

HCAHPS Fact Sheet

(CAHPS[®] Hospital Survey)

November 2017

Overview

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS (pronounced “*H-caps*”), also known as the CAHPS[®] Hospital Survey*, is a 32-item survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. While many hospitals have collected information on patient satisfaction for their own internal use, until HCAHPS there were no common metrics and no national standards for collecting and publicly reporting information about patient experience of care. Since 2008, HCAHPS has allowed valid comparisons to be made across hospitals locally, regionally and nationally.

Three broad goals have shaped HCAHPS. First, the standardized survey and implementation protocol produces data that allow objective and meaningful comparisons of hospitals on topics that are important to patients and consumers. Second, public reporting of HCAHPS results creates new incentives for hospitals to improve quality of care. Third, public reporting enhances accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment.

HCAHPS Development, Testing and Endorsement

Beginning in 2002, CMS partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the federal Department of Health and Human Services, to develop and test the HCAHPS Survey. AHRQ and its CAHPS Consortium carried out a rigorous and multi-faceted scientific process, including a public call for measures; literature review; cognitive interviews; consumer focus groups; stakeholder input; a three-state pilot test; extensive psychometric analyses; consumer testing; and numerous small-scale field tests. CMS provided three opportunities for the public to comment on HCAHPS and responded to over a thousand comments. The survey, its methodology and the results it produces are in the public domain.

In May 2005, the HCAHPS Survey was endorsed by the National Quality Forum, a national organization that represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research organizations. In December 2005, the federal Office of Management and Budget gave its final approval for the national implementation of HCAHPS for public reporting purposes. CMS implemented the HCAHPS Survey in October 2006, and the first public reporting of HCAHPS results occurred in March 2008. In 2013, CMS added five new items to the HCAHPS Survey: three questions about the transition to post-hospital care, one about admission through the emergency room, and one about mental and emotional health. In January 2018, the three survey questions about pain management will be replaced by three questions about communication about pain.

Enactment of the Deficit Reduction Act of 2005 created an additional incentive for acute care hospitals to participate in HCAHPS. Since July 2007, hospitals subject to the Inpatient Prospective Payment System (IPPS) annual payment update provisions must collect and submit HCAHPS data in order to receive their full annual payment update. Non-IPPS hospitals, such as Critical Access Hospitals, may voluntarily participate in HCAHPS. The incentive for IPPS hospitals to improve patient experience was further strengthened by the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), which specifically included HCAHPS performance in the calculation of the value-based incentive payment in the Hospital Value-Based Purchasing program beginning with October 2012 discharges.

HCAHPS Survey Content and Administration

The HCAHPS Survey asks recently discharged patients about aspects of their hospital experience that they are uniquely suited to address. The core of the survey contains 21 items that ask “how often” or whether patients experienced a critical aspect of hospital care, rather than whether they were “satisfied” with their care. Also included in the survey are four screener items that direct patients to relevant questions, five items to adjust for the mix of patients across hospitals, and two items that support Congressionally-mandated reports. Hospitals may add supplemental items after the core HCAHPS items.

HCAHPS is administered to a random sample of adult inpatients between 48 hours and six weeks after discharge. Patients admitted in the medical, surgical and maternity care service lines are eligible for the survey; HCAHPS is not restricted to Medicare patients. Hospitals may use an approved survey vendor or collect their own HCAHPS data, if approved by CMS to do so. HCAHPS can be implemented in four survey modes: Mail Only, Telephone Only, Mixed (mail with telephone follow-up), or Active Interactive Voice Response (IVR), each of which requires multiple attempts to contact patients. Hospitals must survey patients throughout each month of the year. IPPS hospitals must achieve at least 300 completed surveys over four calendar quarters. HCAHPS is available in official English, Spanish, Chinese, Russian, Vietnamese, and Portuguese translations. The survey and its protocols for sampling, data collection, coding and submission can be found in the HCAHPS *Quality Assurance Guidelines* (QAG) manual located under the Quality Assurance section of the official HCAHPS Web site at <http://hcahponline.org>.

