

OVERVIEW OF HOSPITAL CAHPS (HCAHPS)

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The Department of Health and Human Services (DHHS) hospital public reporting initiative is a key priority for Secretary Tommy Thompson and Centers for Medicare & Medicaid Services (CMS) Administrator Tom Scully. As part of this initiative, CMS is working to create an instrument and data collection protocol that can be used by hospitals to collect comparable data that can be used in publicly reporting hospital patient perspectives on the care they received.

CMS is currently working with the Agency for Healthcare Research and Quality (AHRQ), another DHHS agency, to develop this standard, to be called HCAHPS. AHRQ and its grantees previously developed a version of CAHPS (Consumer Assessment of Health Plans Survey) for the managed care industry that is currently used to assess the care provided by health plans covering over 123 million Americans.

AHRQ has initiated a rigorous process to develop a draft of the HCAHPS survey instrument. They have published a call for measures in the Federal Register, conducted an exhaustive review of existing literature in the area, conducted cognitive testing with sample survey respondents, and obtained stakeholder input. CMS now has a draft instrument from AHRQ that is being tested as part of a CMS three-state hospital pilot project in Arizona, Maryland, and New York.

The instrument is NOT based on any one existing model. The instrument reflects many different inputs and feedback and will be further refined as CMS moves the project through the pilot process. The goal is to develop the best tool to measure patient perspectives on care.

The pilot will serve as a laboratory for assessing the draft HCAHPS instrument and survey approach. Results will be used to examine the reliability and validity of the draft measures and identify the items that are most useful for public reporting.

CMS is very interested in public input throughout the pilot-testing phase. We plan to issue a number of formal notices in the *Federal Register* seeking public input as we move forward with the initiative. You can provide feedback any time by sending us an e-mail at hospitalcahps@cms.hhs.gov. We encourage you to share your thoughts and suggestions with us.

At the end of the pilot process DHHS should have a standard, well-tested instrument and methodology for measuring patient perspectives on hospital care. All materials will be put in the public domain for use by hospitals or other interested parties.

Following are questions and answers on the status of HCAHPS.

BACKGROUND

Q. What is the Hospital Patient Perspectives on Care Survey?

- A. The Centers for Medicare & Medicaid Services (CMS) is initiating efforts to make comparative performance information on hospitals publicly available. Such information can help consumers make more informed choices when selecting a hospital and can create incentives for hospitals to improve the care they provide. As part of this effort, CMS is working to create a core instrument and methodology that can be used to collect and report information on hospital patients' perspectives on the care they receive. While many hospitals collect information on patient experience and satisfaction with care, there is no national standard for collecting such information that would allow "apples to apples" comparisons between hospitals. The CMS Hospital Patient Perspectives on Care Survey, called Hospital CAHPS (HCAHPS), will create such a standard.

Q. How does this fit into the three-state pilot you announced in December?

- A. CMS announced a three-state hospital pilot in December 2002. This pilot is our venue for field-testing the draft HCAHPS instrument. The draft instrument is being tested in Arizona, Maryland, and New York and we expect to find how viable and reliable the draft measures are and identify those items that are the most useful for public reporting. At the end of this testing period, we will take the lessons learned and create a final HCAHPS survey instrument to be used for national implementation.

HCAHPS INSTRUMENT

Q. Hospitals do patient satisfaction surveys now, how is the HCAHPS effort different?

- A. Many hospitals use patient satisfaction surveys to guide their customer services and related hospital operations, and they are very useful for this purpose. However, currently there is no national standard for collecting such information that would allow "apples to apples" comparisons between hospitals. HCAHPS will create such a standard. Once fully developed and implemented, HCAHPS will produce comparable data on patient perspectives on care that will allow objective and meaningful comparisons across hospitals. HCAHPS data will be publicly reported to help consumers make more informed hospital choices. It should complement, not replace, data currently collected that support improvements in internal hospital customer services and related activities.

Q. What is the origin of HCAHPS and why has CMS chosen this approach?

- A. CMS partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the Department of Health and Human Services, to develop a

standard hospital patient perspectives on care instrument called HCAHPS. AHRQ is the leader in developing public domain instruments for measuring patient perspectives on care.

