

HCAHPS Update Training

HCAHPS Update Training

March 2015



HCAHPS Update Training

Welcome!

In the Update Training session, we will present:

- HCAHPS Program Updates
- Updates to *HCAHPS Quality Assurance Guidelines V10.0*
- HCAHPS Star Ratings
- Improving Data Collection and Survey Administration
- HCAHPS Mythbusting



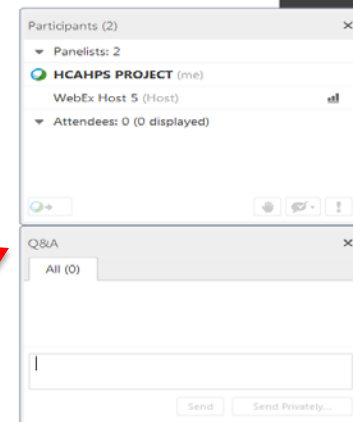
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Online Question Submission Illustration 1

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March 2015



March 2015



March 2015

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Online Question Submission *(cont'd)* Illustration 2



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Online Question Submission *(cont'd)* Illustration 3

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Training

March 2015

Participants (4)

- Panelists: 2
 - WebEx Host 5 (Host)
 - HCAHPS PROJECT
- Attendees: 2 (1 displayed)
 - HCAHPS Project (me)

View all attendees...

Q&A

All (0)

Ask: All Panelists

Send

March 2015



A →
B →



March 2015

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HCAHPS Program Updates, March 2015



HCAHPS Update Training

Overview of HCAHPS Updates

- HCAHPS Never Rests, 2015
- Intra-Hospital Comparisons using HCAHPS
- HCAHPS Star Ratings
- HCAHPS Mode Experiment 4
- Key dates for 2015
- HCAHPS and Hospital VBP
- New Survey Development at CMS



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HCAHPS Never Rests

- April 2015 publicly reported scores based on more than **3.1 million completed surveys** from patients **at 4,167 hospitals**
- **Every day** more than **8,400** patients **complete** the HCAHPS Survey



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Using HCAHPS Scores for Intra-Hospital Comparisons

- HCAHPS was designed and intended for *inter-hospital* (hospital-to-hospital) comparisons
 - Identified by CMS Certification Number (CCN)
- CMS does not review or endorse the use of HCAHPS scores for *intra-hospital* comparisons
 - Such as comparing a ward, floor or individual staff member to others
 - Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual level

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HCAHPS Star Ratings

- HCAHPS Star Ratings will be added to Hospital Compare in April 2015
 - First time that star ratings appear on this Web site
 - More information later in today's training



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HCAHPS Mode Experiment 4

- New mode experiment to examine survey mode adjustments, supplemental items, etc.
- Early 2016
- Recruiting hospitals this year
- More information will be forthcoming...monitor the HCAHPS Web site: www.hcahpsonline.org



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Upcoming for HCAHPS in 2015

- April 1 Data Submission Deadline*
- April 2-8 Review and Correction Period for Fourth Quarter 2014 data*
- July 1 HCAHPS File Specifications Version 3.7 take effect*
- July 1 Data Submission Deadline*
- July 2-8 Review and Correction Period for First Quarter 2015 data*
- October 7 Data Submission Deadline*
- October 8-14 Review and Correction Period for Second Quarter 2015 data*



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HCAHPS and Hospital VBP

- Hospital VBP links a portion of CMS payment to hospitals based on performance on a set of quality measures
 - Inpatient Prospective Payment System (IPPS) hospitals *only*
 - Established by the *Patient Protection and Affordable Care Act of 2010* (Public Law 111-148)



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Hospital VBP Time Periods: FY 2015 & FY 2016

Two time periods:

1. **Baseline** Period:

FY 2015: January 2011 – December 2011

FY 2016: January 2012 – December 2012

2. **Performance** Period:

FY 2015: January 2013 – December 2013

FY 2016: January 2014 – December 2014

- Must have 100+ completed HCAHPS Surveys in *Performance Period* to be included in Hospital VBP

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HCAHPS and Hospital VBP Scoring

Hospital VBP **Total Performance Score (TPS)**

- Four Hospital VBP Domains for **FY 2015**:
 - Clinical Process of Care (12 measures)
 - **Patient Experience of Care** (HCAHPS; 8 measures)
 - Outcomes (Mortality, Safety, HAI; 5 measures)
 - Efficiency (Medicare Spending per Beneficiary; 1 measure)
- Patient Experience Domain comprises **30%** of Hospital VBP Total Performance Score in FY 2015
 - Clinical Process comprises 20%; Outcomes 30%; Efficiency 20%
- HCAHPS data from Hospital IQR used in Hospital VBP
 - *NO additional data collection or submission required*



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HCAHPS and Hospital VBP Scoring *(cont'd)*

Hospital VBP **Total Performance Score (TPS)** *(cont'd)*

- Four Hospital VBP Domains for **FY 2016**:
 - Clinical Process of Care (8 measures)
 - **Patient Experience of Care** (HCAHPS; 8 measures)
 - Outcomes (Mortality, safety, HAI; 7 measures)
 - Efficiency (Medicare spending per beneficiary; 1 measure)
- Patient Experience Domain comprises **25%** of Hospital VBP TPS in FY 2016
 - Clinical Process: 10%; Outcomes: 40%; Efficiency: 25%

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HCAHPS and Hospital VBP, 2015

Calendar Year **2015** will be the

- **Performance Period** for the FY 2017 Hospital VBP program
 - Coupled with the Baseline Period of **CY 2013**
- **Baseline Period** for the FY 2019 program
 - Coupled with the Performance Period of **CY 2017**

Information on calculating HCAHPS Hospital VBP Domain Score

http://www.hcahpsonline.org/Files/Hospital%20VBP%20Domain%20Score%20Calculation%20Step-by-Step%20Guide_V2.pdf



New Survey Development at CMS

- **CMS is implementing or developing experience of care surveys for other health care settings**
 - **Surveys now being implemented:**
 - Physician Quality Reporting System (PQRS) CAHPS
 - In-Center Hemodialysis (ICH) CAHPS
 - CAHPS Hospice Survey
 - Health Insurance Marketplace

New Survey Development at CMS

- **Surveys currently being developed:**
 - Hospital Outpatient Surgery Department/Ambulatory Surgery Center
 - Emergency Department Patient Experiences with Care (EDPEC) Survey

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More Information on HCAHPS

- Registration, applications, background information, reports, and HCAHPS *Executive Insight*:
www.hcahpsonline.org
- Submitting HCAHPS data:
www.qualitynet.org
- Publicly reported HCAHPS results:
www.medicare.gov/hospitalcompare

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Questions?



