2011 FEHC Report Q&A

What you should know about the new FEHC reports

Introduction and Background

As part of its commitment to make the Family Evaluation of Hospice Care (FEHC) as informative and useful a performance improvement tool as possible, in 2009 the National Hospice and Palliative Care Organization initiated an effort to revise and improve the FEHC survey and quarterly reports. The revision process was undertaken with considerable input from users of the FEHC, industry leaders, and university researchers. The overarching goal of this effort was to determine how the FEHC report could be improved to make FEHC results more actionable for hospice clinicians, leadership, and quality managers.

In late 2010 the revised FEHC survey (titled the "2011 FEHC Survey") was introduced by NHPCO with several questions that were new, changed, or removed. Now, after much thoughtful effort, testing, and retesting, NHPCO is pleased to announce the release of the new FEHC Report.

The revised FEHC Report is considerably different from the previous report. In addition to changes in formatting and new metrics, the revised report represents a paradigm shift in the presentation of results for quality performance. Instead of viewing performance from the perspective of "how well did your hospice perform" the new FEHC report focuses on "where does your hospice have the greatest opportunity for improvement." In addition, many difficult to interpret and less-than useful comparison results have been eliminated and are replaced by fixed benchmarks calculated for only those questions that are the best indicators of the quality of care delivered to hospice patients.

What follows is information that we at NHPCO hope will assist you with the transition from the old to the new FEHC reports. We present the information in the form of answers to specific questions we anticipate you may have as you begin reviewing the new report.

If you have additional questions about the new FEHC report please contact us for further guidance. Our Research and Quality Department staff may be reached via our dedicated FEHC email address: fehc@nhcpo.org.

Questions & Answers for the New FEHC Report

How do I start using this report?

We STRONGLY encourage new and veteran users of the FEHC to start by carefully reading the Introduction section of the new report. Written with the intent of helping all FEHC users interpret the results presented in the revised report, the Introduction provides a complete and succinct explanation of the report's metrics and features. Until you are familiar with the entire report, also make sure to read through the content of each page in its entirety. We have made a concerted effort on each page to provide all the information needed to interpret the tables and/or graphs on that page.

What is the "Overall Score?"

The Overall Score is a global measure of how survey respondents perceived the quality of care that your hospice provided to the patient. It is measured as the percent of respondents answering "excellent" to the question, "Overall, how would you rate the care the patient received while under the care of hospice" (survey question G1). For the Overall Score, a higher score indicates that more respondents felt the care was excellent.

What is the "Composite Score?"

The Composite Score is a statistically derived overall measure of the quality of care your hospice provided patients based on your hospice's weighted scores on 17 core indicators of quality in the FEHC survey. A higher score indicates that your hospice provided better quality to more patients during the quarter. The questions included in the Composite Score are: B2, B4, B6, B8, B10, D3, D4, D5, D7, D8, D9, E2, E3, E4, F1, F2, F3.

If both the Composite Score and Overall Score are general measures of quality, which one is better, more important, or more accurate?

Neither the Composite Score nor the Overall Score is a better or more important or more accurate measure of the quality of care your hospice provides. The two scores measure general performance of your hospice in different ways and both provide information for evaluation of the care provided by your hospice.

Both the Composite and the Overall Score provide an immediate summary of how your hospice program is doing in general. We suggest that you look at both the percentage of respondents reporting care was excellent and the 0-100 composite score to provide a quick picture of how your hospice program is doing. These metrics can be useful for staff and Board of Directors as a general picture of your hospice's quality.

What does it mean when my Overall Score is different from my Composite Score?

Since both scores measure global performance in a different way, it is possible for the two scores to be different. This is because of the differences in how performance is being measured by each score. The Overall Score measures the caregiver's perception of the quality of care provided by your hospice. Personal perception is influenced by many factors including some of which are not under the control of your hospice and others not measured by the FEHC survey. When one score is substantially different from the other, it probably means that something not measured in the Composite Score is influencing the perception of the primary caregivers.

