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OFFICE OF PROGRAM POLICY ANALYSIS & GOVERNMENT ACCOUNTABILITY

January 2010 **Report No. 10-09**

Number of For-Profit Hospices Has Grown; Current Measures and Standards Are Not Sufficient to Assess Hospice Quality

at a glance

The 2006 Florida Legislature authorized for-profit entities to operate hospice programs and required the Department of Elder Affairs to develop quality and effectiveness measures for Florida hospices and submit an annual report analyzing these outcome measures. Since that time, six additional for-profit hospices have opened in Florida (current total of 13). While the department has established three outcome measures for evaluating hospice quality, preliminary analyses suggest these measures and their standards may not be sufficient to identify meaningful differences among hospices. The department should consider adopting additional measures to better assess hospice quality and effectiveness and take steps to ensure that data reported by hospices is complete and accurate.

Scope

As required by Ch. 2006-155, *Laws of Florida,* this report examines Florida's hospice programs and the Department of Elder Affairs' efforts to assess the quality of hospice care.[1]

Background

Hospice care is an alternative approach to the traditional medical model for end-of-life care. Hospice programs specialize in providing basic medical care, palliation, and pain management, and social, psychological, and spiritual support to terminally ill individuals and their families.[2] Hospice care focuses on providing end-of-life care that allows patients to die with dignity and free of pain. It also provides support to patients' families when caring for their loved ones and during the grieving process.

In Fiscal Year 2008-09, Florida hospice programs provided approximately 7.6 million days of patient care to more than 104,000 individuals with terminal illnesses at an estimated cost of $1.52 billion.[3] Eighty-four percent of these admitted patients were age 65 years or older and 35% had a diagnosis of cancer.[4]

Hospice programs are largely funded by payments for patient care. The 58 hospice programs that responded to our survey indicated that 97% of their revenues in Fiscal Year 2008-09 came from patient care reimbursement, 2% from charitable contributions, and 1% from other sources. These hospice programs received a total of $1.49 billion in patient care reimbursements, with payments received by individual programs ranging from $1.8 million to $287 million. The programs collectively received $31.1 million in charity contributions, ranging from $0 to $4.3 million.

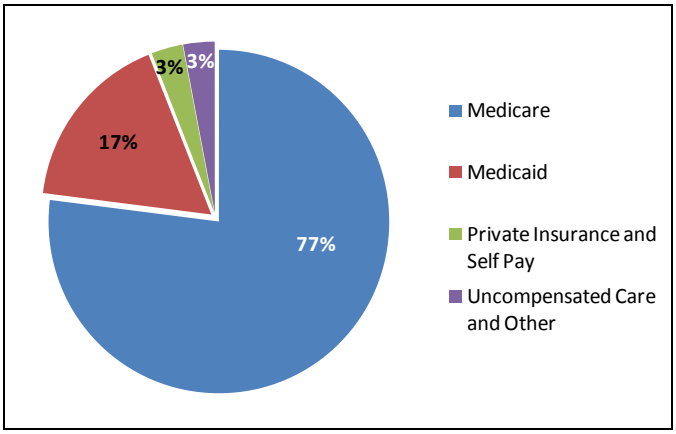
[1] OPPAGA initially examined the program in 2006; see *Florida's Certificate of Need Process Ensures Qualified Hospice Programs; Performance Reporting Is Important to Assess Hospice Quality*, OPPAGA Report No. 06-29, March 2006.

[2] Palliation refers to care that relieves or soothes symptoms of disease.

[3] Florida hospice-specific data presented in this report is based on an OPPAGA survey of hospice programs regarding patient days, profit status, revenue sources, and Medicare Quality Assurance and Performance Improvement System implementation. Fifty-eight out of Florida's 64 hospice programs responded to our survey. The hospices that responded represented 98.4% of total hospice admissions for Fiscal Year 2008-09.