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Updates to *HCAHPS Quality Assurance Guidelines (QAG) V10.0*



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Participation and Program Requirements

- Reminder: Minimum Survey Requirements
 - Approved survey vendors are expected to maintain active contract(s) for HCAHPS Survey administration with client hospital(s)
 - An “active contract” is one in which the HCAHPS Survey vendor is authorized by hospital client(s) to submit HCAHPS data to the HCAHPS Data Warehouse
 - *If an HCAHPS Survey vendor does not have any contracted client hospitals for HCAHPS within two years (a consecutive 24 months) of the date it received approval to administer the HCAHPS Survey, then that survey vendor’s “Approved” status for HCAHPS Survey administration will be withdrawn*



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Sampling

- Reminder: Strongly suggest using the same sampling rate within the quarter
 - Sample rates should only be adjusted quarterly, not weekly or monthly to reach goal of 300 completes over a 12-month period

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Sampling *(cont'd)*

- Clarification: De-duplication
 - If performed several times a month due to the receipt of multiple discharge lists (e.g., weekly, two times a month) for a given hospital, hospitals/survey vendors must look back at the hospital's previous **sample frame** for the month (not the hospital's previous sample) to de-duplicate
 - Months are defined as calendar months, not 30-day periods
 - Patients are eligible to be included in the sample frame in consecutive months

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Sampling *(cont'd)*

- Clarification: De-duplication *(cont'd)*
 - Hospitals with multiple locations under a single CCN number must apply de-duplication processes across all locations at the same time
 - If a patient was discharged from different locations (under the same CCN) within the same month, only one inpatient stay should be included in the sample frame

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Sampling *(cont'd)*

- Clarification: Eligibility for the HCAHPS Survey
 - Patients with a principle MS-DRG code for rehabilitation are generally ineligible for participation in the HCAHPS Survey
 - See the “Service Line – MS-DRG Crosswalk for HCAHPS” table in Sampling Chapter of *QAG V10.0* for specific MS-DRG codes

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Sampling *(cont'd)*

- **Update: Codes to Determine Service Line**
 - MS-DRG Codes updated to **V.32**
 - Strongly recommend use of MS-DRG V.32 codes to assign Service Line
 - Crosswalk table to MS-DRGs V.32 updated
 - ICD-10 Codes (coming in the future)
 - APR-DRG codes added
 - New York State DRGs updated

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Survey Administration

- **Update: Mail Only and Mixed Mode**
 - Optional for the Mail Questionnaire to add instructions that permit the use of the following text to the bottom of the survey:
 - Continued on next page
 - Continue on reverse side
 - Turn over to continue
 - → to continue

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Survey Administration *(cont'd)*

- **Update: Telephone Script English**
 - Removed the second sentence in Q23_INTRO:
 - “We have a few more questions about this hospital stay. ~~Please rate whether you strongly agree, disagree, or strongly agree with the following statements.~~”
 - Scripts must be updated beginning with July 1, 2015 patient discharges

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Survey Administration *(cont'd)*

- **Update: Telephone Script Spanish**
 - Removed the second sentence in Q23_INTRO:
 - “Tenemos unas **pocas** preguntas **acerca de su estadia** en el hospital. ~~Pro favor digame si esta muy en desacuerdo, en desacuerdo, de acuerdo o muy de acuerdo con las siguientes declaraciones.~~”
 - Scripts must be updated beginning with July 1, 2015 patient discharges

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Survey Administration *(cont'd)*

- Reminder: Telephone/IVR Survey Administration
 - Complete telephone sequence so that a total of five telephone calls are attempted at different times of the day, on different days of the week, and in different weeks within the six weeks (42 calendar days) after initiation of the survey (initial contact)
 - **The five telephone call attempts must span more than one week (eight or more days)**

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Data Specifications & Coding

- **Update: File Specifications Changed to Version 3.7**
 - Appendix N – Data File Structure Version 3.7
 - Appendix O – XML File Layout Version 3.7

Note: Version 3.7 applies to 3Q 2015 patient discharges and forward

Data Specifications & Coding *(cont'd)*

- **Update: Supplemental Question Count**
 - Count of maximum number of supplemental questions available to the patient **regardless whether or not the questions are asked and/or answered**
 - Record supplemental question count for **all HCAHPS Final Survey Status Codes** in the Patient Level Data Record

Data Specifications & Coding *(cont'd)*

- **Update: Supplemental Question Count** *(cont'd)*
 - Example 1: Skip Pattern Questions
 1. During this hospital stay, did you need oxygen to help you breathe?
 Yes No → If No, Go to Question 3
 2. During this hospital stay, how often did you receive oxygen to help you breathe?
 1 time a day **[ANSWER LEFT BLANK]**
 2 times a day
 All day

Note: This example would be counted as two supplemental questions in the supplemental question count, regardless of whether they were answered

Data Specifications & Coding *(cont'd)*

- **Update: Supplemental Question Count** *(cont'd)*
 - Example 2: Open-ended Questions
 1. "Please provide your name and telephone number, if you wish to be contacted _____"
 2. "Please let us know of any issues that we can address to improve our services _____"

Note: This example should be counted as two supplemental questions in the supplemental question count, regardless of whether they were answered

Data Specifications & Coding *(cont'd)*

- **Update: Supplemental Question Count** *(cont'd)*
 - Example 3: Questions Asked as Sub-Questions
 - Count **all** supplemental questions, including questions asked as sub-questions (example below counts as 3 supplemental questions):
 1. Were any of the following issues bothersome to you during your hospital stay?

a. Noise at night	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Small rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Uncomfortable beds	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Note: This example should be counted as three supplemental questions in the supplemental question count, regardless of whether they were answered

