

Project Title:

Development of the Hospice Quality Reporting Program HEART Comprehensive Patient Assessment Instrument

Dates:

- ◆ A one to two-day webinar TEP meeting projected to take place mid to late September 2017.
- ◆ And/Or, an additional in-person meeting approximately 8-10 months following the *first* webinar meeting.
- ◆ Follow-up meetings via webinar or telephone as necessary.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with RTI International to develop an expanded item set called the Hospice Evaluation & Assessment Reporting Tool (HEART), covering the comprehensive patient assessment for hospice providers. The contract name is Hospice Quality Reporting Program Measure Development, Maintenance and Support. The contract number is HHSM-500-2013-130151. As part of its item development process, CMS asks contractors to convene groups of stakeholders and experts who contribute direction and thoughtful input to the contractor during the item development process.

The purpose of this project is to develop an item set that would allow for a broader picture of the quality of care provided by hospice agencies, as well as a more comprehensive picture of patient need and service delivery for hospice patients. Thus, the HEART instrument includes items that are critical for high-quality patient care, including those elements that help hospice providers work with patients and families to establish goals of care consistent with the individual's values. HEART will give CMS insights into the quality of care delivered to patients, generating the ability to calculate meaningful quality measures from the items, and help CMS identify patients who require the highest intensity of hospice services, which may allow CMS to explore future payment refinements. Finally, the HEART instrument will be useful for other CMS regulatory activities, including survey and care planning to ensure a multifunctional assessment that will meet all of CMS's core needs.

The purpose of this standing TEP is to explore implementation and content related topics prior to and concurrent with the pilot testing of this instrument, mindful of the necessary items for potential future quality measures and payment refinements after additional reliability, validity, and national testing has been completed. This TEP will focus on the feasibility and usability of the HEART instrument as well as identifying potential barriers to implementation. Additionally, this TEP will discuss the refinement of specific patient assessment domains and items based on pilot testing findings. After pilot testing, this TEP will explore the potential for future quality measures based on HEART patient assessment items. We aim to involve participants with diverse backgrounds and experiences. This includes, but is not limited to, hospice clinicians, those with experience in hospice

quality reporting and from different types of hospice organizations with distinct organizational structures, and settings, and researchers/measure developers.

Project Objectives:

- ◆ Gather feedback on the feasibility and usability of the draft HEART instrument
- ◆ Determine potential barriers to implementing the HEART instrument in varying hospice settings and discuss remediation strategies
- ◆ Refine draft HEART patient assessment items
- ◆ Determine the direction of future quality measures based on HEART patient assessment items

Scope of Responsibilities:

Members of this TEP will inform the direction and development of items covering the comprehensive patient assessment for hospice providers. The TEP will review and provide input regarding findings from the environmental scan on the item concept domains and concepts identified; provide input regarding the feasibility and usability of the draft HEART instrument; provide advice regarding remediation strategies for potential barriers to implementation; and provide input for future quality measures based on the HEART patient assessment.

Guiding Principles:

Participation on the TEP is voluntary. As such, individuals wishing to participate on the TEP should understand that their input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that may be disclosed to the general public. If a participant has disclosed private, personal data by his or her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If patient participants (only) wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by the TEP organizers.

All potential TEP members must disclose any current and past activities that may pose a potential conflict of interest for performing the tasks required of the TEP. All potential TEP members should be able to commit to the anticipated time frame needed to perform the functions of the TEP.

The TEP will evaluate the feasibility and usability of the draft items. Feasibility evaluates the extent to which the required data can be captured accurately without undue burden, and can be implemented for a more comprehensive picture of patient need and service delivery for hospice patients. Usability assesses the extent to which intended audiences could use the patient assessment items for future quality measures.

Based on their discussions, TEP members will make their decisions by voting.

Estimated Number and Frequency of Meetings:

- ◆ TEP members will provide input throughout the development, implementation, and refinement process. This time commitment will span from September 2017 through

September 2018.

- ◆ A one to two-day webinar TEP meeting projected to take place mid to late September 2017.
- ◆ And/Or, an additional in-person meeting approximately 8-10 months following the *first* webinar meeting.
- ◆ Follow-up meetings via webinar or telephone as necessary.

Date Approved by TEP: TBD

TEP Membership: TBD