

ah HA! News from . . .

Hospice Analytics

Never Underestimate the Power of Data!



Spring 1 2015

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FREE InfoMAX Demo Webinar, April 7

Attend a **FREE, half-hour** webinar to learn more about the power of data in your management and planning processes. See the new Executive Summary and InfoMAX in action:

April 7, 3:00PM EST

Spring has officially sprung and enhancements to InfoMAX and other Hospice Analytics tools and services are popping up like crocus blooms. **We continue to improve the ease of use of our InfoMAX reports**; the Executive Summary comparative report is now fully functional; Cost Reports are being added weekly; and we're working through a significant update to the National Hospice Locator. **A FREE Demo webinar of the new InfoMAX features is scheduled for April 7; see RSVP in the sidebar.** Soon we'll have a refreshed Web site design! And, we're in the early stages of planning a hands-on "basecamp" event for anyone currently using or wanting to know more about Hospice Analytics data – details below! Happy Spring!

--Cordt, Jennifer, Cathy, and Joy

Save the Date! Hospice Analytics "Basecamp" scheduled for July 31 in Denver!

Following our stimulating and successful Evidence-based Leadership Summit in January, Hospice Analytics is offering a **day-long, hands-on "basecamp" for hospice leaders and staff** working directly with our data or wanting to learn more about it. In a lively workshop format, we'll walk through how to access, understand, manipulate, and report essential data. Sessions will focus on utilizing data for **financial and strategic planning, marketing, advocacy, and clinical services.** *Mark your calendar now! Details coming soon!*

MedPAC and OIG Eye Key Quality Indicators-- Where does your hospice stand?

In this month's **report to the U.S. Congress**, MedPAC identified a number of hospice claims data points under scrutiny as indicators of quality:

- The number of skilled visits to hospice patients in the last two days of life
- Capacity to provide all four levels of care: routine, general inpatient (GIP), respite, and continuous home care (CHC)
- Rates of live discharge
- Exceeding the aggregate cap for Medicare

(12:00PM Pacific).

payment

To register, send an email to [Jennifer Ballentine](#).

Hospice Analytics Info

Our Mission

Hospice Analytics is an information-sharing research organization whose mission is to **improve hospice utilization and access to quality end-of-life care through analysis of Medicare and other national datasets.**

Collaboration with State Hospice Orgs

More than 50 percent of the State Hospice Organizations participate in Hospice Analytics' Market Reports Project. These State Hospice Organizations represent over 60% of the hospices serving over 70% of the hospice patients in the country. Substantial revenue is shared with participating non-profit State Hospice organizations.

Our Staff

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Hear What Our Clients Are Saying!

We have really come to appreciate you and the service you provide. It's

At the end of 2014, the **Office of the Inspector General** also identified appropriate use of GIP as an area of concern, along with utilization of hospice in assisted living facilities.

Hospice Analytics has also been eyeballing these data points, and we've reported findings on live discharge and aggregate caps in previous newsletters. This month, we'll look at levels of care, and next month skilled visits at the end of life. **These findings are by state, but remember your InfoMAX reports can show you where you and your competitors stand.**

The Medicare Conditions of Participation (CoPs) require that any certified hospice has the capacity to provide all four levels of care. While there is no industry-accepted standard for what percentage of care should be provided in each of the four levels, programs that deviate from national averages may invite regulatory attention.

Nationally in 2013, 97.9% of hospice days were billed at the routine level; 1.65% at GIP; 0.31% at respite; and 0.14% at CHC. Across the states, the percentage of routine home care days ranged from 94.05% (Florida) to 99.46% (Minnesota). GIP ranged from 0.31% (Minnesota) to 4.48% (Connecticut).

The OIG workplan states that it will undertake "**a review of medical records to address concerns that this level of hospice care [GIP] is being misused**" (p. 8). The workplan doesn't describe the nature of the possible misuse, but zero or very few GIP days may indicate that patients are not getting the aggressive symptom management they might need, especially early or late in their hospice stays. **Nationally, an alarming 27% of hospices billed NO GIP days in 2013.** In only two states did all the hospices bill at least some GIP days: Delaware and Florida. On the other hand, **too much GIP suggests fraud**: that hospices may be billing at the higher GIP rate for patients who don't need that intensity of care.