Data Specifications & Coding *(cont'd)*

- Reminder—Additional Discharge Status Codes, Appendix N, *QAG V10.0*
 - **In 2013, 18 new discharge status codes were added based on National Uniform Billing Committee (NUBC) updates**
 - “40—Expired at home”
 - “42—Expired, place unknown”
 - “69—Discharged/transferred to designated disaster alternative care site” (ACS)
 - Codes 81—95 List other discharged/transferred codes

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Oversight Activities

- Hospitals/Survey vendors must complete QAP updates by **April 10, 2015**
 - **Notify HCAHPS Technical Assistance via email confirming your QAP has been updated**
- Upon request only, submit updated QAP to HCAHPS Project Team **in track changes**



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Oversight Activities *(cont'd)*

- **Update: Quality Assurance Plan Outline (Appendix P)**
 - Cover Page — The QAP must contain the hospital's/survey vendor's mailing address (and physical address, if different)
 - Work Plan for Survey Administration — Description of how patients with multiple telephone numbers are handled, including how the telephone numbers are prioritized
 - Other — Provide a count of the maximum number of supplemental questions added to the HCAHPS Survey. Identify where the supplemental questions are placed. List the transition statement placed before the supplemental questions (include this information for each hospital)

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Oversight Activities *(cont'd)*

- **Update: Survey Materials**
 - Hospital/Survey vendor must submit all survey materials for **all modes and all languages** of the HCAHPS Survey (Mail Only, Telephone Only, Mixed, or IVR) **that they employ**
 - Submit formatted survey materials (including required changes effective with July 2015 discharges) to HCAHPS Technical Assistance by **April 10, 2015**

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Discrepancy Report Process

- **Update: Discrepancy Report Form (Appendix U)**
 - Initial Discrepancy Report must be submitted **within 24 hours** after the discrepancy has been discovered
 - All form fields must be completed to the extent this information is available
 - For information not immediately available, complete required form fields with “To be updated”
 - If all required information is not immediately available, submit an Updated Discrepancy Report to provide any missing information
 - **Discrepancy Report with additional information is due as soon as the information is available and no later than two weeks after the initial Discrepancy Report submission**
 - Submit form via: www.hcahpsonline.org

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Data Submission Timeline

Month of Patient Discharges	Data Submission Deadline	Review and Correct Period	File Specifications Version
October, November and December 2014 (4Q14)	April 1, 2015	April 2–8, 2015	Version 3.6
January, February and March 2015 (1Q15)	July 1, 2015	July 2–8, 2015	Version 3.6
April, May and June 2015 (2Q15)	October 7, 2015	October 8–14, 2015	Version 3.6
July, August and September 2015 (3Q15)	January 6, 2016	January 7–13, 2016	Version 3.7

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Questions?



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HCAHPS Star Ratings



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HCAHPS Star Ratings: Overview and Methodology

Topics

- Rationale for Star Ratings for Hospital Compare
- Description of HCAHPS Star Ratings Methodology
- Distribution of HCAHPS Summary Star Rating in the December 2014 Dry Run
- Some Frequently Asked Questions About the HCAHPS Star Ratings
- Resources

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Why Star Ratings for Hospital Compare?

- Consumers are the primary audience for Hospital Compare, along with other important stakeholders
- The National Quality Strategy envisions effective public reporting as a key driver for improving the health care system as a whole:
 - Consumers consult ratings
 - Consumers choose the care that is best for them and their families
 - Providers are incentivized to improve quality to retain existing patients and to attract new ones



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Principles for Star Ratings

- Report what is most important to patients in a way they can understand
- Leverage knowledge and lessons learned from existing sites
- Not all measures are appropriate for Star Ratings
- Transparency of methodology and display with stakeholders
- Supplement information already on Hospital Compare
- Coordinate across all Compare Web site



Description of HCAHPS Star Ratings Methodology

Overview of HCAHPS Star Ratings

- CMS will add Star Ratings for HCAHPS measures beginning with the April 2015 public reporting on Hospital Compare
 - Patients discharged from July 2013 to June 2014
- No current HCAHPS information will be removed from Hospital Compare when HCAHPS Star Ratings are added to the Web site

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Overview of HCAHPS Star Ratings *(cont'd)*

- HCAHPS Star Ratings are based on the same data as the HCAHPS measures publicly reported on the [Hospital Compare Web site](#)
- Data comes from the HCAHPS Survey, a national, standardized, 32-item survey of patients' experience of care during a recent hospital stay

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HCAHPS Star Ratings Dry Run

- CMS provided a **Dry Run** of the HCAHPS Star Ratings in the Hospital Inpatient Quality Reporting (IQR) Program preview period for December 2014 public reporting
 - September 15, 2014 through October 14, 2014
- The HCAHPS Star Ratings in the December Preview Reports were for *informational purposes only* and *were not publicly reported*
- The April 2015 Preview Reports will include updated HCAHPS Star Ratings for the April release of Hospital Compare



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All 11 HCAHPS measures receive a Star Rating:

- Composite Measures
 - Communication with Nurses
 - Communication with Doctors
 - Staff Responsiveness
 - Pain Management
 - Communication about Medicines
 - Discharge Information
 - Care Transition
- Individual Items
 - Cleanliness of Hospital Environment
 - Quietness of Hospital Environment
- Global Items
 - Recommend Hospital
 - Overall Hospital Rating

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Hospital Eligibility for HCAHPS Star Ratings

- Hospitals must have at least 100 completed surveys over the four-quarter reporting period to receive HCAHPS Star Ratings
- Hospital must be eligible for public reporting on Hospital Compare
- Hospitals that do not have sufficient completed surveys for calculation of Star Ratings will still have their HCAHPS measures publicly reported on Hospital Compare

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Process of Creating HCAHPS Star Ratings

Step 1

- Construction and Adjustment of HCAHPS Linear Mean Scores

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Calculation of HCAHPS Linear Mean Scores

- All survey responses are used in the construction of HCAHPS Star Ratings
- Survey responses are converted into **linear mean scores**
 - The linear mean score for an HCAHPS measure summarizes all the responses to the survey items included in that measure

