

Martha Tecca, MBA – OCS Senior Director of Hospice and PeerForum

Melanie P. Merriman, PhD, MBA –Founder, Touchstone Consulting

Heather P. Wilson, PhD - President of Weatherbee Resources, Inc.

QAPI

A New Way to Manage Hospice Quality



Copyright ©2007 OCS, Inc. All Rights Reserved.

OCS logos, and trademarks or registered trademarks of OCS or its subsidiaries in the United States and other countries. Copyright ©2006 OCS, Inc. All Rights Reserved.

Other names and brands may be claimed as the property of others. Information regarding third party products is provided solely for educational purposes. OCS, Inc. is not responsible for the performance or support of third party products and does not make any representations or warranties whatsoever regarding quality, reliability, functionality, or compatibility of these devices or products.

TABLE OF CONTENTS

- ■ 1 INTRODUCTION1
- ■ WHAT IS QAPI1
- ■ QA vs. QAPI.....1
- ■ UNDERSTANDING THE QAPI CoP.....2
- ■ THE QAPI STANDARDS.....3
- ■ BUILDING ON CURRENT QUALITY EFFORTS.....6
- ■ STARTING NOW WILL REAP BENEFITS.....6
- ■ ABOUT THE AUTHORS6
- ■ CONTACT US7

INTRODUCTION

QAPI (Quality Assessment and Performance Improvement) is a relatively new concept from CMS, now proposed as a hospice condition of participation. It changes the way quality is measured and managed. QAPI provides an excellent platform for improving hospice care, and, importantly, it should enhance the way hospice is understood and appreciated by consumers and our partners in the provision of healthcare. While the final regulation is not yet in place, hospices should develop their QAPI programs now, building upon current processes and systems. All hospices have work to do in complying with the QAPI requirement, due, in particular, to new measurement and data management requirements. This article provides an introduction to QAPI in hospice and lays the groundwork for an effective transition to this new approach to managing hospice quality

WHAT IS QAPI

QAPI is the acronym of the new requirements published by the Centers for Medicare and Medicaid Services (CMS) in the Federal Register on May 27th 2005 as part of the proposed hospice conditions of participation (CoPs). The QAPI CoP is located at 418.58 in the proposed hospice regulations.

QA vs. QAPI

The hospice regulations have included a condition of participation for Quality Assurance (see below) with which hospices have had to comply since 1983. The proposed QAPI CoP significantly and intentionally extends the current (soon to be old) Quality Assurance CoP. Table 1 provides a side-by-side comparison of the Quality Assurance CoP and the Proposed Quality Assessment and Performance Improvement CoP:

Table 1: QA CoP vs. QAPI CoP

Current Quality Assurance CoP	Proposed QAPI CoP
Sec. 418.66 Condition of participation: Quality assurance.	Sec. 418.58 Condition of participation: Quality assessment and performance improvement.
A hospice must conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided, including inpatient care, home care and care provided under arrangements. The findings are used by the hospice to correct identified problems	The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: Reflects the complexity of its organization and services;

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

Current Quality Assurance CoP	Proposed QAPI CoP
<p>and to revise hospice policies if necessary. Those responsible for the quality assurance program must--</p> <ul style="list-style-type: none"> (a) Implement and report on activities and mechanisms for monitoring the quality of patient care; (b) Identify and resolve problems; and (c) Make suggestions for improving patient care. 	<p>involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; focuses on the end-of-life support services provided; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.</p>

In addition to the statement of the condition of participation shown here, the proposed QAPI CoP has five standards (discussed below) that provide details regarding how hospice programs are expected to meet the requirements of the QAPI CoP. The QA CoP does not have any standards.

The most significant difference between the QA CoP and the proposed QAPI CoP is the basic philosophy behind each one. Quality assurance is fundamentally different from quality assessment and performance improvement. Under the “old” quality assurance model, hospices tend to focus on structure and process. They “audit” to determine whether they are doing the right things (usually as defined by the regulations) and doing them well. Under QAPI, the focus is on assessing outcomes to see whether good results are being achieved. QAPI is clearly a much more proactive approach to quality and to improvement. And, it is an approach that some hospice programs are already using, although perhaps not quite as formally as is required by the proposed QAPI CoP.

UNDERSTANDING THE QAPI CoP

QAPI is comprised of two different but related functions: assessing quality and improving performance. When figuring out how to develop, implement and maintain a QAPI program, as required by the CoP, it is important to keep these two functions in mind. Some of the activities of a hospice’s QAPI program will be geared toward assessing quality and other activities toward improving performance.

The QAPI CoP is the statement in the regulatory text of the proposed CoPs that summarizes the QAPI requirements. The statement is followed by five standards that provide more detail on what hospices must do to meet the requirements of the QAPI CoP. To understand the QAPI CoP it is easier to first review each of the QAPI standards and then circle back to the QAPI CoP.

