Today’s Program

• Describe the state and federal regulatory requirements for Quality Assessment/Performance Improvement (QAPI) programs to ensure survey readiness/compliance for hospice leadership.
• Identify the components of a comprehensive QAPI program including key performance indicators to be utilized by hospice leadership for monitoring, management and prioritization of agency-wide QAPI efforts.
• Utilize examples, group discussion and industry best practices to demonstrate successful integration of key performance indicators into a comprehensive QAPI program which efficiently measure outcomes, ensures regulatory compliance/survey readiness, and reduces risk of financial penalties due to non-compliance with quality reporting requirements.
• Q&A’s.
### Quality Measures - Regulatory Background

- **Regulatory Background:**
  - Medicare Conditions of Participation for Hospice:
    - § 418.58 Quality Assessment/Performance Improvement.
  - Section 3004 of the Patient Protection and Affordable Care Act (ACA) authorizes the Health and Human Services Secretary to establish a quality reporting program for hospices.

### HQRP Requirements

- **Current Hospice Quality Reporting Requirements:**
  - **Hospice Item Set**
    - 70% submission threshold (as of 1/1/16)
    - 80% submission threshold (as of 1/1/17)
    - 90% submission threshold (as of 1/1/18 and thereafter)
    - 30 day submission deadline for HIS admission and discharge assessment.
  - **REMINDER:** 2% reduction in market basket rate for failure to participate in HQRP
    - Reminder to download/print validation reports and address all errors timely to avoid 2% penalties.
    - CMS will make expanded functionality of Casper reports to assist with monitoring in December 2016.

- **CAHPS Hospice Survey**
  - Effective 4/1/15
- **CMS FY 2017 Hospice Wage Index Final Rule (effective 10/1/16):**
  - Hospices that received their CCN after January 1, 2017, are exempt from the FY 2019 APU Hospice CAHPS® requirements due to newness. This exemption will be determined by CMS. The exemption is for 1 year only.
  - That hospices that received their CCN after January 1, 2018, are exempted from the FY 2020 APU Hospice CAHPS® requirements due to newness. This exemption will be determined by CMS. The exemption is for 1 year only.
Connect the Dots for a Successful QAPI Program

**CMS FY 2017 Hospice Wage Index Final Rule: Hospice Quality Reporting Requirements**

- All current HQRP measures will remain
- Two new quality measures finalized:
  - 2 new quality measures will be implemented, effective April 1, 2017:
    - Hospice Visits When Death is Imminent (Measure Pair - assessing hospice staff visits to patients and caregivers in the last week of life; and
    - Hospice and Palliative Care Composite Process Measure - assessing the percentage of hospice patients who received care processes consistent with existing guidelines.

**CMS FY 2017 Hospice Wage Index Final Rule: Hospice Quality Reporting Requirements**

- Hospice Visits When Death is Imminent (Measure Pair - assessing hospice staff visits to patients and caregivers in the last week of life;
  - Measure 1: assesses the percentage of patients receiving at least 1 visit from registered nurses, physicians, nurse practitioners, or physician assistants in the last 3 days of life;
  - Measure 2: assesses the percentage of patients receiving at least 2 visits from medical social workers, chaplains or spiritual counselors, licensed practical nurses, or hospice aides in the last 7 days of life
- Hospice and Palliative Care Composite Process Measure - assessing the percentage of hospice patients who received care processes consistent with existing guidelines

**CMS FY 2017 Hospice Wage Index Final Rule: Hospice Quality Reporting Requirements**

- Data for the paired measure will be collected via the existing Hospice Item Set (HIS).
- Four new CMS proposed that four new items be added to the HIS-Discharge record to collect the necessary data elements for the measure.
- CMS will begin collecting data for the measure for patient admissions and discharges occurring after April 1, 2017.
CMS FY 2017 Hospice Wage Index Final Rule: Hospice Quality Reporting Requirements

- Second Measure (Effective 4/1/17): Hospice and Palliative Care Composite Process Measure
  Comprehensive Assessment at Admission:
  - Includes the current HQRP quality measures (Pain Screening, Pain Assessment, Dyspnea Treatment, Patients Treated with an Opioid who are given a Bowel Regimen, and Treatment Preferences & Beliefs/Values Addressed if desired by patient).
  - Calculates the percentage of patients for whom HIS Admission records contain data on all seven current HQRP quality measures.
  - The individual component of the composite measure are assessed separately for each patient and then aggregated into one score for each hospice.

