

**Hospice Quality Reporting Program Forum
May 12, 2021**

Hello, everyone. Thank you for joining today's "Hospice Quality Reporting Program Forum." During this, CMS and Abt Associates will provide information on the Hospice Outcomes & Patient Evaluation, or HOPE. At the end of the webinar, CMS will have a question-and-answer section. We will address questions received via the Questions chatbox and take questions over the phone. To ask a question through the phone line, please use the hand-raising feature, and we will unmute your line. For those dialed in by phone, you must have an audio PIN entered. If you will be using your computer speakers and want to ask a question, you must have a working microphone. CMS will address as many questions as time allows. Please note, the slides in today's presentation will be posted to the Hospice Quality Reporting Program website in the coming weeks. Now I'll turn it over to Cindy Massuda, coordinator of the Hospice Quality Reporting Program at CMS's Center for Clinical Standards and Quality.

Thank you very much. And good afternoon, everybody. I am Cindy Massuda, the coordinator for the Hospice Quality Reporting Program, or HQRP, at CMS at our Center for Clinical Standards and Quality. Welcome to the "Hospice Quality Reporting Program Forum." Today we will discuss updates on the Hospice Outcomes & Patient Evaluation, or HOPE, which CMS is developing for inclusion in the Hospice Quality Reporting Program. Next slide. And next slide, please.

So, on behalf of CMS, I want to thank Ketchum for supporting this webinar. To discuss this Quality Measure concept, I'm joined by Jennifer Riggs from Abt Associates. Abt Associates is the contractor supporting the Hospice Quality Reporting Program, which includes the development of HOPE. Jennifer is a senior associate and nurse researcher at Abt, and she will provide updates about the development and testing of HOPE. Next slide, please.

So, on this slide are all the acronyms that you'll see during the presentation defined. Next slide.

I'd like to begin by providing some background for HOPE. Next slide.

So, CMS has contracted with Abt Associates to develop and test a new, standard hospice patient assessment. This new assessment is known as HOPE, which stands for Hospice Outcomes & Patient Evaluation. Next slide.

So, what is HOPE? HOPE is a real-time, multidiscipline patient assessment tool that helps hospices to better understand patient-care needs and contribute to the development of meaningful quality measures. HOPE captures patient and family care needs in real time and through the hospice stay, not just at admission and discharge. We are currently testing HOPE with volunteer hospices before proposing HOPE in rulemaking for inclusion in the Hospice Quality Reporting Program. Next slide.

So, hospice assessment. So, HOPE is multidisciplinary and reflects the involvement of several members of the hospice interdisciplinary care team. HOPE will include registered nurses, social workers, and chaplains. HOPE is currently being field-tested in hospices that have volunteered to participate in the testing process. Next slide.

So, HOPE incorporates the current Hospice Item Set items within its standardized assessment. So, the point is that when HOPE is eventually implemented, HOPE will replace the Hospice Item Set data-collection instrument, because HOPE will include all of the Hospice Item Set items. So, therefore, it will no longer be necessary to continue with the Hospice Item Set once HOPE is implemented. And this is meant to help the industry so that you only have one tool in which to include your data. Next slide, please.

So, the future of the Hospice Quality Reporting Program. HOPE, how it fits in with the future, is just one of several data sources contributing to the Hospice Quality Reporting Program, along with administrative data, such as Medicare claims and the CAHPS hospice survey. So, together, these data sources holistically reflect hospice quality. Once implemented, HOPE will support future quality measures development and help align the Hospice Quality Reporting Program with other Post-Acute Care, or PAC, settings. HOPE will use standardized assessment items that will collect data CMS can use to develop process and outcome quality measures. Process measures assess what the hospice team has done, which outcome measures assess how well the hospice team has helped their patients. We intend to include process, outcome, and other types of measures in the Hospice Quality Reporting Program. Next slide.

So, why is CMS implementing HOPE? HOPE provides an assessment tool for hospices, like the other Post-Acute Care settings. The quality measures will promote hospices' quality improvement activities to ensure high-quality care for hospice patients and their families. Publicly reported HOPE-based quality measures will help patients and families choose the best hospice that meets their needs. Next slide.