HCAHPS Measures

Eleven HCAHPS measures (seven summary measures, two individual items and two global items) are currently publicly reported on the *Hospital Compare* Web site at <https://www.medicare.gov/hospitalcompare>. Each of the seven summary, or composite, measures is constructed from two or three survey questions. Combining related questions into composites allows consumers to quickly review patient experience information and increases the statistical reliability of the measures. The seven composites summarize how well nurses and doctors communicate with patients, how responsive hospital staff are to patients’ needs, how well hospital staff help patients manage pain, how well the staff communicates with patients about new medicines, whether key information is provided at discharge, and how well patients understand the type of care they need after leaving the hospital. The two individual items address the cleanliness and quietness of patients’ rooms while the two global items capture patients’

overall rating of the hospital and whether they would recommend it to family and friends. Survey response rates and the number of completed surveys are also publicly reported.

Beginning with patients discharged in January 2018, three new questions about pain communication will be added to the HCAHPS Survey and replace the three pain questions used since 2006. The new questions, which will form the new Communication About Pain composite measure, focus on communication between hospital staff and patients about pain. The current Pain Management measure will be reported until December 2018. The new Communication About Pain measure will be reported on Hospital Compare beginning in October 2020. During the interim, hospitals will receive their Communication About Pain score in their Hospital Compare Preview Report.

To ensure that HCAHPS scores allow fair and accurate comparisons among hospitals, it is necessary to adjust for factors that are not directly related to hospital performance but which affect how patients answer survey items. CMS and the HCAHPS Project Team (HPT) apply adjustments that are intended to eliminate any advantage or disadvantage attributable to the mode of survey administration or characteristics of patients that are beyond a hospital's control. In addition, the HPT undertakes a series of quality oversight activities, which include site visits of HCAHPS Survey vendors to inspect survey administration procedures and trace records, and statistical analyses of submitted data, to assure that the HCAHPS Survey is being administered properly and consistently.

HCAHPS scores are designed and intended for use at the hospital level for the comparison of hospitals to each other. CMS does not review or endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, individual staff member, etc. to others. Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual staff member level. In addition, since HCAHPS questions inquire about broad categories of hospital staff (such as doctors in general and nurses in general rather than specific individuals), HCAHPS is not appropriate for comparing or assessing individual staff members. Using HCAHPS scores to compare or assess individual staff members is inappropriate and is strongly discouraged by CMS.

HCAHPS Public Reporting on Hospital Compare

Official HCAHPS scores, based on four consecutive quarters of patient surveys, are publicly reported on the Hospital Compare Web site, <https://www.medicare.gov/hospitalcompare>, four times each year, with the oldest quarter of surveys rolling off as the newest quarter rolls on. A link to the downloadable version of HCAHPS results is also available on this Web site. Hospitals must have at least 25 completed surveys in a four quarter period in order for their HCAHPS results to be publicly reported. In March 2008, 2,521 hospitals publicly reported HCAHPS scores based on 1.1 million completed surveys; in July 2017, 4,315 hospitals publicly reported HCAHPS scores based on more than 3.1 million completed surveys. On average, more than 8,400 patients complete the HCAHPS Survey every day.

Aggregate HCAHPS scores, both current and historical, can be found in the Summary Analyses section of the official HCAHPS Web site at <http://hcahpsonline.org>. The tables include national

and state “top-box” (most positive survey response) and “bottom-box” (most negative survey response) percentiles for each measure, inter-correlations of the measures, and comparisons of HCAHPS results by hospital characteristics. The HCAHPS Web site also provides news and updates about the survey, training materials, the survey instrument and implementation protocols, and a bibliography of published research from the HCAHPS Project Team.

HCAHPS Survey results are intended to be used for quality improvement purposes, not for marketing or promotional activities. Only the HCAHPS scores published on the Hospital Compare Web site are the “official” scores. Scores derived from any other source are “unofficial” and should be labeled as such.