CMS FY 2017 Hospice Wage Index Final Rule: Hospice Quality Reporting Requirements

- Enhanced data collection instrument in early stages of development:
  - CMS is developing an enhanced data collection instrument that would modify the current Hospice Item Set (HIS) data collection instrument to be more in line with other post acute care settings.
- 2 primary objectives:
  - To provide the quality data necessary for HQRP requirements and the current function of the HIS; and
  - Provide additional clinical data that could inform future payment refinements.
- The hospice patient assessment tool will not replace existing requirements set forth in the Medicare Hospice CoPs
- No timeframe set for implementation yet.

CMS FY 2017 Hospice Wage Index Final Rule: Hospice Quality Reporting Requirements

- Public Reporting and Hospice Compare Site:
  - CMS is developing a Hospice Compare website, similar those for other Medicare provider types.
  - Public reporting will include both the 7 quality measures currently collected through HIS AND the results of the Hospice CAHPS survey.
  - Hospice Compare is scheduled to be operational sometime in the spring/summer of CY 2017.
  - Measures will be reported if the hospice has a minimum denominator size of 20 clients based on 12 rolling months of data.
Connecting the Dots for a Successful QAPI Program

Compliance

- Program Integrity Efforts
  - PEPPER reports (www.pepperresources.org)
  - Medical Review/MAC/ZPIC/RAC
  - Office of Inspector General (OIG) Work Plan
- IMPACT Act:
  - Increase in surveys
  - Increase in surveyor scrutiny
  - QAPI Programs are a common deficiency during surveys.

PEPPER Target Areas for Posting March 2016

- Live Discharges No Longer Terminally Ill
- Live Discharge-Revocations*
- Live Discharge with LOS 61-179 Days*
- Long LOS
- Continuous Home Care Provided in an ALF
- Routine Home Care Provided in an ALF
- Routine Home Care Provided in a NF
- Routine Home Care Provided in a SNF
- Claims with Single Diagnosis Coded*
- No GIP or CHC Provided*
  *New as of the Q415 Release

Top Survey Deficiencies (CMS 2015)

<table>
<thead>
<tr>
<th>Code/Standard</th>
<th>L-Tag</th>
<th>Tag Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>418.76(h)</td>
<td>L629</td>
<td>Standard: Supervision of Hospice Aides</td>
</tr>
<tr>
<td>418.56 (b)</td>
<td>L543</td>
<td>Standard: Plan of Care</td>
</tr>
<tr>
<td>418.54 (c)(6)</td>
<td>L530</td>
<td>Standard: Drug Profile</td>
</tr>
<tr>
<td>418.56 (c)</td>
<td>L545</td>
<td>Standard: Content of the Plan of Care</td>
</tr>
<tr>
<td>418.56 (c)(2)</td>
<td>L547</td>
<td>Standard: Scope and Frequency of Services</td>
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<tr>
<td>418.54(b)</td>
<td>L523</td>
<td>Standard: Timeframe for Completion of the Comprehensive Assessment</td>
</tr>
<tr>
<td>§418.76(e)</td>
<td>L647</td>
<td>Standard: Level of Activity Volunteers</td>
</tr>
<tr>
<td>§418.56(h)(2)</td>
<td>L555</td>
<td>Standard: Coordination of Services</td>
</tr>
<tr>
<td>§418.56(d)</td>
<td>L552</td>
<td>Standard: Review of the Plan of Care</td>
</tr>
<tr>
<td>§418.76(g)</td>
<td>L625</td>
<td>Standard: Hospice Aide Assignments and Duties</td>
</tr>
</tbody>
</table>

Source: NHPCO and CMS
State Hospice Agency Regulations

- Hospices must also meet any state-specific regulations for Quality Assessment/Performance Improvement
  - NC: HOSPICE LICENSING RULES 10A NCAC 13K .1000 EVALUATION
  - SC: R.61-78, STANDARDS FOR LICENSING HOSPICES
    - SECTION 1500 - QUALITY IMPROVEMENT PROGRAM (II)
  - Accreditation standards if applicable (JC, ACHC, CHAP)

Part 2: QAPI Program Components

QAPI Program Status?

- Smooth Sailing:
  - Fully implemented, including governing authority responsibilities clearly delineated

- Rough Seas:
  - Not fully implemented or put on “back burner”

- Shipwreck:
  - Program is non-existent for hospice
CMS’ Purpose for QAPI Condition of Participation

• To set a clear expectation that hospices must take proactive approaches to improve their performance.

• Focus on improvement patient/family care and activities that improve their health and safety.

