Hospice Measures and the Consumer:
Current Research and Practical Implications for Communicating Quality to Hospice Consumers
October 31, 2013

Introductions

- Dorothy Deremo, RN, MSN, MHSA, FACHE, CEO of Hospice of Michigan
- Naomi Naierman, MPA, President and CEO of American Hospice Foundation
- Brad Smith, PhD, Co Director of the Center for Consumer Choice in Health Care, Altarum Institute
Overview

I. Current and expected future of regulatory landscape related to hospice quality reporting

II. Key applications from and implications of recent research on public reporting of hospice quality

III. How public reporting can transform consumers and hospices
I. Landscape for Hospice Quality Reporting (1)

**Consistent with broader trends toward transparency**
- General consumer transparency (Amazon, McDonalds, Angie’s List)
- Health transparency (high-deductible health plans)

I. Landscape for Hospice Quality Reporting (2)

**Marketing and business implications**
- Hospice industry
- Individual hospices.
I. Landscape for Hospice Quality Reporting (3)

- National Quality Forum has approved several measures from the Family Evaluation of Hospice Care survey (#208)
- Currently no national public reporting of hospice quality measures.
- Lack of consensus on and support for reporting infrastructure among hospices and stakeholders

I. Landscape for Hospice Quality Reporting (4)

CMS is expected to implement public reporting of hospice quality data in the mid-term

- Currently “pay for reporting” for two measures only
- HCAHPS (about 80% overlap with FEHC survey)
- Section 3004 of the Affordable Care Act requires the Secretary of Health and Human Services to establish procedures for making data available to the public, but provides no timeframe
II. Key applications from and implications of recent research on public reporting of hospice quality

II. Applications and Implications from Hospice Quality Measure Research (1)

**Agency for Healthcare Research and Quality (AHRQ) Project**

- Completing work on a one year grant from AHRQ to look at consumer attitudes toward public reporting of hospice quality
- Eight focus groups with consumers with and without hospice experience
- Assessed attitudes toward NQF-endorsed FEHC measures
II. Applications and Implications from Hospice Quality Measure Research (2)

Results:
Consumers’ Priorities Differ, and Differ by Level of Hospice Exposure

II. Applications and Implications from Hospice Quality Measure Research (3)—AHRQ Project

Results:
- Some patient comfort factors are near universally important.
- Spiritual support is generally viewed as less important
- Knowledge gap between consumers with and without previous hospice experience
  - Reflects different understandings of what ‘good’ hospice care is.
Conclusions:

- Public presentations of hospice quality information presentations need to incorporate a significant educational element to address knowledge gaps.

California Pilot Project (2012-2013)

- Conducted by the American Hospice Foundation
- Funded by the California HealthCare Foundation
II. Applications and Implications from Hospice Quality Measure Research (6)

Data Collection and Reporting

- Assess burden and cost
- Hospice providers in Sacramento and San Diego counties
- Report comparative data back to participating hospices.
- Maintain provider anonymity

II. Applications and Implications from Hospice Quality Measure Research (7)

Methodology

- Invite all hospices serving Sacramento and San Diego counties to participate
- Active support by CHAPCA and local NAHC chapter
- Deyta prepared quality reports
- Strategic Advisory Group of key stakeholders including hospice providers, referrers (nursing homes, assisted living facilities), regulators and consumer advocates
II. Applications and Implications from Hospice Quality Measure Research (8)

**Results**
- > 50% participation (67% in SAC; 44% in SD); n=30
- Participating hospices include 38% (of 16 participants) new to FEHC and/or vendor use
- Participating hospices – diverse mix
  - 50% non-profit; 44% for-profit; 6% government
  - 56% freestanding; 25% hospital system; 13% national chain; 6% home health

---

II. Applications and Implications from Hospice Quality Measure Research (9)

**Challenges**
- Fallout from closing of San Diego Hospice
- Pushback from NHPCO
- Implementation delays for hospices new to FEHC/vendor
II. Applications and Implications from Hospice Quality Measure Research (10)

Feedback Process

- Distributed comparative quality reports to participating hospices
- Met with hospices for feedback
  - Universal interest in Sacramento to move forward with public report
  - Mixed response in San Diego
  - Possible CHCF grant to implement public report in Sacramento
- Interviewed advisory group to assess results/develop recommendations

II. Applications and Implications from Hospice Quality Measure Research (11)

Sample Comparative Reports

[Graph showing comparative reports for hospice quality measures]
II. Applications and Implications from Hospice Quality Measure Research (12)

Evening and Weekend Responsiveness

- How would you rate the way the hospice team responded to your needs in the evenings and weekends?

