

CAHPS HOSPICE SURVEY

The CAHPS Hospice Survey was designed to assess the experiences of patients who died while receiving hospice care and their primary informal caregivers. The survey treats the patient and caregiver as a single unit of care. The Centers for Medicare & Medicaid Services (CMS) developed the CAHPS Hospice Survey with input from many stakeholders, including other government agencies, industry stakeholders, consumer groups, and other key individuals and organizations involved in hospice care.

The survey was developed to:

- 1. Provide a source of information on patient/caregiver experiences that could be publicly reported to beneficiaries and their family members to help them select a hospice program,
- 2. Support hospices with their internal quality improvement efforts and external benchmarking with other facilities, and
- 3. Provide CMS with information for monitoring the care provided by hospices.

SURVEY AND GUIDANCE AVAILABLE FROM CMS

The CAHPS Hospice Survey began national implementation in January 2015 with a dry run; full participation was initiated in April 2015. CMS requires that hospices contract with an approved CAHPS Hospice Survey vendor to conduct the survey in order to meet the Hospice Quality Reporting Program requirements.

All Medicare-certified hospices must participate in the survey in order to receive their full Annual Payment Update (APU). The only exceptions are hospices that are too small (i.e., have served fewer than 50 decedents in the reference year) or too new (i.e., received a CMS Certification Number (CCN) on or after the first day of the performance year for the CAHPS Hospice Survey).

- To access the survey and all supporting documentation for survey administration, please visit
 <u>www.hospicecahpssurvey.org</u>. No documentation for this survey is available on the AHRQ Web
 site.
- For technical assistance with this survey, contact the CAHPS Hospice Survey Project Team: hospicecahpssurvey@HCQIS.org or 1-844-472-4621.
- To communicate with CMS staff about implementation issues, contact: hospicesurvey@cms.hhs.gov

QUALITY MEASURES FROM THE HOSPICE SURVEY

The Hospice Survey produces the following measures of patient experience:

- Hospice team communication
- Getting timely care
- Treating family member with respect
- Providing emotional support
- Providing support for religious and spiritual beliefs

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- Getting help for symptoms
- Information continuity
- Understanding the side effects of pain medication
- Getting hospice care training (home setting of care only)
- Overall rating of hospice care
- Willingness to recommend the hospice

For a complete list of measures, please see the CAHPS Hospice Survey Fact Sheet on the CAHPS Hospice Survey web site: www.hospicecahpssurvey.org.

DEVELOPMENT OF THE CAHPS HOSPICE SURVEY

In September 2012, CMS contracted with the RAND Corporation to design and field test a CAHPS survey that would assess the experiences of patients and their caregivers with hospice care. [1]

The development of the CAHPS Hospice Survey followed the standard CAHPS process.

Initial gathering of information. In response to a call for topic areas published in the Federal Register in January 2013, stakeholder groups provided suggestions for survey content. A systematic review of the peer-reviewed literature on experiences with end-of-life care identified 87 articles containing 50 unique survey tools.

Interviews. To further inform the development of new survey content to assess experiences with hospice care, the team conducted semi-structured one-on-one interviews and a focus group with people who had recent experiences acting as caregivers for friends or family members in hospice care. Informed by a review of themes from the focus group and interview transcripts, the team made recommendations for the field-test survey instrument.

Input from experts. In December 2012, the team convened a Technical Expert Panel (TEP), including experts on hospice care quality, survey research, and performance measurement and improvement, as well as people representing organizations that could have a major influence on the adoption of a standardized hospice care survey and promotion of its use for public reporting and quality improvement. TEP members agreed with the proposed survey content domains and the cases that should be excluded from the sampling for the field-testing; they also made recommendations on when the survey should be administered.

Cognitive testing. The team conducted three rounds of cognitive interviews to test interpretation and comprehension of survey content, revising survey instruments and protocols between each round of interviews. Interviews resulted in refinements, reorganization of the survey, and replacement of an item.

Field test. From November 12 through December 23, 2013, the team conducted a field test of the three setting-specific versions of the survey using 33 hospice programs from 29 Medicare-eligible hospice organizations that agreed to participate. The three settings of hospice care that were used for the field test were:

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- Home, which includes both home and assisted living facilities
- Nursing home, which includes both skilled and regular nursing facilities
- Two sub-settings of inpatient care: acute care hospitals and freestanding hospice IPUs.

Based on analyses of the field test data, the team identified items to maintain in the final survey instrument. The team removed items that were included on the field test instrument solely to facilitate tests of construct validity and those that exhibited little variation or ceiling effects. Some items with limited variation were maintained because of the importance of the measured constructs to hospice stakeholders or consumers. Few setting-specific items were retained in the final version of the survey instrument. Consequently, for national implementation, the three setting-specific survey instruments administered during the field test were consolidated into one instrument for all settings in which patients received care. The final recommended English survey instrument for 2015 national implementation is 47 items long.

^[1] Price RA, Quigley DD, Bradley MA, et al. (2014). Hospice Experience of Care Survey: Development and Field Test (Research Report). RAND Health. Sponsored by the Centers for Medicare & Medicaid Services. Available at http://hospicecahpssurvey.org/Documents/Hospice Field Test Report 2014.pdf. Accessed 2/13/15.