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## Perform Additional XML File Quality Checks

- Prior to submitting XML files to the Data Warehouse, survey vendors should minimally:
  - Confirm Hospice Record for each applicable month for each hospice
    - Verify correct calculation of sample size, ineligible pre- and post-sample
  - Review a subset of administrative data in XML file to the **original** decedents/caregivers list
  - Validate survey vendor-assigned decedent/caregiver administrative fields, such as:
    - “Final Survey Status” codes, lag time, and supplemental question count
  - Review survey response results against original returned survey or recorded interview/database
    - Check skip pattern coding

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## Public Reporting and Analysis of CAHPS Hospice Survey Data



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## Objectives

- Overview
- Measures Reported
- Top-Box Scores
- Footnotes
- Provider Preview Reports
- Data Adjustment
- Star Ratings

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## Overview (1 of 2)

- Official CAHPS Hospice Survey scores are published by CMS on Care Compare:
  - <https://www.medicare.gov/care-compare/>
  - Downloadable database containing CAHPS Hospice Survey results by CCN also available
- In November 2020, scores were reported for 2,941 hospices, based on 660,905 survey responses

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## Overview (2 of 2)

- As of February 2022, results will be updated quarterly, reporting:
  - Six composites and two global measures
  - Top-box scores
- CAHPS Hospice Survey scores are calculated using 8 rolling quarters of data
  - Scores are reported for hospices with at least 30 completed surveys during the reporting period
  - Each hospice's scores are displayed with national averages

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## Care Compare

Find & compare nursing homes, hospitals & other providers near you.

[Learn more about the types of providers listed here](#)

MY LOCATION

Street, ZIP code, city, or state

PROVIDER TYPE

Hospice care

NAME OF AGENCY (optional)

Agency name

Search

Or, select a provider type to learn more:



Doctors & clinicians



Hospitals



Nursing homes including rehab services



Home health services



Hospice care



Inpatient rehabilitation facilities



Long-term care hospitals



Dialysis facilities

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## Public Reporting Periods

Reporting Period (Dates of Death)	Provider Preview Period *	Care Compare Refresh Dates*
Q1 2018 – Q4 2019	N/A	November 2021
Q4 2018 – Q4 2019 Q3 2020 – Q1 2021	November/December 2021	February 2022
Q1 2019 – Q4 2019 Q3 2020 – Q2 2021	February/March 2022	May 2022
Q2 2019 – Q4 2019 Q3 2020 – Q3 2021	May/June 2022	August 2022

\*Exact start dates will be announced by CMS

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## Measures Reported

- Composite Measures
  - Communication with Family (Q6, 8, 9, 10, 14, and 35)
  - Getting Timely Help (Q5 and 7)
  - Treating Patient with Respect (Q11 and 12)
  - Emotional and Spiritual Support (Q36, 37 and 38)
  - Help for Pain and Symptoms (Q16, 22, 25, and 27)
  - Training Family to Care for Patient (Q18, 19, 20, 23, and 29)
- Global Measures
  - Rating of this Hospice (Q39)
  - Willingness to Recommend this Hospice (Q40)

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## Top-Box Scores

- Top-box scores reflect the proportion of respondents who gave the most positive response(s)
  - **“Always”** when response options are Never, Sometimes, Usually, or Always\*
  - **“Yes, definitely”** when response options are Yes, definitely; Yes, somewhat; or No
  - **“Right amount”** when response options are Too little, Right amount, or Too much
  - **“Definitely yes”** when response options are Definitely no, Probably no, Probably yes, Definitely yes
  - **9 or 10** when response options are 0 to 10

\* For Question 10, regarding whether the hospice team gave confusing or contradictory information, the top-box response is “Never”

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## Footnotes

- Some hospices have footnotes displayed with their measure scores on Care Compare. Footnotes indicate:
  - The reason a hospice does not have measure scores displayed
  - Any issues identified with the hospice’s measure scores
- The possible footnotes are:

Footnote number	Footnote as displayed on Care Compare	Footnote details
6	The number of cases is too small to report	The number of completed questionnaires doesn't meet the required minimum amount for public reporting for this reporting period
7	Results are based on a shorter time period than required	The results were based on fewer than all possible quarters of data for the reporting period
8	Data suppressed by CMS	The results for these measures were excluded for various reasons, like data inaccuracies
9	There were discrepancies in the data collection process	There were deviations from data collection protocols
10	None of the required data were submitted for this reporting period	The agency didn't submit any required data for this quality reporting period
11	Results aren't available for this reporting period.	Agency is too new or too small to be required to participate in the CAHPS® Hospice Survey, or no cases met the criteria for the measures for this reporting period



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## Data Adjustment

- Purpose
  - Differences in hospice ratings should reflect only differences in quality
  - Adjustments permit valid comparison of all hospices
- Adjust the results to “level the playing field”
  - That is, adjust for factors not directly related to hospice performance
    - Mode of survey administration
    - Case mix