[4] Demographic information on patient age and diagnoses were reported in the Agency for Health Care Administration's *Florida Need Projections for Hospice Programs*, October 2009.

Exhibit 1
Medicare and Medicaid Reimbursed Hospice Programs for 94% of Patient Care in Fiscal Year 2008-09



Source: OPPAGA hospice survey.

Hospice reimbursements for patient care are largely from Medicare and Medicaid. As shown in Exhibit 1, in Fiscal Year 2008-09, Medicare and Medicaid reimbursed approximately 94% of the care provided. Private insurance and patients paid approximately 3% of the total while the remaining 3% of patient care was uncompensated or paid from other sources.

Florida's hospice programs provide a variety of services to meet the medical, social, psychological, and spiritual needs of terminally ill patients and their families. Both state and federal law mandate that hospice programs provide specific services including needed medical care, pain management and palliation, and bereavement care and counseling to help patients and families deal with the emotional aspects of dying.[5] Exhibit 2 details these services for Florida hospice programs.

[5] Hospice care is typically provided to patients in their own homes or residences such as nursing homes or assisted living facilities. Patients can also receive hospice care in a freestanding hospice inpatient facility or residential unit – a home-like setting to provide care to patients with no available caregiver or to provide short-term care for pain management, symptom control, or respite care.

Exhibit 2
Florida Law and Federal Medicare and Medicaid Regulations Require Florida Hospices to Deliver Eight Services

Service	Description
Nursing Care	Care provided by or under the direction of a registered nurse
Medical Social Services	Services provided by a social worker under the direction of a physician
Physicians' Services	Medical care performed by a doctor of medicine or osteopathy
Counseling Services	Counseling provided to the patient and family members or others caring for the patient at home, including bereavement, dietary, and spiritual counseling
Short-Term Inpatient Care	Inpatient care provided in a participating hospice inpatient unit, hospital, or skilled nursing facility for pain management and symptom control or a means of providing respite for the patient's family or other persons caring for the patient at home
Medical Appliances and Supplies, Including Drugs and Biologicals	Medical supplies provided for the care of the patient, which may include durable medical equipment, medical supplies, and other self-help and personal comfort items, as well as drugs and biologicals if they are used primarily for the relief of pain and symptom control related to the illness
Home Health Aide Services	Home health aide, such as personal care and homemaker services, provided by qualified home health staff
Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services	Therapies provided to enable the patient to maintain activities of daily living and basic functional skills

Source: Center for Medicare and Medicaid Services, *The Hospice Manual,* Ch. 2, Coverage of Services; s. 400.609, *F.S.*

Both the Department of Elder Affairs and the Agency for Health Care Administration (AHCA) have responsibilities for Florida hospice programs.[6] The Department of Elder Affairs establishes rules in consultation with AHCA to guide the provision of hospice care, and AHCA regulates hospice programs through a Certificate of Need process and licensure.

To be authorized to operate in Florida, potential hospice programs must apply for a Certificate of Need after AHCA determines that an unmet need exists in one of its 27 designated hospice provider service areas (see Appendix A for a map of these areas).[7, 8] After receiving a Certificate of Need, hospice programs must also apply for and receive state licensure as well as certification from Medicare and Medicaid that they meet minimum standards to ensure safety, staffing qualifications, and level of services.[9] AHCA conducts licensure inspections every year for hospices' first three years of operations and every two years thereafter if there are no deficiencies or problems.[10] If AHCA finds deficiencies, the hospice program must develop a corrective action plan to correct the deficiency within a reasonable amount of time. AHCA also conducts federal Medicare and Medicaid certification reviews at least once every six years.

The 2006 Florida Legislature authorized for-profit entities to operate hospice programs in Florida providing they meet the state's Certificate of Need provisions.[11] Until that time, Florida law required hospice programs to operate as not-for-profit corporations unless they were incorporated before July 1, 1978.[12] In addition, as recommended by OPPAGA, the Legislature directed the Department of Elder Affairs to develop outcome measures to assess the quality and effectiveness of Florida hospice programs and to develop an annual report analyzing these outcome measures as well as other information reported by hospices.

