


Quality Reporting Update


Carol Spence PhD
Vice President Research & Quality
NHPCO

Presentation covers ...


- Review of the current quality reporting requirements
- New quality reporting requirements for 2014 and beyond
- Creating an action plan – and taking action




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BACKGROUND





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ACA
(Health Reform Legislation)


- Requires hospices to submit data on selected quality measures to receive annual payment update for **fiscal year 2014** and subsequent fiscal years.
- Beginning in **FY 2014**, hospices that do not submit required quality measure data will have their market basket rate reduced by 2% for that FY.



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**Hospice Quality Reporting:
Past and Present**




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QUALITY REPORTING
First two years of Quality Reporting

Data Collection	Data Submission	Financial Penalty
10/1/2012 – 12/31/2012	1/31/13 (QAPI Structural) 4/1/2014 (NQF #0209)	FY 2014 (10/1/2013)
1/1/2013 – 12/31/2013	4/1/2014	FY 2015 (10/1/2014)





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QUALITY REPORTING

Summary

- ❖ Two measures (*QAPI structural and NQF #0209 Comfortable Dying*)
- ❖ Data collection timeframe – calendar year
- ❖ Submission date
 - ❖ *QAPI Structural: April 1 deadline*
 - ❖ *Comfortable Dying: April 1 deadline*
- ❖ Submission is online
- ❖ Penalty for non-compliance (*2 % reduction in market basket update*)





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QUALITY REPORTING

THE THIRD YEAR


- Data collection and submission for QAPI Structural measure and NQF 0209 are discontinued
- CY 2013 is the last data collection year; 2014 is the last submission year for these measures
- FY 2015 is the last payment determination year for these measures




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**Hospice Quality Reporting:
Future - Part I**


(but not too far off)




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QUALITY REPORTING
HOSPICE ITEM SET (HIS)

- Patient level data collection tool
- Data used to calculate 7 new measures





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QUALITY REPORTING - HIS

Six NQF Endorsed Measures:

NQF 1634 Hospice and Palliative Care -- Pain Screening
 NQF 1637 Hospice and Palliative Care --Pain Assessment
 NQF 1638 Hospice and Palliative Care -- Dyspnea Treatment
 NQF 1639 Hospice and Palliative Care -- Dyspnea Screening



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QUALITY REPORTING - HIS


Six NQF Endorsed Measures:

NQF 1617 Patients Treated with an Opioid who are Given a Bowel Regimen
 NQF 1641 Treatment Preferences

One Modified NQF Measure:

NQF 1647 Beliefs/Values Addressed



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QUALITY REPORTING - HIS

Specifications for the measures --

National Quality Forum (NQF)
Final Report on Palliative and End of Life Measures

http://www.qualityforum.org/Projects/Palliative_Care_and_End-of-Life_Care.aspx#t=1&s=&p=



(or Google search: NQF Palliative end of life measures endorsement summary)

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QUALITY REPORTING - HIS



- Implementation starts **July 1, 2014**
- Data on admission and discharge of every patient
 - All payers
 - All ages
- Hospices who fail to report HIS data in 2014 will have a 2% market basket reduction for FY2016

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QUALITY REPORTING - HIS

Data Collection	Data Submission	Financial Penalty
7/1/2014 – 12/31/2014	Rolling	FY 2016 (10/1/2015)

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QUALITY REPORTING - HIS

ADMISSION FORM

Separate HIS form for each admission

➤ **Section A: Administrative Information**

- Provider numbers – NPI, CNN
- Site of Service
- Admission data
- Date nursing assessment
- Patient name, SSN/Medicare #'s, demographics
- Admitted from (location preceding hospice admit)



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QUALITY REPORTING - HIS

CARE PROCESS ITEMS

used for measure calculation

➤ **Section F: Preferences**

- CPR
- Other Life-Sustaining Treatment
- Hospitalization
- Spiritual/Existential Concerns