Here's a look at states where hospices, on average, are billing below 1% of their days at GIP, and the 10 states with the highest number of hospices billing no GIP days in 2013.

State	GIP <0.80%	State	# hospices billing 0 GIP days
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been invaluable to our work!

–Hospice CEO (TX)

This is really wonderful data! The report . . . has really helped our Board to picture where we are and where we need to go as an organization.

–Hospice Executive Director (NY)

I like your reports and find them invaluable to our business development work. Keep up the good work!

–Hospice Business Development Manager (WA)

Speaking & Teaching by Hospice Analytics

Hospice Analytics has offered workshops and plenary sessions on data analysis and utilization, strategic planning, and other topics at numerous state and national conferences. To arrange an engagement in your state or agency, contact [Jennifer Ballentine](#).

Cordt Kassner Wins Award

MN	0.31	CA	151
ID	0.35	TX	150
HI	0.35	OK	60
ND	0.38	MS	55
UT	0.52	MO	53
CA	0.53	LA	43
OR	0.57	VA	35
OK	0.60	PA	33
AK	0.61	MI	31
NE	0.61	IL	30
MO	0.63		
AL	0.69		

At the other end of the range, **five states had an average percentage of days billed at GIP at twice the national average or higher:**

- North Carolina, 3.30%
- New York, 3.66%
- Kentucky, 3.71%
- Florida, 3.84%
- Connecticut, 4.48%

Just why these states would have such high rates of GIP utilization is an interesting question. It does not seem to be consistently correlated to overall utilization rates or prevalence of hospice inpatient facilities (as a percentage of the total number of hospices in the state):

State	%GIP days	%Hospice utilization	%Hospice Inpatient
NC	3.30	45.4	41
NY	3.66	29.7	28
KY	3.71	37.7	55
FL	3.84	55.8	26
CT	4.48	42.8	32
Nat'l Avg:	1.65	45.4	19

While all these states' percentages of inpatient units are higher than the national average, there are a number of states with higher percentages of inpatient units, but considerably lower percentages of GIP days. Of note, all of the states with high percentages of GIP days are Certificate of Need, except Connecticut. **Any hospice in**



Dr. Cordt Kassner poses with "**Heart of Hospice Visionary Award**" received from the Missouri Hospice and Palliative Care Association in February.

any state billing more than twice the national average percentage of GIP days should take note.

Too much and too little continuous home care (CHC) may raise red flags for the same reasons as GIP: Too little = incapacity to provide the care or not meeting needs of patients in severe distress; Too much = fraud. **Nationally, nearly 2 in 3 (65%) of hospices billed NO CHC days in 2013.** Hospices in 29 states billed less than half the national average percentage of CHC days (<0.7%). States with the lowest percentage of CHC days billed (<0.02%), and with the highest number of hospices not billing any CHC days are shown here:

State	%CHC	State	#Hospices billing 0 CHC in 2013
HI	0.00	TX	213
MN	0.01	CA	153
UT	0.01	PA	136
OR	0.01	GA	110
OK	0.01	OK	101
SD	0.01	LA	94
WA	0.01	MO	88
NM	0.01	IL	78
IA	0.01	IA, AZ	76

Seven states and the District of Columbia had an average percentage of CHC days billed at twice the national average in 2013:

- District of Columbia, 0.29%
- Delaware, 0.29%
- Illinois, 0.35%
- Texas, 0.39%
- Ohio, 0.44%
- California, 0.45%
- Connecticut, 0.58%
- Florida, 1.82%

Connecticut and Florida are in the top states for both GIP and CHC days billed; hospices in these states would do well to look into their own rates and consider whether adjustments might be in order.

As healthcare reform proceeds and regulatory scrutiny intensifies, hospices will be increasingly called upon by regulators, policymakers, funders, and the public to

demonstrate they are striving, in all things, to provide the best possible care to patients while adhering to standards and rules. **Do you know where you stand?**

In case you missed it:

Executive Summary and Hospice Cost Reports Now Available in Your InfoMAX Account -- FREE!!