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## Adjust for Mode

- Purpose
  - Account for effect of mode of survey administration (mail, telephone, mixed mode) on how caregivers respond to the survey
- Current adjustments are derived from the 2015 mode experiment
  - Summary document of mode experiment results and adjustments is available on CAHPS Hospice Survey Web site
    - [www.hospicecahpssurvey.org/en/scoring-and-analysis](http://www.hospicecahpssurvey.org/en/scoring-and-analysis)

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## Mode Adjustment Example

- Example: Hospice uses Mail Only Mode

Hospice's Raw Top-Box Score on Rating of this Hospice	95.00
Mail Only Mode Adjustment Coefficient for Rating of this Hospice	-3.89
<b>Hospice's Mode-Adjusted Top-Box Score for Rating of this Hospice</b>	<b>91.11</b>

*NOTE:* Mode adjustment coefficients for each measure are available on the CAHPS Hospice Survey Web site. Telephone Only is the reference mode.

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## Adjust for Case Mix

- Purpose
  - Account for effect of decedent/caregiver characteristics on how caregivers respond to the survey
- Case-Mix Adjuster Variables
  - Decedent age
  - Payer for hospice care
  - Primary diagnosis
  - Length of final episode of hospice care
  - Respondent education
  - Relationship of caregiver to decedent
  - Language
  - Response percentile (calculated by ranking lag time)
- Case-mix adjustments updated with each quarterly data refresh on the CAHPS Hospice Survey Web site:
  - [www.hospicecahpsurvey.org/en/scoring-and-analysis](http://www.hospicecahpsurvey.org/en/scoring-and-analysis)

## Calculating Case-Mix Adjustments (CMAs): Overview

- Gather 3 types of data
  - Hospice data on CMAs and CAHPS measures
  - National CMA means
  - National CMA coefficients
- Perform 2 steps of calculation
  - Calculate hospice means
  - Apply case-mix adjustment equation

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## Data Needed to Calculate Case-Mix Adjustments

- 1. Each hospice's data** for each case-mix variable and CAHPS measure (from vendor or hospice)
- 2. National mean** of hospice proportions for each case-mix variable, updated quarterly on the CAHPS Hospice Survey Scoring and Analysis page (Table 12)
- 3. National adjustment coefficients** for each case-mix variable, updated quarterly on the CAHPS Hospice Survey Scoring and Analysis page (Tables 1-11)

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## Adjustment Step 1 of 2:

### Calculate Hospice Means for Case-Mix Variables

- Using data provided in the sample frame by the hospice, or the survey responses, calculate the proportion of hospice decedents/caregivers in each case-mix variable category
  - For example, what proportion of decedents had a primary diagnosis of Alzheimer's and non-Alzheimer's dementias?

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## Adjustment Step 2 of 2: Apply Case-Mix Adjustment Equation

- Using data provided by CMS on the Scoring and Analysis page of the survey website, apply the adjustment equation
  - Let **y** be the mode-adjusted hospice mean of an item that composes a CAHPS Hospice Survey measure
  - Let **m1-m54** be the national means for the CMA variables (Table 12)
  - Let **h1-h54** be the CMA variable means for the hospice in question (in the same form as Table 12)
  - Let **a1-a54** be the corresponding adjustments (Tables 1 - 11)

The case-mix and mode-adjusted hospice score **y'** for the item is:

$$y' = y + a1(h1 - m1) + a2(h2 - m2) + \dots + a54(h54 - m54)$$



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## CAHPS<sup>®</sup> Hospice Survey Star Ratings

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## Overview of CAHPS<sup>®</sup> Hospice Survey Star Ratings

- In the FY 2022 Hospice Final Rule, CMS finalized public reporting of CAHPS Hospice Star Ratings to occur no sooner than FY 2022
- The intent of Star Ratings is to provide consumers with an easy-to-understand method for summarizing CAHPS scores
  - Makes comparisons between hospices more straightforward

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## Methods for Calculating Star Ratings Will be Similar to those Used for Other CMS CAHPS Initiatives

- Stars will:
  - Range from one star (worst) to five stars (best)
  - Be calculated based on “top-box” scores for each of the eight CAHPS Hospice Survey measures
- Cut-points between stars will be constructed using statistical clustering procedures that:
  - Minimize score differences within a star category
  - Maximize differences across star categories

## Two Stage Approach to Calculate Cut-Points

- **Stage 1**: Determine initial cut-points by calculating the clustering algorithm among hospices with 30 or more completed surveys over 2 quarters
- **Stage 2**: Compare mean measure scores for hospices used in Stage 1 to scores for all other hospices, and update cut-points by adjusting the initial cut-points to reflect the difference















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## *Quiz and Evaluation*