• Focus on improving system which ultimately improves processes and patient outcomes.

§ 418.58 Condition: Quality Assessment and Performance Improvement

§ 418.58 - The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice’s governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.

Five Components of QAPI Program as indicated in the Medicare Hospice Conditions of Participation

• Scope
• Data
• Program Activities
• Performance Improvement Projects
• Executive Responsibilities
Connecting the Dots for a Successful QAPI Program

QAPI Program Elements (State Operations Appendix M)

- The following elements should be considered within the QAPI plan however it is structured:
  - Program objectives;
  - All patient care disciplines;
  - Description of how the program will be administered and coordinated;
  - Methodology for monitoring and evaluating the quality of care;
  - Priorities for resolution of problems;
  - Monitoring to determine effectiveness of action;
  - Oversight responsibility reports to governing body; and
  - Documentation of the review of its own QAPI program.

QAPI Programs Overview of Requirements

- QAPI Programs Should:
  - Encourage hospices to look at systems and processes.
  - Look around, you may already be performing QAPI activities within your organization and not documenting it!
  - Help agencies steer clear of just focusing on a single problem at a time.
  - Involve all patient care disciplines, all services (even contracted), entire business operations, as well as any adverse events.

QAPI Program Data-Routine Monitoring

- Clinical Record Review Results
- Look at Timeliness of Documentation
- Use of LCDs - Compliance with Documentation
- CAHPS Hospice Survey
- Hospice Item Set
- QAPI Measures and benchmarking
- PEPPEP Reports
- Plans of Correction
- GIP Utilization
- SNF Coordination
- Pre Billing Audit Measures
- Compliance Audits
- Risk Management (falls, infection control, adverse events, complaints, etc.)
- Clinical Competency
- Human Resources/Personnel Manual
**QAPI Program Data-Routine Monitoring**

- Additional Process Measures:
  - What would your Agency like to look at?
    - Pain Measurement/Management
    - Fall Prevention
    - Symptom Management
    - Medication Reconciliation
    - Opioid/Bowel Management
    - Timeliness of Care
    - Other?

**QAPI Program Overview of Requirements**

- QAPI Programs Should:
  - Consist of continual assessments of the entire hospice organization (collecting, identifying, and prioritizing data).
  - Focus on activities that are high risk, high volume and problem prone areas for YOUR Hospice.
  - Foster an environment to implement solutions that fix the problem.
  - Ensure there is a written plan to assess effectiveness of solutions.
  - Re-evaluate using standard methodology (i.e IHI, PDCA/PDSA, OBQI).

**Examples of Survey Deficiencies-QAPI**

- The QAPI program is not agency wide in scope.
- There is no evidence of the governing authority responsibility for QAPI program oversight and decision making.
- There is not a person designated to oversee the QAPI program.
- The QAPI program does not have all of the components specified in the CoPs.
- The agency does not address issues identified in the QAPI program.
Sample Hospice QAPI CoPs Compliance Checklists

- www.NHPCO.org/regulatory
Part 3: Staff Engagement

QAPI Program: Staff Involvement

- Why is it important and/or useful?
  - Compliance with CoPs.
  - Demonstrate quality of care.
  - Provide feedback on performance.
  - ACCOUNTABILITY!
  - Possible incentive programs if benchmarks/goals are reached.
  - Track performance against budget (if applicable) and/or potential financial penalties if noncompliant with data submission requirements.
Tips for Performance Improvement Teams (PIPs)

• Accountability
  → Identify who should be involved in the PIP.
  → Identify data that is needed.
  → Determine how the data can be collected.
  → Designate a PIP Lead to report to the QAPI Committee.
  → Make sure PIP updates occur according to schedule.
  → Develop a schedule to evaluate results.
  → Use a team approach to reviewing QAPI findings.
  → Train staff and provide resources as necessary.
  → Ensure Governing Body involvement/oversight.

Culture of Compliance

• Developing a culture of compliance starts at the leadership of an organization and filters down to all staff.

• Compliance with regulatory requirements shapes policies, procedures, job descriptions, performance evaluations, code of conduct, and everyday interaction and behavior of staff within the hospice program.

• This is readily apparent in a comprehensive, agency wide QAPI program.