Findings

The number of for-profit hospices in Florida has increased slightly; hospice growth controlled by Certificate of Need process

Since the 2006 legislative changes, the number of hospice programs operating in Florida has increased from 55 to 64.[13] In addition, the number of hospice service areas that have multiple hospice providers increased from 15 to 17 (see Appendix A for a list of the hospice programs by service area).

During this period, the number of Florida hospice programs operated by a for-profit company increased from 7 to 13.[14] Four of the six additional for-profit hospices were new programs, while two were formerly not-for-profit programs but changed their status. Of the four new for-profit hospices, one is operated by a company which also operates the seven for-profit programs that existed prior to the 2006 legislative changes; two are operated by companies that did not previously provide hospice services in Florida; and one is operated by a company that recently converted from not-for-profit to for-profit status.

While the 2006 Legislature authorized for-profit companies to operate hospice programs in Florida, it maintained the requirement that hospices cannot operate without a Certificate of Need. The Certificate of Need process helps

[6] Sections 400.605 and 408.032(3), *F.S.;* Ch. 58A-2, *F.A.C.*

[7] The Certificate of Need process regulates the number of hospice programs that can operate in Florida and requires programs to demonstrate their expertise, financial capacity, and commitment to serve terminally ill individuals and their families as well as the community.

[8] A hospice program also may submit an application demonstrating a special need for hospice services, such as serving an underserved segment of the population even if AHCA has not projected unmet need.

[9] AHCA staff conduct an unannounced inspection of every newly licensed hospice to ensure that the program meets required Medicare and Medicaid certification conditions.

[10] In 2008, 16 of Florida's hospice programs reported to the Department of Elder Affairs that they held national accreditation. Several national organizations offer accreditation programs to the hospice industry, including the Accreditation Commission for Health Care, Inc.; the Community Health Accreditation Program; and The Joint Commission.

[11] Chapter 2006-155, *Laws of Florida*.

[12] Hospice programs incorporated on or before July 1, 1978, could change their corporate status to a for-profit or not-for-profit entity and transfer licensure to that entity, while programs incorporated after that date were required to operate as not-for-profit organizations.

[13] This represents 64 separate programs operating under 41 licensed entities.

[14] This represents a slight increase (from 13% to 20%) in the percentage of Florida's hospices that are operated by for-profit companies.

ensure that new hospice programs have the expertise, financial resources, and commitment to meet the needs of their communities. In addition, this process ensures that new programs operate only in areas of the state where existing hospice programs are not meeting current needs.

While the department has established measures to assess hospice quality, preliminary analyses suggest these measures and their standards may not be sufficient

As required by law, the department has established outcome measures to assess the quality and effectiveness of hospice programs.[15] However, the department did not adopt a rule promulgating the measures until August 2008, seven months after the deadline required by law, and it has not yet produced an annual report analyzing these outcome measures and other information reported by hospices.[16] Due to this delay, the department has not yet collected sufficient data to assess the overall quality of hospice care in Florida or make comparisons among hospices.

The department, with input from Florida hospices, established three outcome measures to assess hospice quality. These measures, as shown in Exhibit 3, assess hospices' performance in managing pain and providing medication, as well as customer satisfaction with hospice services.

The first measure, which was required by Ch. 2006-155, *Laws of Florida,* assesses hospice performance in managing their patients' pain levels. This measure requires hospices to report the number of patients who indicate they are in severe pain (7 or greater on a scale of 0 – 10) upon admission and the level of pain for these patients at the end of their fourth day of hospice care. The performance standard for this measure is that at a minimum, 50% of the patients who report severe pain upon admission should report pain levels of 5 or less by the end of their fourth day.

The second measure requires hospices to report the percentage of patients or their families who indicated that the patient received the right amount of medicine for his or her pain. The standard for this measure is that at least 50% of respondents should report that patients received appropriate levels of medication.

