



Physician to Physician:

CMS Star Ratings – What This Means for Hospice Quality

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Quality in health care can be broadly defined as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. The Centers for Medicare and Medicaid Services (CMS) has been working for decades to ensure it is paying for quality across the healthcare continuum. CMS has standardized the methods used for measuring and reporting quality across different healthcare provider categories including Quality Measures (QM), which may be based on process measures (e.g., the rate at which a procedure or measurement is done), or outcome measures (e.g., the rate at which individuals recover or experience mortality). CMS only uses QMs that have been vetted by the National Quality Forum (NQF). CMS also uses surveys to ascertain patient and family satisfaction with care.

Quality findings are publicly reported by CMS, allowing public comparison of different healthcare providers on the CMS Care-Compare website (<https://www.medicare.gov/care-compare>). To make these easier for the public to interpret, results may be grouped together and presented as a "Star Rating."

Star Ratings have been used by CMS for years in several healthcare provider categories, and are now coming to hospice. In part, this is because measuring quality in hospice differs in significant ways from other healthcare segments, since unlike those other areas of healthcare, death is an expected outcome.

Before Star Ratings, there have been four major areas used by CMS to measure hospice quality. These include reporting of the Hospice Item Set (HIS), a group of seven questions reported by hospices to CMS to determine the percentage of hospice patients who received care determined to be consistent with guidelines. Results of HIS are already publicly reported, but interpretation of these results requires some understanding of the processes involved, and do not lend themselves to easy comparisons among different hospice providers. Two other, relatively recent QMs have been added, based on data from claims submitted by hospices to CMS. These include Hospice Visits in Last Days of Life (HVLDDL) and a Hospice Care Index (HCI). HVLDDL looks at how often a hospice provider's nurse or social worker visited the dying patient in their last three days of life. HCI is a composite of ten claims-based measures looking at such things as types of care provided by hospice, live discharge rates, and spending measures, among others. Because HVLDDL and HCI are relatively new, they are just now undergoing standardization regarding public reporting.

At least for now, the CMS Star Ratings are not based on the above measures, but are derived from results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for hospice, that is administered by an independent contracted third party to ensure integrity of the questionnaire. These surveys are not completed by the patient, but are sent at least one month after the patient's death to an identified caregiver to fill out and return. Because Hospice-CAHPS is only sent post-death, there is a significant time-lag between the time the care was provided and the determination of the score for reporting. Scores are determined by averaging the provider's surveys over a two-year period (eight quarters of data), reported 12-months after collection. In other words, the scores are based on care provide one to three years earlier.

Hospice-CAHPS is a 50-item questionnaire, all of which must be answered to be counted, though only eight of those questions are actually used to determine a score. Among those eight questions are how the caregiver rates the hospice and whether they would be willing to recommend that provider, as well as inquiries about how well the hospice team communicated with family, if the team was effective in getting timely help to the

patient, if they treated the patient with respect, and if the patient was helped with pain and symptoms. Return rates for Hospice-CAHPS average between 20-40% across various providers. There are rules in place to minimize gaming or coaching of answers. Hospice-CAHPS ratings have been published on the Care Compare website for several years, but as for other reported measures, these can be difficult to use for comparison. Hence the move to Star Ratings.

CMS determines each hospice provider's score and then ranks each provider within each state, with cut-offs determined for assigning a rating of 1-star through 5-stars. Unlike some other healthcare segments, there will be no half-star ratings for hospice. Because the comparison is done state by state, a specific star-rating in one state does not correspond to an equivalent score by a hospice in another state with the same star rating. Calculating the expected first set of Star Ratings is complicated by the effects of COVID, which had resulted in suspension of the CAHPS surveys for a time. So, the inaugural Star Ratings report will be based on surveys completed by caregivers of patients that died starting in Quarter 2, 2019 through Quarter 3, 2021, exclusive of the suspended quarters.

How does Kindred at Home's Hospice Division fare in these Star comparisons? This is a little more difficult to calculate than just looking at Care Compare, which only compares one local agency-provider to another local agency-provider. As a result, there will be no CMS-published 'overall' KAH-Hospice score. But based on the recently CMS-released preview offered to providers this summer, 78% of KAH Hospice providers earned 3-stars or higher. Comparing KAH Hospice individual agency-provider rankings to CMS benchmarks, KAH Hospice exceeded the overall CMS distribution for the percentage of 5-star (2% KAH to 1% CMS), 4-star (20% KAH to 14% CMS), and 3-star (45% KAH to 36% CMS) providers. At the other end, KAH Hospice had fewer lower-star ratings than the overall CMS distribution, with the percentages being 2-star (32% KAH to 39% CMS) and 1-star (2% KAH to 10% CMS).

Our family of hospice care providers takes quality scores very seriously and has made improving quality scores an organizational priority. Steps taken to help include education of staff about high quality end-of-life care, emphasizing the processes, and care associated with improved outcomes. We have also invested in both our staff (over 500 net new RN hires in the last year) and supporting equipment with updated devices for communication and electronic record access. Our leadership emphasizes quality at every opportunity. It is our vision to be the chosen provider for end-of-life care in all our patients' homes. We are confident that the new Star Ratings will demonstrate our ability to achieve that vision.

Let us know how we can assist with your patients who are appropriate for our care. We are here.