

## Part B Insider (Multispecialty) Coding Alert

### Hospices: Quality Reporting Burdens May Ruin Small Hospices

#### Hospice providers give CMS an earful on quality reporting proposals.

Hospices are hoping to see a lot of changes to Medicare's quality reporting plans when the final rule spelling them out is published shortly.

Chief among the complaints about CMS's proposals is the lack of any spiritual or psychosocial measures for inclusion in the first round of expansion.

Background: After its voluntary test last year, CMS began requiring data reporting for two measures Oct. 1 -- the structural measure on whether a hospice has a Quality Assessment and Performance Improvement (QAPI) program that includes at least three quality indicators related to patient care; and National Quality Forum-endorsed measure #209 on pain management. As opposed to the test last year, hospices can at least check off their quality indicator topics rather than enter free text descriptions of them.

Next, CMS plans to add more measures to the collection and implement a dataset to promote uniformity of the data collected, it says in the 2013 proposed home health prospective payment system rule, which included a section on hospice quality reporting.

Commenters on the rule were generally supportive of the proposed measures. But they had one major gripe.

"Since hospice care is health care that provides for the physical, emotional, psychosocial and spiritual needs of dying patients and its goal is to palliate, not cure, it is essential that quality measures include" both spiritual and psychosocial quality measures, says Covenant Hospice in Florida in its comments on the proposed rule.

The currently proposed measures address only physical symptoms, points out one commenter from Kentucky.

Plus: "Hospice care ... extends beyond the death of the patient to include bereavement support for the caregiver," points out Delaware Hospice. "This focus is the hallmark of hospice and leads to the generally high satisfaction rates with hospice care. The proposed measures are missing critical components of measuring quality in hospice."

The Hospital and Health System Association of Pennsylvania "strongly recommends that CMS consider adoption of a measure that assesses the hospice providers' attention to patient and family end-of-life care wishes," HAP says.

The Visiting Nurse Service of New York was one of multiple commenters that suggested using NQF measures #1641 (Hospice and Palliative Care-Treatment Preferences) and 1647 (Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss) as spiritual/psychosocial measures.

While managing symptoms "is an important part of what hospices do, it provides a partial view of hospice care, and particularly fails to identify that which distinguishes hospice from other care models: the recognition of the whole person including emotional, psychological and spiritual domains, as well as its attention to care coordination and patient preferences," the Midwest Care Alliance explains in its comment letter.

Other comments covered the timeline. CMS expressed a desire to implement a hospice quality dataset in 2014 and additional quality measure data collection in 2015. That timeline, particularly for the dataset, is unrealistic, many commenters maintained.

"This is a very aggressive timeline, especially given that the only testing of the item set proposed to take place is already

underway and may be insufficient to identify burdens and barriers that hospices will encounter when rolling out the item set," one commenter said.

Hospices must have the dataset form well ahead of time "so that they can become familiar with the process, have adequate time to train staff, and integrate the data collection process into their software systems," stresses the Hospice & Palliative Care Association of New York State. "We urge CMS to make the hospice data submission form available as soon as possible."

Try this: "Because of the burden and challenges these changes will place on hospice providers (and their software vendors), we urge CMS to give more time for implementation and/or consider lowering the number of measures to be implemented in a given year," HPCANYS says.

Note: The proposed rule is at [www.gpo.gov/fdsys/pkg/FR-2012-07-13/pdf/2012-16836.pdf](http://www.gpo.gov/fdsys/pkg/FR-2012-07-13/pdf/2012-16836.pdf).