

HCAHPS Fact Sheet

(CAHPS® Hospital Survey)

October 2019

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 29-item survey instrument and data collection methodology for measuring patients’ perceptions of their hospital experience. While hospitals collected information on patient satisfaction for their own internal use prior to HCAHPS, 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 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 during the initial development 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 originally 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 were replaced by three questions about communication about pain. In compliance

with the SUPPORT for Patients and Communities Act of 2018 (Pub. L. 115-271), in October 2019 the three communication about pain items were removed from the HCAHPS Survey, reducing the survey to 29 items.

The 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 19 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 three 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 are permitted to add their own supplemental items after the 29 official HCAHPS questions. CMS does not review, approve or obtain data from supplemental items. Hospitals should carefully limit their use to minimize any negative impact on survey response rates.

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. In addition to English, HCAHPS is available in official Spanish, Chinese, Russian, Vietnamese, Portuguese, and German 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 in the Quality Assurance section of the official HCAHPS On-Line Web site at <https://www.hcahpsonline.org>.

HCAHPS Measures

Ten HCAHPS measures (six composite measures, two individual items and two global items) are publicly reported on the *Hospital Compare* Web site at <https://www.medicare.gov/hospitalcompare>. Each of the six composite measures is constructed from two or three survey questions. Combining closely related questions into composites allows consumers to quickly review patient experience information while increasing the statistical reliability of the measures. The six composites summarize how well nurses and doctors communicate with patients, how responsive hospital staff are to patients’ needs, 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 will 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. Hospitals' survey response rate and the number of completed surveys are also publicly reported.

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. A detailed explanation of patient-mix adjustment and the actual adjustments applied can be found at <https://www.hcahpsonline.org/en/mode--patient-mix-adj/>. The HPT undertakes a series of quality oversight activities, which include regular site visits at approved 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 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 October 2019, 4,482 hospitals publicly reported HCAHPS scores based on 3.0 million completed surveys. On average, approximately 8,000 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 <https://www.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 top-box scores for the 15 individual survey questions that form the six HCAHPS composite measures are also posted in the Summary Analyses section. The individual question scores are presented for informational

purposes only; they are not official HCAHPS measures. However, they afford more granular insights into patient experience of care. 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. The HPT has produced and posted a series of user-friendly podcasts on the HCAHPS On-Line Web site (<https://www.hcahpsonline.org/en/podcasts/>) to further understanding of HCAHPS content, implementation, adjustment and scoring.

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. Eleven HCAHPS Star Ratings currently appear on Hospital Compare: one for each of the 10 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. 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 <https://www.hcahpsonline.org/en/hcahps-star-ratings/>. 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, a presentation, 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 Person and Community Engagement (PCE) domain, which accounts for 25% of a hospital’s Hospital VBP Total Performance Score (TPS). For information, click [here](#).

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

The PCE 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 two calendar years: the Baseline Period and the Performance Period, which is two years later. Each of the eight HCAHPS dimensions contributes to the Base Score through either Improvement Points 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 Points or Achievement Points for each dimension contributes to the Base Score. The HCAHPS Consistency Score, the second part of the PCE domain, 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 <https://www.hcahpsonline.org/en/hcahps-and-hospital-vbp/>.

Review and Revision of HCAHPS

CMS believes that ongoing review and evaluation are vital for HCAHPS to continue to fulfill its mission of providing a national standard for collecting and publicly reporting information about patient experience. We are planning a multi-faceted review of the survey over the coming year.

Once approval is received from the federal Office of Management and Budget, CMS plans to test an electronic (e-mail) mode of HCAHPS. In addition, CMS is planning an extensive evaluation of survey content, beginning by talking to recent patients about their hospital experience to understand from their perspective what is most important to them, and obtaining additional input on patients’ understanding of the current survey and potential new or re-worded questions. The next step will be gathering input from stakeholders on potential changes to and suggestions for the survey before any revisions are rigorously tested. Throughout this process, the HPT will provide information and updates on the HCAHPS On-Line Web site.

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 <https://www.hcahpsonline.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@hsag.com or 888-884-4007

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