So, the development of HOPE is an important part of the Meaningful Measures initiative. The Meaningful Measures initiative identifies high-priority areas for quality measurement and improvement, and helps CMS improve outcomes for patients, their families, and providers without increasing clinician or provider burden. Meaningful Measures should eliminate disparities, track the measurable outcomes, safeguard the public health, achieve cost savings, improve access for rural communities, and reduce burden. HOPE has been developed with these Meaningful Measures goals in mind. The HOPE assessment is important to develop a set of hospice quality measures, including outcome measures that reflect the needs of the patient, their families, and caregivers throughout the hospice stay. Next slide, please.

So, now I'd like to turn to Dr. Jennifer Riggs, who will discuss the development and testing of HOPE. Thank you, Cindy. In this section, I'll summarize the progress CMS has made to date in developing and testing HOPE. Next slide.

First, we completed numerous information-gathering activities for the development of the HOPE assessment, beginning in March 2019. We used this information to iteratively refine the HOPE and to explore concepts for quality measures that HOPE could support. We are now in the testing phase of HOPE development, as illustrated on this slide. We started planning for HOPE testing while we were still gathering information, preparing the draft assessment, and considering quality measure concepts. Once we complete HOPE testing, the next step will be to propose the instrument and rulemaking, followed by implementation of HOPE when the final rule is finalized. Next slide.

Testing results are used to create a final draft of the instrument. There are four phases of testing: cognitive, pilot, alpha, and beta. Cognitive testing in 2019 identified relevant assessment items for inclusion in HOPE. The pilot test evaluated the draft HOPE assessment, field test procedures, and training materials. The alpha test established the feasibility and preliminary reliability and validity of the draft HOPE assessment. And the beta test will confirm reliability of the final draft of the HOPE assessment. The findings from each test inform the next phase of testing and successive drafts of the HOPE assessment. Next slide.

In cognitive testing, we conducted telephone interviews with hospice staff to discuss HOPE questions and response choice instructions. These interviews helped us understand what made sense or not and how participants suggested making the assessment items clear and relevant to hospice practice. We presented selected results in the December 2019 "Hospice Quality Reporting Program Forum." You can find the presentation from this HQRP forum as a download on the HOPE page of the HQRP website. We then conducted a pilot test to evaluate the draft HOPE assessment and field test procedures. We selected four hospices to participate in the pilot test. Next slide.

We then moved to the alpha test, in which the draft HOPE assessment underwent field testing to establish preliminary reliability and validity. CMS recruited Medicare-certified hospice providers to participate in the alpha test. We selected hospices that represented the diversity of hospices through their various sizes, geographic locations, business models, and use of electronic or paper-based data collection. CMS and the Abt team greatly appreciate the hospices, listed on this slide, for their participation in the HOPE alpha test. Alpha-test data collection occurred from October 2020 through January 2021. Analysis of the alpha-test results will help us develop a revised draft of the HOPE assessment this summer. Next slide.

Now that the alpha test is concluded, CMS will conduct the HOPE data test. During this phase, Medicare-certified hospices will field-test the final draft of the HOPE assessment. The beta test will confirm reliability of the HOPE assessment items and will estimate the time required to complete the assessment. This slide shows our anticipated timeline for beta testing. We plan to conduct outreach and recruitment this spring, sampling and selection of hospice providers this summer, with enrollment and training this fall. Data collection for the beta test is expected to occur from fall 2021 through summer 2022, with analysis of results to be conducted during the winter of 2022. Next slide.

CMS and Abt Associates are seeking Medicare-certified hospices interested in volunteering for the HOPE beta test. Please check the CMS HQRP announcement and spotlight page regularly for the recruitment announcement, which will direct you to the complete recruitment information for the beta test and the application form posted on the Provider and Stakeholder Engagement Web page. We anticipate the recruitment announcement will be posted shortly. We are interested in recruiting approximately 30 hospices in all. Hospices will be selected from each of the four Census geographic regions of the country: The Northeast, Midwest, South, and West. We're seeking a mix of hospices also, with a range of characteristics, including hospice size, ownership, and rurality. Our goal is to include hospices that provide care for a wide range of patient populations. And we also expect to recruit hospices that have not participated in prior HOPE testing or Technical Expert Panels. Next slide.