The third measure requires hospices to report the percentage of patients or their family members who responded that they would recommend hospice services to others; at least 50% of these respondents are to give favorable recommendations.[17]

Exhibit 3
The Department of Elder Affairs Established Three Hospice Outcome Measures

Outcome Measure	Standard
Patients who report severe pain (7 or greater on a scale of 0-10) must report a reduction to 5 or less by the end of the fourth day of care on the hospice program	50%
Patients or their family members should indicate that the patient received the right amount of medication.	50%
Patients or their family members should indicate that the patient, family member, or caregiver would recommend hospice services to others	50%

Source: Chapter 58A-2.005, *Florida Administrative Code*.

The department has not yet produced the annual hospice report required by law. The 2006 Legislature directed the department to issue an annual report that analyzes and evaluates the established outcome measures as well as other information that it collects from hospices. However, the department has not yet issued this report. The department did not finalize its rule requiring hospices to report the three measures until August 2008. As a result, it collected data from hospice programs for the period from August 11, 2008, through December 31, 2008, and

[15] Chapter 2006-155, *Laws of Florida.*

[16] State law required the department to develop measures by December 31, 2007; however, the department did not have a rule in place for promulgating the measures until August 11, 2008. The department cited several factors for its delay in establishing the outcome measures in its hospice rule, including that Ch. 2006-155, *Laws of Florida,* required several changes to the rule, some of which required agreement among different parties; that the department spent extensive time researching outcome measures; and that the rule was challenged before the department reached consensus with the hospice industry.

[17] The department selected these two measures based on measures from the Family Evaluation of Hospice Care satisfaction survey, which is a national survey developed by the National Hospice and Palliative Care Organization and researchers at Brown University.

did not produce an annual report for that year. The department anticipates that it will collect 2009 performance data from hospices by March 31, 2010, and will submit an annual report based on this data by September 2010.[18]

The department's measures and their standards may not be sufficient to assess hospice performance. The three hospice outcome measures capture important information about hospice care, and preliminary results from available 2008 data indicate that the programs generally performed well in meeting established standards. For example, 97% of the hospices that reported outcome data to the department for the period August through December 2008 reported that they met the 50% standard for decreasing pain to a level of 5 or less by the end of the fourth day. In addition, all of the reporting hospices indicated that they had met the standards for the other two measures. Most (94%) of the hospices that submitted reports indicated that 90% or more of their patients received the right amount of pain medication, and 97% of these hospices reported that 90% or more of the patients or their families would recommend hospice services to others.

However, these results also indicate that the measures may not allow the department and other stakeholders to detect differences in quality among hospices. Most notably, these preliminary results indicate that the 50% standard for the measures is too low and that the measures themselves may not be sufficient to detect differences among hospices. For example, the measures require only a 'yes 'or 'no' response and thus, do not capture the degree of satisfaction that patients and their families may experience. In addition, the selected measures do not cover all domains of care that can contribute to overall quality, with two of the measures focusing on pain management and the third asking families if they would recommend hospice care to others. While these are important elements of care, additional measures would provide a more complete picture of whether hospices are meeting the overall needs of their patients, including how well hospices tend to patients' emotional needs and how well they support patients' families in caring for their loved ones and in the grieving process.

The department should assess these measures and their standards to determine the degree to which they relate to quality of care. In doing so, the department should examine Florida hospice data as well as research that addresses hospice quality and include this information in its first annual report. Based on this assessment, the department should consider adjusting the current standards and adopting additional measures to better assess hospice quality and effectiveness. For example, the department should consider additional measures from the Family Evaluation of Hospice Care survey or other instruments that have been validated for assessing end-of-life care.[19] The department should also consider measures that the federal Centers for Medicare and Medicaid Services is currently testing and validating for hospice participation in Medicare.[20] (See Appendix B for a list of these measures.)

