NHPCO Guidelines for Using CAHPS® Hospice Survey Results

Introduction

The Centers for Medicare and Medicaid Services (CMS) has developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey to measure and assess the experiences of patients who died while receiving hospice care, as well as the experiences of their informal primary caregivers. Starting in 2015, CMS requires hospices to participate in the new CAHPS® Hospice Survey.

As part of the process, and to ensure that survey data are unbiased, hospices are required to contract with a third-party vendor that has been approved by CMS and has gone through CMS training in collecting and submitting CAHPS® survey data. In September of 2014 CMS released a list of vendors that meet the CAHPS® Hospice Survey requirements and that are conditionally approved to administer the CAHPS® Hospice Survey. The list can be accessed on the CMS CAHPS® Hospice Survey website.

Performance measures used to evaluate the quality of hospice care should be accurate measures of good care that are directly influenced by how the hospice operates, and that also take into account the unique needs and values of the patients and families served by hospice. Evaluating the results of hospice care from the perspective of the family caregiver has been shown to be a valuable means of demonstrating effectiveness of care delivery, and subsequently, an indication of quality hospice care. In addition to its utility for accountability, the CAHPS® Hospice Survey should be used by hospices as a source of meaningful and actionable data, and thereby a valid vehicle for improving outcomes and ensuring quality of care.
CMS has not yet released the scoring methodology for the measures derived from the CAHPS® Hospice Survey or announced final plans for public reporting of the results. In the interim, NHPCO recommends that you focus on the use of the CAHPS® Hospice Survey as a means for quality improvement – to inform striving for excellence by providing the highest possible quality of care.

Until CMS provides more information on scoring for the CAHPS® Hospice Survey we suggest that you do the following:

1. Become familiar with all of the questions on the CAHPS® Hospice Survey and the specific aspects of care represented by each one.

2. Examine the response frequencies – how many times is each possible response given for each question? What percentage of total responses for each question does each response represent?

3. Look for opportunities for improvement by examining the percentage of responses to each question that is not the best possible response.
   
   For example: For a CAHPS® Hospice Survey question that has a response set of “Always” “Sometimes”, “Usually”, and “Never,” the percentage of responses other than “Always” shows the magnitude of opportunity for improvement.

4. Determine which opportunities for improvement should be your focus based on your hospice’s standard of care.
   
   For example: If 3 in 10 persons responded with the less than best response for a question, is that the goal that you want to set for your hospice program?

5. Compare the characteristics of the respondents to the CAHPS® Hospice Survey to the characteristics of the entire patient population served by your hospice. CAHPS® Hospice Survey results must be reviewed in context with other factors, such as patient and caregiver demographics, to determine if the results are representative of your entire patient/family census.
AREAS FOR CAUTION

1. **Be patient and judicious in interpreting CAHPS® Hospice Survey results.**
   Be wary of “early returns.” Results from a small number of surveys may not provide a reliable representation of your hospice’s performance. Wait to examine results within a timeframe (e.g., calendar quarters) that will allow meaningful evaluation of trends in scores.

2. **Direct comparisons with results for questions from the Family Evaluation of Hospice Care (FEHC) survey are not possible.**
   Because the scoring for the CAHPS® Hospice Survey is not yet available, there is no established relationship between scores on the FEHC survey and questions on the CAHPS® Hospice Survey -- even for questions that have similar wording. Therefore, it is impossible to predict how a hospice will perform on the CAHPS® Hospice Survey based on performance on the FEHC survey.

3. **CMS will eventually release national data for the CAHPS® Hospice Survey that can be used to compare hospices to each other. Until that time, no national benchmarks are available.**
   In the meantime, you will have to rely on your vendor for comparison results – and caution is advised in interpreting comparisons when you are relying on the results from a single vendor. If your vendor provides you with comparison data you should consider how the hospices in the vendor’s client base compare to yours based on the answers to the following:
   a. How many hospices are in the vendor’s database?
   b. What are the organizational characteristics (size, tax status, geographic area served, etc.) of those hospices?

4. **The methodology for calculation of the scores for the quality measures derived from the CAHPS® Hospice Survey questions is not yet available.**
   CMS has designated multiple topics (domains) based on CAHPS® Hospice Survey questions:
   - *Hospice team communication* (Q6, Q8, Q9, Q14, Q35)
   - *Getting timely care* (Q5, Q7)
   - *Treating family member with respect* (Q11, Q12)
   - *Providing emotional support* (Q37, Q38)
   - *Support for religious and spiritual beliefs* (Q36)
   - *Getting help for symptoms* (Q16, Q22, Q25, Q27)
   - *Information continuity* (Q10)
Understanding the side effects of pain medication (Q18)
Teach How to Care for the Patient at Home (Q19, Q20, Q23, Q29)

Six are composites (i.e., a combination of two or more questions) and three are single item indicators.

Because the official calculation method is not available, computation of topic/domain scores should not be attempted. However, analysis of the data from the CAHPS® Hospice Survey field test demonstrated that the questions that comprise each topic are related. Hospices should group these questions together when examining CAHPS® Hospice Survey results and evaluating the need for quality improvement.
CAHPS® HOSPICE SURVEY REPORT COMPONENTS

The table below presents NHPCO recommendations for inclusion of data in CAHPS® Hospice Survey results reporting that are needed to inform and enhance hospices’ quality improvement efforts.

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<th>COMPONENT</th>
<th>SHOULD HAVE</th>
<th>NICE TO HAVE</th>
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| Response Frequencies | o Total number of responses to each question  
o Number of responses for every response option for each question  
o Percentages of responses for every response option for each question | o Graphic representation of responses so performance can be seen “at a glance”  
o Results broken out by team (for larger organizations)  
o Results over time |
| Respondent Demographic Information | o Characteristics of caregivers who completed a survey:  
  o Age  
  o Gender  
  o Education level  
  o Relationship to patient  
  o Ethnicity  
  o Race | o Characteristics of caregivers who did not complete a survey |
| Patient Demographic Information | o Characteristics of the patients whose caregivers completed a survey:  
  o Age  
  o Gender  
  o Ethnicity  
  o Race  
  o Principal diagnosis  
  o Location of care | o Characteristics of patients whose caregivers did not complete a survey |
| Other | o Response rate |