

Eli's Hospice Insider

Performance Improvement: Get Your Favorite Quality Measures Endorsed

CMS leaves list of industry's concerns unaddressed in final rule.

Hospices will have to wait and see whether Medicare will address one of their chief complaints in its new data quality reporting program.

When the **Centers for Medicare & Medicaid Services** issued its proposal on quality data reporting this summer, many commenters protested that the current and proposed quality measures address only process and physical symptom topics, overlooking emotional, psychosocial and spiritual issues that are core to the hospice care experience.

"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, said **Covenant Hospice** in Florida in its comments on the proposed rule.

"Hospice care ... extends beyond the death of the patient to include bereavement support for the caregiver," pointed out **Delaware Hospice** in its comments on the proposed rule. "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 told CMS.

The **Visiting Nurse Service of New York** was one of multiple commenters that suggested using **National Quality Forum** 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** explained in its comment letter.

In the final rule, CMS expressed sympathy with this problem. "We recognize the shortage of endorsed measures that reflect the essence of high quality hospice care, and will continue to look for opportunities to work with measure developers to address this challenge," the agency says in the final rule.

In other words: Hospices and other stakeholders need to get the measures they would like to see included endorsed by the National Quality Forum, CMS implies.

However, CMS does not say whether it will include the two NQF measures #1641 (patient preferences) and #1647 (spiritual issues addressed).

Stay tuned to future rulemaking to see whether CMS resolves this problem to the industry's satisfaction, observers advise.