

**CAHPS Hospice Survey Technical Expert Panel**  
**July 2, 2020 1 to 3 pm ET**  
**Meeting Summary**

**Attendees**

- Panel Members
  - Katherine Ast, MSW, LCSW, American Academy of Hospice and Palliative Medicine (AAHPM)
  - Gary Bacher, JD, MPA, Capital Caring Health
  - Heather Coats, NP, Hospice & Palliative Nurses Association
  - Betty Ferrell, FAAN, FPCN, MA, PhD, City of Hope
  - Theresa Forster, National Association for Home Care & Hospice (NAHC)
  - Kathleen Kelly, MPA, Family Caregiver Alliance
  - Jennifer Kennedy, EdD, MA, BSN, RN, CHC, National Hospice and Palliative Care Organization (NHPCO)
  - Rebecca Kirch, JD, National Patient Advocate Foundation
  - Sandy Kuhlman, RN, Hospice Services Inc & Palliative Care of Northwest Kansas
  - C. Grace Whiting, JD, National Alliance for Caregiving
- Panel Chair
  - Lori Frank, PhD, RAND Health Care
- Project Team
  - Rebecca Anhang Price, PhD, RAND Health Care
  - Melissa Bradley, RAND Survey Research Group
  - Danielle Schlang, MA, RAND Survey Research Group
  - Joan Teno, MD, M, OHSU
  - Laura Giordano, RN, MBA, CPHQ, HSAG
- CMS
  - Debra Dean-Whittaker, PhD
  - Lori Teichman, PhD
  - Elizabeth Goldstein, PhD
  - Cindy Massuda, JD

**Background**

The project team reviewed:

- The survey history, approved modes, quality measures, and questionnaire content
- Feedback from stakeholders, including a desire to shorten and simplify the survey instrument, and consider alternate modes of administration
- Steps CMS has taken to address this feedback, including analyzing survey data, conducting interviews with hospice leaders, convening the technical expert panel (TEP), completing a plain language review, and planning for an upcoming field test

The TEP then discussed:

- Proposed survey content refinements and deletions
- Recommendations for survey content additions and substitutions
- Planning for a 2021 field test of a revised version of the CAHPS Hospice Survey

### **Proposed Survey Content Refinements and Deletions**

To address requests to shorten the survey, the CAHPS Hospice Survey Project Team identified survey items that may be candidates for removal from the survey by considering:

- The importance of the survey item to respondents, assessed by looking at the association between the item and respondents’ overall rating of hospice care;
- The ability of the survey item to distinguish between hospices’ performance, assessed by intraclass correlation coefficients;
- The degree to which hospices currently track or target the item for quality improvement based on:
  - Reports from hospice leaders during qualitative interviews conducted in spring 2018, and
  - The distribution of hospice performance on the items (i.e., with lower-performing items as targets for improvement); and
- Usefulness of the item for analysis (e.g., case-mix adjustment), assessed by the team.

Based on the analyses described above and input from the qualitative interviews with hospice leaders, the Project Team identified items for potential removal from the survey, including items not currently included in scored measures, as well as items from the following composites:

- Communication with Family
- Getting Help for Pain and Symptoms
- Training Family to Care for Patient

TEP participants generally supported removal of the proposed items, as well as the idea of replacing existing items in the Getting Hospice Care Training composite with a summary item that addresses multiple types of training. TEP participants agreed with feedback previously provided to CMS that the term “training” may not be broadly understood by caregiver respondents, and suggested testing the following terms or phrases in place of the word “train:” teach, instruct, educate, give needed information, give information on what to expect.

No items were identified for potential removal from the following composites:

- Getting Timely Help
- Treating Patient with Respect
- Emotional and Spiritual Support

### **Proposed survey content additions / substitutions**

TEP participants suggested a few potential areas for expanding existing survey content or adding new content.

**Table. Proposed Topic Areas for Addition to the CAHPS Hospice Survey.**

<b>Topic</b>	<b>Description of Proposed New Content</b>
<b>Cultural sensitivity</b>	Add items regarding cultural sensitivity of care, particularly the degree to which the care and care team recognize, honor, and respect who the patient and family are in terms of their values, experiences, and beliefs. Values, experiences and beliefs may be derived from a range of factors, including ethnicity and culture, sexual orientation, and/or socioeconomic factors such as income and literacy.

<b>Topic</b>	<b>Description of Proposed New Content</b>
<b>Goals of care</b>	Add an item(s) about whether patients’ goals of care were met (e.g., did they die where they wanted to die, or in the circumstances they preferred).
<b>COVID-19 considerations</b>	Add items about: <ul style="list-style-type: none"> <li>• Whether the hospice made alternate modes of communication available to families during the COVID-19 pandemic;</li> <li>• Patient and family experiences with the alternate modes of communication; and</li> <li>• Whether the patient and family felt safe from infection.</li> </ul>
<b>Bereavement</b>	Add item(s) regarding bereavement / grief support.

**Next Steps**

CMS is incorporating feedback from the TEP and other stakeholders, and is preparing to conduct a field test of a revised version of the CAHPS Hospice Survey instrument in 2021. CMS welcomes additional feedback regarding revisions to the survey. To share feedback, please email the CAHPS Hospice Survey Project Team at [HospiceCAHPSSurvey@hsag.com](mailto:HospiceCAHPSSurvey@hsag.com).