and development with the hospices so that when we are - it's ready to be rolled out and put into place. This is obviously after rule making and we finalize the HOPE tool. We will make - we're working to have that training in place so that it - the infrastructure and everything's there. Which is why we're also working with our EHR vendors.

10. My question is how the HOPE tool will be different from the quality measures that we gathered even prior to HIS? When -- prior to HIS -- when we did the quality measure about acceptable pain in 48 hours, that seemed to be an outcome measure. But it seemed not to gather enough data to show what kind of patients we were assessing. It seemed to benefit a hospice that had lots of patients who were maybe dementia patients who didn't have pain in the first place. And not take into account the type of more critically - a patient who required more critical interventions.

a. We are at the beginning phases of the measure conceptualization process. We're testing the instrument or the items in the HOPE and looking to develop quality measures based upon those. We can't specifically say exactly what those quality measures will look like. But what we can say is that there are going to be plenty of opportunities in the future to provide feedback on those measures and any concerns that you might have. So please stay tuned to the Hospice Quality Reporting site, because we are looking for feedback.

11. Will there be an application for this HOPE tool to pediatric hospice patients? That's number one. And number two -- and this is a much larger question -- will there be any - is there or do you anticipate coordination application of this model for palliative care in home health? And that's of interest I'm sure to those of us that operate multiple programs.

a. The first question you asked -- about application to pediatric -- we're still in the point of instrument development where we don't have a firm answer on that yet. So stay tuned. We certainly - it's certainly under consideration exactly how that will work. And then the second part of your question, can you help me understand just a little bit? You're asking about application of the model in home health, but I'm not sure exactly what you might mean by that.

11a. Well, palliative - the palliative care program and home health program obviously are under different regulations and have different measures. I'm just curious, in the bigger picture or longer term is the - are - is CMS looking at how those programs too are measuring - looking at their measures? As you referenced before -- applying a meaningful measure framework to other programs? I apologize, I know it's bigger than hospice right now. But it's certainly worth considering. Or maybe you're thinking let's do this first, test it, apply it, and then see if it could be applicable to other CMS programs.

a. we're obviously developing this for the hospice setting. But if there is applicability to it or an appropriate need to apply it in other settings, that is something we would be, you know, we -- as an agency -- we would obviously want to do. To make the most appropriate use of our measures across multiple settings as appropriate. But at this time it's being developed for the hospice setting, and that's where it's being tested.

11b. I'm just thinking in terms of populations that move, often between these programs. That it might be something to consider down the road.

a. Then I will say like the Impact Act of 2014 -- which resulted in the SPADEs being developed across the different post-acute care settings of home health, SNFs, in-patient rehab, and long-term care hospitals -- those settings - that Act, that - those set of measures that were set up. While hospice was not a part of the Impact Act -- we are looking at those SPADEs measures that were just recently rolled out in those other four post-acute care settings to see if there's any applicability to apply them in the hospice - in this HOPE tool. And if there are, where we see applicability we are planning to test it. But all - not necessarily everything that's in SPADEs makes sense to be testing in hospice. But again, because we want to see continuity of care across settings we are looking at that and being thoughtful about that. And I mean if you have ideas or you have thoughts you're always welcome to send them. I mean we're happy to hear them here on this call, but also we do have our mailbox. The HospiceAssessment@cms.hhs.gov mailbox, which is listed at the end of these slides. Always welcome to send your comments, your thoughts. We - the people who are on these calls are the people who look at those comments. I appreciate your thoughts.

12. Just to follow up on the earlier call or question about the claims-based measures. Do you have any specific concepts that you're exploring with claims-based measures at this time?

a. We are at the concept stage. And we haven't really developed a path to concept because we're - I mean to think about it further than that at this point. At the time when we're ready to think about it broader than that, where we feel it has more potential -- we will be sharing it. But at this point we're just really looking at different concepts. I mean if you have ideas, again we're very interested in hearing ideas that you may have.

13. You said that claims measures broadened the portfolio of hospice measures? And I'm wondering if you can explain what the value is in that besides job security for me as a quality professional?

a. So when I say broader I don't mean in the sense of just bigger for the sake of bigger, as bigger would be better. That's not the thought. The thought is, is that we need a set of meaningful measures in hospice. And right now what we really have is a - the composite measure of representing the comprehensive assessment. That's showing - there's measures that are showing variability right now, is that measure. And then we have the CAHPS measures. So the other seven hospice item set measures right now are not showing variability across hospices. So we are looking at developing measures that give us that level of variability. But at this point really having - and then we have the hospice visits when death is imminent measure. So there's three measures at this time that are showing variability in the program. We believe there is other areas of hospice to be measuring and to be looking at, which is what the outcome measures of HOPE gets to. And then claims-based. I mean even when you look at something like hospice visits when death is imminent, the part, you know, what parts of it could be, you know, could look at that is are there ways to do that claims-based? It's just what can be done on a claims-based approach, which would reduce burden to the providers and provide meaningful measures to the hospice community -- our consumers -- and obviously make the program stronger. So when we say "broader", it's not meant - it's meant to be more meaningful. So maybe I should use the term more meaningful to - in hospice.