Hospice Ratings

- National Avg: 80%
- State Avg: 80%
- County Avg (Sacramento): 80%

II. Applications and Implications from Hospice Quality Measure Research (13)

Enough Help in Dealing with Patient's Anxiety and Sadness

- How much help did the patient receive?

Hospice Ratings

- National Avg: 80%
- State Avg: 80%
- County Avg (Sacramento): 80%
II. Applications and Implications from Hospice Quality Measure Research (14)
II. Applications and Implications from Hospice Quality Measure Research (16)

Implications for this study

- Active support can galvanize hospice participation
- Hospice quality report can be in the hands of consumers years ahead of CMS mandate
- Increase in quality of hospice care is likely
- Possible shift in referral patterns rewarding high performing hospices

II. Applications and Implications from Hospice Quality Measure Research (17)

Next Steps

- Pilot study in Sacramento and other communities in the state and nationwide
- Goal to test whether quality improves among participating hospice providers and if referrals shift toward high performers
III. How public reporting can transform consumers and hospices

III. Public reporting can transform consumers and hospices (1)

- The most common source of knowledge about hospice was the previous experience of a friend or family member.
- Information Priority
  - Frequency of visits
  - Payment for hospice
  - Practical support
  - Continuity of attending MD
III. Public reporting can transform consumers and hospices (2)

Patient/Family Materials

When you have to make one of life’s most important decisions, we’re here.

An Introduction to Hospice Care

PATIENT & CAREGIVER’S GUIDE

III. Public reporting can transform consumers and hospices (3)

Consumer Education—Classes/Toolkits

STAYING IN THE DRIVER’S SEAT OF LIFE

Come laugh and learn. Get great tips and tricks on how to mitigate health and safety issues.

TUES | MAY 29 | 11 AM | Theatre Room
SAME DAY | 2:15 PM | Theatre Room

HOUSPICE AN INSIDER’S VIEW

have you had the talk?
III. Public reporting can transform consumers and hospices (4)

**Consumer Education—Public Media**

- Reality TV Series?

---

III. Public reporting can transform consumers and hospices (5)

**Referral Trends from Family/ Friends**

**2003**
- Other: 4%
- Physician: 24%
- Hospital: 46%
- NH: 14%
- Family/Friend: 13%

**2013**
- Other: 17%
- Physician: 9%
- Hospital: 36%
- NH: 10%
- Family/Friend: 27%
III. Public reporting can transform consumers and hospices (6)

The Family Evaluation of Hospice Care

Data Analysis
1. Trends
2. Running Average
3. Qtr → Run Avg
4. Qtr → Previous Qtr
5. Qtr → Prev Yr Qtr
III. Public reporting can transform consumers and hospices (7)

The Family Evaluation of Hospice Care

III. Public reporting can transform consumers and hospices (9)

Translating FEHC Scores into Action

- Education regarding the meaning of data
- Analyze results by unique markets
  - Urban, LTC, rural, hospitals, etc...
- Deep-dive into qualitative data
  - What do caregivers like? Why?
  - What do caregivers dislike? Why?
- Identify opportunities and pilot projects
  - One nurse in charge of care
  - Script “excellence” describing services
  - Script “confidence” asking caregivers
Key Takeaways

1. Consumers are interested in quality information about hospice, but those without experience will need education.

2. Many hospices show a willingness to engage in (pre) public reporting projects.

3. Tracking (and reporting) family experience measures has the potential to transform your practice and improve your bottom line.

Questions, Comments
Discussion

- What do your experiences with patients and families say about the challenges and benefits of public reporting for hospice quality?
- What do we need to know before rolling out public reporting?
- What does CMS need to do to “do things right?”