The department needs to ensure the data reported by hospices is complete and accurate. Our review of the information provided by hospices for the period August to December period identified several reporting issues that, if not corrected, could affect the reliability and

[18] The department requires Florida hospices to report aggregate calendar year data on the three outcome measures as well as service and demographic data, such as the number of patients served, their ages, and medical diagnoses. Hospices must report these data, to the department by March 31st of the following calendar year. To assist hospices in reporting this information, the department developed a web-based online form and database that became available for hospices in January 2010. The department also has tested the online form, developed a user manual, and provided training to the hospice programs in using the online form.

[19] Many Florida hospices use this national survey and provide the results to the Florida Hospice and Palliative Care Organization and the National Hospice and Palliative Care Organization. The Agency for Health Care Administration posts data for five of the measures from this survey on its website. These measures assess how well the hospice attended to the patient's needs; if the patient was treated with respect; if the family was kept informed of the patient's condition; overall care that the patient received; and how well the hospice responded to patient needs in the evenings and weekends. The agency selected these five measures based on an independent assessment of the Family Evaluation of Hospice Care satisfaction survey. The following is a link to the agency's webpage that shows survey results for hospice programs http://floridahealthfinder.gov/Hospice/CompareHospice.aspx.

[20] 42 *CFR* 418.58. In order to receive Medicare reimbursement, hospices must develop a Quality Assessment and Performance Improvement System that includes indicators to measure several aspects of hospice care, including indicators of quality, adverse incidents, hospice services, and operations.

usefulness of reported outcome information. Response rates varied considerably among hospices, with aggregate results based on from 15% to 84% of patients or family members responding. While it is not unusual for survey response rates to be low, the department should ensure responses are representative of patients or family members by working with hospices to increase low return rates. In addition, the data was reported by hospice licensee rather than by hospice program location, which does not enable the department or other stakeholders to assess differences among multiple hospice programs operated by a single company, among hospice programs within a single service area, or among hospice programs based their profit status. Further, the data needed to calculate how a hospice performed on a measure was sometimes incomplete. For example, in instances where the number of respondents answering 'yes' or 'no' to a question did not equal the total number of survey respondents, it was unclear whether respondents did not answer the question or whether data was missing.

To address these issues and to ensure that data reported by hospices is complete and accurate, the department should develop edit checks in its automated data collection process and test the reliability of the data. In addition, to facilitate comparing hospice quality, it should require hospices to report data by hospice program location rather than by company or license and work with hospices to ensure that each program achieves a reasonable response rate.

Agency Response

In accordance with the provisions of s. 11.51(5), *Florida Statutes,* a draft of our report was submitted to the Secretary of the Department of Elder Affairs to review and respond. The Secretary's written response has been reproduced in Appendix C.

Appendix A

Florida Hospice Programs Deliver Care in 27 Service Areas Covering All 67 Counties

The map below shows Florida's 27 geographic service areas for allocation of hospice services. These service areas are established by local area health councils and may include one or more counties. As of December 2009, Florida had 64 hospice programs operating under 41 licensed entities. Ten of the service areas are served by a single hospice program, while the remaining 17 areas are served by multiple programs. Hospice programs may only provide services to residents within the geographic boundaries of their service area. See Table A-1 on the following page for a list of the counties and hospice programs in each service area. The names of hospice programs opened since 2006 are bolded.