Where is the benchmark for the Overall Score and/or Composite Score?

Benchmark scores have not been provided or calculated for the Overall or Composite Scores. These global measures are intended to provide a general understanding of the overall performance of a hospice. Benchmark scores are provided only for those questions that measure the processes or outcomes of care and are intended to be used for goal setting in performance improvement projects.

Why are the scores for the most desirable answer no longer reported?

Previously, the FEHC reported the percent of families who stated they got the right care. Our concern is that hospices viewed a score of 85% stating they got the “right amount” of pain medicine as a good thing. Although this is true, we believe that it is even more important to acknowledge that 15% (i.e. more than one in ten persons) did not get adequate pain relief. One in ten is far too high. Thus, the report now reports the opportunity to improve in order to emphasize the point that those persons who did not get the right care at the right time should be the target for our efforts to improve the quality of care. In a quality improvement framework, the goal should be to reduce the number of respondents reporting that they did not get what they needed.

What are “Problem Scores?”

Problem Scores are the percent of respondents who didn’t answer a question in the most favorable way. A lower problem score indicates that more respondents indicated the care was optimal for that question. The lower your Problem Score, the better your hospice performed on that question. A problem score of 0.0%, therefore, indicates that you hospice received the most desirable response from every individual during the quarter for that question.

What is a Quality Improvement Score (QIS)? And, what does it mean when a QIS score is greater than 100%?

The aim of the QIS is to provide a way to put the Problem Score in context and give an idea of how big a task improvement will be for a given question. The QIS is a tool that can be used to set performance improvement goals. The QIS measures the relative distance from the benchmark that your hospice scored. The score indicates how much improvement your hospice needs to reach the benchmark for that specific question. A QIS score greater than 100% indicates that your hospice needs a considerable amount of improvement on that indicator to reach the benchmark. For example, if your hospice’s QIS = 30%, to achieve the benchmark, you need to increase the number of best possible responses for this question by 30%.

How are the questions selected that are included in the Top Three Opportunities for Improvement section?

The three questions in this section are chosen based on the distance of the hospice’s Problem Scores from the benchmark score. The three questions with Problem Scores that have the greatest difference when compared to their respective benchmark scores are considered to offer the greatest opportunity for improvement.

Some of my hospice's Problem Scores are worse than the three questions presented in the Top Three Opportunities for Improvement section. Is that a mistake?

No, this is not a mistake. The three questions in this section are chosen based on their distance from the benchmark. It is possible for a question to have a higher Problem Score but be closer to the benchmark than another question with a lower Problem Score.

What do the Problem Score Color Zones signify?

The Problem Score color zones were established using FEHC data for each question over the previous two years. Your hospice's problem score is color coded based on its relative distance from the benchmark score. A Problem Score that falls within the Green zone meets or exceeds the benchmark score. The Yellow, Orange, and Red zones represent progressively greater distances from the benchmark score and, consequently, greater opportunity for improvement. The range of hospices' scores differ (wider range for some questions, narrower for others) so the range of scores that comprise the color for each question also differ. However, the percentage of hospices represented by each color zone is constant for all questions.

The percentages of hospices represented by each color zone for the Benchmark Comparisons are:

- Green: The top 10% of hospices
- Yellow: The next 40% of hospices
- Orange: The next 40% of hospices
- Red: The bottom 10% of hospices

How did NHPCO set the benchmark score for each quality indicator question?

The benchmark score for each question is established as the highest problem score for each question achieved by the best performing 10% (i.e., those hospices who's problem scores were the lowest) of hospices participating in FEHC over the previous two years. If your hospice's score is the same or lower than the benchmark for a specific question, you know that your hospice's performance matches the top 10% of hospices for that question over the previous two years.

Do the benchmarks ever change?

