



VOICES

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This article is sponsored by Axxess. In this Voices interview, Hospice News sits down with Ryan Klaustermeier, Vice President of Professional Services at Axxess, to discuss the upcoming HOPE assessment changes for hospices and the increasing emphasis on quality. He explains how the new assessment will bring closer scrutiny, tying more directly to the care hospices provide compared to the current HIS assessment. Klaustermeier also breaks down the key changes, what organizations should do to prepare, and the resources available to support them through the transition.

Editor's note: This interview has been edited for length and clarity.

The 2025 AGILE Conference will feature a workshop on HOPE that will include practical takeaways and exclusive resources for attendees. To register for AGILE, visit axxess.com/agile.

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Q: Hospice News:

Share a bit about your background and the path that led you to your current role.

Ryan Klaustermeier: I'm proud and honored to say that this year marks my 19th year in the serious illness space. I started as a hospice CNA in 2006 and worked in hospice and palliative care across various clinical roles before transitioning to the operations side and eventually into executive leadership.

Before joining Axxess, I was actually a client. That's how I initially got to know the Axxess team—working closely with them during the rollout of the first iteration of our palliative solution. That experience made me feel like part of the team, and when the opportunity came to officially join, it was a natural fit. I've now been with Axxess for almost three years, and it's been an incredible journey so far.

Q: Hospice News:

How does HOPE differ from the current Hospice Item Set (HIS), and what advantages does it offer?

Klaustermeier: I want to take a moment to remind everyone that while there will be major differences between HOPE and HIS, there are also plenty of similarities—something that often gets overlooked. Many elements will feel familiar, so this isn't entirely uncharted territory.

When it comes to key distinctions, a few things stand out. The number and timing of required assessments have changed, increasing reporting frequency and directly impacting clinical workflows. At the same time, the scope of data collection has expanded, with providers now monitoring and documenting a broader set of symptoms under HOPE.

One of the primary goals of HOPE is to shift hospice reporting toward real-time patient quality metrics. HIS was entirely retrospective, focusing on a limited set of process measures. With HOPE, new assessment points and an expanded dataset better align with the way hospices already care for patients at the end of life. In many ways, this transition simply formalizes what providers have been doing for years.

As for the benefits, I see advantages for both patients and families, as well as the industry as a whole. Ideally, HOPE will produce more accurate clinical and quality data, helping shape future reimbursement models that better reflect actual care delivery. Additionally, by holding hospices accountable for demonstrating quality through these measures, overall standards should improve. While the added administrative burden is unavoidable, this shift ultimately represents a step forward—one that strengthens hospice care for everyone involved.



Q: Hospice News:

Who will be affected by the HOPE changes, and what steps should they take to prepare for the new quality measurement requirements?

Klaustermeier: Simply put, the HOPE changes will impact everyone.

Field-facing team members will see workflow shifts, especially in follow-up assessments that may have previously been done by phone but will now require in-person visits. Office-based staff, such as schedulers, will also need a solid grasp of HOPE's timing requirements for HUV and symptom follow-up visits to ensure compliance. Leadership, meanwhile, will take on new oversight responsibilities, adapting to the expanded reporting requirements and timing adjustments.

Whenever major changes happen in hospice—whether it was the introduction of face-to-face requirements or the rollout of HIS—there's a natural tendency to focus on immediate operational impacts and jump straight into problem-solving. While that's necessary, it's equally important to keep things simple. Providers don't need to reinvent everything; they should focus on what already works, refining existing processes rather than overcomplicating them.

Beyond internal operations, HOPE will also have a direct impact on hospice CAHPS scores, which will carry even more weight in HQRP ratings starting in 2025. While symptom management and nursing care remain central, customer service will be just as crucial, affecting overall quality scores and public perception. Leaders who haven't already started action plans to prepare for these changes need to start today—covering everything from education and process updates to quality assurance.

A strong starting point is an honest assessment of current HIS processes. Any existing gaps will only be magnified under HOPE, making it essential to shore up weaknesses now. Equally important is evaluating team health and providing the necessary support to navigate these changes. The goal isn't just to retain staff during a potentially stressful transition, but to increase engagement and job satisfaction, ultimately strengthening the entire organization.