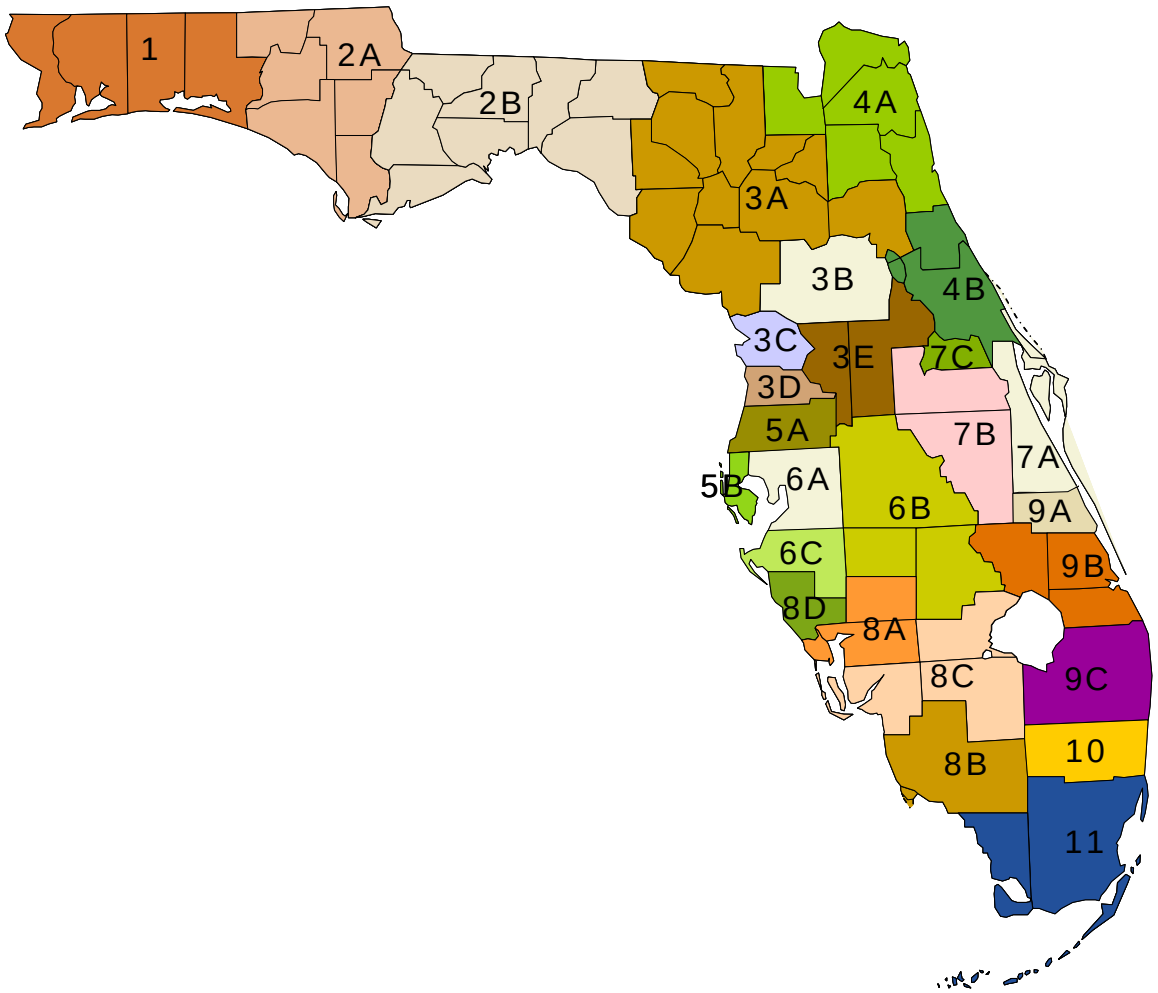


Table A-1
Sixty-Four Hospice Programs Serve 27 Geographic Service Areas in Florida

