The Comfortable Dying Measure

A guide to measuring, managing & reporting to CMS

A quality resource provided by Deyta for Hospice Professionals
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Measure Overview

Measure title
Comfortable Dying: Pain Brought to a Comfortable Level within 48 Hours of Initial Assessment

Brief description
Percentage of patients who report being uncomfortable because of pain at the initial assessment (after admission to hospice services), who report pain was brought to a comfortable level within 48 hours.

Purpose
This measure is meant to provide hospices with information about how well they are addressing pain for newly admitted patients. Patients and families who are living with chronic and often escalating pain rely on the hospice to apply excellent clinical skills and advocacy to manage pain as quickly as possible. Successful pain management is a hallmark of hospice quality.

Development
The Comfort Measure was constructed and tested in 2000-2001 by a joint task force of the National Hospice Work Group (NHWG) and the National Hospice and Palliative Care Organization (NHPCO). The task force included experienced hospice clinicians, measure developers and researchers. The measure was specifically designed to focus on comfort related to pain as defined by the patient and does not utilize a numeric pain rating scale. It is designed to capture information on each patient’s overall experience of pain and does not ask about specific pain sites.

The measure does not assume that every patient’s pain can and will be managed to a “comfortable” level within 48 hours. It reflects the clinical opinion of the experienced hospice professionals who designed the measure that most patients who are uncomfortable due to pain when they are admitted to hospice care and should be more comfortable within 48 hours. The developers understood that some patients might not be more comfortable, for any number of reasons, but remained convinced that this group should be a minority. This measure was tested in two studies during its initial development. The measure has also been collected and reported on a voluntary basis by hospices for many years.

Measure Steward
NHPCO is the steward of the Comfortable Dying measure. NHPCO maintains the protocol and any updates to the measure and makes it available on the NHPCO website (see link at end of Guide).

Timeline
- 2000 – 2001 Comfort Measure is developed by NHPCO and the National Hospice Work Group.
- August 10, 2009 – the National Quality Forum endorses the Comfortable Dying measure.
- August 4, 2011 – CMS announces that the Comfortable Dying Measure is the first hospice reportable outcome measure.
- February 14, 2012 – the Comfortable Dying measure undergoes a maintenance approval process by NQF and the Comfortable Dying measure definition is changed from reflecting that pain brought to a comfortable level within 48 hours of admission to within 48 hours of the initial assessment.
- June 8, 2012 – CMS announces that a draft of the Comfortable Dying measure data submission form has been sent to the Office of Management and Budgets (OMB) for approval.
- October 1 to December 31, 2012 – Initial mandatory data collection period for the measure.
- By April 1, 2013 at 11:59:59 EST – Submission of Comfortable Dying outcome measure data from October 1, 2012 through December 31, 2012 must be reported to CMS.
Measure Specifications

Description of the measure
For this measure, all patients who meet the eligibility criteria are asked about pain at the Initial Assessment Visit using a Yes/No question: “Are you uncomfortable because of pain?” Patients who answer yes are then asked a second Yes/No question between 48 hours and 72 hours of care: “Was your pain brought to a comfortable level within 48 hours of the start of hospice care?”

NOTE: only patients who answer Yes to the first question are asked the second question.

Eligibility criteria
Only patients who meet the following criteria should be asked the first question, “Are you uncomfortable because of pain?” and included in the measure population if they answer Yes. Eligible patients include all who:

- Are 18 years of age or older;
- Are able to communicate and understand the language of the person asking the question;
- Are able to self-report on admission.

Numerator
The measure numerator is the number of patients who answered Yes to the second question after having answered Yes to the first question during the data collection period.

Denominator
The measure denominator is the number of patients who answered Yes to the first question during the data collection period.

Measure calculation
Numerator/Denominator x 100, displayed as a percentage

Instructions for implementation
At the Initial Assessment, identify patients who self-report being uncomfortable due to pain. Prior to performing any other pain screening or assessment, the patient is considered for eligibility, based on the criteria listed above. If the patient meets the eligibility criteria, the nurse asks the question, “Are you uncomfortable because of pain?” (worded exactly as specified). The patient’s answer is documented. If the patient does not meet the eligibility criteria, the reason is documented.

Appropriate responses include:

- **Yes**
  Patient self-reported he/she was uncomfortable because of pain.

- **No**
  Patient self-reported he/she was not uncomfortable because of pain.

- **Excluded: Language**
  Patient is not able to understand or communicate in the language of the person asking the question.

- **Excluded: Age**
  Patient is under 18 years of age at the initial assessment.

- **Unable to self-report: Patient condition**
  Patient was unable to self-report due to inability to respond due to physical or cognitive status.

- **Unable to self-report: Other reason**
  Patient was unable or unwilling to self-report due to some other reason.

- **Unable to self-report: Unknown reason**
  Patient was unable or unwilling to self-report due to an unknown reason. Select this response if your agency is not differentiating reasons why a patient was unable or unwilling to self-report.
48 - 72 hours after the Initial Assessment, follow up with patients who self-reported being uncomfortable due to pain.