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HCAHPS Star Ratings Linear Mean Scores

- HCAHPS Survey responses are **converted to a 0-100 score** as follows:
 - *Never* **0**; *Sometimes* **33 1/3**; *Usually* **66 2/3**; *Always* **100**
 - *Strongly disagree* **0**; *Disagree* **33 1/3**;
Agree **66 2/3**; *Strongly agree* **100**
 - *No* **0**; *Yes* **100**
 - Rating *0* = **0**; Rating *1* = **10**; ... Rating *10* = **100**
 - *Definitely no* **0**; *Probably no* **33 1/3**; *Probably yes* **66 2/3**;
Definitely yes **100**
- HCAHPS scores are averaged to obtain linear means for each measure

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Construction & Adjustment of HCAHPS Linear Mean Scores

- Linear means capture the full distribution of responses to HCAHPS Survey items
 - Not just the “Top-Box” (most positive) response
- Scores are then adjusted for patient mix and mode of survey administration

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Process of Creating HCAHPS Star Ratings

Step 2

- Conversion of Linear Mean Scores to HCAHPS Star Ratings

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Converting Linear Mean Scores to HCAHPS Star Ratings

- A statistical **clustering** technique is applied to HCAHPS linear mean scores
- Clustering identifies star groups that *maximize differences between groups* and *minimize differences within groups*
 - There are no pre-determined quotas for the star categories
 - Same method is used for many CMS Part C and Part D Star Ratings

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Converting Linear Mean Scores to HCAHPS Star Ratings *(cont'd)*

- 1, 2, 3, 4 or 5 whole stars are assigned to each HCAHPS measure
 - No half-stars are assigned

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Process of Creating HCAHPS Star Ratings

Step 3

- Calculation of the HCAHPS Summary Star Rating

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HCAHPS Summary Star Rating

- The HCAHPS Summary Star Rating combines the Star Ratings of all the HCAHPS measures
- The HCAHPS Summary Star Rating is the average of 9 elements:
 - 7 Star Ratings from the HCAHPS composite measures
 - Average of Cleanliness and Quietness stars
 - Average of Overall Rating and Recommend stars

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HCAHPS Summary Star Rating *(cont'd)*

- Normal rounding rules are applied to the HCAHPS Summary Star Rating average to assign 1, 2, 3, 4 or 5 whole stars
 - No half-stars are assigned

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Example: Calculation of HCAHPS Summary Star Rating

	11 HCAHPS Measure Star Ratings	9 Star Ratings Used in HCAHPS Summary Star Rating	9-Measure HCAHPS Summary Star Rating Average (<i>unrounded</i>)	HCAHPS Summary Star Rating (<i>rounded</i>)
HCAHPS Composite Measures			$(4+3+4+5+4+4+3+5+3.5)/9 = 3.944$	4
Communication with Nurses	4	4		
Communication with Doctors	3	3		
Responsiveness of Hospital Staff	4	4		
Pain Management	5	5		
Communication about Medicines	4	4		
Discharge Information	4	4		
Care Transition	3	3		
HCAHPS Individual Items				
Cleanliness of Hospital Environment	5	$(5+5)/2 = 5$		
Quietness of Hospital Environment	5			
HCAHPS Global Items				
Overall Hospital Rating	4	$(4+3)/2 = 3.5$		
Recommend the Hospital	3			

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Distribution of HCAHPS Summary Star Rating in the December 2014 Dry Run

HCAHPS Summary Star Rating	# of Hospitals	% of Hospitals
1 Star	131	4%
2 Stars	519	14%
3 Stars	1,476	41%
4 Stars	1,246	35%
5 Stars	211	6%
Total	3,583	100%

Some Frequently Asked Questions About the HCAHPS Star Ratings

FAQs about HCAHPS Star Ratings

- *Which hospitals are included in HCAHPS Star Ratings?*
 - All hospitals that participate in the HCAHPS Survey
 - Both Inpatient Prospective Payment System (IPPS) hospitals and Critical Access Hospitals (CAH)
 - Provided hospitals have 100+ completed HCAHPS Surveys in the 12-month reporting period

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FAQs about HCAHPS Star Ratings *(cont'd)*

- *Why are at least 100 completed HCAHPS Surveys necessary to receive HCAHPS Star Ratings?*
 - HCAHPS scores based on fewer than 100 completed surveys lack sufficient statistical reliability for performance measurement
 - Same standard used in the Hospital Value-Based Purchasing program

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FAQs about HCAHPS Star Ratings *(cont'd)*

- *Why did our hospital not receive HCAHPS Star Ratings?*
 - Your hospital had fewer than 100 completed HCAHPS Surveys in the 12-month reporting period
 - Or your hospital was not eligible to be publicly reported on Hospital Compare
 - Footnote 15
 - “The number of cases/patients is too few to report a star rating”

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FAQs about HCAHPS Star Ratings *(cont'd)*

- *What is the purpose of the HCAHPS Summary Star Rating? Isn't the "Overall Hospital Rating" item sufficient?*
 - "Overall Hospital Rating" is based on responses to one HCAHPS item
 - The HCAHPS Summary Star Rating is much broader
 - Summarizes all of the responses to all the patient experience items on the HCAHPS Survey

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FAQs about HCAHPS Star Ratings *(cont'd)*

- *Does the number of hospitals that receive 5 stars differ for each of the HCAHPS measures?*
 - Yes. The clustering algorithm empirically determines the number of hospitals in each Star Rating category independently for each HCAHPS measure
 - CMS does not force a pre-determined number or percentage of hospitals into a specific Star Rating category

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FAQs about HCAHPS Star Ratings *(cont'd)*

- *Why do HCAHPS Star Ratings use linear mean scores instead of "Top-Box" scores?*
 - Linear mean scores and "Top-Box" scores are alternative, statistically valid methods for summarizing HCAHPS performance
 - The linear mean score utilizes the full range of survey responses to each HCAHPS item
 - The "Top-Box" score is based on only the most positive response

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FAQs about HCAHPS Star Ratings *(cont'd)*

- *Do HCAHPS Star Ratings affect hospitals' Hospital Value-Based Purchasing (VBP) payment?*
 - No. HCAHPS Star Ratings are not used in the Patient Experience of Care (HCAHPS) Domain in the Hospital VBP program or in the Hospital VBP payment determination

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Sources for More Information & Assistance

- For more information about HCAHPS Star Ratings, visit the official HCAHPS Web site, www.hcahpsonline.org
 - **FAQs about HCAHPS Star Ratings**
 - **HCAHPS Star Rating Technical Notes**
- For assistance accessing or downloading preview reports
 - QualityNet Help Desk at qnetsupport@HCQIS.org
- Questions or feedback about Star Ratings
HospitalCompare@hsag.com



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Questions?