Involving, Engaging, Empowering Staff

• Clear definitions create more empowerment.
• Visibility of QAPI initiatives allows staff to work on same goals as management.
• Set targets which will engage all staff:
  → Monitor and share updates;
  → Share information – make it a part of vocabulary;
  → Engage staff in problem solving for indicators that aren’t performing.
• Hold staff and management accountable for managing to specific indicators:
  → Own the results!
Connecting the Dots for a Successful QAPI Program

Integrating Hospice-Wide QAPI Program Goals

- Foster Employee Engagement
  - Benchmark
  - Drill Down
  - Target Performance
  - Monitor Performance
  - Accountability

Part 4: Implement QAPI Program

- Regulatory Compliance
- Quality Assessment
- Performance Improvement
- Staff Engagement
- Implement QAPI Program
- QAPI Components

Recommendations for Implementation

- Conduct a hospice-wide (360 degree) assessment to identify QAPI program priorities and include all departments.
- Conduct an annual update of the QAPI Plan (based on the hospice wide assessment).
- Designate in writing the person or persons responsible for the QAPI program.
- Ensure that the QAPI program is data driven and contains all required elements.
- Ensure there is evidence of Governing Body involvement in the development/approval of QAPI plan inc. frequency and detail of data collection.
- Utilize a standard methodology for Performance Improvement Projects (PIPs) such as OBQI, PDCA/PDSA, IHI, etc.
QAPI PROGRAM IMPLEMENTATION

- Designate improvement team(s)
- Start with 2-3 outcomes for improvement
- Assign roles and responsibility for implementation of plan
- Set timeframes
- Aggregate results and compare against baseline
- Evaluate financial impact
- Summarize and make results visible

ESTABLISH SMART GOALS

- AFTER Route Cause Analysis
- SMART Goals:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Time-bound
- Drive the Performance Improvement Project
- Next Up: Sample Performance Improvement Plan (PIP)

A monitoring plan provides the scope of your program (what you are measuring/monitoring), the frequency of your analysis (monthly, quarterly, annually) and the desired outcomes for evaluating the effectiveness of your efforts (goals)
PIP Example

• Problem statement
  → “HIS measure for pain assessment has aggregate score of 70% across the division through Q2 2015 – this is below the national benchmark of 76% and does not represent the actual work of pain assessment completion being documented by RNs.”
  → WHY?

PIP Example

• To answer the question, “Why?”
  → Conducted root cause analysis (RCA) identifying possible reasons for the missed goal of 80% or better.
  → Identified 2 potential primary causes:
    • Technical – mapping issue between EMR and SHP identified and corrected.
    • Comprehension and output – RNs were not completing a full comprehensive pain assessment for non-verbal patients as instructed in the HIS manual from CMS.

PIP Example

• Actions
  → Worked with SHP and AS to correct the technical issues – minimal impact to overall outcome.
  → Conducted re-training with all clinical leaders and provided education and support tools for them to use with local staff in July (start of Q3).
    • Overview of HIS.
    • Workflow from EMR documentation to SHP report.
    • Walked through how to read and use the SHP HIS report at the local level to drill down to individual documentation.
    • Worked backwards from the report to the data from the assessment to the actual screens where data entry occurred.
Connecting the Dots for a Successful QAPI Program

**PIP Example**

- **Monitoring**
  - Reviewed individual site scores and aggregate divisional scores monthly.
  - Conducted additional peer-to-peer training using clinical leaders who garnered immediate improvement to support clinical leaders who continued to struggle (top performer with underperformer = everyone wins!).
  - Checked results at end of Q4 – WIN! Aggregate scores for HIS Pain assessment measure now at 86% - 16% increase in 3 months.

**HIS and CAHPS Hospice Survey - Connections**

- Potential uses of Quality Reporting Data for Hospice agency strategic and operational decision making: Key crossover areas:
  - Pain
  - Breathing/Dyspnea
  - Opioid Use/Bowel Regime.
- Note areas that non-direct care staff will have impact:
  - Timeliness of response to calls - including weekend/on-call.
  - Timeliness of visits - this includes admissions.
  - Dignity and Respect/Caring.
Connecting the Dots for a Successful QAPI Program

Quality Reporting Data: HIS and CAHPS Hospice Survey

- Objective measures - can begin to compare QUALITY, not only claims data.
- Must be collected in a consistent manner (“apples to apples”).
- Train staff in key quality measures-HIS and CAHPS Hospice Survey to increase awareness of how they address these areas with the patient/family.
  - Identify how HIS and CAHPS Hospice outcome measures will impact hospice operations and reimbursement.
  - Identify how daily clinical practice and operations can impact these responses and hospice outcomes.