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QUALITY REPORTING - HIS

➤ **Section J: Health Conditions**

- Pain Screening
- Comprehensive Pain Assessment
- Shortness of Breath Screening
- Shortness of Breath Treatment

➤ **Section N: Medications**

- Scheduled Opioid
- PRN Opioid
- Bowel Regimen





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QUALITY REPORTING - HIS

NON-CARE PROCESS ITEMS
not used for measure calculation

- **Section I: Active Diagnoses**
 - Principal diagnosis
- **Section Z: Record Administration**
 - Signatures
 - Person(s) completing HIS
 - Person verifying all sections are complete






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QUALITY REPORTING - HIS

DISCHARGE FORM
separate HIS form for each discharge

- **Section A: Administrative Information**
 - Patient identification information
 - Discharge date
 - Reason for discharge
- **Section Z: Record Administration**
 - Signatures






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QUALITY REPORTING - HIS

The HIS is not –
a patient assessment instrument and will not be administered to the patient and/or family or caregivers



The HIS is -
a standardized mechanism for abstracting data from the medical record

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QUALITY REPORTING- HIS
Form Completion and Data Submission



- Electronically online
- Ongoing basis
- 14 days from admission to complete HIS- Admission records
- 7 days from discharge to complete HIS- Discharge
- 30 days from a patient admission or discharge to submit






QUALITY REPORTING - HIS

CMS Resources

- CMS HQRP Web site – HIS page
 - HIS Manual
 - HIS Training slides
- Quality Help Desk:
HospiceQualityQuestions@cms.hhs.gov.





HIS PREPARATION
New approach



HIS PREPARATION

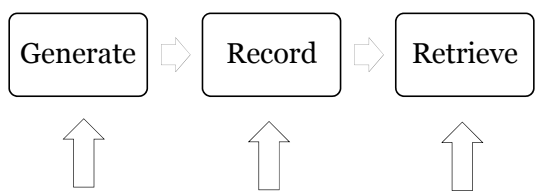
How can I be sure I have all the HIS data I need to submit?

And how can I be sure the data are accurate?





