

# **Hospital CAHPS<sup>®</sup> (HCAHPS<sup>®</sup>) FACT SHEET**

CENTERS FOR MEDICARE & MEDICAID SERVICES  
and  
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

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## **Overview**

The intent of the Hospital CAHPS (HCAHPS) initiative, also known as the CAHPS Hospital Survey, is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. While many hospitals collect information on patient satisfaction, there is no national standard for collecting or publicly reporting this information that would enable valid comparisons to be made across all hospitals. In order to make "apples to apples" comparisons to support consumer choice, it is necessary to introduce a standard measurement approach. HCAHPS can be viewed as a core set of questions that can be combined with a customized set of hospital-specific items. HCAHPS is meant to complement the data hospitals currently collect to support improvements in internal customer services and quality related activities.

Three broad goals have shaped the HCAHPS survey. First, the survey is designed to produce comparable data on the patient's perspective on care that allows objective and meaningful comparisons between hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey will be credible, useful, and practical. This methodology and the information it generates will be made available to the public.

## **HCAHPS<sup>®</sup> Development**

The Centers for Medicare & Medicaid Services (CMS) has partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the Department of Health and Human Services, to develop HCAHPS. AHRQ has carried out a rigorous, scientific process to develop and test the HCAHPS instrument. This process has entailed multiple steps, including a public call for measures; review of existing literature; cognitive interviews; consumer focus groups; stakeholder input; public response to several Federal Register notices; a three-state pilot test; consumer testing; and small-scale field tests.

The HCAHPS survey is composed of 27 items: 18 substantive items that encompass critical aspects of the hospital experience (communication with doctors, communication with nurses, responsiveness of hospital staff, cleanliness and quietness of the hospital, pain control, communication about medicines, and discharge information); four items to screen patients to

appropriate items; three items to adjust for the mix of patients across hospitals; and two items to support congressionally-mandated reports.

In May 2005, the 27-item HCAHPS survey was formally endorsed by the National Quality Forum (NQF), a voluntary consensus standard-setting organization established to standardize healthcare quality measurement and reporting. The NQF endorsement represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations. Acting upon a NQF recommendation, CMS commissioned an independent research firm, Abt Associates, Inc., to conduct an analysis of the benefits and costs of HCAHPS. The Abt report, which includes detailed cost estimates for hospitals, can be found at <http://www.cms.hhs.gov/quality/hospital/>. On November 7, 2005, CMS published the final public call for comments on the HCAHPS survey, with a 30-day public comment period.

### **Mode Experiment**

Following OMB approval of the survey, CMS will initiate a large-scale study to investigate whether the four approved modes of survey administration (mail, telephone, mail with telephone follow-up, and active IVR), as well as the mix of patients a hospital serves, systematically affect survey results. A representative sample of hospitals will be invited to participate in this experiment.

### **Training for HCAHPS**

Training for administering the Hospital CAHPS survey is planned for February 2006. All survey vendors that intend to administer the survey, as well as hospitals that plan to conduct the survey for themselves, will be required to attend training. Two training options will be offered: a one-day, in-person session at the CMS headquarters in Baltimore; or two half-day sessions offered through a Webinar over the internet.

- Training dates will be announced once they have been finalized.
- Hospitals and survey vendors must register in advance for training
- No fee will be charged for training

### **“Dry Run”**

A short “dry run” of the survey will be implemented following training. This dry run will give hospitals and survey vendors the opportunity to gain first-hand experience collecting and transmitting HCAHPS data -- without the public reporting of results. Using the official survey instrument and the approved modes of implementation and data collection protocols, hospitals and survey vendors will collect HCAHPS data for one or two months and report it to CMS. ***All hospitals that intend to participate in HCAHPS must take part in the dry run for one or both months.*** The data collected during the dry-run phase will not be publicly reported.

## **National Implementation**

Collection of HCAHPS data intended for the public reporting of results will commence shortly after the conclusion of the dry run. Hospitals will voluntarily implement HCAHPS under the auspices of the Hospital Quality Alliance, a private/public partnership that includes the major hospital associations, government, consumer groups, measurement and accrediting bodies, and other stakeholders who share a common interest in improving hospital quality. This first full national implementation of HCAHPS is planned for late 2006, with the first public reporting of HCAHPS results slated for late 2007. HCAHPS results will be posted on the Hospital Compare website, found at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov), or through a link on [www.medicare.gov](http://www.medicare.gov).

## **Quick Facts about HCAHPS**

- HCAHPS will result in the first truly national, standardized, publicly reported benchmark of hospital patients' perspectives of their care
- Participation in HCAHPS is voluntary; there are no financial incentives or disincentives tied to the survey
- All short-term, acute care, non-specialty hospitals are invited to participate
- Hospitals may use an approved survey vendor, or collect their own HCAHPS data
- Hospitals may either integrate the HCAHPS items within their own patient satisfaction survey, or implement HCAHPS as a separate survey
- The survey can be conducted by mail, telephone, mail with telephone follow-up, or active IVR; CMS will adjust data prior to public reporting for mode of administration and patient-mix effects
- Hospitals will survey a random sample of their live discharges who were over 18 at admission, had an over-night stay, and had a non-psychiatric diagnosis
- Hospitals should survey patients on a monthly basis and submit data to CMS on a monthly or quarterly basis
- Hospitals are asked to provide 300 completed surveys per year; for smaller hospitals, as few as 100 completed surveys are needed for public reporting
- Hospitals will own their raw HCAHPS data and are free to analyze it as they wish
- Hospitals may preview their HCAHPS results prior to public reporting

## **For More Information**

To learn more about Hospital CAHPS, please visit the following Web sites:

- For general information: [www.cms.hhs.gov/quality/hospital/](http://www.cms.hhs.gov/quality/hospital/) or [www.ahrq.gov](http://www.ahrq.gov)
- For information about training: [www.hcahpsonline.org](http://www.hcahpsonline.org)

## **To Provide Comments or Ask Questions:**

- To communicate with CMS staff about implementation issues: [Hospitalcahps@cms.hhs.gov](mailto:Hospitalcahps@cms.hhs.gov)
- To communicate with AHRQ staff on survey development issues: [Hospital-CAHPS@ahrq.gov](mailto:Hospital-CAHPS@ahrq.gov)
- For technical assistance, contact the Arizona QIO: [hcahps@azqio.sdps.org](mailto:hcahps@azqio.sdps.org)