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Public Comment

2023 Measures Under Consideration

Partnership for Quality Measurement

Pre-Rulemaking Measure Review Results - Post-Acute Care/Long-Term Care

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Since 1982, the National Association for Home Care & Hospice (NAHC) has been the leading association representing the interests of hospice, home health, and home care providers across the nation. Our members are providers of all sizes and types -- from small rural agencies to large national companies -- and including government-based providers, nonprofit voluntary hospices, privately-owned companies and public corporations. As such, we welcome the opportunity to comment on the Measures Under Consideration - Pre-Rulemaking Measure Review Results. The comments we offer are include hospice provider and stakeholder input and feedback. We are commenting on the following measures:

- MUC2023-163 Timely Reassessment of Pain Impact
- MUC2023-166 Timely Reassessment of Non-Pain Symptom Impact Measure Evaluation
- MUC2023-183 CAHPS Hospice Survey-Care Preferences
- MUC2023-191 CAHPS Hospice Survey Hospice Team Communication
- MUC2023-192 CAHPS Hospice Survey Getting Hospice Care Training

MUC2023-163 Timely Reassessment of Pain Impact and MUC2023-166 Timely Reassessment of Non-Pain Symptom Impact Measure Evaluation

Committee Recommendation: Recommend with conditions

The committee supported the measure's focus on symptom impact, emphasizing the importance of understanding how pain affects an individual beyond numerical scores. The committee raised concerns including (1) whether the HOPE tool was ready for implementation, as testing and development seemed incomplete; (2) the measure being a process measure; and (3) unlike patient-reported outcome measures where the information comes directly from the patient, this measure derives information from the clinicians providing care, which means they make determinations based on their perceived impact of the pain the patient is experiencing. The committee voted to Recommend with Conditions. Conditions included further testing and widespread implementation of the HOPE tool as well as endorsement of the measure by a consensus-based entity.

These measures are based on a standardized comprehensive assessment instrument, the Hospice Outcome & Patient Evaluation (HOPE). While beta testing of the HOPE and analysis has been completed, the HOPE is not available to hospices and members of the PRMR PAC-LTC Committee. It is not clear if or what instruments/tools will be used to

assess pain and non-pain symptom impact. Information on reliability and validity of these instruments/tools that compose the ratings for the measure are necessary.

According to the PQM PRMR PAC/LTC Committee Preliminary Analysis Report (Report), symptom impact assessments are administered at fixed timepoints during a hospice election – at admission (ADM) and in conjunction with the first and second interdisciplinary group (IDG) meetings. It is unclear why symptom impact assessments, as described for these measures, are limited to timepoints of admission, and in conjunction with the first and second interdisciplinary (IDG) meetings only.

Clarification is needed on whether reassessment must be performed via an in-person visit, phone call or telehealth (two-way audio and video) and if the patient, patient’s caregiver or assessing IDG member will determine and report the pain or non-pain symptom severity. Additionally, how this information is obtained when the patient is unable to self-report is not addressed nor are situations where the patient desires to maintain a moderate to severe impact level for pain/non-pain symptoms.

Reliability was not analyzed for these measures according to the Report provided. The overall mean, percentiles, and overall standard deviation of the performance score are not provided. Without these details, the performance score and reliability cannot be simulated or assessed for these measures. Possible gaps by social risk factors were not assessed for these measures. For these reasons, and those outlined above, these measures should not be endorsed at this time.

MUC2023-183 CAHPS Hospice Survey-Care Preferences, MUC2023-191 CAHPS Hospice Survey Hospice Team Communication, and MUC2023-192 CAHPS Hospice Survey Getting Hospice Care Training

Committee Recommendation: Consensus not reached

While supporting the overall measure intent and its importance in patient care, the committee had several concerns. Specifically, they raised concerns about the language used in the survey, the overall reading level of the questions, the impacts of survey fatigue, and potential for survey bias. CMS and the developer highlighted the extensive testing and cognitive interviews undertaken during survey development to ensure that what family members understand aligns with the intent of the measure. The committee did not reach consensus on this measure, though a majority (73.68%) voted to recommend with conditions (though no specific conditions were noted).

In both process and outcome measures it is imperative that patient preferences be incorporated, so we are pleased to see that measures including this domain are being considered. However, the Criteria/Assertions summary in the PQM PRMR PAC/LTC Committee Preliminary Analysis Report (Report) for these measures raises concerns, as follows:

- The Report states “Possibly limited room for improvement in the Care Preferences domain. Developers expect that a national sample will have greater variance than the mode experience sample, and reliability results will be higher.” There is limited articulation of the way an entity may improve performance on the measure focus within the program population.
- The overall survey response rate of ~30% is identified as a potential threat to validity. Based on analysis of previous response rates, by state, we find decreasing caregiver response rates for the CAHPS tool. For instance, in comparing the April 1, 2021 – March 31, 2023 response rates to the July 1, 2020 – June 30, 2022 response rates, there are 17 states with a drop in CAHPS response rate. To our knowledge, these drops have not been researched. The Centers for Medicare & Medicaid Services (CMS) has indicated that it may revise the CAHPS Hospice Survey in the future by shortening it and incorporating a web-based mode option. In an experiment of the web-based mode, there was a slightly higher response rate than for the mail and telephone modes. However, it is not clear how this impacts the overall response rate for all states.

- It is unclear if and how health literacy principles have been factored into the development of these survey measures.

Sincerely,

Katie Wehri

Katie Wehri
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