

LeadingAge Quality Metrics

# Hospice Trend Report Help Document

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## LeadingAge Hospice Trend Report

Quality Metrics is a member benefit analytic tool that supports member hospice agencies in a data informed approach to quality using publicly reported data from Care Compare. LeadingAge NY Technology Solutions uses the data in Quality Metrics to create the **Hospice Trend Report**, a push report that is sent to members quarterly via an email link, the first step in a building a systematic QAPI process. This help document provides details on interacting with the report - functionality and graph types, understanding the report - legend definitions and using the report - measures with their importance and use case scenarios.

The Hospice Trend Report is an interactive electronic report that provides analysis on various measures with multiple benchmarks for relative performance over time. Because performance data is plotted over time, it permits identification of static, favorable or adverse trends that can inform the QAPI committee of new measures to study, progress on measures currently being studied and when a measure doesn't necessitate study. It is also a vital asset for improving business performance including training, board presentations, strategic planning, outreach, provider negotiations and ultimately improving the five star rating. In the emerging Value Based Insurance Design Model (VBID) Hospice Benefit Component, Medicare Advantage Organizations (MAO) are interested in doing business with hospices that can present data in an electronic format on measures including CAHPS Hospice Survey scores, Burdensome Transitions, Percent of Live Discharges, HVLDL, Terminal Conditions and Routine Home Care Delivered in Assisted Living, Nursing Facilities and Skilled Nursing Facilities. The Hospice Trend Report meets those criteria.

The report incorporates:

## Functionality

1. The report can be printed, however keeping the report in its electronic format permits interactivity within each graph. To interact with a graph, select the benchmark data series in the legend to show or hide a single or multiple benchmark data series.
2. The report arrives with all but three data series and all but the top box values already hidden in the stacked bar charts for your convenience. Choosing to show or hide a benchmark depends on the audience and how and where the graph is being used. For example, when presenting data to an audience interested in a comparison of the hospice agency's performance data to other hospices in the service area, click on to hide all the benchmarks except Provider (the hospice agency's data) and Service Areas. This permits a more concise visual display and leads to a better understanding of performance by the audience.
3. Hovering the mouse over a benchmark data series in the legend emphasizes the data series to draw attention to its identity and location in the chart.

4. Hovering the mouse over a data point or a bar segment provides detailed information contained within that data point or segment including its identity and the performance rate.

## Graph types

1. Time series analysis graphs are the predominate chart type in the report. These graphs trend performance data points over time in a line format for the provider and the benchmarks.
2. Stacked bar charts are used to provide comparison data for the five star items from the CAHPS Hospice Survey in a stacked bar format. The bars are differentiated by color and tone into 2 or 3 segments depending on the number of responses for the item. The lowest segments of the bars are the darkest in tone and represent the percent of top box value responses. The color tone becomes progressively lighter for the percent of middle and bottom box value responses. Each response segment is stacked on top of the previous response segment. Using this format provides 100% of the CAHPS Hospice Survey responses.

## Legend contents and benchmark definitions

1. National – Data reflects performance for all hospices in the nation.
2. Provider –Data reflects performance for the hospice agency that the report is based on.
3. Service Areas – Data reflects performance for all hospice agencies that serve patients in any zip codes that the hospice agency that this report is based on serves in. This benchmark is a choice benchmark since it represents the provider’s direct competition.
4. Service Areas Same Ownership Type – Data reflects a subset of the service areas group which contains only those hospice agencies who have the same ownership type as the hospice agency that the report is based on.
5. Service Areas Similar Census – Data reflects a subset of the service areas group which contains only those hospice agencies who have a similar average daily census as the hospice agency that the report is based on. Similar census is defined for five different categories of average daily census: 0-50, 51-100, 101-150, 151-200, and 201+.
6. State – Data reflects performance for the state in which the service area zip codes are located.