HCAHPS Star Ratings

In April 2015, CMS added HCAHPS Star Ratings to the Hospital Compare Web site. HCAHPS Star Ratings summarize all survey responses for each HCAHPS measure and present these in a simple format that is familiar to consumers, making it easier to use the information and spotlight excellence in healthcare quality. Twelve HCAHPS Star Ratings currently appear on Hospital Compare: one for each of the 11 publicly reported HCAHPS measures plus the Summary Star Rating, which combines all of the star ratings. HCAHPS Star Ratings are updated quarterly. Hospitals must have at least 100 completed HCAHPS surveys over a four-quarter period and be eligible for public reporting of HCAHPS measures to receive HCAHPS Star Ratings. HCAHPS Star Ratings are an enhancement and addition to the HCAHPS reported on Hospital Compare. While hospitals with fewer than 100 completed surveys are not assigned star ratings, their HCAHPS measure scores are reported on Hospital Compare. Since July 2016, HCAHPS Star Ratings have been used as a component of the [Hospital Compare Overall Star Ratings](#).

Detailed information about HCAHPS Star Ratings can be found in the HCAHPS Star Ratings section of the HCAHPS Web site at <http://hcahponline.org/StarRatings.aspx>. The HCAHPS Star Rating Technical Notes describe how the star ratings are calculated and contain both the current and historical adjustments for patient mix and survey mode Current and historical distributions of the star ratings, the distribution of the Summary Star Rating for each state, and a presentation on and frequently asked questions about the HCAHPS Star Ratings are also available.

HCAHPS and Hospital Value-Based Purchasing

CMS’s Hospital Value-Based Purchasing (Hospital VBP) program links a portion of IPPS hospital payment from CMS to performance on a set of quality measures. HCAHPS is the basis for the Patient and Caregiver Centered Experience of Care/Care Coordination (PEC/CC) domain, which accounts for 25% of a hospital’s Total Performance Score (TPS). For information on domain and weight scoring, click [here](#).

Eight HCAHPS measures, called “dimensions,” are included in Hospital VBP: six HCAHPS composites (Communication with Nurses, Communication with Doctors, Staff Responsiveness, Communication about Medicines, Discharge Information, and Care Transition); a composite that combines the Cleanliness and Quietness items; and one global item (Hospital Rating). The PEC/CC domain score is based on the percentage of a hospital’s patients who chose the most

positive survey response in each dimension. In the FY 2018 Hospital VBP program, the Pain Management dimension was removed and the Care Transition dimension was added.

The PEC/CC domain score (0–100 points) is the sum of the HCAHPS Base Score (0–80 points) and HCAHPS Consistency Score (0–20 points). Hospital VBP utilizes HCAHPS scores from a Baseline and Performance Period. Each of the eight HCAHPS dimensions contributes to the Base Score through either Improvement or Achievement Points. “Improvement” is the amount of change in a hospital’s HCAHPS dimension from the Baseline to the Performance Period. “Achievement” is the comparison of each dimension in the Performance Period to the national median for that dimension in the Baseline Period. The larger of the Improvement or Achievement Points for each dimension is used to calculate the Base Score. The second part of the PEC/CC domain, the Consistency Score, is designed to target and further incentivize improvement in a hospital's *lowest performing* HCAHPS dimension.

More information about the Hospital VBP program can be found on the CMS Web site at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing.html> and under the HCAHPS and Hospital VBP section of the HCAHPS Web site at <http://www.hcahponline.org/HospitalVBP.aspx>.

For More Information

For information about HCAHPS policy updates, administration procedures, patient-mix and mode adjustments, training opportunities, and participation in the survey, please visit the HCAHPS Web site at <http://hcahponline.org>.

To Provide Comments or Ask Questions

- To communicate with CMS about HCAHPS: Hospitalcahps@cms.hhs.gov
- For technical assistance with the HCAHPS Survey: hcahps@HCQIS.org or 888-884-4007

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