Improving Data Collection and Survey Administration



Focus Areas for Administration

- Data Collection
 - Missingness for HCAHPS variables
- Survey Administration
 - Response rates
 - Sampling rates

Improving Data Collection

- It is particularly important to monitor missingness rates for HCAHPS variables used in patient-mix adjustment:
 - From administrative records: service line and patient age
 - From the survey: education, self-rated overall health, and language spoken at home

Improving Data Collection *(cont'd)*

- Full and complete data for each sampled patient improves the accuracy of HCAHPS scoring
 - Survey items
 - Administrative items
- CMS requires full HCAHPS data collection

Improving Data Collection *(cont'd)*

- Missingness rates are low for most hospitals:

	National Median Missingness Rate
Service Line	1%
Patient Age	0%
Q27: Self-Rated Overall Health	4%
Q29: Education	6%
Q32: Language Spoken at Home	7%

- Individual hospitals with rates that are considerably higher than these, though rare, must be investigated and rectified

Improving Data Collection *(cont'd)*

- How to calculate or obtain hospital missingness rates
 - **Option 1:** Calculate missingness rates from hospital data

$$\text{Missingness Rate} = \frac{\text{\# Of Missing Values}}{\text{Total \# Of Completed Surveys}}$$

- **Option 2:** Find missingness rates for HCAHPS variables on quarterly Review and Correction Report via the QualityNet Secure Portal

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Improving Data Collection *(cont'd)*

- **Example:** HCAHPS Review and Correction Report

HCAHPS Data Review and Correction Report

Submitter: 888888

Provider: 999999

Discharge Quarter: mm/dd/yy – mm/dd/yy

Reason Admission	Valid Value	Frequency	%
Maternity Care	1	30	15.00%
Medical	2	110	55.00%
Surgical	3	20	10.00%
Missing	M	40	20.00%
Total		200	100.00%

Improving Survey Administration

- HCAHPS scores are highly reliable at 300 completes across 4 quarters (75 completes per quarter)
- Essential for hospitals that can obtain 300 completes to do so
 - Sampling rates must be sufficiently high given inpatient volume and response rate
 - Adequate response rates are important, independent of obtaining 300 completes
- Hospitals that cannot obtain 300 completes should conduct Census Sampling (sampling rate = 100%)

Improving Survey Administration *(cont'd)*

- Response Rate (RR)
 - Calculating RR
 - Monitoring and investigating low RR hospitals
- Sampling Rate (SR)
 - Calculating SR
 - Adjusting SR to achieve at least 300 completed surveys over 4 quarters

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Improving Survey Administration *(cont'd)*

Reminder: The RR captures the % of eligible sampled patients who completed the HCAHPS Survey

$$RR = \frac{\text{Completed Surveys}}{\text{Sampled Patients} - \text{Ineligible Patients}^*}$$

*Patients who were found to be ineligible after sampling

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Improving Survey Administration *(cont'd)*

- **Example:** Quarterly RR table for a hypothetical survey vendor

	Sampled Patients	Ineligible Patients	Completed Surveys	RR Calculation	RR
Hosp A	550	25	200	$200/(550-25)$	38%
Hosp B	130	80	5	$5/(130-80)$	10%
Hosp C	375	12	120	$120/(375-12)$	33%
Hosp D	800	40	20	$20/(800-40)$	3%

Improving Survey Administration *(cont'd)*

- Areas to investigate for low RR hospitals
 - High % of non-English speakers?
 - The appropriate official translations should be used
 - Accurate contact information for patients?
 - Adherence to HCAHPS protocols?
 - For telephone vendors, is interviewer following protocols?

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Improving Survey Administration *(cont'd)*

The sampling rate (SR) represents the % of eligible patients who were sampled for the HCAHPS Survey

$$SR = \frac{\text{Sampled Patients}}{\text{Eligible Patients}^*}$$

*Also referred to as the HCAHPS Sample Frame

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Improving Survey Administration *(cont'd)*

- **Example:** Analysis of quarterly sampling rates for a hypothetical survey vendor

	Eligible Patients	Sampled Patients	SR	RR	Actual Completes	Potential Completes at Current RR
Hosp 1	800	200	25%	50%	100	400
Hosp 2	1,250	1,000	80%	10%	100	125
Hosp 3	1,200	120	10%	25%	30	300
Hosp 4	300	300	100%	10%	30	30
Hosp 5	1,000	100	10%	10%	10	100

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Improving Survey Administration *(cont'd)*

	Eligible Patients	Sampled Patients	SR	RR	Actual Completes	Potential Completes at Current RR
Hosp 1	800	200	25%	50%	100	400

- Good RR with SR high enough to obtain at least 75 completes per quarter
- No changes needed

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Improving Survey Administration *(cont'd)*

	Eligible Patients	Sampled Patients	SR	RR	Actual Completes	Potential Completes at Current RR
Hosp 2	1,250	1,000	80%	10%	100	125

- Low RR, but SR is high enough to obtain at least 75 completes per quarter
- No changes needed
 - But low RR should be investigated

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Improving Survey Administration *(cont'd)*

	Eligible Patients	Sampled Patients	SR	RR	Actual Completes	Potential Completes at Current RR
Hosp 3	1,200	120	10%	25%	30	300

- RR is average/low but SR is inadequate
- Not obtaining at least 75 completes per quarter
- Currently undersampling → Increase SR to at least 25% to achieve more completes

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Improving Survey Administration *(cont'd)*

