Looking in the Crystal Ball-
The Future of Hospice Care

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Today we will discuss...

- Current trends in hospice and project their trajectory in 2012
- Key areas in health reform that will impact hospice and palliative care
- Hospice and palliative care and its focus as we enter 2012

Basic Hospice Data

Patients Served by Hospice in the US 1982-2009

Number of Patients

Source: National Hospice and Palliative Care Organization, 2010

Number of Hospices

Source: National Hospice and Palliative Care Organization, 2010

Diagnoses of Hospice Patients - 2009

Source: National Hospice and Palliative Care Organization, 2010
Rate cuts already in place

- Phase out of the BNAF
  - FY2012 – third year of seven year phase out
  - Multiplier to the wage index reduced each year
  - Invisible to providers but shows up in wage index calculation of rates
- Productivity adjustment reductions
  - Required in the Affordable Care Act
  - Begins in FY2013
  - Original estimates of 1.3% for all Medicare providers
  - Additional 0.3% for hospice providers

Super Committee failure

- Impasse announced in November 2011
- Did not meet goal for identifying $1.2 trillion to reduce the federal deficit
- Next step - sequestration
  - Automatic across-the-board cuts for Medicare providers and defense spending
  - No more than 2 percent reduction of overall spending on hospice and would last for ten years

Additional 2% cuts and Congressional action

- Go into effect January 1, 2013
- Congress still has time and political pressure to come up with alternative ways to get to the savings.
- Current budget environment: hospice could be hit under any scenario Congress might pursue
- Vigilance required in hospice community in its advocacy engagement throughout 2012

What can be done?

- Sequestration:
  - Cuts are technically triggered and already written into law
- NHPCO advocacy:
  - Given the other cuts facing the hospice community, an additional 2 percent would be devastating to patient access
  - Engage in discussions on any and all alternatives that Congress will be pursuing to avoid sequestration. We expect there to be many moving targets
  - Vigilance will be key in 2012
2012 as an election year?

- Presidential election year
- Full House of Representatives
- One third of the Senate
- More attention paid to:
  - Deficit reduction
  - Attempts to reign in entitlement spending
  - Hospice is a part of that discussion

Opportunities for advocacy

www.hospiceactionnetwork.org

The network is:
- Developing new ways to engage with Congress from home
- Two opportunities for NHPCO members to go to the Hill as part of a organized lobby day for a united hospice community

Advocacy focus for 2012

- Vigilance
- Hill presence
- Unified message on the Hill

Never more important than this year!

Rates for hospice care in the nursing home

- Series of Office of Inspector General reports
- MedPAC analysis of hospice care in the nursing home suggested:
  - Economies of scale
  - Potential for duplication of services
  - Suggested rate reduction
  - CMS also analyzing volume, costs, visits by discipline and comparisons to hospice home care
  - Continued area of vulnerability
  - No action yet

Preparing your hospice for rate cuts...

- Streamline operations and look for efficiencies
- Take a hard look at staffing and staff caseloads
  - A good resource for this analysis is the NHPCO Staffing Guidelines, found at www.nhpco.org/quality
- Look at service area reductions to cut down on mileage and staff time costs
- Take a hard look at services that could be reduced without affecting patient care
- Look for ways to increase charitable giving as a way to cover some costs
Hospice Provisions in Health Care Reform

Face-to-face encounters — challenges with implementation
- Availability of physicians and nurse practitioners
- Time available from part-time or contract employees
- Creating a system for tracking which patients need a face-to-face encounter and when
- Is there a symptom management component? Can it be billed?
- Discharge when face-to-face is not timely

Face-to-face – proposed legislation
- The HELP legislation, S722 and HR 3506, will expand the list of health care professionals to conduct the face-to-face to include:
  - Physician assistants
  - Clinical nurse specialists
- Will expand the timeframe for completion to up to 7 days after admission

Hospice Payment Reform
- ACA provision: Reform hospice payments no earlier than FY2014
- Analysis of data currently underway
- CMS contractors continue to analyze
  - Claims data
  - Hospice cost reports
- Technical Advisory Panel convened
- No action yet

CMS Concurrent Care Demo
- 15 hospice sites nationwide
- Focused on Medicare patients
- Patients can receive both curative therapies and hospice care concurrently
- RFP to be released by CMS pending Congressional appropriation for demos

Concurrent Care Demonstration could...
- Promote partnerships with other care providers and professionals
- Create a seamless continuum of care and services
- Hospice services can be provided without the exclusion of other services that patients may want, need and could benefit from
Mandatory Hospice Quality Reporting

- Quality Reporting Begins in 2012
- Mandatory data collection period:
  - October 1, 2012 – December 31, 2012
- After 2012:
  - The data collection period will be January 1 – December 31
  - Reporting will be done annually
  - The number and types of measures will increase

Measure #1: QAPI with 3 Patient Care-Related Measures

- Structural measure on QAPI with two parts:
  - Confirmation of participation in a QAPI program that includes at least three patient care related performance measures
  - Descriptions of all of the patient care measures in use during the data collection period.