THE QAPI STANDARDS

Standard: Program Scope

- (1) The program must at least be capable of showing measurable improvement in indicators for which there is evidence that improvement in those indicators will improve palliative outcomes and end-of-life support services.
- (2) The hospice must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations.

This first standard, Program Scope, deals with what a hospice needs to consider as it begins to plan its QAPI program. It indicates the breadth and depth of the QAPI program. What is evident from this standard is that a hospice's QAPI program must encompass all aspects (clinical and non-clinical) of hospice operations. This includes processes of care (e.g., intake, clinical visits), hospice services (e.g., DME, pharmacy), and business operations (e.g., billing, HR, finance.) The QAPI program must also include all services provided under contract.

Standard: Program Data

- (1) The program must utilize quality indicator data, including patient care, and other relevant data, in the design of its program.
- (2) The hospice must use the data collected to—
 - (i) Monitor the effectiveness and safety of services and quality of care; and
 - (ii) Identify opportunities for improvement.
- (3) The frequency and detail of the data collection must be specified by the hospice's governing body.

All QAPI programs must be data-driven, that is, based on objective information that has been collected for the purpose of helping the hospice assess the quality of its care, services and operations. Rather than relying on hunches, assumptions or anecdotal evidence, hospice decision-making must be grounded in data.

This standard specifies that the QAPI program must include data and then describes how the data is to be used. The data will facilitate monitoring and assessment of quality. Most importantly, quality indicator data will serve as a trigger for identifying performance improvement opportunities. Hospices will need to track quality data over time, look at it regularly, and determine the areas where performance meets or exceeds benchmarks or thresholds set by the hospice and those where improvement is needed.

Finally, this standard specifies the important role the hospice's governing body plays (to be elaborated on even further in the Executive Responsibilities standard), with respect to specifying the frequency and detail of the hospice's data collection efforts.

Standard: Program Activities

- (1) The hospice's performance improvement activities must—
 - (i) Focus on high risk, high volume, or problem-prone areas;
 - (ii) Consider incidence, prevalence, and severity of problems in those areas; and
 - (iii) Affect palliative outcomes, patient safety, and quality of care.
- (2) Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.
- (3) The hospice must take actions aimed at performance improvement and, after implementing those actions, the hospice must measure its success and track performance to ensure that improvements are sustained

This third standard of the QAPI CoP serves as a transition or bridge between the quality assessment and performance improvement components of the QAPI program. This standard provides guidance for how a hospice must prioritize its quality assessment activities. The QAPI program must include surveillance of all aspects of the hospice program, but the hospice needs to focus its attention on those areas listed in this standard.

Based on the data it has collected, the hospice will be able to determine and prioritize where it needs to focus its performance improvement efforts and, when appropriate, develop performance improvement projects, the subject of the next standard.

Standard: Performance Improvement Projects

- (1) The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the hospice's services and operations.
- (2) The hospice must document what quality improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

A performance improvement project (PIP) is a mechanism for determining the reasons for below-target performance and for testing possible changes in structures and processes to see whether performance improves. A hospice will determine the number of PIPs it conducts on an annual basis based on its size and complexity, as well as historic performance. A large, multi-site hospice program is going to have a far more complex QAPI program and conduct more PIPs than a small, rural hospice program. Hospices with greater opportunity for improvement may implement more PIPs. This standard also requires that hospices document their PIPs and that the reports include evidence that improvement was achieved and maintained.

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

Standard: Executive Responsibilities

The hospice's governing body is responsible for ensuring the following:

- (1) That an ongoing program for quality improvement and patient safety is defined, implemented and maintained;
- (2) That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness; and
- (3) That clear expectations for patient safety are established.

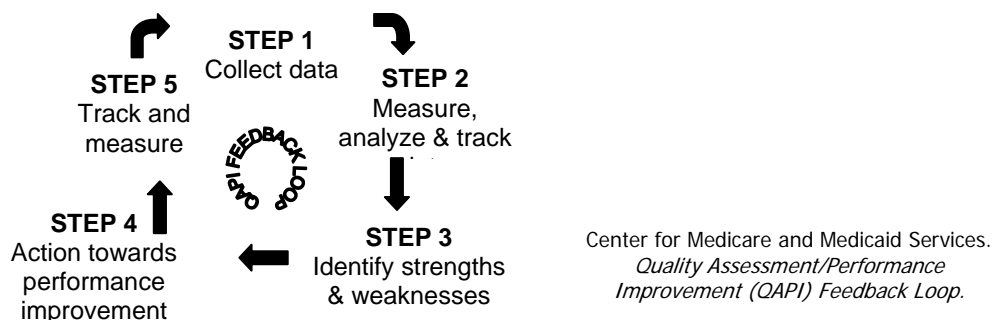
This final QAPI standard further defines and emphasizes the role of the hospice's governing body with respect to the hospice's QAPI program. Interestingly, this standard does not refer to another proposed standard that is part of the Medical Director CoP that states "The medical director or physician designee is also responsible for directing the hospice's quality assessment and performance improvement program."¹ This rather odd requirement was a source of much consternation as hospice executives pondered the proposed CoPs during the comment period. It remains to be seen whether or not CMS will retain that requirement and, if it does, how it will be operationalized since, for most hospice programs, it is highly unlikely the medical director would have the time, skill or inclination to direct the hospice's QAPI program.