Area	County	Hospice Program
1	Escambia, Okaloosa, Santa Rosa, Walton	Covenant Hospice, Inc. Emerald Coast Hospice Regency Hospice of Northwest Florida, Inc. (Licensed June 5, 2009)
2A	Bay, Calhoun, Gulf, Holmes, Jackson, Washington	Covenant Hospice, Inc. Emerald Coast Hospice
2B	Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla	Big Bend Hospice Covenant Hospice, Inc.
3A	Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union	Haven Hospice Hospice of Citrus County, Inc. (Licensed June 1, 2007)
3B	Marion	Hospice of Marion County
3C	Citrus	Hospice of Citrus County, Inc. HPH Hospice, Inc.[2]
3D	Hernando	HPH Hospice, Inc.[2]
3E	Lake, Sumter	Cornerstone Hospice and Palliative Care
4A	Baker, Clay, Duval, Nassau, St. Johns	Community Hospice of Northeast Florida, Inc. Haven Hospice[1] Heartland Home Health Care and Hospice (Licensed September 6, 2007)
4B	Flagler, Volusia	Florida Hospital HospiceCare Haven Hospice (Licensed10/15/08) Hospice of Volusia - Flagler Odyssey Healthcare[3] VITAS Healthcare Corporation of Florida
5A	Pasco	Gulfside Regional Hospice, Inc. HPH Hospice, Inc.[2]
5B	Pinellas	Suncoast Hospice
6A	Hillsborough	LifePath Hospice, Inc.
6B	Hardee, Highlands, Polk	Cornerstone Hospice and Palliative Care Good Shepherd Hospice, Inc.[4] Hope Hospice and Community Services, Inc. (Licensed June 10, 2006)
6C	Manatee	TideWell Hospice and Palliative Care, Inc.
7A	Brevard	Hospice of Health First, Inc. Hospice of St. Francis, Inc. VITAS Healthcare Corporation of Florida Wuesthoff Brevard Hospice and Palliative Care
7B	Orange, Osceola	Cornerstone Hospice and Palliative Care Hospice of the Comforter, Inc. Samaritan Care Hospice[5] VITAS Healthcare Corporation of Florida
7C	Seminole	Hospice of the Comforter, Inc. VITAS Healthcare Corporation of Florida
8A	Charlotte, DeSoto	Tidewell Hospice and Palliative Care, Inc.
8B	Collier	Avow Hospice, Inc.[6] VITAS Healthcare Corporation of Florida (Licensed May 19, 2008)
8C	Glades, Hendry, Lee	HOPE Hospice and Community Services
8D	Sarasota	Tidewell Hospice and Palliative Care, Inc.
9A	Indian River	VNA Hospice of Indian River County, Inc.
9B	Martin, Okeechobee, St. Lucie	Hospice of Okeechobee, Inc. Hospice of the Treasure Coast, Inc. The Hospice of Martin and St. Lucie, Inc.
9C	Palm Beach	Hospice By The Sea, Inc. Hospice of Palm Beach County, Inc. VITAS Healthcare Corporation of Florida

Area	County	Hospice Program
10	Broward	Catholic Hospice, Inc. (Licensed January 14,2008) HospiceCare of Southeast Florida, Inc. Hospice By The Sea, Inc. Hospice of Gold Coast Home Health Services VITAS Healthcare Corporation of Florida
11	Dade, Monroe	Catholic Hospice, Inc. Douglas Gardens Hospice, Inc. HospiceCare of Southeast Florida, Inc. Hospice Care of South Florida Hospice of the Florida Keys, Inc. Odyssey Healthcare (Licensed March 3, 2006) VITAS Healthcare Corporation of Florida

[1] Hospice of North Central Florida changed its name to Haven Hospice.

[2] Hernando-Pasco Hospice, Inc., changed its name to HPH Hospice, Inc.

[3] Hospice of the Palm Coast, Inc., changed its name to Odyssey Healthcare.

[4] Good Shepherd Hospice of Mid-Florida sold to LIfePath and changed its name to Good Shepherd Hospice, Inc.

[5] Hospice of Orange-Osceola changed its name to Samaritan Care Hospice.

[6] Hospice of Naples, Inc., changed its name to Avow Hospice, Inc.

Source: Florida Agency for Health Care Administration.