Beginning in 1995, AHRQ and its grantees developed the Consumer Assessment of Health Plans Survey (CAHPS) to measure patients' experience of care in health plans. Key features of the CAHPS approach include: collaborative approach with the CAHPS team and with other organizations; development of reports of survey results in concert with the development of the questionnaire; inclusion of both reports and ratings of care; emphasis on testing and evaluation, including cognitive testing; reliance on user input; free and open access to standardized instruments; and technical assistance to users. CAHPS is currently used to assess the care provided by health plans covering over 123 million Americans across commercial, Medicaid and Medicare markets.

In 1999, AHRQ and its grantees began to expand the CAHPS effort to develop surveys to assess nursing homes, physician group practices, as well as for people with mobility impairments. At this time, AHRQ dropped the use of the 'Consumer Assessment of Health Plans Survey' title and now uses 'CAHPS' to identify this family of surveys.

The CAHPS approach is accepted as the standard for measuring consumers' experiences within the healthcare system. However, it had not addressed patient perspectives within the acute care setting. In 2002, CMS asked AHRQ to use this expertise to develop a standard survey for measuring patient perspectives on care in the hospital setting and approaches for reporting the results of those surveys to consumers.

CMS and AHRQ are currently engaged in a public process to develop a core set of patient perspectives on care measures and data collection protocols.

Q. What has been accomplished so far?

A. CMS partnered with AHRQ to develop the HCAHPS instrument and data collection protocol. Since July 2002, AHRQ has published a call for measures in the *Federal Register*, conducted an exhaustive review of existing literature in the area, obtained stakeholder input, conducted cognitive testing with sample survey respondents to develop a draft instrument, and delivered the draft instrument to CMS. The draft instrument has been published in the *Federal Register*, and we have received input on it. CMS has begun to test the draft in a three-state pilot project in Arizona, Maryland, and New York. The pilot will be used to examine the reliability and validity of the draft measures and identify the items that are the most useful for public reporting.

We have been, and will continue to be, very interested in receiving public input on this work. We published the draft instrument in the *Federal Register* on February 5

and received a number of very useful suggestions. On June 27, we published another *Federal Register* notice, requesting further comments on the draft instrument and options for survey administration. This comment period was designed to ensure that all interested parties have the chance to give us their thoughts. We fully expect that the survey instrument will change based on the pilot test and public comments. The final, revised instrument will be published in the *Federal Register* to seek even more input. Additionally, we will also solicit, via *Federal Register* notice, input on our final implementation strategy.

Q. What vendor are you using to do the pilot testing in the three-state pilot?

A. NORC, a national organization for research at the University of Chicago, is the contractor that was selected through a competitive process. For the pilot, we chose a single vendor without hospital experience to avoid any potential conflicts of interest. This vendor is responsible for conducting the mail and telephone interviews; however, this vendor is not responsible for any of the data analysis. The data will be forwarded to AHRQ and the CAHPS grantees for analysis.

Q. Will I be able to see HCAHPS results from the three-state pilot?

A. Yes, we will post results from the analyses of HCAHPS data from the three-state pilot as they become available on CMS's website at www.cms.hhs.gov.

Q. Will the final HCAHPS be modeled after any existing commercial survey?

A. No, the survey will not be modeled after any one existing commercial survey. AHRQ drew upon seven surveys submitted by vendors, a comprehensive literature review, and earlier CAHPS work to develop the draft HCAHPS instrument. In instances when AHRQ drew upon items in existing surveys from vendors, it made material changes modifying wording and changing the response sets. The draft instrument reflects the CAHPS design principles and closely resembles other CAHPS surveys developed over the years. The draft instrument will be further refined through the pilot process.

Q. How and when can I give feedback on this initiative and draft instrument?

A. You can provide feedback on the HCAHPS initiative any time by sending us an e-mail at hospitalcahps@cms.hhs.gov. We encourage you to share your thoughts and suggestions with us. We are also soliciting feedback through *Federal Register* notices. On June 27, we published a *Federal Register* notice soliciting input on options for survey administration and further input on the draft survey. Based on this input we will draft a final instrument and survey administration strategy, which we also plan to publish in the *Federal Register* for comment.