PIP Example

- Problem statement
  - “CAHPS questions 16, 22, 25 and 27 (all related to symptom management support and the provision of information to the PCG) are consistently below national benchmarks.”
  - WHY?

PIP Example

<table>
<thead>
<tr>
<th>Individual Question</th>
<th>% Yes</th>
<th>% No</th>
</tr>
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<tbody>
<tr>
<td>16. Appropriate amount of help with pain provided (Yes, definitely)</td>
<td>156/21</td>
<td>77%</td>
</tr>
<tr>
<td>22. Help provided for muscle aching (7% Rest)</td>
<td>154/19</td>
<td>77%</td>
</tr>
<tr>
<td>25. Help provided for trouble with constipation (7% Always)</td>
<td>159/13</td>
<td>77%</td>
</tr>
<tr>
<td>27. Help provided for feelings of anxiety or sadness (7% Always)</td>
<td>159/13</td>
<td>77%</td>
</tr>
</tbody>
</table>
Connecting the Dots for a Successful QAPI Program

8/30/16

The Carolinas Center Annual Conference

**PIP Example**

- To answer the question, “Why?”
  - Conducted root cause analysis (RCA) identifying possible reasons for the missed goal of 80% or better.
  - Multiple potential reasons identified:
    - Communications issues (language, verbiage, timing, etc).
    - Comprehension issues (overly technical, generality of terms, clinical expertise lacking).
    - Missed opportunities to conduct teaching/provide education.
    - Lack of process to support learner feedback (teach back or show back method).

**PIP Example**

- Can’t address them all so we picked the one we felt had the broadest impact – comprehension.
- Developed broad task force with nurses, social workers and leadership team members.
- Brainstormed methods to improve comprehension to include references for patients/caregivers, support tools for clinicians and materials for just-in-time teaching (JITT).

**What to expect**

We understand this is a trying time in the lives of the loved one involved and the rest of his or her family and friends. We want to make this process as easy and comfortable as possible. Here is a few things you can expect from us and hope our resources help you with:

- Discuss the side effects of the medications
- How to identify avoiding side effects
- When to provide or withhold pain medications
- How to notify family member if they are in distress
- What to do if their face is not clear
- How to identify concerning feelings of anxiety or sadness
- What to do when your family member is not responding or improves
- How to communicate when your family member when you need assistance (i.e. turning
- Answer any questions you may have about what to expect when your family member is near death

Developed a 35-page booklet to address expectations, including the specific language found in the survey questions.
There are 8 sections in the booklet. Each section is divided into 2 parts. The first part provides a narrative with helpful information written specifically for patients/caregivers.

What is pain?
- It is caused by a physical injury or disease. It can be felt either internally (e.g., heart attack, stroke) or externally (e.g., cuts, burns). It can be acute (short-term) or chronic (long-term).
- Pain affects the quality of life and can lead to depression and other mental health problems.
- Often, pain can make it difficult to carry out daily activities, which can lead to further discomfort.
- Chronic pain can lead to problems with sleep, exercise, and social activities.
- Children may express pain in different ways, such as through tears, screaming, or body movements.
- Encourage patients to express their pain, even if it seems trivial.
- Pain can be managed with medication, physical therapy, or other methods.

What to report to the hospital/physician if pain?
- Pain severe or severe pain is considered as not expected or not expected.
- Report pain that is severe or severe pain that is not expected.
- Pain that is severe or severe pain that is not expected should be reported.
- Pain that is severe or severe pain that is not expected should be reported.
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The second part contains a grid with common medications used to manage that particular symptom and potential side effects common to that medication.

PIP Example

- Actions (continued)
  - We vetted the book with our physicians and our PBM provided the medications grid.
  - Our marketing department put the whole thing together and we sent a box of 100 to each office location.
  - We conducted training with executive directors and clinical leaders – the booklets were inserted in the admission packets AND all nurses received 5 extra copies to carry with them for JITT.
Connecting the Dots for a Successful QAPI Program

**PIP Example**

- Monitoring
  - Checked CAHPS scores monthly and reached out to individual locations when requested for additional support.
  - Over 5 months (Aug – Dec 2015), scores steadily improved to either slightly below or at the national marks but certainly markedly better than our scores from Jan – July.

**WIN!**

<table>
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<tr>
<th>Question</th>
<th>Jan – Jul</th>
<th>Aug – Dec</th>
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<td>77%</td>
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<tr>
<td>25</td>
<td>72%</td>
<td>73%</td>
</tr>
<tr>
<td>27</td>
<td>58%</td>
<td>63%</td>
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Questions?