To facilitate the use of the benchmark scores for goal setting in performance improvement projects, the benchmark scores will remain the same in each quarterly report for a given calendar year. Updated benchmark scores will appear in the first quarter reports of each calendar year and will not change for the remaining quarterly reports.

Why isn't there a benchmark score for all questions?

Only those questions that measure the quality of care from a process or outcome perspective were defined as Quality Indicator (QI) questions and benchmarked. Other questions in the FEHC survey are either descriptive (e.g., not measuring a process or outcome) and provide background or contextual information. An example would be a screener question that identifies if a QI question is relevant to the specific patient (i.e., asking if a symptom ever occurred prior to asking if the symptom was managed effectively).

Why are the graphs for Monthly Trends by Date of Death blank?

Results for the most recent three months of data (e.g., the three months covered by the current report) are intentionally not included. A significant number of surveys mailed during the current reporting quarter will not be returned until the next quarter, so results broken out by date of death would not be complete and would likely change significantly from report to report. Waiting to present results by date of death until the next report ensures more stability and greater reliability of these results.

How do I use results based on date of death?

There are some distinct differences in the way results based on date of death (DOD) can be used in contrast to those based on the surveys returned during the quarter. Results based on DOD allow you to examine how specific events during the year may have influenced your hospice's quality of care. For example, if your hospice experienced a change in patient census during a particular month or months, the DOD results will show if that change had an influence on the quality of the care delivered, and if so, how much.

Why aren't more results based on the patients' date of death?

A time lag is built into presentation of results broken out by date of death in order to maximize stability of the numbers. However, this means that date of death results do not provide as timely information as desirable for us in performance improvement projects.

In contrast, results based on surveys returned during the quarter provide hospices with more immediate feedback for accessing how well performance improvement goals are being met. The graphs based on DOD are, therefore, better used for additional assessment of overall performance in the context of the events occurring at a specific time during the year.

Where are the percentile rankings in the new FEHC report?

Percentiles can be a useful ranking tool for comparison of performance across hospices. However, because of the nature of the FEHC survey data, the use of percentiles caused considerable confusion for those questions that most hospices performed well on. In addition, because the percentiles were based on data submitted for the current quarter, the scores that comprised each percentile were subject to change each quarter, making setting goals for performance improvement problematic. Consequently, percentile rankings were eliminated from the FEHC reports and benchmark scores and national/state average scores have been substituted for use for comparisons and goal setting.

My hospice considers the results for Question G3 ("…would you recommend this hospice to others?") very important but there are no national or state comparison results, why?

The new FEHC report has a primary focus on identifying opportunities for improvement to emphasize the principle that those persons who did not receive optimal care can best inform efforts to improve the quality of care. Therefore, only those questions that measure the processes and outcomes of care are benchmarked and provided with comparisons for use in performance improvement projects. The vast majority of hospices have consistently high scores on G3, and consequently there was little room for improvement, making it less valuable as a quality indicator.

Nevertheless, the overwhelming positive endorsement of hospice, as demonstrated by the uniformly high scores for G3, is good information for an individual hospice, and for the hospice industry as a whole, because it means that people are generally pleased with the care they received. This means that G3is useful for things such as citation in promotional materials to show that hospice care is good care, and we retained it in the survey just for that purpose. However, a high scoring question, such as G3, is not really useful as an indicator of performance when compared to other hospices for the purpose of setting quality improvement goals and use in QAPI programs.

What is statistical significance and what does it tell me?

Statistical significance is most simply described as the certainty with which an observed difference between scores is true as opposed to occurring only by chance. In the Peer Group Comparisons section of the new FEHC report, arrows (up or down) indicate a statistically significant difference (higher or lower) in the problem score between your hospice and the peer group. This information tells you that, statistically speaking, we are confident that a real difference exists between your score and the peer group and therefore indicates the need for further investigation.

Are the Domain Scores calculated differently?

Yes, the Domain Scores are calculated differently in the new FEHC reports. We have changed the questions that make up the Domain Scores and how they are calculated to match original measures developed by Brown University.