Q. The current instrument is very long. Will it change and will it become shorter?

A. The draft HCAHPS instrument is being tested as part of a CMS three-state hospital pilot (Arizona, Maryland, New York). The pilot test version is longer than the final version will be. One purpose of the pilot test is to evaluate items. They cannot be evaluated if they are not included. The draft instrument reflects comments and input we have received in a variety of public meetings and from technical experts. The draft instrument will be further refined as we move through the three-state pilot project. We anticipate that the draft instrument will go through many changes as a result of the pilot test as well as all of the cognitive testing we will be conducting. We fully expect the final instrument to be shorter.

Q. Should hospitals act now to change their approach to getting patient feedback?

A. We do not recommend that hospitals act until the HCAHPS instrument and implementation strategy are finalized. Because the draft instrument is still in the test phase, and we expect the final instrument will be at least somewhat and possibly significantly different, we urge hospitals not to use it to survey their patients. In particular, we anticipate that the final survey instrument will be shorter than the instrument we are currently testing.

It is important to remember that this instrument – and the program itself – is still in the testing stages and will not be fully operational until we have reviewed and considered the feedback we are requesting.

NATIONAL IMPLEMENTATION

Q. How will the final survey be implemented?

A. We are still thinking through potential implementation strategies. It is our intent to create a process of survey administration that can generate data useful for comparative public reporting and that can be combined with and complement existing survey processes used for quality improvement. With this in mind, we are examining options that will allow us to meet our public reporting goals while allowing some level of flexibility in survey administration. We issued a *Federal Register* notice on June 27 that sought input from all interested parties on how we might best implement HCAHPS. The notice sought input on options for survey administration, including sampling and data collection method. We requested that those providing suggestions discuss any survey biases that may be present in the approach they suggest (e.g., differential mode effects) and how such biases might be addressed to allow objective and meaningful comparisons between hospitals. This notice was a way to give any interested party the opportunity to offer their ideas on how to best implement HCAHPS.

Based on this input we will develop a draft implementation strategy. We then plan to publish the draft strategy in the *Federal Register* for public comment. Based on this

input the survey administration approach will be finalized and all materials will be put in the public domain.

Q. How will HCAHPS national implementation impact current hospital survey efforts?

A. We anticipate that there will be multiple survey vendors, including the current survey vendors, who will be able to administer HCAHPS by following standard survey, sampling and administration specifications. HCAHPS can be seen as a core standard survey, to which hospitals and survey vendors will be able to add a broader set of questions. The core standard HCAHPS instrument will be shorter than the current draft instrument that is being piloted. HCAHPS is designed to produce data for comparative public reporting to support consumer choice. It should complement, not replace, data currently collected that support improvement in internal hospital customer services and related activities.

Q. Will HCAHPS be administered by phone or mail?

A. For national implementation, CMS is considering some flexibility regarding survey administration (e.g., whether the survey is completed by phone or mail). Current CAHPS surveys are administered by mail with telephone administration to non-respondents. This approach produces the highest response rates for the cost. As part of the pilot test we are administering the survey using the standard CAHPS approach. We will conduct additional tests evaluating mode of administration. We need to meet our basic goal of producing data that will allow fair and meaningful comparisons between hospitals, and if this testing shows a way to allow phone survey results to be comparable to mail survey results, we anticipate either mode will be allowed. We will share more information on this testing as it proceeds. CMS is open to exploring other options for administration of the survey.

Q. What will be the roles of hospitals/vendors and the government in the national implementation of HCAHPS?

A. There will be distinct roles for hospitals/vendors and the government in the national implementation of HCAHPS. Hospitals/vendors will be responsible for data collection, including: developing a sampling frame of relevant discharges, drawing the sample of discharges to be surveyed, collecting survey data from sampled discharges, and submitting HCAHPS data to CMS in a standard format. The government will be responsible for support and public reporting, including: providing technical assistance, ensuring the integrity of data collection, accumulating HCAHPS data from individual hospitals, producing casemix-adjusted hospital-level estimates, conducting research on the presentation of data for public reporting, and publicly reporting the comparative hospital data.

Q. How will the HCAHPS data be reported?

- A. The HCAHPS data will be reported on CMS's www.medicare.gov web site. The format of the reporting tool has not been determined. It likely will be fashioned after the tools for presenting comparative data in other health care sectors that are currently available on www.medicare.gov (see Nursing Home Compare as an example). These tools present consumer-friendly descriptions of what the measure is, why it is important, and how to understand the data presented. The data (typically rates or percentages) for each provider identified by the user's search criteria are displayed in a horizontal bar graph, along with national and state averages.