This brief overview of the QAPI standards makes it easier to now look again at the QAPI CoP and more clearly understand its intention:

The Proposed QAPI Condition of Participation (Sec. 418.58)

The hospice must develop, implement and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract arrangement); focuses on indicators related to improved palliative outcomes; focuses on the end-of-life support services provided; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.

CMS has provided the following graphic that also helps explain how QAPI works:



¹ *Federal Register* / Vol. 70, No. 102 / Friday, May 27, 2005 / Proposed Rules, p. 30887.

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

Hospices will need to collect outcome data on every patient, as well as performance data for non-clinical operations. They must monitor the data over time to identify areas where improvement is needed and then conduct performance improvement projects in those areas. They will need to show, again with supporting data, that they have improved performance and maintained the improvements.

|| BUILDING ON CURRENT QUALITY EFFORTS

The current maturity of quality and performance management efforts varies substantially across hospices. For some, the proposed CoP may sound daunting, but if they start now, there is time for all hospices to develop appropriate QAPI programs. It is valuable to remember that most hospices already have many of the components in place. For example, most are already collecting some information that can be used to monitor quality. This typically includes patient admission and discharge dates, formalized clinical assessment data, satisfaction surveys, infection control reports, after hours call logs, billing data, finance records and human resources records. In addition to basic internal monitoring, many hospices utilize tools and support or participate in data collection efforts of national and state hospice associations, as well as proprietary vendors. The most valuable external resources will be evolving to support the changing requirements, working with hospices to develop data elements and information management processes that meet individual hospice needs while developing national standards. Hospices that actively participate in any of these formal, evolving measurement and quality management initiatives are well on their way to building an effective QAPI program.

|| STARTING NOW WILL REAP BENEFITS

All hospices should begin their QAPI compliance efforts now. First, it is not likely that the QAPI CoP and its standards will change significantly when finalized. A nearly identical QAPI CoP has been in effect for hospitals since 2003, and CMS is committed to moving toward QAPI for all Medicare providers. Second, although CMS has three years from the date of publication of proposed rules to publish the final regulations, current thinking is that this set of CoPs may not take that full time. And once the final CoPs are published, hospices will have only 60 days to comply. A full functioning QAPI program simply cannot be built in two months. The third and most important reason for hospices to begin building their QAPI program now is so they – and their patients, referral sources and communities – will begin to experience the many benefits of a comprehensive and effective quality assessment and performance improvement program.

|| ABOUT THE AUTHORS

The authors have joined forces to support the implementation of QAPI in hospices, providing advice and educational programming for agencies, associations, and CMS. They are the co-

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

authors of *The QAPI Requirement: Resources for Hospice Programs*, a manual designed to assist hospices in meeting the proposed CoPs.

Martha Tecca, MBA, is OCS Senior Director of Hospice and PeerForum.

The OCS Hospice Peer Forum utilizes integrated benchmarks and facilitated peer networking to identify opportunities and superior practices. She consults on performance management and has developed healthcare benchmarking programs for providers and associations for over 15 years.

Melanie P. Merriman, PhD, MBA, is founder of Touchstone Consulting in North Bay Village, FL.

She works with providers and national initiatives to improve the quality of healthcare, particularly for patients and families facing terminal illness. Prior to founding Touchstone Consulting, Dr. Merriman was Director of Quality and Compliance for the nation's largest provider of hospice care.

Heather P. Wilson, PhD, is President of Weatherbee Resources, Inc. in Yarmouth Port, MA, a

national consulting firm that provides products and services to hospices. She is Vice Chair of the Regulatory Subcommittee at the National Hospice and Palliative Care Organization. She is the author of numerous regulatory manuals, most recently *CoPs in a Binder: The Interim Edition*.

CONTACT US

Address: 1818 E Mercer Street
Seattle, WA 98112

Email: info@ocsys.com

Website: www.ocsys.com

Tel: 888.325.3396

Fax: 206.720.6018

