

Eli's Hospice Insider

Pay For Performance: Industry's Quality Measure Concerns Remain In Wake Of Final Rule

FEHC length, family impact, and education worry providers.

Hospices may feel they have more questions than answers about Medicare's new quality data reporting program for the industry, despite the new final rule on the topic.

In the 2013 home health prospective payment system final rule published in the Nov. 8 Federal Register, the **Centers for Medicare & Medicaid Services** fails to do more than acknowledge complaints about the length and/or complexity of the Family Evaluation of Hospice Care Survey (FEHC) which makes up NQF endorsed measure #208. The agency wants to implement that survey, or one like it, after implementing other data collection.

Commenters on the proposed rule expressed multiple concerns about the measure. In **Uvalde Hospice's** west Texas rural community, "the language is predominantly Spanish and most people will not even fill out a 2-page survey, much less a longer one," the provider said in its comment letter. Many other hospices reported similar non-response problems with the FEHC survey.

The FEHC's length "could serve as a deterrent to grieving family members," suggested the **Hospice Association of America**, a **National Association for Home Care & Hospice** affiliate.

Perhaps CMS should revise the FEHC to make it more user-friendly and push back its implementation date, suggested the **Minnesota Network of Hospice & Palliative Care**. The **Ohio Council for Home Care & Hospice** proposed using a shorter and simpler survey altogether.

While CMS's lack of details in the final rule may be frustrating, it is encouraging to see the agency taking its time with the quality data collection process, Swiger praises. CMS seems to be proceeding cautiously to assure "that the measures do what they intend to do in the measurement of quality," she says. "This has not always been the case with other industries."

Coming soon: CMS makes multiple references to upcoming rulemaking to nail down details it left unaddressed in this rule. Hospices should pay close attention when those proposals come out, experts urge.

Hospices should "respond to this current and all future proposed and final rules with input on any problems in implementing measures, as well as any problems in how they may not adequately reflect quality," exhorts **Holly Swiger** with **Weatherbee Resources** in Hyannis, Mass. "This is quite probably what our future payment system will be built upon," she stresses.

Other complaints this final rule largely fails to address include:

- **Family impact.** It's not only hospices that may be overly burdened by new data collection and reporting. "In 2010 thirty-five percent of hospice patients had a length of service of seven days or less," the **National Hospice & Palliative Care Organization** said in its comment letter. "Interaction with patients and families at this critical time must be focused on what is important to the patient/family caregiver and meeting their needs."

In other words, patients don't want to be sitting around answering endless assessment questions in the last hours of life, commenters emphasized.

"CMS should consider exempting hospices from using the standardized data collection tool or allowing truncated data

collection when circumstances warrant (e.g., patient is actively dying; patient/family in crisis)," NHPCO suggested.

- **Education.** Hospices will need a lot of support and training from CMS to generate accurate quality data, multiple commenters stressed. Under the Hospice AIM (Assessment, Intervention, Measurement) Project, "we learned that even the most seemingly simple and clear data points were open to interpretation that could lead to inconsistency in data collection," HPCANYS shared.
- **Future measures.** While commenters expressed support for most of the NQF-endorsed measures CMS proposes using starting in 2015, they did have suggestions for change.

For example: The **Hospital and Health System Association of Pennsylvania** wanted more specifics on which patients would be considered "vulnerable" and thus subject to the bowel regimen measure.