Only patients who respond “yes” to the question “Are you uncomfortable because of pain?” are included in the measure and contacted again. Between 48 and 72 hours after the initial assessment, the patient is contacted and asked: “Was your pain brought to a comfortable level within 48 hours of the start of hospice care?” The patient’s answer is documented. If the patient is unable to self-report, the reason is documented.

Appropriate responses include:

- **Yes**
  Patient self-reported his/her pain was brought to a comfortable level within 48 hours of the initial assessment.

- **No**
  Patient self-reported his/her pain was not brought to a comfortable level within 48 hours of the initial assessment.

- **Unable to self-report: Patient discharged**
  Patient was unable to self-report due to discharge (either death or live discharge) within 48 hours of initial assessment/prior to second question being asked.

- **Unable to self-report: Patient condition**
  Patient was unable to self-report due to inability to respond due to either physical or cognitive status.

Additional details

- The follow-up assessment can be completed in person or by telephone.
- The patient must self-report his/her own responses.
- No person may interpret the patient’s response. The patient must communicate yes or no.
- No pain scale may be used in place of asking the questions.
- You may reframe the follow up question to help the patient understand the 48-hour timeframe for achieving comfort. Acceptable examples include replacing “within 48 hours” with a day of the week or a specific action such as “when the nurse first asked you about your pain”.
- The nurse must ask the first question at the initial assessment.
- The follow-up may be asked by anyone who is trained to ask and record the response or reason for non-response.
**Measure Use in Patient Management**

**Using the measure in practice**
The measure does not assume that every patient’s pain can and will be managed to a “comfortable” level within 48 hours. It reflects the clinical opinion of the experienced hospice professionals who designed the measure that most patients who are uncomfortable due to pain when they are admitted to hospice can and should be more comfortable within 48 hours. The measure developers understood that some patients might not be more comfortable, for any number of reasons, but remained convinced that this group should be a minority. This measure was tested in two studies during its initial development. The measure has also been collected and reported on a voluntary basis by hospices for many years.

**Using the measure with other pain scales**
The measure is not meant to replace any other pain assessment and pain management procedures in place at the hospice. It can be easily integrated into these processes. For example, in a hospice that uses a 0-10 pain assessment scale and a comprehensive pain assessment by site of pain, the nurse might ask the question “Are you uncomfortable because of pain?” as a way of introducing the more detailed assessment.

**Expected scores**
As noted above, there is no expectation that hospices will score 100% on this measure. According to the most recent information provided by NHPCO to NQF, approximately 30% of patients indicate they are uncomfortable because of pain on admission. The seven-year national mean score for the measure (based on submissions from more than 625 hospice providers, reporting on over 470,000 hospice patients) was 72.2% (SD = 4.2% 95% CI = 68.4% to 76.1%) – meaning that 72.2% of the patients who said they were uncomfortable due to pain on admission to hospice, indicated that their pain was brought to a comfortable level within 48 hours.

**Patient payer implications**
The measure is intended to be used on all patients admitted to hospice, regardless of payer. If a patient is already established on hospice services and then during his/her stay, accesses their hospice benefits resulting in an additional initial assessment, the measure questions are not asked again. However, if a patient is discharged alive from hospice services and then readmitted to hospice triggering a new initial assessment, the patient is then asked the questions again and any data is entered into the system. Therefore, it is possible that a patient is in the measure population more than once.
Background
According to the Patient Protection and Affordable Care Act, hospices will be required to report quality data to CMS in 2013 which will impact federal fiscal year 2014 (begins October 1, 2013). The overarching goals of this requirement are to incent hospices to improve quality by linking reimbursement to measurable improvement and to increase the transparency of the quality of care being provided. There is no provision for publishing hospice data in any public forum at this time.

Requirements
Agencies must collect data on the measure starting on October 1, 2012. For 2013 reporting only, participation will be based on data collected for a full quarter: October to December 2012. All subsequent years’ reporting will be based on a full calendar year of data. Agencies must report the data to CMS by April 1 each year. Reporting will only occur once per calendar year. CMS has developed reporting tools for the Comfortable Dying measure, and they are being reviewed by the OMB (Office of Management and Budget) before being considered final.

Penalties for non-compliance
Medicare certified hospices that do not participate in this requirement will be subject to a 2% reduction to their market basket update for FY2014. For FY2014, the decision to reduce your market basket update by 2% will be based solely on whether or not data is submitted, not on the content or scores of your data.