Q: Hospice News:
How will the new HOPE reporting changes impact an organization's process management, and where should providers focus their investments and adjustments?

Klaustermeier: The increased data points and assessment requirements alone will have a significant impact. However, with the right preparation, process implementation, and—most importantly—the right technology and EMR, these changes are absolutely manageable.

Providers that fail to invest in these two key areas—EMR technology and their workforce—will struggle through the transition to HOPE. Investing in people takes many forms. At Axxess, we continuously engage with the workforce to understand their evolving needs—not just from a provider perspective, but from a broader workforce management and solutions standpoint. What we've learned, and what studies confirm, is that team members are looking for simple but meaningful resources. They want access to career growth and development through microlearning, short and accessible training opportunities that help them advance professionally. They also seek ways to engage with their peers—especially in home-based care, where clinicians often work in isolation. Technology can bridge that gap, facilitating communication, collaboration, and even moments of fun interaction.

On the EMR side, HOPE marks the end of an era—the paper charting era. It's shocking that paper-based documentation still exists today, but as compliance and quality demands grow, providers will have to rely on a robust EMR to ensure timely and accurate reporting. Whether it's a digital onboarding platform for new team members or an EMR designed for clinical decision support and automation, the right technology is critical for staff retention and satisfaction.

In hospice, clinicians want the patient environment to remain intimate, personal, and therapeutic. Investing in the right technology allows them to focus on what matters most—care. When clinicians are supported, patients and families benefit, and the organization thrives. It's a win-win-win scenario.

Q: Hospice News:
Looking ahead,
how will HOPE data
influence future
hospice quality
measures and
public reporting?

Klaustermeier: Hospice is likely moving toward value-based purchasing, much like what has evolved in the home health space. HOPE represents hospice's first step toward an OASIS-like model, and while the transition brings challenges, it also offers key advantages. Increased transparency will help consumers make more informed health care decisions, while benchmarking will allow providers to compare quality metrics in a more detailed way. As care-at-home models continue to evolve alongside advancements in medical science, these insights will help the industry collectively drive better outcomes.

That said, this is still the early stage of hospice's journey into value-based purchasing—especially when compared to the long history of OASIS in home health. That's why it's key to learn from both the successes and challenges home health providers have faced along the way. One example is how cost reporting in home health hasn't always accurately reflected financial realities, leading to misinterpretations by legislators and MedPAC. Hospice providers must take an active role in shaping this transition to support value-based models and avoid hindering the ability to provide high-quality end-of-life care.

Ultimately, the path forward needs to balance transparency, sustainability, and the needs of providers, team members, and patients alike. If the industry can navigate this shift intentionally, hospice will be well-positioned to continue delivering the compassionate care it's known for.

Q: Hospice News:

What is Axxess doing to prepare staff for the adoption of HOPE?

Klaustermeier: Externally, we've been very proactive. We've taken an active role in state association education, hosted a full series of HOPE-focused webinars, and continue to engage with the broader industry on what these changes mean. But the centerpiece of our efforts is AGILE, our annual conference taking place May 5-7. This year, we're offering a HOPE intensive workshop—a hands-on, immersive learning experience designed to give attendees the knowledge, confidence, and tools they need to guide their teams through the transition in October. Our goal is not just to educate, but to empower providers with the insights and preparation they need to succeed.

Internally, we believe it's essential for every team member—regardless of role or location—to fully understand the health care system and the unique challenges that come with it. That's why all Axxess employees are required to be certified not only in our solutions, but also in industry regulations and best practices. We've been conducting extensive education efforts for months, including presentations and a structured training course designed to help every team member clearly articulate the ins and outs of HOPE. Our goal is simple: to make sure the entire Axxess team is aligned in delivering the best possible EMR solution to support providers through these upcoming changes.



Q: Hospice News: Finish this sentence:

In 2025, the hospice landscape will be shaped by...

“...providers that prioritize investing in the right EMR and workforce support. Those who delay or choose not to allocate resources in these areas may find themselves struggling to adapt as these changes take effect..”