Appendix B

The Federal Centers for Medicare and Medicaid Services Requires Hospice Programs to Develop Quality Assurance and Performance Improvement Systems

In 2008, the federal Centers for Medicare and Medicaid Services issued new Conditions of Participation requirements for hospices that receive Medicare payments.[21] Effective December 2008, these Quality Assurance and Performance Improvement regulations require hospices to develop an outcome-based internal performance improvement system that measures individual patient outcomes in order to continually improve the quality of care provided to patients and their families. In addition, hospices must develop indicators that assess adverse patient events, processes of care, hospice services, and operations. Hospices must use these indicators to identify areas where improvement is needed and measure their progress in these areas. Florida's hospices are currently in the process of complying with these requirements. To assist hospices in developing these indicators, the Centers for Medicare and Medicaid Services began testing the validity of 12 measures that assess various domains of hospice care in August 2009.

Table B-1
The Centers for Medicare and Medicaid Services Are Testing 12 Measures for Assessing Hospice Quality of Care

Quality Domain	Measures
Structure and process	Percentage of patients admitted to hospice or palliative care who have a screening for symptoms during the admission visit
Structure and process	Percentage of patients who had a comprehensive assessment completed within five days of admission
Care for physical symptoms: pain	For patients who screened positive for pain, the percentage whose pain was at a comfortable level within two days of screening
Care for physical symptoms: dyspnea	For patients who screened positive for dyspnea (difficulty breathing), the percentage who improved within one day of screening
Care for physical symptoms: Other conditions	For patients who screen positive for constipation, the percentage who receive treatment within one day of screening
Care for physical symptoms: other conditions	Percentage of patients on opioids who have a bowel regimen initiated within one day of opioid initiation
Care for psychological symptoms	For patients who screened positive for anxiety, the percentage who receive treatment within two weeks of diagnosis
Social aspects of care	Percentage of families reporting the hospice attended to family needs for information about medication, treatment, and symptoms
Cultural aspects of care	Provision of interpreter or translator for non-English-speaking or deaf patients
Care of the imminently dying	Percentage of patients who had moderate to severe pain on a standard rating scale at any time in the last week of life
Ethical and legal aspects of care	Percentage of patients with chart documentation of an advanced directive or discussion that there is no advanced directive
Adverse events	Selected number of occurrences per 100 patient days; four types of issues are tracked: falls, medication errors, durable medical equipment issues (compliant, malfunction or error), and patient / family complaints)

Source: Center for Medicare and Medicaid Services.

[21] 42 *CFR* 418.58.

Appendix C

DEPARTMENT OF
ELDER AFFAIRS
STATE OF FLORIDA

CHARLIE CRIST
GOVERNOR

E. DOUGLAS BEACH, PH.D.
SECRETARY

January 13, 2010

Mr. Gary R. VanLandingham, Ph.D.
Director
Office of Program Policy Analysis and Government Accountability
111 West Madison Street, Room 312
Tallahassee, FL 32399-1475

Dear Dr. VanLandingham,

Thank you for the opportunity to comment on the draft report entitled "Number of For-Profit Hospices Has Grown; Current Measures and Standards Are Not Sufficient to Assess Hospice Quality" which the Office of Program Policy Analysis and Government Accountability (OPPAGA) prepared for the Florida Legislature.

The Department concurs with the report as provided, including the recommendation to ensure that data reported by hospices is complete and accurate. Within the next few months the Department will receive its first full year of outcome measures data from Florida's hospices. We believe use of the new online form the Department has made available along with increased communication with Florida's hospices will help us achieve the goal of ensuring data completeness and accuracy.

Thank you for the opportunity to provide feedback on this draft report. If you have questions, please contact Mindy Sollisch, Bureau Chief of the Planning and Evaluation Unit at 850-414-2181.

Sincerely,

E. Douglas Beach
Secretary

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The Florida Legislature

Office of Program Policy Analysis and Government Accountability

OPPAGA provides performance and accountability information about Florida government in several ways.

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- Government Program Summaries (GPS), an online encyclopedia, www.oppaga.state.fl.us/government, provides descriptive, evaluative, and performance information on more than 200 Florida state government programs.
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