

Eli's Hospice Insider

Regulations : Hospices Fear Repercussions of New Visit Reporting Proposa

Providers want better data, but this proposal may not achieve that aim.

The Centers for Medicare & Medicaid Services is listening to hospices, but those providers may not like what the agency says in return.

CMS's proposal to broaden hospice visit data collection (see the story above) resulted from the industry's urging to paint a broader picture of hospice care. "On several occasions, industry representatives have communicated to CMS that the newly required claims information was not comprehensive enough to accurately reflect hospice care," CMS says in the proposal.

The HHS Office of Inspector General, the Medicare Payment Advisory Commission, and the Government Accountability Office also have urged CMS to adopt more comprehensive data collection for hospices, CMS notes. Hospices shouldn't be surprised by this recommendation, says **Greg Martin**, president of the Alabama Hospice Organization and Hospice Family Care in Huntsville. As hospice utilization has grown and Medicare hospice spending has increased, the government wants the industry to be more accountable for those payments, Martin believes.

It's actually surprising that CMS stayed as hands-off as it did for as long as it did, observes **Jeff Towns** with the Michigan Hospice & Palliative Care Organization. Greater government oversight is inevitable as the industry grows.

Abuse of the hospice benefit as it grows exponentially has contributed to the need for more data too, Martin laments. Some hospices are not furnishing "competent visits," he notes. "It's sad, but that's where we are as an industry."

Good: Providers and industry representatives support better data in general. "Our members welcome the broader data collection," says **Melanie Ramey** with The Hospice Organization and Palliative Care Experts of Wisconsin, that state's trade group. "We have not felt the previous limited collection reflected the true picture of hospice."

Virginia Association for Hospices members "are very supportive of measures that will demonstrate accountability, integrity, and transparency in hospice programs," adds VAH's **Brenda Clarkson**.

"Our members welcome more comprehensive and meaningful data collection that will lead to a more accurate understanding of hospice care," agrees **Judy Brunger** with The Carolinas Center for Hospice and End of Life Care. "It can only benefit the patient and family at the end of life."

Not so good: But the jury is still out on just how helpful CMS's proposal will be. Hospices want CMS to collect "real" data, says **Janet Neigh** with the National Association for Home Care & Hospice.

"CMS should design their reporting requirements to coordinate with providers' data collection systems, rather than reporting requirements that distort the results of those systems," maintains **Jane Evans** with the Arkansas State Hospice & Palliative Care Association.

"There are mixed feelings about CMS's data collection requests," says **Jennifer Hale** with the Georgia Hospice and Palliative Care Organization. Hospices recognize that more data will be necessary to justify hospice care provision under Medicare. But the industry is concerned about how the data is collected and, perhaps more importantly, used and interpreted. Hospices don't want data collection to lead to tampering with the hospice benefit, Clarkson says.

"The data alone, without comparison to outcomes, patient satisfaction, and fiscal sustainability, may lead to inaccurate recommendations," Hale warns. Another problem with the proposal is that not all hospices collect data the same way. CMS should define each data element better and create industry standards to make sure comparison is valid, Hale suggests.

And the increased data collection represents a significant increased expense for hospices, notes **Dan Hull** with the Utah Hospice & Palliative Care Organization. It costs "a lot more in labor to do that collection," Hull says. Hospices will likely have to make electronic medical record investments to make expanded data collection feasible, Hale expects.

"For the smaller hospice who is not computerized except to do billing, this requirement will be a huge burden," warns the National Hospice and Palliative Care Organization.

At least many hospices have sister home health agencies that have to do reporting in 15-minute increments, which should help them get used to it, Hull says.

"It's a pain in the neck, but hospices are not alone" in time-based reporting, Neigh tells **Eli**.

Beware: Martin worries that switching to a 15-minute increment reporting system could have a detrimental effect on medical record documentation. Clinicians trying to report what they did in every 15-minute increment may lose sight of painting a picture of the patient's overall condition and creating a cohesive narrative of patient care. NHPCO praises CMS for adding social worker phone calls to the visit reporting list. But other disciplines also make important phone call visits. CMS should "count phone calls for all clinical disciplines as long as they are directly connected to providing care to the patient and family and documented as such in the clinical record," NHPCO's **Judi Lund Person** says.

NHPCO members also want to see a change to the time-tracking proposal for inpatient care. "We know of no other part of inpatient health care where this requirement exists," NHPCO says in a draft letter to CMS. "Tracking time spent for each discipline would take time away from patient care." Due to these and other problems, Georgia hospices are recommending that CMS test hospice data collection before adopting it for the entire industry, Hale says.

A demo project for the inpatient time-tracking issue may be enlightening, NHPCO offers.