	Eligible Patients	Sampled Patients	SR	RR	Actual Completes	Potential Completes at Current RR
Hosp 4	300	300	100%	10%	30	30

- RR is very low and SR is 100%
- Not obtaining at least 75 completes per quarter
- Low RR should be investigated
 - At a 25% RR, 75 completes could be achieved

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Improving Survey Administration *(cont'd)*

	Eligible Patients	Sampled Patients	SR	RR	Actual Completes	Potential Completes at Current RR
Hosp 5	1,000	100	10%	10%	10	100

- Low RR and inadequate SR
- In the short run, SR should be increased to at least 75% in order to achieve at least 75 completes per quarter
- Low RR should be investigated

Conclusions

- Data Collection
 - Hospitals and survey vendors should regularly analyze missingness for HCAHPS variables and identify solutions if needed
- Survey Administration
 - When 75 completes per quarter are possible, use a sampling rate sufficient to achieve at least 75 completes, bearing in mind:
 - The number of eligible patients
 - The hospital's historic response rates
 - Monitor response rates
 - If inadequate, investigate and improve

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Questions?



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HCAHPS Mythbusting



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As Use and Influence of Patient Experience Surveys has Grown...

- In FY 2014, HCAHPS data accounts for 30% of hospitals' Total Performance Score in Value-Based Purchasing Program

...so has misinformation about these measures

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Four Recent Articles Demonstrate the Value of Patient Experience Measures

- **Price et al. (2014a)** Address the most common criticisms levied against patient experience measures
- **Price et al. (2014b)** Examine and summarize evidence from previous studies regarding the role of patient experience surveys in measuring health care quality
- **Xu et al. (2014)** Reanalyze data by **Fenton et al. (2013)**, a frequently cited exception to the patterns of evidence found in **Price et al. (2014b)**, and identify methodological concerns that question conclusions regarding the link between patient-reported care experiences and mortality
- **Cleary et al. (2014)** Address recent claims that patient experience scores do not sufficiently adjust for severity or other clinical characteristics

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“Should Health Care Providers be Accountable for Patients’ Care Experiences?”

RA Price, MN Elliott, PD Cleary, AM Zaslavsky, RD Hays

Journal General Internal Medicine (2014a)



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7 Myths about HCAHPS and Other Patient Experience Measures

1. Consumers lack expertise to evaluate care quality
2. Patient “satisfaction” is not valid or actionable
3. Provider emphasis on improving patient experiences leads to inappropriate, ineffective, inefficient care
4. There is an inevitable tradeoff between good patient experiences and high-quality clinical care
5. Patient scores cannot be fairly compared across hospitals, plans, or providers
6. Patient experience surveys response rates are low; only patients with extreme experiences respond
7. There are faster, cheaper, and better ways to survey patients

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Myth 1: Consumers Lack Expertise Needed to Evaluate Care Quality

But evidence shows that...

- CAHPS surveys *only* ask about patient experience, not technical aspects of care
- Patients are best source of information on communication, access, and other issues covered by CAHPS surveys
- CAHPS items complement measures of technical quality, which combined provide *overall* assessment of hospitals, providers or plans
- CAHPS surveys shown to be reliable and valid for assessing patient-centered care
- Patients are the only source of some process of care measures (e.g., were things explained in a way you could understand)

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Myth 2: Patient “Satisfaction” Is Not Valid or Actionable

But evidence shows that...

- CAHPS survey questions ask about *specific* experiences of care
- Surveys are tailored to key aspects of the care experience
- CAHPS surveys capture patient experiences in hospitals, health plans, physicians' offices, hospitals, nursing homes, hemodialysis centers, hospices, and other settings
- HCAHPS scores improved since national implementation and continue to improve

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Myth 3: Improving Patient Experiences Leads to Worse Care

But evidence shows that...

- The relationship between the amount of care delivered and patients' assessments of care is inconsistent
- Awareness of patient experiences helps providers to appropriately address patients' requests
- There are effective strategies to promote positive experiences even when patients' requests require discussion
- Patient assessments of care are more strongly associated with the nature of provider communication than with patients' receipt of desired treatment

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Myth 4: There Is a Tradeoff between Good Patient Experiences and Quality Clinical Care

But evidence shows that...

- Quality is multidimensional; individual indicators may or may not reflect quality of care in other areas
- Dozens of studies show positive or null associations between patient experiences and adherence to best clinical processes, lower hospital readmissions, and desirable clinical outcomes
- While one study (Fenton et al.) found that patients who reported better provider communication and overall ratings of care had high expenditures, inpatient admissions, and mortality, methodological challenges may undermine its results (Xu et al. 2014)

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Myth 5: Patient Scores Cannot Be Fairly Compared across Hospitals, Plans or Providers

But evidence shows that...

- Unadjusted comparisons have limitations
 - Patient characteristics unrelated to care (e.g., age, education, illness severity) can influence how patients respond to survey questions or how care is delivered
 - The uneven distribution of these characteristics across hospitals or plans can influence rankings
- Patient/case-mix adjustment:
 - Removes the effects of patient characteristics that vary across providers or plans
 - Ensures that reports and ratings are comparable and reduces incentives to avoid patients most likely to report problems
- CAHPS surveys employ case-mix/patient-mix adjustment informed by 20 years of research
 - Also see Cleary et al. (2014)

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Myth 6: Patient Experience Survey Response Rates Are Low and Unrepresentative

But evidence shows that...

- Recent CAHPS surveys response rates: 31% to 61%
- No consistent relationship between a survey's nonresponse rate and nonresponse bias when best practices of survey methodology (such as HCAHPS) are followed
- To ensure nonresponse bias does not affect overall comparisons:
 - CAHPS surveys use standardized methodologies
 - Case-mix/patient-mix adjustment models compensate for bias when comparing hospitals (HCAHPS), physicians and groups (CG CAHPS) and health plans (MA & PDP CAHPS)

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Myth 7: There Are Faster, Cheaper, and Better Ways to Survey Patients

But evidence shows that...

