MARYLAND
Health Care
Commission

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Hospice Issue Brief: Quality Measurement and Reporting

History and Status:
The Hospice Quality Reporting Program (HQRP) was mandated by the Affordable Care Act of 2010. Data are submitted by hospices through the Hospice Item Set and an Experience of Care Survey, the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®). For Fiscal Year 2014, and each subsequent year, failure to submit required quality data will result in a 2 percentage-point reduction in the market basket percentage increase for that fiscal year. The HQRP is currently a "pay-for-reporting" system, meaning submitting data is considered meeting compliance requirements. In addition, CMS is now working on a hospice patient assessment tool, HOPE (Hospice Outcomes and Patient Evaluation), to replace the Hospice Item Set (HIS). The HOPE will assess patients in real-time, based on interactions with the patient.

Current Approach:
When the current Hospice Chapter of the State Health Plan was developed, quality measures were still under development. The Chapter states that: "As measures are developed, the level of quality achieved by hospices, as indicated by measurement and reporting of performance on the quality measures, will be incorporated into the review criteria and standards used in Certificate of Need reviews."

Alternative Approaches:
During Certificate of Need (CON) reviews, an applicant can be assessed in terms of meeting all CMS quality measures by comparing each HIS and CAHPS quality measure to the state average for that measure. This approach would disqualify hospices that meet or exceed the state average on 2 or fewer measures on the HIS **AND** 2 or fewer measures on the CAHPS. In the February 2022 CMS refresh, this approach disqualifies 3 hospices. Jurisdictions in need of additional higher quality hospices could be determined using similar criteria by identifying hospices that meet or exceed the state average on 2 or fewer measures on the HIS **OR** 2 or fewer measures on the CAHPS. In the February 2022 CMS refresh, this approach identifies 14 hospices. As an alternative, a select number of measures, which can discriminate statistically among providers, could be selected to assess quality of provider performance. Based on the model used for the Home Health Agency Chapter of the State Health Plan, selected measures could be published and comments received prior to use in CON. These measures could then be updated as needed, without the need for re-promulgation of regulations.

Questions for Discussion:

- How should “good quality provider” be defined?
- Which measures best discriminate between good and poor performers?
- How should measures be defined when they are constantly updated?
- Should the focus be on Hospice Item Set measures, CAHPS measures, or both?
- How should quality be assessed for a provider who is not currently licensed as hospice?

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