Executive Summary

The newest enhancement for InfoMAX subscribers, our **Executive Summary gathers key indicators from your hospice and puts them side-by-side with national and state averages and competitor agencies of your choice.**

From the Executive Summary tab on the InfoMAX page, select year (2006-2013 currently populated; more to come), counties, and specific competitors. Your report generates in seconds.

Page 1 of the summary report assembles data for your hospice compared to state and national averages on 12 key indicators including lengths of stay, live discharge rate, location of care, payments and costs per beneficiary, net margin, payer mix, utilization of levels of care, and diagnosis mix. The Executive Summary puts all the essential information for tracking quality and making strategic business decisions in one place.

Cost Reports

Full freestanding hospice cost reports back to 1999 are live in current InfoMAX accounts at no additional charge! This brings tremendous added value to your subscription.

Cost Reports will be refreshed every week, so you'll always have the most current data available. Hospice Analytics is the **ONLY** source for comprehensive hospice Cost Report data.

If you are a current client, details on how to access your InfoMAX Cost Reports can be found on your login page. Once your download is generated, **you'll find all 17 freestanding cost report worksheets populated with all cost report detail reported for all the hospices in your selection of counties.** If you are not a current subscriber, try out the cost reports, login to **InfoMAX demo**. (Hint: only a few dozen agencies nationally have submitted 2014 cost reports, so 2013 or earlier will yield the most results.)

Opportunities and Announcements

Cordt Kassner selected for Hospice Quality Reporting Program Technical Expert Panel

Hospice Analytics is honored to announce that Cordt Kassner has been selected to serve on a technical expert panel to advise the Centers for Medicare & Medicaid Services (CMS) on appropriate measures for hospice quality reporting. CMS has contracted with RTI International to oversee the process. Members of the technical expert panel (TEP) were selected via a national nomination and review process which engaged stakeholders from a wide range of fields and skill sets. The TEP will meet periodically through September 2018 to identify and define measures of hospice quality not captured by the current Hospice Item Set or Hospice CAHPS. Areas of focus will include patient-reported outcomes, communication and coordination of care, care responsiveness, and service utilization and skilled visits at the end of life. We, and Dr. Kassner, are deeply honored and excited by this opportunity to substantively contribute to the development of appropriate and meaningful quality measures for hospice.

New book on hospice care by two Virginia nurses

Returning to the original principles upon which hospice was founded, the authors describe the core competencies every hospice practitioner needs to reclaim the Mystery of death and guide families through end-of-life care. With fifty-five years of collective hospice nursing experience, the authors are equipped to take you on a journey that leads to success.

The Heart of Hospice:

Core Competencies for Reclaiming the Mystery

By Brenda Clarkson & Myra L. Lovvorn. Order from:

[Amazon](#), [Barnes&Noble](#), or [Lulu](#).

Resources to Oppose Physician-Assisted Suicide

Physician-assisted suicide (aka "physician aid in dying," "physician-assisted death") bills have been introduced in **14 states: California, Connecticut, Colorado, Iowa, Kansas, Missouri, Maryland, Massachusetts, Montana, New Jersey, New York, Oklahoma, Utah, and Wyoming**. The Colorado bill was defeated in committee and the Wyoming and Montana bills have been tabled. Several other states have proposals or drafts in process, and lawsuits challenging laws prohibiting PAS have been filed in New York and California. **If it hasn't already, this issue will soon come to you**, and every hospice professional and agency will be called upon to provide accurate information, distinguish hospice from assisted death, and reassure patients and families that relief of suffering is both our specialty and our top priority. **Hospice Analytics has been following this issue very closely** and has assembled copious fact-based information as well as model position statements and legislative recommendations. Because there appears to be no national clearinghouse or centralized organization opposing PAS, we have **assembled opposition resources on our [Web site](#)**. For more information, contact **[Jennifer Ballentine](#)**, 303-521-4111.

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