The beta test involves hospice staff, including registered nurses, social workers, and chaplains or spiritual-care counselors at each hospice, conducting joint visits to complete the draft HOPE assessment with consenting patients and their families. Each hospice team will complete two to three joint visits per week during the data-collection period. The Abt research team will provide training and all materials to the hospice teams that are participating in the beta test and will also provide ongoing individualized support throughout the beta test. Next slide.

By volunteering to participate, you and your hospice can directly contribute to the development of the HOPE assessment, providing valuable input to CMS that will help shape the final version of the instrument. Your team will learn more details about the HOPE assessment, and you will also support CMS's efforts to transform hospice care, to achieve CMS's vision of promoting effective, efficient, and high-quality care for hospice beneficiaries. Next slide.

If your hospice is interested in participating in the beta test, please e-mail HospiceAssessment@cms.hhs.gov with a completed application form, which will be available with the forthcoming recruitment announcement. The Abt research team will e-mail hospices that are selected to participate in the beta test. We anticipate selection will begin approximately June 2021. We look forward to your e-mails, and we hope you all will consider participating in this important work. Next slide.

When will hospices begin using the HOPE assessment? HOPE is planned for implementation by all Medicare-certified hospices after all testing and analysis has been completed. Following this testing and analysis, CMS will propose the date of implementation in rulemaking. Next slide.

For additional information about HOPE, recent HQRP news and updates, or opportunities related to HOPE or HQRP quality measures, please visit the resources listed on this slide. Next slide.

We have several ways for hospice providers to receive announcements and regular updates about HQRP, using the links on this slide. Next slide.

And on this slide, you can find links: to the CMS Measure Management System blueprint; the 2020 HQRP Technical Expert Panel Summary Report; and the HQRP Information Gathering Report. For any other questions about the HQRP, please e-mail HospiceAssessment@cms.hhs.gov. Next slide.

Thank you for attending this forum. I'd now like to turn to Ketchum and open up for discussion questions. Thank you. Next slide.

As a reminder, you can ask your questions in various ways. You can submit your questions via the Questions chatbox. Or raise your hand, and CMS will unmute your line. As a reminder, to ask your question through the phone line, for those dialed in by phone, you must have your audio PIN entered. If you'll be using your computer speakers, you must have a working microphone. We will address as many questions as time allows.

It looks like we do have a question on the phone line. So, Pat West, your line is now unmuted. You can ask your question. No? As a quick reminder, you can submit any questions via the chatbox and raise your hand.

It looks like we have a question that says, "What is the rationale for having multiple clinicians visit a patient at the same time to perform the HOPE assessment?" Jen, do you want to take that?

I can. Thank you, Cindy. Yes, so, the question asked, "What's the rationale for having multiple clinicians see the patient at the same time to complete the HOPE assessment? So, two clinicians will visit the patient at the same time to complete the HOPE assessment independently, because this is how we calculated inter-rater reliability of the assessment instrument.

Great. Thank you. The next question says, "Is there a version of the HOPE tool available at this time to review?"

There is not a version of the HOPE assessment that's available publicly for review, since it's still in testing.

Great. The next question says, "Will the joint visit, two to three times per week, be ongoing when HOPE is rolled out, or just for gathering data?"

This is Jen Riggs again with Abt. And, yes, that's for field-testing procedures, not for implementation.

Thank you, Jen. The next question says, "Is the intent to have two clinicians fill out the HOPE tool for testing only, or is there an intent to have it in production that way, as well?"

So, I think this is similar to the prior question. The procedure for field testing, just for testing, to have two clinicians visit the patient and complete the draft HOPE assessment independently is how we calculate inter-rater reliability of the assessment instrument itself during testing, but that's not intended as a requirement once the instrument is implemented.

And just to add to it, I think it's worth appreciating that we're talking about the tool now, as Jen is saying, during beta testing, as we're entering beta testing. And we're still in the testing phase, but we're not discussing the actual rollout or implementation of HOPE on this call. We're giving the update of where we are in the development of HOPE. This is not the actual final tool, which is why we're testing it, and need this inter-rater reliability to test the data item so that we can get to the point of being able to get to future rulemaking, where we could implement this tool.

Great. The next question is, "If we were interested in participating in the testing, would we be able to see the tool prior to agreeing to participate?"

