

Eli's Hospice Insider

Quality: Hospice Compare Will Look Very Different If Proposed Rule Finalized

Note: 7 measures will go low-profile, not away entirely.

The implementation of a new composite quality measure on Hospice Compare may not be exactly what you were expecting.

The hospice benefit has gone through some really big changes in recent years, ranging from payment reform to cost reporting requirements to public reporting of quality data. Thankfully, while the new payment rule contains many provisions, none of them are of the same huge magnitude, notes **Judi Lund Person** with the **National Hospice & Palliative Care Organization**.

It's a welcome change to have a year without "earth-shattering" program revamps afoot, Lund Person tells **Eli**.

However, hospices still must keep abreast of the many developments either in progress or on the horizon for the industry, Lund Person urges. A good number of those in this year's rule pertain to the Hospice Quality Reporting Program, including two Hospice Compare provisions:

1. Hospice Compare Streamlining. It's not news that the **Centers for Medicare & Medicaid Services** will display the quality measure "Hospice and Palliative Care Composite Process Measure - Comprehensive Assessment at Admission" on Hospice Compare. CMS finalized that decision in its FY 2017 hospice payment rule.

However, in the new 2019 rule, CMS confirms that it expects to begin publicly reporting the measure in fall 2019. And CMS reveals that when it posts this composite measure, it will reduce the visibility of these seven currently displayed measures that comprise it:

1. Treatment Preferences (NQF #1641) 98.8%
2. Beliefs/Values (NQF #1647) 95.9%
3. Pain Screening (NQF #1634) 93.2%
4. Pain Assessment (NQF #1637) 72.5%
5. Dyspnea Screening (NQF #1639) 98.5%
6. Dyspnea Treatment (NQF #1638) 92.8 %
7. Bowel Regimen (NQF #1617) 97.5%

"The reporting of these 7 component measures alongside the composite measure may be redundant and may result in confusion and burden for users," CMS says in the rule.

"However, we also recognize that the component measures may be useful to some individuals using Hospice Compare. Therefore, while we intend to no longer directly display the 7 component measures as individual measures ... once the composite measure is displayed, we would still provide the public the ability to view these component measures in a manner that avoids confusion on Hospice Compare."

How it will work: "We plan to achieve this by reformatting the display of the component measures so that they are only viewable in an expandable/collapsible format under the composite measure itself, thus allowing users the opportunity to view the component measure scores that were used to calculate the main composite measure score," CMS explains.

This change seems good for both hospices and potential patients, Lund Person says. It should eliminate confusion and

motivate hospices to focus on all seven components of the composite measure.

2. Visit Measure Scheduled. While the composite admission measure has a fall 2019 due date, CMS gives a more general time frame of 2019 for the other measure finalized in the 2017 rule - "Hospice Visits when Death is Imminent."

Reminder: Data collection for the measure, which is a two-part Hospice Item Set-based metric that assesses hospice skilled staff visits to patients and caregivers in the last week of life, began April 1, 2017. Part 1 of the measure assesses the percentage of patients receiving at least one visit from registered nurses, physicians, nurse practitioners, or physician assistants in the last 3 days of life; part 2 measures the percentage of patients receiving at least two visits from medical social workers, chaplains or spiritual counselors, LPNs, or hospice aides in the last 7 days of life.

Note: For more quality program changes in the rule, see a future issue of Eli's Hospice Insider.