QAPI
Quality and Compliance
HOSPICE

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QAPI & HQRP: DIFFERENCES AND SIMILARITIES

Hospice Quality Reporting Program

Hospice Item Set (HIS)
- Admission
- Discharge
- Implemented: 2014
- Payment Year: 2016

Hospice CAHPS Survey
- Implemented: 2015
- Payment Year: 2017
**Hospice Quality Reporting Program**

- Phase 1 – Voluntary quality reporting for hospices
- Phase 2 – Structural Measures/NQF 0209 Pain Measures
- Phase 3 – HIS – 2014
- Phase 4 – CAHPS - 2015
- Phase 5 – Hospice Compare
- Phase 6 – Star Rating
- Phase 7 – Comprehensive Assessment Instrument

**Public Reporting – Hospice Compare**

- Calendar year 2016
  - Hospice demographic data
  - General information about hospice quality reporting
- Calendar year 2017
  - Hospice CAHPS
  - All seven HIS quality measures
    - Individual measure scores
    - Denominator smaller than 20 patient stays not reportable
  - Hospice Compare site

**HQRP Update**

- Two new quality reporting measures
  - Hospice Visits When Death is Imminent
  - Hospice And Palliative Care Composite Process Measure
- Comprehensive patient assessment instrument
- Hospice Compare web site
FY2017 Hospice Rule COMMENTS
Comprehensive Patient Assessment

Comprehensive Patient Assessment Instrument
• Being considered by CMS
• Different data collection mechanism
• Potential enhancement of current HIS to be more in line with other post acute care settings
• Two purposes
  — Provide quality data necessary for HQRP requirements and the current function of the HIS
  — Provide additional clinical data that could inform future payment refinements.

FY2017 Hospice Rule COMMENTS
Comprehensive Patient Assessment

• Allows more detailed clinical information collection
  — Symptom burden
  — Functional status
  — Patient, family, and caregiver preferences
• Information for use in development of future quality measures
• Data used for both quality and payment purposes

FY2017 Hospice Rule COMMENTS
Comprehensive Patient Assessment

• Does not replace
  — Existing requirements for assessments
  — CAHPS hospice survey/other HQRP collection efforts (except HIS)
  — Regular submission of claims data
• Replaces current HIS
• Two time points
  — Admission
  — Discharge
Differences

QAPI
- Condition of participation 418.58
  - Quality assessment and performance improvement
  - Specific to each hospice
  - Reflects complexity of the hospice and the services it provides
- Compliance
  - Assessed on survey
  - No financial penalty

HQRP
- Condition of payment
  - Quality data
  - Standardized
- Compliance
  - Assessed annually
  - Financial penalty

QAPI
- Quality assessment and performance improvement
- December 2, 2008
- Condition of participation
QAPI

- QAPI Plan
- Governing body has ultimate responsibility
- Hospice wide, data driven
  - Monitor the effectiveness and safety of services and quality of care.
  - Identify opportunities and priorities for improvement
- Performance improvement projects (PIPs)

QAPI Regulation

CoP – Quality Assessment and Performance Improvement 418.58

418.58(a) Program Scope
418.58(b) Program Data
418.58(c) Program Activities
418.58(d) Performance Improvement Projects
418.58(e) Executive Responsibilities

QAPI Regulation

- Related/Impacted COPs or standards
  - 418.54 Initial and Comprehensive Assessment of the Patient – 418.54(e)
  - 418.60 Infection Control – 418.60(b)
  - 418.62 Licensed Professional Services - 418.62(c)
  - 418.76 Hospice Aide and Homemaker Services – 418.76(g)
  - 418.100 Organization and Administration of Services – 418.100(b)
EFFECTIVE  
ONGOING  
HOSPICE WIDE  
DATA DRIVEN

Written Plan

• Program objectives
• All patient care disciplines
• Description of administration and coordination of program
• Methodology for monitoring and evaluating the quality of care
• Priorities for resolution of problems
• Monitoring to determine effectiveness of action
• Oversight – reports to governing body
• Documentation of review of program

Program Scope

• The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes AND hospice services
• The program must use quality indicator data, including patient care, and other relevant data, in the design of its program
• All patient services and all activities that may impact patient/family care should be evaluated as part of the QAPI program.
Program Scope

• Patient – Function
  – Individual care planning
  – Individual events
  – Individual transactions

• Aggregate
  – All patients, all events and all transactions

Program Data

The hospice must use the data collected to do the following:

Monitor the effectiveness and safety of services and quality of care.

Identify opportunities and priorities for improvement

Includes, but not limited to:

– physician services
– nursing services
– medical social services
– counseling services
– clinical records
– infection control
– pharmaceutical services
– durable medical equipment (DME)
– patient rights
– administrative services
– contract services
– volunteers
– hospice aide and
– adverse events
ASSESS

Processes
Services
Operations

Program Activities

PIPs must
• focus on areas of:
  — High volume
  — High risk
  — Problem prone
• Consider incidence, prevalence and severity of these areas
• Track adverse events, analyze their causes and implement preventive actions

PIP’s

• Number and scope is determined by agency (annually)
• Reflects scope, complexity and past performance of services and operations
• Agency must document
  — Quality projects undertaken
  — Reason for undertaking them
  — Measurable progress achieved
Executive Responsibilities

– That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.
– That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.
– That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are designated.

RELATED/IMPACTED STANDARDS

Governing Body – 418.100

A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement.
Assessment – 418.54(e)

- The comprehensive assessment must include data elements that allow for measurement of outcomes.
- The hospice must measure and document data in the same way for all patients.
- The data elements must be an integral part of the comprehensive assessment and must be documented in a systematic and retrievable way for each patient.
- The data elements for each patient must be used in individual patient care planning and in the coordination of services, and must be used in the aggregate for the hospice’s QAPI program.

Hospice Aides – 418.76(g)(2)

Hospice aides must report changes in the patient’s medical, nursing, rehabilitative, and social needs to a registered nurse, as the changes relate to the plan of care and quality assessment and improvement activities.

Infection Control – 418.60

The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.
Licensed and Professional Services – 418.62(c)

Licensed professionals must participate in the hospice’s quality assessment and performance improvement program and hospice sponsored in-service training.
Lessons Learned

- Incorporated HIS into QAPI in order to obtain baseline
- Identify opportunities for improvement
- Prioritize the opportunities
  - Outcomes
  - Processes
  *More than HIS and CAHPS

Hospice and Lessons Learned

- Admission process changes
  - Standardizing
- Assessment process changes
  - Standardizing
- Utilizing vendor for benchmarking
- Moving to an EMR

SHARING

- Individual clinician results
- Across sister organizations
- Locally, regionally
- Network/alliance
- Payer
- Partner
- Referral sources
- Patients/public
**Using HQRP in QAPI**

- Palliative outcomes
- Benchmarking
  - Internal
  - Regional
  - National
- Are there areas of where your hospice needs to improve?
  - Performance improvement project

**Continuous Quality Improvement (CQI)**

**Strategy**

- Marketing
- Partnering
- Staff development
- Manage patient care vs. managing a case load