

# CAHPS Hospice Survey Fact Sheet

January 2017

## Overview

The Centers for Medicare & Medicaid Services (CMS) has implemented the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®1</sup>) Hospice Survey to measure the experiences that patients and their caregivers have with hospice care. The survey was developed to (1) provide a source of information from which selected measures could be publicly reported to beneficiaries and their family members as a decision aid for selection of a hospice program, (2) aid hospices with their internal quality improvement efforts and external benchmarking with other facilities, and (3) provide CMS with information for monitoring the care provided.

To comply with CMS' quality reporting requirements, all eligible hospices are required to contract with an approved survey vendor to collect data using the CAHPS Hospice Survey on an ongoing monthly basis. Participation in the CAHPS Hospice Survey is required to meet the pay for reporting requirement of the Hospice Quality Reporting Program (HQRP) for the associated fiscal year (FY) annual payment update (APU). Survey data collected in calendar year (CY) 2016 will impact APU payments for FY 2018. Survey data collected in CY 2017 will impact APU payments for FY 2019. National implementation of the CAHPS Hospice Survey began in January 1, 2015.

## CAHPS Hospice Survey Development, Testing and Endorsement

Beginning in 2012, CMS partnered with the RAND Corporation to design and field-test the Hospice Experience of Care Survey, referred to now as the CAHPS Hospice Survey. 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.

In November 2014, the federal Office of Management and Budget (OMB) gave approval for the national implementation of the CAHPS Hospice Survey instrument.

## CAHPS Hospice Survey Content and Administration

The CAHPS Hospice Survey consists of 47 questions and is administered to the primary informal caregiver of the decedent who died while receiving hospice care. The CAHPS Hospice Survey mail materials are available in English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean. The Chinese mail survey is provided in both traditional and simplified characters and targets both Mandarin and Cantonese speakers. The CAHPS Hospice Survey telephone script is available in English and Spanish.

The CAHPS Hospice Survey is administered using three modes: Mail Only, Telephone Only and Mixed Mode (mail with telephone follow-up). CAHPS Hospice Survey administration begins two months following the month of patient death. The data collection process must be completed within 42 calendar days after initial contact. Submission of the data to the CAHPS Hospice Survey Data Warehouse will occur quarterly.

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<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

# CAHPS Hospice Survey Fact Sheet

January 2017

## CAHPS Hospice Survey Measures

National implementation of the CAHPS Hospice Survey is underway and at this time, there are no survey results to report. CMS is still in the planning stages for public reporting, and does not yet have a firm timeline for public reporting or details related to how the results will be reported. CMS anticipates that public reporting of CAHPS Hospice Survey data will begin Summer or Fall 2017. The eight CAHPS Hospice Survey quality measures are provided in the table below, and consist of six composite (multi-item) measures and two single-item global measures. Combining questions with similar attributes into composites allows consumers to quickly review the caregiver's experience with hospice care. The six composites summarize how well the hospice team communicates, how easily the decedent was able to access care, how often the hospice team treated the decedent with respect, how much emotional and religious support was provided by the hospice team, how well the hospice team provided help for various symptoms, and how well the hospice team provided training to the caregiver. The two global measures discuss a number rating of the hospice care, and if the caregiver would recommend the hospice to others.

<b>CAHPS Hospice Survey Quality Measures and Constituent Items</b>	
<b>Composite Measures</b>	
<b>Hospice Team Communication</b>	
➤	While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?
➤	While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?
➤	How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
➤	While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?
➤	While your family member was in hospice care, how often did the hospice team listen carefully to you?
➤	While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?
<b>Getting Timely Care</b>	
➤	While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?
➤	How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?
<b>Treating Family Member with Respect</b>	
➤	While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?
➤	While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?

# CAHPS Hospice Survey Fact Sheet

January 2017

<b>CAHPS Hospice Survey Quality Measures and Constituent Items (Cont'd)</b>
<b>Getting Emotional and Religious Support</b>
➤ While your family member was in hospice care, how much emotional support did you get from the hospice team?
➤ In the weeks after your family member died, how much emotional support did you get from the hospice team?
➤ Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?
<b>Getting Help for Symptoms</b>
➤ Did your family member get as much help with pain as he or she needed?
➤ How often did your family member get the help he or she needed for trouble breathing?
➤ How often did your family member get the help he or she needed for trouble with constipation?
➤ How often did your family member get the help he or she needed from the hospice team for feelings of anxiety or sadness?
<b>Getting Hospice Care Training</b>
➤ Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?
➤ Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?
➤ Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?
➤ Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?
➤ Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?
<b>Global Measures</b>
<b>Rating of Hospice</b>
➤ Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?
<b>Willingness to Recommend</b>
➤ Would you recommend this hospice to your friends and family?

# CAHPS Hospice Survey Fact Sheet

January 2017

## **CAHPS Hospice Survey Vendor Participation**

Survey vendors must be approved by CMS in order to administer the CAHPS Hospice Survey and submit CAHPS Hospice Survey data to the CAHPS Hospice Survey Data Warehouse. The survey vendor must submit a CAHPS Hospice Survey Participation Form to the CAHPS Hospice Survey Project Team for approval, meet all of the CAHPS Hospice Survey Minimum Business Requirements at the time the participation form is submitted, and be in compliance with the protocols in the most current version of the *CAHPS Hospice Survey Quality Assurance Guidelines*. In addition, survey vendors must participate in all CAHPS Hospice Survey Training sessions and successfully complete a post-training quiz.

At a minimum, the survey vendor's Project Manager must attend the CAHPS Hospice Survey Training sessions. In addition, subcontractors that are responsible for major functions of CAHPS Hospice Survey administration must attend CAHPS Hospice Survey Training sessions.

## **For More Information**

To learn more about the CAHPS Hospice Survey, including background information, policy updates, survey administration protocols and procedures, training opportunities, and how to participate in the survey, please visit the CAHPS Hospice Survey Web site at [www.hospicecahpsurvey.org](http://www.hospicecahpsurvey.org).

## **To Provide Comments or Ask Questions**

For information and technical assistance, contact the CAHPS Hospice Survey Project Team via email at [hospicecahpsurvey@HCQIS.org](mailto:hospicecahpsurvey@HCQIS.org) or by calling toll-free at 1-844-472-4621.

To communicate with CMS staff about implementation issues, please email: [hospicesurvey@cms.hhs.gov](mailto:hospicesurvey@cms.hhs.gov).