## Attribute tags

1. Understanding quality measures and how they are used is the first step to ensuring business success. CMS employs multiple quality measures and multiple programs to gauge quality in Hospices. The Hospice Trend Report employs attributes tags to identify significance and how to interpret the performance data for each measure.
2. Colored labels located in the measure’s title banner describe the attributes of the measure. Attributes include the CMS program the measure is used in (Five Star, Quality Reporting Program (QRP), Hospice Care Index (HCI)), its data element source (CAHPS, Hospice Item Set (HIS), Claims), whether the measure is a positive measure meaning a higher rate represents better performance

(Higher is Better) or a negative measure meaning a lower rate represents better performance (Lower is Better).

## Measures included in the report with definitions, their value and use case scenarios

### Five Star:

CMS calculates a hospice's five star rating from the top box value responses on eight CAHPS Hospice Survey items. The Hospice Trend report supplies performance data over time on the five star rating.

- Family caregiver survey rating (Hospice Five-Star Rating)

The eight items used to calculate the five star rating are listed below. The Hospice Trend Report supplies performance data overtime on the percent of responses furnished by the family caregiver for each top and bottom box values for item #1 and top, middle and bottom box values for items #2 – 8 in stacked bar charts. Using this format provides 100% of CAHPS Hospice Survey responses which is valuable especially when the percent of top box values are adversely affecting the five star rating. Knowing where the volume of the responses are, middle or bottom, will help prioritize opportunities for study and improvement in the five star rating.

1. Did the Hospice team provide the right amount of emotional and spiritual support?
2. Caregivers rating of the hospice agency.
3. Would they recommend the hospice agency?
4. How often the hospice team treated the patient with respect.
5. How often the patient got the help they needed for pain and symptoms.
6. How often the hospice team communicated well.
7. How often the hospice team provided timely help.
8. Did they receive the training they needed?

### Hospice Item set:

CMS uses elements from the Hospice Item Set (HIS) to calculate the Comprehensive Assessment Measure at Admission. The Hospice Trend Report supplies performance data over time on the percent of patients that received an assessment of all seven elements at admission.

- Hospice and Palliative Care Composite Process Measure (Comprehensive Assessment at Admission)

The seven elements used to calculate the Composite Process Measure are listed below. The Hospice Trend Report supplies performance data over time on the percent each element was completed on admission. This is valuable especially when the Comprehensive Assessment at Admission measure needs improvement. Knowing the performance data on each element will help identify where to target improvement strategies. The initial assessment is essential in developing a care plan that addresses patient and caregiver topics that relate to CAHPS Hospice Survey leading to the best opportunity to achieve top box value responses and maximize the five star rating.

1. Hospice and Palliative Care Treatment Preferences
2. Beliefs & Values Addressed (if desired by the patient)
3. Hospice and Palliative Care Pain Screening
4. Hospice and Palliative Care Pain Assessment
5. Hospice and Palliative Care Dyspnea Screening
6. Hospice and Palliative Care Dyspnea Treatment
7. Patients Treated with an Opioid who are Given a Bowel Regimen

### Hospice Visits in the Last Days of Life (HVLDDL):

The Hospice Visits in the Last Days of Life measure helps a hospice determine if their staff provided care to patients and their caregivers in the patient's last days of life, a time that can be challenging for family caregivers who may become easily overwhelmed. It is also a time that produces the strongest memories. Providing timely help by visiting at this time to give emotional support and treatment for distressing symptoms like pain, difficulty breathing, agitation and seizures ensures the patient and family caregiver receive the best care possible. Visiting at this time is also valuable because it translates into topics linked to the CAHPS Hospice Survey items and the opportunity to achieve top box value responses to maximize the five star rating. The Hospice Trend Report supplies performance data over time on the proportion of patients who have received in-person visits from a registered nurse or medical social worker on at least two out of the final three days of the patient's life.

