

## Eli's Hospice Insider

### Quality: Hospice Quality Reporting Starts In January

**The two initially reported measures are just the beginning, CMS says.**

The hospice 2012 wage index update isn't all about the money, it also contains a huge change to the way hospices will operate under Medicare.

The new requirement for quality reporting is the highest impact provision in the rule published in the Aug. 4 Federal Register, believes **Judi Lund Person** with the **National Hospice and Palliative Care Organization**.

Starting in 2013, hospices must report one pain management quality measure and one structural measure. The required quality measure is **National Quality Forum** Measure #0209, "Percentage of patients who were uncomfortable because of pain on admission to hospice whose pain was brought under control within 48 hours." The **Centers for Medicare & Medicaid Services** considered a number of other measures, but this one was the most applicable to the general hospice patient population and was the most expediently collected, the agency says in the rule.

NHPCO developed that pain measure, which is known as the "Comfortable Dying" measure, Person tells **Eli**. Detailed information on its implementation is online at [www.nhpco.org/outcomemeasures](http://www.nhpco.org/outcomemeasures).

Stay tuned: CMS is considering requiring more quality measures collected by NHPCO's Family Evaluation of Hospice Care (FEHC) survey, it says in the rule.

The structural measure required is "Participation in a Quality Assessment and Performance Improvement (QAPI) Program that Includes at Least Three Quality Indicators Related to Patient Care," CMS says. "We believe that participation in QAPI programs that address at least three indicators related to patient care reflects a commitment not only to assessing the quality of care provided to patients but also to identifying opportunities for improvement that pertain to the care of patients," the rule says.

"Examples of domains of indicators related to patient care include providing care in accordance with documented patient and family goals, effective and timely symptom management, care coordination, and patient safety," CMS adds. Hospices also will have to list all of their patient care indicators. Hospices won't have to report how they score on any of the indicators.

#### **Note Voluntary Vs. Mandatory Reporting Timelines**

Mandatory reporting will begin in FY 2013, but hospices can begin voluntary reporting of the structural measure in January 2012, CMS says. "Voluntary reporting of the structural measure data with specific quality indicators ... would allow us to learn what the important patient care quality issues are for hospices and would serve to provide useful information in the design and structure of the quality reporting program," CMS explains in the rule.

CMS will give hospices a spreadsheet on which they can securely report data, since hospices don't already use a data collection tool like OASIS or MDS. Information and tools for voluntary reporting should be out by November, CMS says.

The quality reporting requirement does have a reimbursement impact. If hospices fail to report the data in 2013, their 2014 Medicare rates will be reduced by 2 percent.

Watch out: The reporting contained in this rule is just the beginning. "Our intent is to require additional standardized and specific quality measures to be reported by hospices in subsequent years," CMS says.

"While there are only two measures, one structural and one outcome, required for FY2014, this rule sets the stage for the



ongoing increase in the number of measures to be reported over the next several years," Person warns.

Note: The final rule is at [www.gpo.gov/fdsys/pkg/FR-2011-08-04/pdf/2011-19488.pdf](http://www.gpo.gov/fdsys/pkg/FR-2011-08-04/pdf/2011-19488.pdf).