

Eli's Hospice Insider

Quality: Follow 9 Expert Tips For Hospice Compare Success

Pointer: Look to other providers' Compare sites for guidance.

Are you ready to let your HIS and CAHPS data flag fly high? Ready or not, Medicare plans to publicly post your info in less than a year. Take advantage of this short window of time before Hospice Compare launches to boost your scores ☐ and your ability to attract referrals.

In its final hospice payment rule for 2017, the **Centers for Medicare & Medicaid Services** reiterated its spring/summer 2017 timeline for launching Hospice Compare (see Eli's Hospice Insider, Vol. 9, No. 9). CMS also announced its intention to include data from both the Hospice Item Set and CAHPS surveys on the site, according to the rule published in the Aug. 5 Federal Register.

CMS hasn't yet announced exactly which measures will show up on the site. But it did specifically cite the hospice rating question and the willingness to recommend question as items it plans to include on Compare.

Public reporting is going to be a huge shift for hospices, predicts **Theresa Forster with the National Association for Home Care & Hospice**.

Follow this expert advice to get ahead of the public reporting game, before Hospice Compare goes live:

1. Check your directory data. CMS has actually already launched its hospice public reporting initiative by posting a directory that includes all Medicare-certified hospices' names, addresses, ownership types, CMS Certification Numbers (CCNs), profit statuses, and dates of original CMS certification at <https://data.medicare.gov>. Your first step should be to confirm that data is accurate, Forster advises. "That information is what will be used by patients and referral sources and needs to be correct," she tells **Eli**.

2. Educate yourself. The exact items on the Hospice Compare site have yet to be announced. But hospices can make sure that leadership and staff are knowledgeable about how existing quality measures work ☐ including the two new ones that will begin next April (visits in last days of life and a composite measure comprised of the seven existing measures).

Once CMS releases the Compare measures, hospices should know how they are calculated and presented. That "will be essential to understanding how a hospice scores the way it does and how to work toward improvement in their scores," Forster says.

3. Examine other Compare sites. In the run-up to Hospice Compare, hospices should "familiarize themselves with some of the other Compare websites so they have a sense of how CMS has approached public reporting for other providers," Forster adds.

4. Know thyself. Now is the time to pay attention to your existing HIS and CAHPS measure scores, said hospice consultant Charlene Ross with R&C Healthcare Solutions and Hospice Fundamentals in Arizona, in a February Eli-sponsored audioconference, "Hospice Quality Reporting Program ☐ What can you do now to prepare for the future?"

A step further: You should also drill down to figure out data more specifically, advised data software and services firm Deyta Analytics in a 2013 presentation about hospice quality reporting. For example, look at results by diagnosis, length of stay, and other variables, Deyta recommended.

You don't have to wait to find out your score for the new composite measure that takes place in 2017, points out Judi Lund Person with the National Hospice & Palliative Care Organization. You can look at the seven existing measures that

will make up that measure to see where you will stand.

5. Begin planning for improvement. Once you know your scores and how they are calculated, it's time to begin drawing up a blueprint for improvement, experts agree. Each measure will require its own set of action items to boost scores and increase care quality (see example, front page).

Another helpful strategy to improve scores is to focus on your corporate culture overall, Ross urged in the audioconference. Ensure "a patient/caregiver-centered culture exists in your hospice," she told attendees. And focus on "taking exceptional and individualized care for all patients on your service," she added.

6. Scrutinize data collection. You should take a hard look at your HIS and CAHPS data collection procedures, Lund Person suggests. "Identify issues in collecting information on all seven HIS measures, since the composite score is based on the percentage of patients for whom all seven HIS measures have answers recorded," she explains. "If there are issues, a performance improvement plan can be put in place now, so that the staff can begin improving the percentage of patients for whom all seven HIS measures are answered, long before the data collection begins in April 2017."

7. Don't miss data correction window. "We are encouraging hospice providers to pay close attention to any and all opportunities to review and correct data before the 30-day 'preview' period, where data can no longer be corrected," Lund Person exhorts.

8. Toot your own horn. You may not have Hospice Compare comparisons available yet, but you can "share your data with referral sources, patients, the public to let them know how good you are," Ross advised. Once Hospice Compare is up and running, you can tailor your quality message to its results.

9. Bend CMS's ear. "There will also be a number of opportunities in the coming months to weigh in on CMS's planned Hospice Compare website organization and appearance," Forster points out. "Hospices need to watch for and take those opportunities where appropriate."

Note: The final rule is online at <https://federalregister.gov/a/2016-18221>. Purchase a recording or transcript of Ross's audioconference at www.audioeducator.com/hospice/hospice-quality-reporting-program-02-09-2016.html.