- While online reviews, open-ended questions, single-item surveys, and customized provider surveys may be useful for expediently informing providers' internal quality improvement efforts...
 - Systematic and standardized measurement is needed to ensure fair comparisons between providers for the purposes of public reporting and pay-for-performance

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“Examining the role of patient experience surveys in measuring health care quality”

**RA Price, MN Elliott, AM Zaslavsky, RD Hays, WG Lehrman,
S Edgman-Levitan, PD Cleary**

Medical Care Research and Review (2014b)



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Association between Patient Experience and other Health Care Quality Measures: **Background**

- Many articles document reliability and validity of CAHPS surveys
- This study describes how **patient experiences** are related to measures of **structure, process, and outcome**
- Reviews literature on association between **patient experience** measures and **other health care quality indicators**
 - Focuses on articles that report results from CAHPS surveys
 - Restricts to articles with rigorous study designs (allow estimation of the association between patient-reported experiences and other quality of care indicators)

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Patient Experience and Other Health Care Quality Measures: **Patient Behavior**

- Zolneriak & Dimatteo (2009) meta-analysis of 127 studies shows:
 - **Higher nonadherence** among patients whose **physicians communicate poorly**
 - **Substantial improvements in adherence** among patients whose **physician participated in communication skills training**
- Better **patient-reported provider communication** related to higher:
 - Diabetics' **adherence to hypoglycemic medication** (Ratanawongsa et al., 2013)
 - Veterans' **diabetes self-management** (Heisler et al. 2002)
 - Blacks' **hypertension medication adherence** (Schoenthaler et al. 2009)
 - Breast cancer patients' **adherence to tamoxifen** (Kahn et al. 2007;Liu et al. 2013)
 - Rates of **colorectal cancer screening** (Carcaise et al. 2008)
 - **Preventive health screening** and health counseling services (Flocke et al. 1998)
- Greater **patient trust in physician** related to:
 - Better **adherence to diabetes care** recommendations (Lee & Lin 2009)
 - More **preventive services** among low-income Black women (O'Malley et al. 2004)

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Patient Experience and Other Health Care Quality Measures: **Clinical Processes**

- Jha et al. (2008) find that **hospitals with highest HCAHPS scores** do **better on clinical processes of care measures**, including acute myocardial infarction (AMI), congestive heart failure, pneumonia, and surgery than hospitals with lowest scores
- Patients' **overall ratings of hospitals** positively associated with **hospital performance on pneumonia, CHF, AMI, and surgical care** (Isaac et al. 2010) and **process indicators for 19 different conditions** (Llanwarne et al. 2013)
- **Overall ratings and willingness to recommend hospital** lower in hospitals that consistently perform poorly on **cardiac process measures** (Girota et al. 2012)
- Measures of **outpatient experiences of care and care processes are mixed**
 - There may be difficulty matching provider being assessed and provider giving the care

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Patient Experience and Other Health Care Quality Measures: **Clinical Outcomes**

- Positive **patient experiences** may provide unique benefit to **clinical outcomes for AMI patients** over and above clinical quality performance:
 - Meterko et al. (2010): Better **patient-centered hospital care** associated with better **1-year survival**, controlling for comorbidity, clinical, and demographic factors
 - Glickman et al. (2010): Higher **patient ratings** associated with lower **hospital inpatient mortality**, controlling for hospitals' clinical performance
- Providers **may pay greatest attention to patients near the end of life**, which would lead to paradoxical negative association between patient-provider communication and patient outcomes
 - Elliott et al. (2013) may partially explain Fenton et al. (2012) reported negative relationship with patient-provider communication with all providers seen in last year and total health care and prescription drug spending, inpatient admissions, and mortality

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Patient Experience and Other Health Care Quality Measures: **Efficiency**

- Brousseau et al. (2004): Longer **waits for primary care pediatric visits (access)** related to more **non-urgent emergency department (ED) visits**
- Clark et al. (2008): Children with asthma whose **physician reviewed long-term therapeutic plan** have fewer **ED visits, urgent office visits, and hospitalizations**
- Schulman and Staelin (2011): higher **overall patient ratings of hospitals' care and discharge planning** associated with lower **30-day readmission rates for AMI, heart failure, and pneumonia**

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Patient Experience and Other Health Care Quality Measures: **Safety**

- Isaac et al. (2010) show that more positive **patient experiences** associated with fewer **inpatient care complications**, especially pressure ulcers, post-operative respiratory failure, and pulmonary embolism or deep venous thrombosis
 - Notably, better patient-reported **cleanliness of hospital environment** strongly related to lower **prevalence of infections due to medical care** in the hospital
- Saman et al. (2013) reported significant relationship between better patient-reported **hospital staff responsiveness** and decreased likelihood of **central line-associated blood stream infections**
- **Hospitals** whose patients report better **experiences** also have **employees** with more positive perceptions of **patient safety culture** (Lyu et al. 2013; Sorra et al. 2012)

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Patient Experience and Other Health Care Quality Measures: **Conclusions**

- With few exceptions, research shows better patient care experiences are positively associated with adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals, fewer readmissions, and less health care utilization
 - Evidence is strongest in the inpatient setting
- When patient experience measures are psychometrically sound, use recommended sample sizes and adjustment processes, they are valuable complements to clinical process and outcome measures in pay-for-performance and public reporting programs

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“Methodological Considerations when Studying the Association between Patient-Reported Care Experiences and Mortality”

X Xu, E Buta, RA Price, MN Elliott, RD Hays, PD Cleary

Health Services Research (2014)



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Association of Patient Experiences and Mortality: **Background**

- Fenton and colleagues (2012) found better patient ambulatory care experiences associated with much higher mortality rates
 - Used CAHPS, but not HCAHPS, items from the Medical Expenditure Panel Survey (MEPS)
- Study led some to question value of patient experience measures
- These findings contradict a majority of studies addressing the same topic

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Association of Patient Experiences and Mortality: Concerns

- Validity
 - Estimated effect was implausibly large; good patient experience claimed to be more dangerous than major chronic conditions
 - Only some deaths can be prevented or delayed by medical care; effect should only be seen on amenable deaths
- Timing
 - Patient experiences with care vary over time and the relationship may be sensitive to when assessments are conducted
- Confounders/Direction of causality
 - Unadjusted patient-level associations may be driven by 3rd factors, such as poor health
 - Elliott et al. (2013 in JAGS) found better patient experience/more intensive care in last year of life