Generally, what happens is that if a hospice is interested in participating, you'll complete the application form that will be posted with the recruitment announcement, and then, if you're selected and agree to take part in the beta test, then you'd receive the materials associated with testing.

Great. The next question reads, "Can you provide an estimate of how long it will take to fill out the HOPE tool at each encounter?"

So, this is Cindy. Part of when we're doing testing is to develop the time it takes as plan for implementation and sort of the Paperwork Reduction Act that we need to do in order to bring HOPE into the Hospice Quality Reporting Program. So, there are some timeframes, but we don't have the exact. That's

what the testing will help us identify. But it's meant to be very reasonable and fit within the hospice's business model.

Thank you, Cindy. The next question reads, "How many patient visits will each hospice be expected to do for the beta testing?"

So, in general, we have a general target for the number of visits that will be completed, and we expect that each hospice team that's selected would be able to meet data-collection targets by conducting approximately two to three of these joint visits each week.

Great. The next question reads, "Which discipline or disciplines will be able to complete the HOPE tool?"

The draft HOPE assessment that we are testing right now includes a section for the registered nurse to complete, a section for the social worker to complete, and a section for the chaplain to complete.

Great. And just a quick reminder, for anyone who does want to ask a question over the phone line, to go ahead and raise your hand, and we will unmute your line. Next question we have is, "Will HOPE only be for admissions or for regular visits?"

The time points during the hospice stay that are being tested right now include not just admission but some additional time points throughout the episode, but not every single visit to the patient.

Next question, "What timeframe should be expected for the visits to conduct the HOPE assessment?"

I am not sure I understand the question, but I think you may be asking about how long the visit will take to complete the HOPE assessment. So, that partly depends on whether it's an admissions visit, for example, which generally is longer than some of the subsequent visits to the patient. And it will also partly depend on the patient and family, since some families may require additional time for various needs to be addressed. So, as we provide more information about the upcoming beta test, we'll provide some additional information and details about the level of effort a participating hospice provider might expect.

Thank you. Next question reads, "Does the assessment and testing include telehealth or telephone, in addition to in-person visits?"

So, the HOPE tool will work with whatever the CoPs are set up with during HOPE implementation and follow that, along with however the measures are designed and any definitions in there. So, it all depends at the time of HOPE implementation.

Great. The next question, "How will medication entry impact the testing of the HOPE tool, if at all?"

I'm not positive I understand this question, either. If you mean, by "medication entry," any documentation that your clinicians do in your existing electronic health record to document the medications that the patient is taking, that wouldn't affect the HOPE assessment. If that doesn't answer your question, just please do ask a follow-up.

And just to add to it, if there are types of quality measures that you're interested in having in hospice, because this tool is meant to meet your needs, we would be very interested in hearing the types of quality measures you're interested in. So you're welcome to share that with us on your hospice assessment e-mail box. And always appreciate your input. And we do take it under advisement and look at it carefully. So thank you.

Next question reads, "When do you expect the application to be available on the website for beta testing?"

We are working to have it up very soon. Somewhere within the next 24 hours, you should expect to see it up, and you should expect to see listserv messages going out about the application being posted.

The next question, "How many days do you have to complete the assessment by all disciplines?"

So, speaking to the beta test, we'll provide some guidelines for that, and it will depend in part on whether it's on the time point that's being assessed -- for example, admission versus a discharge or a different point in time. But the expectation is not that all three disciplines would complete the HOPE assessment on a patient within a single day, for example.

Great. And someone asked, "Would you please clarify at what time point HOPE assessments are planned to be required?"

In addition to the admissions visit, we expect to test HOPE at some additional time points throughout the patient's stay. And at this point in time, we don't have a final decision about what those will be. And as soon as we have that information, we'll share it.

Great. And just another reminder for anyone who wants to ask a question through the phone line, please go ahead and raise your hand, and we will unmute your line. The next question is, "Will the HOPE tool for beta testing be incorporated into our EMR, or is it on paper or via separate software?"

So, just like we had the Hospice Item Set, it's meant to be incorporated into your EMR; but for people who don't have electronic medical records, we obviously will have a software tool similar to like we have HART, the H-A-R-T tool, for getting the information to CMS. But we have it that it can be set up for whatever system that our hospice providers are using.

Thank you. Next question, "Is there an expectation for the percentage of patient population that is visited for beta testing?"