### Hospice Care Index:

CMS uses ten indicators to calculate the Hospice Care Index (HCI). A hospice's HCI score is the sum of indicators for which a hospice has met the earned point criteria. Each indicator meeting the criteria earns one point for a maximum possible overall score of ten points. The Hospice Trend Report supplies performance data over time on the HCI overall score.

- Hospice Care Index Overall Score

The ten indicators used to calculate the HCI are listed below. These indicators are important not only because they are often used by Medicare Advantage Organizations in their decisions to select hospices to do business with but also because hospices can use these indicators for essential insights into their business capabilities, strengths and weaknesses. For example, the hospice can use the Hospice Trend Report to identify opportunities to improve burdensome transitions and create a process to identify patients at substantial risk for revocation on admission to manage their needs more proactively. The Hospice Trend report supplies performance data over time as described for each indicator.

1. HCI: CHC/GIP Provided (% days) The percentage of hospice service days that were provided at the Continuous Home Care (CHC) or General Inpatient (GIP) level of care.
2. HCI: Gaps in nursing visits (% elections) The percentage of hospice stays of at least 30 days, where the patient experienced at least one gap between nursing visits exceeding 7 days.
3. HCI: Early live discharges (% live discharges) The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.

4. HCl: Late live discharges (% live discharges) The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.
5. HCl: Burdensome transitions, Type 1 (% live discharges) The percentage of all live discharges from hospice that were followed by hospitalization within two days and followed by hospice readmission within two days of hospital discharge.
6. HCl: Burdensome transitions, Type 2 (% live discharges) The percentage of all live discharges from hospice that were followed by hospitalization within two days, and where the patient also died during the inpatient hospitalization stay.
7. HCl: Per-beneficiary spending (US dollars \$) Average per-beneficiary Medicare payments (in U.S. dollars): the total number of payments Medicare paid to hospice providers divided by the total number of hospice beneficiaries served.
8. HCl: Nurse care minutes per routine home care days (minutes) Average total skilled nurse minutes provided by hospices on all Routine Home Care (RHC) service days: the total number of skilled nurse minutes provided by the hospice on all RHC service days divided by the total number of RHC days the hospice serviced.
9. HCl: Skilled nursing minutes on weekends (% minutes) The percentage of skilled nurse visits minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days.
10. HCl: Visits near death (% decedents) The percentage of beneficiaries receiving at least one visit by a skilled nurse or social worker during the last three days of the patient's life (a visit on the date of death, the date prior to the date of death, or two days prior to the date of death).

### Conditions:

Hospices care for patients with terminal illnesses. The data reflects the hospice patient's primary diagnosis. These measures are valuable because they can improve business performance by helping the hospice target referrals sources for patients with terminal diseases underserved by the hospice. The Hospice Trend Report supplies performance data over time for:

1. Percent of patients with Cancer
2. Percent of patients with Dementia
3. Percent of patients with Stroke
4. Percent of patients with Circulatory/heart disease
5. Percent of patients with Respiratory disease
6. Percent of patients with other conditions

### Locations of Care:

Hospice is a service that can be provided at various locations. These measures are valuable not only because of MAO interest but because they can improve business performance by identifying opportunities to expand services into locations underserved by the hospice. The Hospice Trend Report supplies performance data over time for the percent of patients who were provided care at the locations listed below.

1. Care Provided in Home
2. Care Provided in Assisted Living Facility

3. Care Provided in Nursing Facility
4. Care Provided in Skilled Nursing Facility
5. Care Provided in Inpatient Hospital Facility
6. Care Provided in Inpatient Hospice Facility
7. Care Provided in other locations

### Average Daily Census:

Hospices that monitor their average daily census can make informed business decisions. The Hospice Trend Report supplies performance data over time for the hospice's average daily census.

## In summary

The Hospice Trend Report is a valuable resource for member hospice agencies. It was developed for busy professionals integrating interactive charts that can be utilized for multiple purposes. This help document provides the basic information needed to understand, interact with and utilize the report.

## Contact Information

Please use the contact information below if you have questions or need further assistance.

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