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The Data Process





```
graph LR; Generate --> Record; Record --> Retrieve; U1[↑] --> Generate; U2[↑] --> Record; U3[↑] --> Retrieve;
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Data Process Review

- ✓ Identify needed data elements
- ✓ Review care processes to ensure elements are generated
- ✓ Review documentation processes to be sure data elements are being documented
- ✓ Locate the HIS data elements in clinical record – practice data extraction if feasible





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Organizational Checklist

Look at systems/practices supporting the quality reporting process

Data Retrieval/Patient Record Processes

- ✓ Work with software vendor
- ✓ Create own reports
- ✓ Use worksheets



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HIS Data Generation Checklist

WHO?

Staff Assignments

Multiple staff possible --

- SOB screening and treatment – Nurse
- Pain screening and assessment – Nurse
- CPR preference – Nurse, SW, Chaplain





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HIS Data Generation Checklist

WHAT?

Match care process data elements in HIS to your hospice's practice/procedures –

- Pain screening and assessment?
- SOB screening and treatment?
- Bowel regimen when opioids prescribed?
- Preferences discussion ?
- Beliefs/values discussion?





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HIS Data Generation Checklist

WHEN?

- Know when care process data are generated
 - Prior to admission (*preferences*)
 - Initial nursing assessment
 - Comprehensive assessment
 - Up to 14 days after admission (*opioid/bowel regimen*)





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HIS Data Documentation Checklist

WHAT?

- Are all data items being captured?
Documentation needs to correspond with data generation

Example: *SW may have hospitalization preferences discussion but not document it*





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HIS Data Documentation Checklist

HOW?

- Compatible with HIS form?
 - Example: Section I0010 Principal Diagnosis
 - Cancer
 - Dementia/Alzheimer's
 - None of the above
- Avoid narrative or create documentation in addition to narrative



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HIS Data Documentation Checklist

How?

May need to modify/make additions to patient record:

Example: Reason why bowel regimen not initiated or continued:

- o Imminent death
- o Diarrhea
- o Other _____





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HIS Data Documentation Checklist

How?

Are care processes data items associated with a date?

- Preferences (*CPR, non-CPR, hospitalization, spiritual concerns*)
- Pain Screening and Assessment
- SOB Screening and Treatment
- Opioid order/bowel regimen



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HIS Data Retrieval Checklist

WHERE?

Location of data you need

- *All in patient records?*
- *Any in administrative/billing records?*
- *Other areas (e.g. pharmacy records)*

Who did the documentation usually guides where it is located.





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HIS Data Retrieval Checklist

WHERE?

EXAMPLE: Section A

- Admission Date
- Initial Nursing Assessment Date
- Site of Service at Admission
- Admitted From



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HIS Data Retrieval Checklist

WHEN?

For all care process items, documentation used for HIS needs to correspond with initial:

screening/assessment/discussion

except opioid/bowel





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HIS Data Retrieval Checklist

HOW?

- Write Own report?
- Vendor Report?
- Paper record – create worksheet




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HIS Data Completion/Submission Checklist
WHO?

Different staff or same for completion and submission?

Multiple staff for completion?

- Care process items (F/J/N) vs administrative (A/I/Z and all Discharge)?
- Clinical expertise needed?





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HIS Data Completion/Submission Checklist
WHO?

Do any HIS data elements require clinical judgment?

Answer depends on how data elements are documented





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HIS Data Completion/Submission Checklist
WHEN?

Tracking/reminder system for:

- Admission
 - Completion
 - Submission
- Discharge
 - Completion
 - Submission





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HIS Data Completion/Submission Checklist

Have policy/procedure in place related to:

- Creation of HIS
- Retention of HIS submission





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HIS Data Completion/Submission Checklist

Signatures in Section Z

- Signature and date for all staff who completed any section
- Signature of person verifying that form is completed





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Quality Reporting - HIS

NHPCO Resources


- Quality Reporting webpage:
www.nhpco.org/qualityreporting
- Quality email address:
quality@nhpco.org




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**Hospice Quality Reporting:
Future - Part II**

(but it will be here before you know it)



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QUALITY REPORTING


THE FOURTH YEAR

**Hospice Experience of Care Survey
Hospice CAHPS**

- Post-death caregiver survey
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) family of surveys
- Borrows heavily from FEHC
- Requires contract with a vendor for survey administration
- Fewer than 50 deaths 1/1/14 – 12/31/14 = exempt




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QUALITY REPORTING - HOSPICE CAHPS

Implementation

- Mandatory “dry run” for at least 1 month in first quarter of CY 2015
- Continuous participation starts April 1, 2015
- Participation will affect the FY 2017 payment determination year
- Dedicated survey web site




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QUALITY REPORTING - HOSPICE CAHPS

Data Collection	Data Submission	Financial Penalty
1 month in 1 st quarter 2015 (1/1/2015 – 3/31/2015) AND monthly 4/1/2015 – 12/31/2015	TBA	FY 2017 (10/1/2016)




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QUALITY REPORTING - HOSPICE CAHPS

- Core set of questions
- Additional setting specific questions
 - Home
 - Nursing Home
 - Inpatient
- Location at death determines which additional questions respondent answers



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QUALITY REPORTING - HOSPICE CAHPS

FIELD TEST


Surveys

- Home version = 71 items
- Nursing Home version = 65 items
- Inpatient version = 67 items

➤ *Expect reduction in number of questions based on analysis of survey data*



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QUALITY REPORTING - HOSPICE CAHPS

View materials:

- Paperwork Reduction Act (PRA) portion of CMS web site: <http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10475.html>

OR

- Google: CMS-10475



Quality Reporting Questions