For the percentage of patient population that's visited, I'm not sure if the person is asking about different types of patients that hospice sees, or the total number of patients that will be seen during testing. Although we're interested in trialing the draft HOPE assessment for patients with a variety of different conditions or needs: different types of patient populations, for example, in that respect; or perhaps patients who are receiving services in a variety of different settings, such as home or a facility. We won't have a specific requirement for a particular number of patients with each of these characteristics, because that can be difficult to predict.

Thank you. And someone submitted a question that said, "Just to clarify, for hospices participating in the HOPE beta test, the HOPE assessment would have

to be completed in addition to what the clinician is entering into the electronic hospice medical record upon admission?"

That's correct.

Thank you. The next question, "How many weeks is the beta testing planned for?"

We hope to start data collection for the beta test this fall. And prior to that, we'll have some time for training the various hospices in preparation and planning for data collection. And we expect data collection to continue through some point in the summer of 2022.

Thank you. Next question, "If our ADC is 500, would we be expected to see a certain percentage of these patients, or would we be able to identify specific teams for testing? Thinking of staffing challenges and patient preference."

Thank you for clarifying that. That does help me understand your question better. And, no, there won't be a specific percentage or proportion requirement based on your average daily census. Patients that agree to let the clinical team explain the project would then go through a consent process for verbal informed consent. And patients and/or their families or caregivers who agree to take part in the beta test would then complete the HOPE assessment with the hospice clinician. And so the staff that a hospice identifies to be trained to collect the HOPE data, that will partly be based on where you think it is going to be most feasible for your team to conduct joint visits to some patients. So, rather than a set proportion of your entire patient population, it will partly depend on staffing and logistics, in addition to which patients are eligible and which patients consent to take part.

Great. Next question is, "Is HART still being utilized?"

H-A-R-T, HART, is the tool that we have in our QIES system to help entities who are trying to enter their data from their Hospice Item Set into the QIES system but don't have an electronic means to do it. It is free software -- H-A-R-T, HART. It's free software that CMS provides to help our providers who need a means to electronically submit the data into the QIES system. And so that does exist for the Hospice Item Set, and we will have something similar for HOPE for hospices who need a way to upload their electronic data if they lack an electronic medical record system.

Thank you. The next question reads, "Is the HOPE assessment completed on every patient, or a sample size of patients, per data site?"

Not every patient; a sample of patients. That's correct.

Thank you. Just a reminder for folks, if you'd like to submit a question over the phone line, please raise your hand, and we'll go ahead and unmute your line. The next question we have through chat, "Will HOPE only be available for admissions, or for regular visits?"

HOPE is being designed to be across the hospice stay. So we are looking to have HOPE be more comprehensive than just an admission and discharge.

Thank you. Next question, can you provide an estimate of how long it will take to fill out the HOPE tool at each encounter?"

So, I think that's similar to a question that someone had asked a little bit earlier. So, because the assessment is a draft assessment, and it will be completed at different points in the patient's stay in the hospice -- admission and some additional time points in the patient's stay -- the amount of time it will take to complete the assessment will vary to a certain extent.

Thank you. Just a reminder for anyone, if you have any more questions, to go ahead and submit them through the Questions box or via the phone line, and we'll unmute your line. The next question we have, "Does CMS anticipate that the Hospice Care Index claims-based measure will be implemented prior to the HOPE assessment tool being implemented?"

So, yes, the answer is, that's the expectation. As you can see, we have our proposed rollout at this time. And we proposed in that rule the implementation of the Hospice Care Index, along with other proposals that are in there. So, those are for fiscal year 2022. As you can see from the proposed rule, we did not make any proposals about HOPE. We provided an update. So we don't have any proposals about HOPE at this time, but there are proposals that include the Hospice Care Index. And so, if finalized through fiscal year 2022 rulemaking, as you see in the proposed rule, we would anticipate implementing it in fiscal year 2022, the Hospice Care Index.

The next question, "Can you provide any additional insight into: what the HOPE tool is actually measuring; what questions would be asked; and what would be measured?"