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Association of Patient Experiences and Mortality: **Methods**

- Used 2000-2005 Medical Expenditure Panel Survey data linked to National Health Interview Survey and National Death Index—same data Fenton et al. used
- Following Fenton, estimated Cox proportional hazards models with mortality as the dependent variable and patient experience measures as independent variables and assessed consistency of experiences over time
- Unlike Fenton, we did the following:
 - Divided data into non-amenable and amenable deaths
 - Considered timing of patient experience and death
 - Disaggregated the composite into individual items to better understand the association of experience and mortality

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Association of Patient Experiences and Mortality: Non-Amenable vs. Amenable Deaths

Patient Care Experience	Non-Amenable Mortality		Amenable Mortality	
	Hazard Ratio	p-value	Hazard Ratio	p-value
Quartile 1 (reference)	(1.00)		(1.00)	
Quartile 2	1.07	0.56	1.27	0.25
Quartile 3	0.96	0.70	1.28	0.25
Quartile 4 (most positive)	1.26	0.03	1.23	0.32
Overall p-value for patient care experience quartiles		0.03		0.59

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Association of Patient Experiences and Mortality: Patient Experiences Vary Over Time

- Both Fenton and Xu used MEPS Round 2 as the baseline
 - CAHPS items were next asked in Round 4, 1 year later
- Patients were followed up 3 months to 6 years after the baseline measure of patient experience
 - More than half of deaths occurred more than 2 years after baseline care assessment
- Patients' health care experiences varied across rounds
 - Among those with best (quartile 4) experiences at baseline, more than half had worse experiences 1 year later
- We examined the association between patient experiences and mortality among patients with consistent experiences at baseline and 1 year later

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Association of Patient Experiences and Mortality: Accounting for Consistency of Care Experiences in Over Time

Patient Care Experience (baseline : 1 year later)	All-Cause Mortality	
	Hazard Ratio	p-value
Quartile 1 : Quartile 1 (reference)	(1.00)	
Quartile 2 : Quartile 2	0.89	0.42
Quartile 3 : Quartile 3	1.13	0.57
Quartile 4 : Quartile 4	1.09	0.54
Different quartiles at baseline and 1 year later	0.88	0.35

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Association of Patient Experiences and Mortality: Significant for Only One Measure

Patient Care Experience (from Medical Expenditure Panel Survey)	All-Cause Mortality	
	Hazard Ratio	p-value
Explain things in a way that was easy for you to understand †	1.09	0.17
Listen carefully to you †	0.98	0.76
Show respect for what you had to say †	1.05	0.44
Spend enough time with you †	1.17	0.03
Rating of healthcare ‡	1.10	0.15

† "Always" versus "Never"/"Sometimes"/"Usually"

‡ Rating of healthcare 9-10 versus 0-8

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Association of Patient Experiences and Mortality: Summary

- Fenton et al. was an outlier, contradicting many other studies of patient experience and health outcomes
 - It has been widely interpreted as indicating that acceding to patient demands results in expensive and dangerous treatment decisions
- In fact, a re-analysis of this data found only that patients who received more of a physician's time were more likely to die, and only for deaths that were not amenable to medical care
 - It is more likely that Fenton's findings reflect intensive end-of-life care

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**“Are Comparisons of Patient Experiences Across
Hospitals Fair? A Study in Veterans
Health Administration Hospitals”**

PD Cleary, M Meterko, SM Wright, AM Zaslavsky

Medical Care (2014)



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Are Comparisons of Patient Experiences Across Hospitals Fair? **Background**

- Comparisons of hospital scores should be adjusted for patient characteristics that might affect survey results
- HCAHPS and other CAHPS surveys collect self-reported health status but typically not clinical or administrative data on severity of illness
- There have been claims that patients with greater severity provide worse scores, irrespective of quality of care
 - Some claims are not published in the peer-reviewed research literature
 - These prior analyses do not employ CAHPS case-mix/patient-mix adjusters, including age, self-rated health that are likely to correlate with severity
- The present study compared patient scores of VA hospitals using patient-reported patient-mix adjusters alone and also using more complete clinical and hospital information

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Are Comparisons of Patient Experiences Across Hospitals Fair? **Methods**

- Data from 1,858 veterans hospitalized for initial acute myocardial infarction (AMI) in 120 Department of Veterans Affairs (VA) medical centers (2003-04)
- VA administrative data used to characterize hospitals
- VA survey asked patients about their experiences with hospital care, self-reported health status and demographic information
- Clinical data included 14 measures abstracted from medical records that are predictive of survival after AMI

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Are Comparisons of Patient Experiences Across Hospitals Fair? Results/Conclusions

- Comparisons of scores across hospitals adjusted only for patient-reported health status and sociodemographic characteristics were similar to those that also adjusted for patient clinical characteristics
 - Spearman rank-order correlations between the 2 sets of adjusted scores were >0.97 across 9 dimensions of inpatient experience
- There is no support for claims that comparisons of patient experience measures that do not adjust for clinical measures of severity are unfair
 - Patient-mix adjusters such as those employed by HCAHPS account for virtually all of the association of clinical severity with patient experience

HCAHPS Mythbusting: Conclusions

- Patient experience surveys such as HCAHPS assess important dimensions of care for which patients are the best or only source of information
- CAHPS surveys provide valid and reliable measurement of this dimension of care that providers can, and do, improve
- Improving patient experience does not lead to inappropriate and inefficient care or result in trade-offs with high-quality clinical care
- Using standardized data collection and analysis procedures, patient scores can be fairly compared

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Questions?



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Next Steps

- Hospitals/Survey vendors:
 - April 10, 2015 submit confirmation that QAP was updated
 - Submit QAP only upon request
 - April 10, 2015 submit survey materials to be used with July 1, 2015 and forward HCAHPS data collection
 - All survey translations
 - Implement XML File Specification 3.7 with July 1, 2015 eligible discharges and forward
 - Collect and submit HCAHPS Survey data on a continuous basis
 - Monitor our Web site, www.hcahpsonline.org

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Contact Us

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