When the final measures in the core HCAHPS instrument are identified, AHRQ will conduct several rounds of research with consumers to identify the best way to describe the data in a clear, simple, and meaningful way.

Q. Will hospital participation in HCAHPS be mandatory or voluntary?

- A. When the HCAHPS instrument and survey administration protocol are finalized, we plan to include HCAHPS in a public/private partnership on hospital measurement and reporting called, *The Quality Initiative: A Public Resource on Hospital Performance*. This partnership includes the major hospital associations, government, consumer groups, measurement and accrediting bodies, and other stakeholders interested in reporting on hospital quality. In the first phase of the partnership (which has already begun), hospitals are voluntarily reporting the results of their performance on 10 clinical quality measures for three medical conditions: acute myocardial infarction, heart failure, and pneumonia. We are seeing good momentum and interest in the first phase of the *Quality Initiative*. Thus this voluntary strategy also seems appropriate for now for HCAHPS implementation. HCAHPS reporting will become the second phase of the *Quality Initiative*. All of the partners are working closely together to assure a high level of hospital participation in this voluntary initiative.

OTHER QUESTIONS

Q. Will HCAHPS be used in the near future for hospital reimbursement?

- A. No, we do not have plans to use HCAHPS scores for hospital reimbursement. We recently announced a demonstration project, the Premier Hospital Quality Incentive Demonstration, in which a group of hospitals volunteered for a pilot test to measure and report information about the quality of inpatient care provided to Medicare beneficiaries. Top performing hospitals with scores above a defined standard will be given a bonus payment to recognize their quality. Scores on 35 clinical quality measures will be used to identify the hospitals that will receive the bonus. HCAHPS-like scores are not being used in the demonstration.

Q. When do you expect to have the HCAHPS standard developed?

- A. We are looking at the following dates in our timeline to have the HCAHPS standard completed (opportunities for public input are highlighted, dates are current estimates):

Activity	Date
<u>Develop HCAHPS Standard Core Instrument:</u>	
<i>Public call for measures completed</i>	<i>October, 2002</i>
Review of existing literature completed	November, 2002
<i>Stakeholder input</i>	<i>November, 2002</i>
Instrument for pilot drafted	December, 2002
Cognitive testing of draft pilot instrument completed	December, 2002
Revised instrument for pilot completed	January, 2003
Data collection protocol for pilot testing completed	January, 2003
Survey vendor for pilot acquired	February, 2003
<i>Federal Register notice requesting input on draft instrument</i>	<i>February 5, 2003</i>
<i>Public comment on draft instrument (as part of PRA clearance)</i>	<i>February, 2003</i>
Hospital recruitment for pilot completed (3 states)	March, 2003
Sampling frame of discharges from pilot hospitals created	March, 2003
Sample of discharges to be surveyed in pilot drawn	March, 2003
OMB PRA clearance received	May 9, 2003
Survey materials produced for pilot, CATI programming completed	May, 2003
Survey field operations for pilot started	June, 2003
<i>Second Fed. Reg. notice requesting input on draft instrument</i>	<i>June 27, 2003</i>
<i>Second public comment period on draft instrument</i>	<i>June-July, 2003</i>
Survey field operations for pilot completed	August, 2003
Analytic file creation for pilot and data cleaning completed	August, 2003
Analysis of pilot data completed	November, 2003
Standard core instrument drafted	November, 2003
Cognitive testing of draft standard core instrument completed	November, 2003
<i>Fed. Reg. notice requesting input on draft standard core instrument</i>	<i>November, 2003</i>
<i>Public comment on draft standard core instrument</i>	<i>December, 2003</i>
Standard core instrument finalized	January, 2004
<u>Develop National Implementation Strategy:</u>	
<i>Federal Register notice requesting input on implementation options</i>	<i>June 27, 2003</i>
<i>Public input on implementation options</i>	<i>June-July, 2003</i>
Review of public input	August, 2003
Draft implementation strategy completed	November, 2003
<i>Fed. Reg. Notice requesting input on implementation strategy</i>	<i>November, 2003</i>
<i>Public comment on draft implementation strategy</i>	<i>December, 2003</i>
National implementation strategy finalized	January, 2004