



CAHPS®: Why it's Good for Hospice!

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Amid challenging new regulations and escalating reimbursement constraints, why is the Hospice CAHPS® (Consumer Assessment of Healthcare Providers and Systems) survey good for hospice? Here are the four important reasons Hospice leaders should consider CAHPS when setting strategic goals:

This is a standard tool that brings hospice in line with the healthcare continuum.

CAHPS surveys – for hospitals, home health providers, Medicare Advantage programs, prescription drug plans, in-center hemodialysis centers, Medicare ACOs, and adult Medicaid programs, and most recently hospices – ask patients and/or caregivers to evaluate and report on their experiences with health care and services. Data for most providers is reported to the public to help consumers and referring healthcare providers make choices about where they would prefer to receive care.

Contracting with a vendor and administering the CAHPS survey has been a requirement for most hospices since 2015. (See *Compliance Considerations*.) However, results have not yet been reported to the public. Now, with more than 12 consecutive months of CAHPS survey feedback data collected, CMS is planning for public reporting of results later in 2017.

For the first time, hospice data will appear in the “mainstream”, alongside other providers’. It is a statement that hospice is a valid choice and allows for more open conversation about choosing hospice. The feedback and insight from this initiative should surely help promote the hospice industry.

Patient and family experience is the authentic focus of hospice care.

As part of a decades-long effort to transform health care delivery, the Institute for Healthcare Improvement (IHI), conceptualized the Triple Aim, “a framework for optimizing health system performance by simultaneously focusing on the health of a population, the experience of care for individuals within that population, and the per capita cost of providing that care”.¹ To achieve the Triple Aim, the Centers for Medicare and Medicaid Services (CMS) identified national priorities for health care.

Implementation of CAHPS surveys helps providers across the continuum address two national priorities: involving patients and families in care and promoting effective

¹ Institute for Healthcare Improvement. Triple Aim for Populations. What is the Triple Aim?

communication and coordination. Hospice was *designed* to provide patient and family choice, and hospice providers are *required* to include the family in care planning. Further, since hospices are fully responsible for patients and their caregivers – a model of accountable care – communication and coordination is central. Hospices should receive comparatively high marks on CAHPS surveys if they authentically focus on their core mission.

There is evidence that the focus on family satisfaction with care has additional benefits. Researchers have linked better experience of care with better clinical outcomes, better adherence to medical advice and treatment plans, better employee satisfaction with decreased turnover, and more loyal patients.

CAHPS provides meaningful data that helps hospices improve care and service.

For decades, most hospice providers have been using patient and family satisfaction surveys as a primary source of input about how to improve care. Why wouldn't hospices engage in a well-researched, standardized survey approach that emphasizes the strength of the hospice model of care, while helping providers improve patient and family? This will undoubtedly act as a catalyst for major improvement efforts for many providers.

What Drives High Hospice CAHPS Scores?

The Hospice CAHPS Survey asks over 30 questions about experience and satisfaction with aspects of care such as the communication skills of the providers, responsiveness to the needs of the patient or family during evenings and weekends, the provision of symptom relief including pain and anxiety, spiritual support, and the experience at the time of death.

How can hospice programs use CAHPS response data strategically, to target improvement efforts? Improvement may include changes in process, practice, or policy designed to ensure a better experience of care and service, but it may also include changes in messaging and communication. Lifting up areas of demonstrated strength can stimulate growth in referrals and donations.

What one or two initiatives (think about Performance Improvement Projects, required by the QAPI Condition of Participation) should a hospice put time, energy, and resources into, in

order to improve both quality and financial results. Good analysis of the CAHPS response data can make the process less overwhelming.

There are two global questions that aim to assess overall experience:

- *Rating of Hospice Care*: “Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member’s hospice care?”
- *Willingness to Recommend*: “Would you recommend this hospice to your friends and family?”

One of the largest CAHPS vendors in the country, Fazzi Associates, conducted a study to identify the Hospice CAHPS survey items with the highest correlations to the two global question responses. By improving scores on highly correlated items, the two global questions are expected to improve. In the future, CMS is expected to calculate composite scores, based on the scores of a selection of related individual measures. So, items that are highly correlated to the current global scores are likely to be important to the composite, as well.

Fazzi’s Hospice CAHPS Key Drivers Study Results

Fazzi’s study identified ten (10) Hospice CAHPS questions with a moderate to substantial relationship with the two global measures². The most highly correlated Hospice CAHPS survey questions are:

- How often did you feel that the hospice team really cared about your family member?
- How often did the hospice team keep you informed about your family member's condition?
- How often did the hospice team listen carefully to you?
- How often did the hospice team explain things in a way that was easy to understand?

The analysis says that improving scores for these four questions will likely have a broad positive impact on overall CAHPS scores. This finding reinforces the importance of hospice programs having strong – *comparatively* strong – practices to involve families, authentically care for patients, and communicate interactively and thoroughly. It is good for the hospice

² Calculated using the Pearson r correlation method.

movement and the health care system as a whole, for hospice providers to emphasize and model excellence in these aspects of care and service.

As a practical matter, hospices should be concerned about comparatively low scores in any one of the more than 30 CAHPS questions. Comparatively low scores should be reviewed and any obvious “fixes” put in place. However, low scores should raise these questions as part of your analysis: Is this a persistent problem? Was there a short-term factor, such as a staff change, weather event, or regional health crisis, that may have had an impact on that aspect of care? Who should we include in the discussion to understand this better? Does our concern about this aspect of care affect our operating plan and efficiencies?

As a part of an effective QAPI process, gaps in performance against a target for all quality measures (CAHPS and beyond) are considered, and priorities are set for quick improvements and then more formalized Performance Improvement Projects, which require additional analysis, planning, implementation, and monitoring of results.

Competitive scores will be a strategic advantage for hospice providers.

CAHPS scores matter. CAHPS is a proven tool that will differentiate hospice from other models of care, help hospices assess the most important aspects of care delivery, provide clear direction about opportunities to improve, and allow patients, families, and referring providers to choose higher quality hospices in the market. Hospice CAHPS scores are already key metrics for most thriving hospice agencies.

Soon, the scores will be available to the public, representing each reporting hospice’s quality and also reflecting comparative patient and family experience with hospice as a part of the health care continuum. A poor showing on the planned public reporting of CAHPS data could certainly impact a hospice provider’s reputation, brand and even the potential for recruiting the best candidates.

Implementing a comprehensive and efficient program to conduct CAHPS surveys, identify opportunities for improvement, and implement targeted change is both practical and strategic. The insights and information will be key to successful QAPI programs and effective strategic plans. But ultimately, a focus on improving CAHPS scores will make the experience of care better, which is good for hospice providers and even better for those who matter most: patients and their families.

Compliance Considerations

The CAHPS® Hospice program is designed to support hospice QAPI efforts. CMS continues to refine the data gathering, analysis, and reporting processes, with input from hospice providers and in partnership with vendors. It is important that providers work closely with their vendors to remain in compliance and to get the most out of the reported data.

Unless exempt from participating, each hospice provider must participate in the Hospice CAHPS Survey process each month and submit the results to CMS through their CAHPS survey vendor. The Hospice risks a 2% reduction of all Medicare payments for the following year, if monthly survey activity and submission of results is not conducted according the official guidelines.

This is a “pay-for-reporting” program, where reimbursement is not yet tied to performance levels. It is expected that in the future CMS will implement pay-for-performance in Hospice, as it has for other provider types, where survey return rate and survey results could impact your Medicare revenue.

For more information contact Fazzi Associates, info@fazzi.com or 800-379-0361.