Update on Progress of the 2021 HCAHPS Mode Experiment

Information on the 2021 HCAHPS Mode Experiment was presented during the 2022 HCAHPS Update Training, and the slides beginning on slide 96, can be reviewed on the "Training Materials" page on the HCAHPS Web site.

Preliminary Results of the 2021 HCAHPS Mode Experiment

The 2021 HCAHPS Mode Experiment was the 5th HCAHPS Mode Experiment. Its goals included:

- evaluating new candidate modes that begin with web surveys via email contact;
- evaluating new candidate items; and
- updating/developing mode and patient-mix adjustments for existing and candidate items.

Nationally, 45 hospitals participated during the data collection period using patient discharges from May – December 2021. A total of 36,001 patient discharges from April 1 to September 30, 2021 were used.

Three HCAHPS legacy modes (Mail Only, Phone Only, Mixed Mode-Mail with Phone follow-up) and three Web-first modes (Web-Mail, Web-Phone, Web-Mail-Phone) were tested. Response rates for HCAHPS legacy modes were: Mail Only 23%, Phone Only 23% and Mixed Mode 32%. **Response rates for Web-first modes were notably higher:** Web-Mail 29%, Web-Phone 31%, and Web-Mail-Phone 37%. Participating hospitals averaged 63% email address availability, with larger response rate gains in Web-first modes for hospitals with higher rates of email address availability. **The Web-first modes appear to be producing good representation of many patient groups that often have lower response rates, including maternity service line patients, younger patients and racial and ethnic minority patients, often more than doubling the representation of these groups relative to a legacy single-mode approach**. **In addition to increasing overall response rates, the Web-first modes reduce the number of responses by mail and telephone, potentially reducing costs by reducing the number of mailings and calls needed.**

The 2021 HCAHPS Mode Experiment Survey contained 43 items[1] including candidate items in new survey domains for possible inclusion in a future version of HCAHPS. While evaluation of the data is ongoing, many of the new items and topics are showing strong psychometric properties. **We anticipate that the final survey will be shorter than the 43-item survey used during the mode experiment, which could result in higher response rates than what were obtained during the mode experiment if a hospital uses a limited number of supplemental items.**

How to Improve Response Rates Now Before New Modes Go into Effect

Of the current HCAHPS modes, Mixed Mode consistently results in higher response rates and representativeness than single-mode approaches, as demonstrated again by the 2021 HCAHPS mode experiment. In addition, the HCAHPS Project Team continues to provide approved HCAHPS Survey vendors with guidance on how to increase response rates by choosing the best survey mode for a given hospital's patient population[2], limiting the number of supplemental items added to the survey[3], and improving the formatting of mail surveys[4]. We

recommend reviewing the HCAHPS podcast "Improving Response Rates of HCAHPS Hospitals" available on the HCAHPS Web site, Podcasts page.

CMS will provide ample notice before implementing any changes to the HCAHPS Survey content or modes of survey administration.

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[1] See slides 93-94 of the 2022 HCAHPS Update training slides

[2] https://hcahpsonline.org/globalassets/hcahps/training-materials/2022_training-materials_slides_update.pdf (slides 73-83)

[3] Beckett MK, Elliott MN, Gaillot S, Haas A, Dembosky JW, Giordano LA, Brown J. (2016) "Establishing limits for supplemental items on a standardized national survey." *Public Opinion Quarterly* 80(4): 964-976 DOI: https://doi.org/10.1093/poq/nfw028

[4] Burkhart Q, Orr N, Brown JA, Hays RD, Cleary PD, Beckett MK, Perry SE, Gaillot S, Elliott MN. (2021) "Associations of Mail Survey Length and Layout with Response Rates" *Medical Care Research and Review* 78(4): 441-448. DOI: https://journals.sagepub.com/doi/10.1177/1077558719888407