Hospice Outcomes & Patient Evaluation (HOPE)

Frequently Asked Questions

Question 1: What is the Hospice Outcomes & Patient Evaluation (HOPE) tool?

A: Hospice Outcomes & Patient Evaluation (HOPE) is the name for the new standardized hospice patient assessment that CMS's Hospice Quality Reporting Program (HQRP) is developing to propose in future rulemaking. It will be an assessment of the clinical, psychosocial, spiritual, and emotional status and needs of the hospice patient during regular patient care.

Question 2: Why is the new tool called HOPE?

A: As discussed in the FY 2020 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule,[1] CMS solicited public comment on the name of the new assessment tool and considered the comments before finalizing the name, the Hospice Outcomes & Patient Evaluation (HOPE), in this rule. The full name and acronym captures CMS's goals for this assessment tool. HOPE will be a patient evaluation for use by hospices and will enable CMS to develop outcome measures that when publicly reported, will help consumers in selecting hospices. The acronym, HOPE, also provides the sentiment of hope for patients achieving the quality of life per their goals and wishes and supported by the hospice.

Question 3: What is a patient assessment tool?

A: A patient assessment tool is a collection of individual assessment items (questions and responses) that are collected at specific time points (e.g. admission, interdisciplinary group meetings (IDG), other key times during the hospice stay, and discharge). It gathers detailed clinical information (e.g. diagnosis, comorbidities, and symptoms) along with information on the patient's functional status and patient, family, and caregiver preferences. A patient assessment tool uses multiple mechanisms to gather this information, including real-time encounters with patients.

Question 4: Why do we need a standardized patient assessment tool?

A: A patient assessment tool provides an opportunity to collect information on patients' holistic needs and experiences of care. When standardized, a patient assessment tool allows for the measurement of quality in a way that can be compared across hospice providers and used to inform future payment refinements.

Question 5: What are the benefits of a standardized patient assessment tool?

A: A standardized patient assessment tool has benefits for hospices, for patients, for families and caregivers, and for CMS. Using a standardized patient assessment tool supports the development of quality measures calculated from the information collected on the tool. A hospice can use these quality measures to compare their performance on each quality measure to the performance of other hospices

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[1] https://www.govinfo.gov/content/pkg/FR-2019-08-06/pdf/2019-16583.pdf

and to the national average to identify areas for improvement. The information collected on the tool can also be used to calculate the quality measures for public reporting, allowing consumers to use the information that originated from the patient assessment tool to inform their choice of hospice providers. CMS will be able to use the information collected through HOPE to inform the future of the Hospice Quality Reporting Program (HQRP) and other programs within CMS.

Question 6: How will the HOPE tool fit within the Hospice QRP?

A: Ultimately, CMS would like to replace the Hospice Item Set (HIS) and collect data through HOPE. CMS is developing HOPE to support the development of outcome measures that are expected to help consumers differentiate between hospices and provide more meaningful insight into hospice care throughout the dying process. The outcome measures also meet the objectives of the Meaningful Measures initiative.

Question 7: What are the benefits of updating HQRP Requirements with HOPE?

A: Currently, the HQRP includes data submitted by hospices through HIS and the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey. Using these data sources, the HQRP publically reports HIS quality measures and CAHPS® Hospice patient experience metrics. However, as documented in the MedPAC's 2019 Report to Congress,[2] the quality measures based on the HIS are "process measures" and almost all do not allow for meaningful differentiation between hospices. Moreover, process measures only capture whether an action was taken by health care providers, but do not assess the results that are experienced by the patient, which "outcome measures" do capture via HOPE.

Question 8: Is CAHPS® Hospice Survey Impacted by HOPE

A: No, the CAHPS® Hospice Survey is not impacted by HOPE. The CAHPS® Hospice Survey is independent of HOPE development   The CAHP®S Hospice Survey remains in the HQRP.

Question 9: What are the benefits of having the HQRP publically report multiple measure types, including outcome measures based on the HOPE tool?

A: While the HIS only supports process measures, HOPE, in contrast, will also support outcome measures. Together with patient experience metrics based on CAHPS® and quality measures based on Medicare claims data, the quality measures based on HOPE will become part of a more meaningful portfolio of complementary HQRP measures that will cover an increased range of topics related to the receipt of hospice care services. CMS will publicly report the portfolio of measures, further empowering consumers to make informed decisions.

Question 10: When will HOPE be added into the HQRP?

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[2] http://www.medpac.gov/docs/default-source/reports/mar19_medpac_ch12_sec.pdf

A: We are in the early development of HOPE. We will start Alpha testing a draft version of HOPE with a small number of hospices in CY 2020. Based on analyses, we will refine HOPE and test it further in Beta testing. After Beta testing, the draft HOPE tool will be refined further based on that analyses and then proposed in rulemaking. Once HOPE is finalized in rulemaking, we will collect data to inform quality measures based on HOPE for HQRP.