Hospice Quality Reporting Program

Comparison of the Hospice Item Set and the Hospice Outcomes & Patient Evaluation
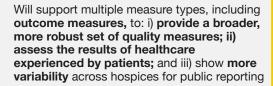
The Hospice Quality Reporting Program (HQRP) was established by the Patient Protection and Affordable Care Act of 2010. The Act requires that the Secretary establish quality reporting requirements for hospice programs. The HQRP currently requires hospices to report data using the *Hospice Item Set (HIS)* and the Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) Hospice Survey. CMS is developing a new patient assessment tool called the *Hospice Outcomes & Patient Evaluation (HOPE)* to develop outcome and other measures. The HOPE will be proposed in future rulemaking. The HIS and the HOPE vary in their ability to contribute information for holistically understanding patient needs and measuring quality. The figure below compares and contrasts the HIS with what CMS currently expects of the HOPE. Note that this content has no impact on the CAHPS® Hospice Survey.

	HOPE	HIS
Ability to holistically understand patient needs	Will capture clinical preferences of the patient **Will also capture spiritual, psychosocial, and emotional needs and goals of care for both patient and caregivers**	Captures only clinical preferences of the patient
Benefit for quality measurement and improvement activities	Will support multiple measure types, including **outcome measures**, to: i) **provide a broader, more robust set of quality measures; ii) assess the results of healthcare experienced by patients;** and iii) show **more variability** across hospices for public reporting *Example outcome measure question: "Did the patient experience reduced severity in pain?"*	Supports only process measures which are limited because they i) assess whether the process was done rather than the result of care; and ii) show little variability across hospices, and thus have limited use for public reporting *Example process measure question: "Did the hospice assess the patient's pain?"*
Timeliness of data collection	**Will be informed by regular encounters with patients and families throughout the dying process**	Based on historical chart abstraction at two time points: patient admission and discharge
Ease of application	Will be available electronically **Will consider *work flow* in its design of the assessment process to reduce burden** **Will consider Conditions of Participation in its design of the assessment process to reduce burden** **Will use skip patterns to reduce burden on patients and hospices**	Available electronically for collection at admission and discharge

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