

Eli's Hospice Insider

Assessment: CMS Proposes Assessment Tool For Hospice Similar To OASIS, MDS

Data tool will shift focus away from processes.

If you've been wondering if and when HIS would turn into a more OASIS-like assessment tool, the time may be approaching ☐ fast.

The **Centers for Medicare & Medicaid Services** required hospices to begin Hospice Item Set data submission in July 2014. CMS uses HIS data to calculate seven current quality measures for the Hospice Quality Reporting Program.

"The current quality data collection tool (HIS) is a chart abstraction tool, not a hospice patient assessment instrument," CMS notes in its 2017 hospice payment proposed rule released April 21. CMS uses the 27 data items collected on admission and 13 items collected at discharge to calculate process measures, not patient outcomes.

Now CMS is looking to expand that approach. "We are limited in the types of data that can be collected via the HIS," the agency notes in the rule published in the April 28 Federal Register. "Instead of retrospective data collection elements, a hospice patient assessment tool would include data elements designed to be collected concurrent with provision of care. As such, we believe a hospice patient assessment tool would allow for more robust data collection that could inform development of new quality measures that are meaningful to hospice patients, their families and caregivers, and other stakeholders."

While the idea of moving from data collection to assessment in hospice is not "entirely surprising," it is something the **National Association for Home Care & Hospice** "didn't necessarily expect to see announced this year," NAHC's **Theresa Forster** tells **Eli**.

Watch for: IMPACT Act-related elements across post-acute providers could make an appearance in the final hospice assessment instrument, Forster expects.

Having hospices use an assessment tool would "align the hospice benefit with other care settings that use similar approaches, such as nursing homes, inpatient rehabilitation facilities, and home health agencies which submit data via the MDS 3.0, IRF☐PAI, and OASIS, respectively," CMS notes in the rule.

Paradigm shift? As with those provider types, CMS could eventually use a hospice assessment tool to devise a case mix system for the benefit.

"Detailed patient characteristics" included in a new tool "are necessary to determine whether a case mix payment system could be achieved," according to the rule. "A hospice patient assessment tool would allow us to capture information on symptom burden, functional status, and patient, family, and caregiver preferences, all of which will inform future payment refinements."

An assessment tool would also support expanded quality measures, CMS says ☐ presumably including measures addressing outcomes as well as processes.

Additional Time Points Possible

CMS doesn't plan to start from scratch with its assessment tool. "We envision the hospice patient assessment tool itself as an expanded HIS," the rule says. "The hospice patient assessment tool would include current HIS items, as well as additional clinical items that could be used for payment refinement purposes or to develop new quality measures."

Comparison: OASIS-C1 has 110 items. CAHPS and claims data would still be part of the HQRP, even if hospices switch from the HIS to a new assessment tool, CMS adds.

More burden: In addition to the assessment items added, a new assessment tool could bring more time points as well. Currently hospices must submit HIS data at admission and discharge only. "Additional interim data collection efforts are also possible," CMS says in the rule.

But "it is of the utmost importance to minimize data collection burden on providers," CMS insists. "In the development of any hospice patient assessment tool, we will ensure that patient assessment data items are not duplicative or overly burdensome to providers, patients, caregivers, or their families," the agency pledges.

CMS is in "the early stages of development of an assessment tool to determine if it would be feasible," the agency cautions. Stakeholders should submit comments on the idea, CMS urges.

There are "lots of changes" in this proposed rule, notes **Beth Noyce** with **Noyce Consulting** in Salt Lake City, on the firm's blog. "Good thing hospice has practiced changing a lot lately."