Data elements required for reporting
The following data elements are required to be reported to CMS:
1. Enter the number of admissions during the data collection period (October 1 - December 31, 2012).
2. Pain Measure Denominator: Enter the number of patients who answered YES to the question, “Are you uncomfortable because of pain?” at the initial assessment (after admission to hospice services) during the data collection period (October 1 - December 31, 2012).
3. Enter the number of patients who answered NO to the question, “Are you uncomfortable because of pain?” at the initial assessment (after admission to hospice services) during the data collection period (October 1, 2012 through December 31, 2012)
4. Enter the number of patients excluded
5. Pain Measure Numerator: Enter the number of patients who answered YES to the question “Was your pain brought to a comfortable level within 48 hours of the start of hospice care?” during the data collection period (October 1, 2012 through December 31, 2012)
6. Enter the number of patients who answered NO to the question “Was your pain brought to a comfortable level within 48 hours of the start of hospice care?” during the data collection period (October 1, 2012 through December 31, 2012)
7. Enter the number of patients unable to self report at follow up.
Q. What if the patient is sleeping? Can I use the family’s response?
A. No, only the patient may answer the questions. You should attempt follow up at a later time.

Q. Can I use our standard pain scale to determine pain on at the initial assessment?
A. The measure is not meant to replace any other pain assessment and pain management procedures in place at the hospice. It can be easily integrated into these processes. For example, in a hospice that uses a 0-10 pain assessment scale and a comprehensive pain assessment by site of pain, the nurse might ask the question “Are you uncomfortable because of pain?” as a way of introducing the more detailed assessment.

Q. What do we do for patients who cannot communicate?
A. Assess and manage their pain as usual, they are just not part of the measure population.

Q. Is it comfort AT or WITHIN 48 hours?
A. It is comfort within 48 hours, but it must be asked AFTER 48 hours. Remember to ask question as worded in the protocol.

Q. Does a nurse have to ask the questions?
A. For the first question, yes. Volunteers or others, trained in consistent data capture and recording, may ask the follow up question.

Q. We have used this measure for 2 years. "Comfortable" confused our patients and we started using "acceptable". Should we go back to "comfortable"?
A. Both "acceptable" and "comfortable" were tested when the measure was developed. There was some difference (i.e., some patients said that their answer would not be the same if asked about pain at an acceptable level and pain at a comfortable level) but the difference was not significant and the majority of the development committee favored using comfortable. Now that the measure has moved into the realm of accountability, the question needs to be asked of the patient in exactly the way it is specified and all hospices need to use "comfortable".

Q. Should we use "comfortable" or "more comfortable"?
A. There is a qualitative difference between more comfortable and comfortable – the latter being a higher standard. It’s possible that a patient could be more comfortable indicating that the hospice was able to improve the patient’s pain, but that may or may not mean that the patient is really comfortable. Plus, as explain above, the measure needs to be implemented as specified – so “more comfortable” is not acceptable.

Q. Will CMS make my hospice’s data available to the public?
A. Not yet. The requirement in the final rule is for hospices to submit their data to CMS. There is no provision for publishing hospice data in any public forum. However, the final rule notes that CMS is committed to future development of necessary systems for public reporting of hospice data.

Q. Will CMS’ decision regarding the market basket be based on my scores for the measure?
A. No. The decision to reduce your market basket update by 2% will be based solely on whether or not data is submitted, not on the content or scores of your data. If data is submitted following the process outlined by CMS, we have every reason to believe that the market basket update will not be reduced based on quality reporting.
Q. When do the requirements for the measure begin?
A. Data collection for the comfortable dying measure begins on October 1, 2012. That date marks the first day that you must ask and document on all new admissions that meet the measure eligibility criteria the question “Are you uncomfortable because of pain?”

Q. When do the requirements end?
A. CMS has given no end date for the measure requirement so agencies should plan on continuing with data collection through 2013 and subsequent years unless CMS releases new information.

Q. When do we report the data to CMS?
A. Data for patients admitted between October 1 and December 31, 2012 must be reported to CMS by April 1, 2013. Data for patients admitted between January 1 and December 31, 2013 will be reported to CMS by April 1, 2014.

Q. If we have an already established patient on hospice services who then during their stay on service accesses their Medicare hospice benefits and we do an additional initial and comprehensive assessment, do we ask them the pain questions again?
A. You do not need to ask the comfortable dying questions again just because of a change in payer. The intent of the measure is to assess every patient, regardless of payer source, at the start of hospice services.

Additional Resources
- Centers for Medicare and Medicaid Services – Hospice Center
  http://www.cms.gov/Hospice/
- CMS Hospice Quality Reporting
  http://www.cms.gov/hospice-quality-reporting/
- Federal Register Hospice Wage Index for Fiscal Year 2012, Final Rule
- National Hospice and Palliative Care Organization
  http://www.nhpco.org/outcomemeasures
- National Quality Forum – Details for the Comfortable Dying measure (#0209)
  http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=457#k=0209
- Deyta’s Educational Resources
  http://www.deyta.com/education-resources/

About Deyta
Deyta partners with thousands of hospice, home health, human services and other organizations, to measurably improve the quality of patient care and services, the experience of customers and employees, and the effectiveness of their operations. With 20 years of experience in survey administration and healthcare quality improvement, Deyta offers proven solutions with powerful reporting and extraordinary customer service. Our clients are providers, industry associations, regulatory agencies, vendors, and consultants who are committed to improving healthcare.