

## Eli's Hospice Insider

### Quality: How Does Your Live Discharge Rate Stack Up To Your Peers?

#### **New quality measure aims to ID discharges followed by hospitalization or death.**

Concerns about hospices discharging patients alive continue, and a newly proposed quality measure takes aim at the sore point.

The **Centers for Medicare & Medicaid Services** and its contractor **RTI International** are taking comments on the newly proposed measure, "Transitions from Hospice Care, Followed by Death or Acute Care," until April 25. The measure will be based on claims data.

"The national rate of live discharge from hospice has declined in recent years, yet concerns about live discharge persist," the draft measure specs document says. The **Medicare Payment Advisory Commission** "suggests that although some level of live discharges from hospice may be appropriate, providers with substantially higher rates of live discharge than their peers may have potential quality issues, such as inability to meet patient and caregiver needs," it continues. MedPAC "also expressed support for outcome quality measures, and specifically for a measure that would capture the live discharge rate among hospices and burdensome transitions."

**More issues:** "Most patients express a wish to die at home and outside of the hospital, and patients discharged alive from hospice are more likely to die in a hospital than patients who receive hospice care up until death," the document points out. "A national study of live discharges found that among those who were discharged alive, nearly a quarter are admitted to the hospital, and a third of those hospitalized following live discharge die within a month of hospice discharge."

And while "live discharges from hospice are expected, for example, in cases where survival improves or patient and family preferences change ... live discharges from hospice followed shortly by acute care utilization or death represent potentially avoidable and undesirable outcomes, and may indicate potential quality concerns."

The proposed measure "will estimate the risk-adjusted rate of transitions from hospice care, followed by death within 30 days or acute care use within 7 days," the document explains. "Specifically, the measure reflects the rate of live discharges from hospice that are followed by death within 30 days or a hospitalization/emergency room visit/observation stay within 7 days of hospice discharge."

**The purpose:** The measure aims "to capture hospice live discharges that are potentially inappropriate or followed by undesirable outcomes."

CMS does allow that "live discharges from hospice and post-discharge care transitions are not considered 'never-events.' Live discharge from hospice can be appropriate, and the circumstances that lead to these events can be complex and are influenced by a range of factors including patient and family preference. Therefore, the goal of this risk adjusted measure is to identify hospices that have notably higher rates of live discharges followed shortly by patient death or acute care utilization, when compared to their peers."

Note: More measure specs and instructions on how to comment are at [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/PC-Currently-Accepting-Comments.html#0326](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/PC-Currently-Accepting-Comments.html#0326).