Measure #2: Pain to a Comfortable Level

- Outcome measure that addresses pain brought to a comfortable level within 48 hours of the initial assessment.
- Hospices will report the National Quality Forum (NQF) endorsed measure, NQF #0209. The percentage of patients who were uncomfortable because of pain on admission to hospice whose pain was brought to a comfortable level within 48 hours.
- The measure, also known as the Comfortable Dying measure was developed by NHPCO.
- Information on implementation and comparative reporting are provided on the NHPCO website: www.nhpco.org/outcomemeasures

Voluntary Reporting

- QAPI structural measure only
- Hospices identify the quality indicators (measures) related to patient care utilized in their QAPI program during the data collection period
- Data collection period:
  - October 1, 2011 – December 31, 2011
- Data submission:
  - January 31, 2012

Mandatory Reporting

- Includes both QAPI structural measure and Comfortable Dying measure (NQF #0209)
- Data collection period:
  - October 1, 2012 – December 31, 2012
- Data reporting deadlines:
  - QAPI Structural measure: January 31, 2013
  - Comfortable Dying measure (NQF #0209): April 1, 2013

Miss the deadlines?

- Mandatory reporting
- Measures required – no choice in what measures should be reported
- Hospices who miss the 2013 reporting deadlines will face a 2% cut in their hospital marketbasket increase (hospice reimbursement rate “inflation adjustment”) in FY2014
What other measures are being considered?

- Must be endorsed by the National Quality Forum (NQF)
- 14 measures related to palliative care and end of life undergoing review
- Two indicators of overall performance (the Composite Score and the Overall Rating question) from the Family Evaluation of Hospice Care (FEHC) survey are being considered.

Preparing for Quality Measures

- Data collection for quality reporting is less than 1 year away
- Your hospice is ready if you have:
  - A comprehensive QAPI program
  - At least 3 patient care-related QAPI measures
  - Use the Comfortable Dying measure
- Your hospice should have no difficulty meeting the quality reporting requirements

If your hospice is not doing patient care-related QAPI

- Start now!
- In 2012, you can choose the QAPI patient care related measures your hospice uses
- No results are reported, only what is being measured
- Remember the timeframe for data collection
  - October 1, 2012 – December 31, 2012

If your hospice is not using the Comfortable Dying measure...

- Start now!
- Staff training is required
- Documentation must be congruent with the data needed for reporting
- The system for data extraction from records must be set
- Multi-step process, involving different parts of the organization
- Cannot be accomplished overnight

Training for staff on quality reporting

- Performance improvement is the responsibility of the entire team
- Review the QAPI programs to be sure there are a minimum of three measures related to patient care
- Ensure that your hospice can describe each those measures in terms of a numerator and a denominator.
- Implementation of the Comfortable Dying involves
  - Nursing staff who do the initial assessment
  - All staff responsible for patient care
  - Staff responsible for documentation, patient records and IT.
- Preparation for quality reporting is the job of every staff member in the organization.

Medicare/Medicaid Fraud and Abuse
Compliance plans
- Vigilance is required about compliance activities
- Compliance with:
  - Medicare Hospice Conditions of Participation
  - Other hospice regulations
  - Claims submission requirements
  - Eligibility requirements
  - Requirements for continued eligibility
- Compliance plan should include:
  - Specific timeframes for internal audits of agency practices
  - Protocol for reviewing processes that may be out of compliance with current laws and regulations.

Risk areas for hospice fraud and abuse
- Eligibility
  - Does this patient meet the eligibility requirements for admission to the hospice program?
  - Does the documentation support eligibility?
- Site of care
  - Do the patients in nursing facilities meet the eligibility requirements for hospice?
  - Is the length of stay appropriate, or were those patients admitted “too early” for hospice care?

Risk areas for hospice fraud and abuse
- Level of care
  - Does the level of care match the patient’s symptom management concerns or family need for respite?
  - Is General Inpatient care appropriate and documented in the medical record?
- Claims submission
  - Are the dates of service, Q-codes for location of care, and levels of care accurate?

Audits Increasing
- Recovery Audit Contractors
- Medicaid Integrity Contractors
- Zone Program Integrity Contractors
- All active in hospice
- More providers and more states involved

Leadership into the future
- Leadership in the future....
  - Jim Collins – “Great by Choice”
  - Why do some companies thrive in uncertainty, even chaos and others do not?
Findings.....

- Leaders...
  - Not more risk taking, more visionary, more creative
  - More disciplined, more empirical, more paranoid
- Innovation....
  - Innovation by itself is not the solution
  - More important – ability to scale innovations, to blend creativity with discipline
- Leading in a fast world....
  - Fast decisions and fast actions...sure way to get killed
- Great companies
  - Changed less in reaction to radically changing world

Always remember....