The HOPE tool is looking -- and we're working with our Technical Expert Panel is looking to issues that are important to address hospice quality. We're looking at, obviously, meaningful measures, gaps that need to be addressed in hospice quality. And obviously, things that you would expect, like pain and symptom management, as part of the HOPE tool. So we're looking to address the issues that are of interest to the hospice community, the patients, their families, their caregivers. And obviously, if there's areas that you're interested, that you want to suggest to us, we have our HospiceAssessment@cms.hhs.gov mailbox. And always look forward, and truly we read every e-mail that is sent to us. We read all communications sent to us, and we take everything under advisement. So really appreciate your feedback or your input, because this is meant to be a coordinated effort between CMS, us, and our hospice community -- the providers, our stakeholders, and everybody in the hospice community. So please share your input through our e-mail box.

Thank you. The next question, "While the HOPE is getting tested and finalized, do you anticipate additional changes to the Hospice Item Set in the interim?"

So, as you can see, we have our proposal out this year for fiscal year 2022, relating to the Hospice Item Set. And we are obviously very aware that we are transitioning and working on HOPE. So we're trying to marry up being as cognizant of the fact that we are moving to HOPE, but at the same time, recognizing that we need to be able to address gaps in care and issues of quality in hospice. So, obviously, we look at claims-based measures. We look

at whatever is necessary. But we're very aware to be as appropriate as possible on any changes that we're making as we're going through this transition to HOPE.

Great. Thank you. The next question, "Were the hospices in beta testing able to establish any standard timeframe for joint visits involving the HOPE protocol?"

I'm not sure I understand the question exactly. The beta test hasn't started yet. I think you might be referring to the prior phases of testing, the alpha test, where we tested a version of the draft HOPE assessment. We do expect some changes in the draft HOPE assessment from one phase of testing to the next. Each phase of testing, the results really inform the further refinement in the development of the assessment. And so it's true, we did get information, in prior testing, about how long it took them to complete that draft of the HOPE assessment. I don't want to provide specifics right now, because we don't really have very specific information. I think it may help to understand that testing, whether it's alpha testing or beta testing, is designed to be feasible for the hospice providers that participate. And so, by that, I simply mean that the design and the data-collection targets, the logistics of collecting data, are really designed to be feasible so that it's possible for a hospice provider to participate. It does require additional time and effort from the hospice teams, but we've found, from prior testing of this and other assessments in the past, that this is manageable. And I'll just add on to that that when we do have more specific and detailed information about the requirements for the beta test, we'll provide that.

Thank you. We do have a question asking, "Where do we find the application to participate in beta testing?"

When the announcement is posted, the spotlight and announcement page, you'll be linked to the more detailed recruitment announcement and the application form, which we intend to post on the provider, stakeholder engagement and opportunities Web page.

Great. Next question, "Since HOPE beta testing started last fall, do you have any results from the beta test to share?"

Thanks. I think you might be referring to the alpha test, which started last fall. And at this time, we're completing analysis of the alpha test, and so we don't have a report ready to share publicly on this yet, but we hope to at some point in the future.

Next question, "If medication entry is going to be included in the HOPE testing, this part of the nursing assessment currently takes the longest for nurses to complete. So we want to ensure that time is accounted for during the testing, so the amount of staff time can be accurately documented."

I think you may be asking -- and I may not have answered this for you the last time -- but I think I hear you asking if the HOPE assessment includes having to enter the entire list of medications the patient is taking. And, no, the HOPE assessment that we are planning to test does not include this.

I just wanted to add, I'm seeing some questions in the chatbox, and I just want to make it clear that the work we're doing on HOPE is independent of the work on CAHPS -- the CAHPS Hospice Survey. So, the work on CAHPS, that

work is completely independent and is not impacted at all by the work we're doing with the Hospice Item Set or the work we do with OHP.

Thank you. And just another reminder to folks who would like to ask a question, please go ahead and do so by submitting through the Questions box or raising your hand, and we will unmute your line.

Okay, it looks like we have gone through the questions submitted. So that concludes the Q&A portion of this webinar. As a reminder, we are seeing some questions. So, the slides from today's presentation will be posted on the Hospice Quality Reporting Program website in the coming weeks. Cindy, I'll now pass it to you to close out the call.

Thank you very much. And we want to thank everybody who joined us today for spending time with us to share about HOPE updates. We value working with hospices and our stakeholders, since we can only do this work in coordination with you. Have a great rest of your day, and thank you very much. Goodbye.