Understanding Patient Satisfaction Reporting in the Era of HCAHPS

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HCAHPS & Patient Satisfaction Reporting

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Agenda

- Introduction to HealthStream
- What is HCAHPS?
- Key Differences Between Patient Satisfaction & HCAHPS
- CMS Reporting of HCAHPS results
- Why is HCAHPS important?
- The Future of Patient Surveying
- Questions
To improve the quality of healthcare by developing the people that deliver care.
To advance healthcare organizations through continuous measurement and adaptive learning solutions, resulting in improved patient care, increased productivity, rapid assimilation of new practices, enhanced compliance, and better outcomes.
Improvement Solutions for Healthcare

Supporting Our Customers Needs
Hospital – Consumer Assessment of Healthcare Providers & Systems Survey – HCAHPS
History of HCAHPS

• Drive to establish national standards for comparing patient perceptions of care started in 1995

• Developed under the general direction of:
  – CMS (Centers for Medicare and Medicaid Services
  – AHRQ (Agency for Healthcare Research and Quality)
  – CAHPS Grantees:
    – Harvard Medical School
    – RAND Corporation
    – American Institute for Research
  – HSAG, NCQA, IFCM & Westat
What Is the HCAHPS Survey?

• The HCAHPS Survey contains 27 questions
• Q1 – 22: Core questions
  – Must be asked before any other questions
  – Must stay together and in order
  – Cannot be changed in any way
• Q23 – 27: Demographic questions
  – Must be last
  – Cannot be changed in any way
• Customized questions may be inserted after question 22
Dimensions of Care – Themes

• Composite Measures
  – Nurse communication (Q1 – 3)
  – Doctor communication (Q5 – 7)
  – Responsiveness of hospital staff (Q4, Q11)
  – Cleanliness and quiet of hospital environment (Q8, Q9)
  – Pain Management (Q13, Q14)
  – Communication about medicines (Q16, Q17)
  – Discharge information (Q19, Q20)

• Overall Rating of Hospital (Q21)

• Willingness to Recommend Hospital (Q22)
Who Is Surveyed Under CMS Guidelines?

• Eligible patients are:
  – Patients discharged from short-term, acute care hospitals
  – Age 18 or over
  – Non-Psychiatric DRG/principal diagnosis at discharge
  – At least one night stay

• Other patient types surveyed but NOT publicly reported

• Excluded Patients
  – “No publicity” patients
  – Patients admitted to hospital from Police custody
  – Discharges with a foreign home address
  – Discharges to Hospice
  – Those excluded by State regulations
Patient Satisfaction vs. HCAHPS: Key Differences
# Key Differences

<table>
<thead>
<tr>
<th>Item</th>
<th>Past</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Survey instruments</strong></td>
<td>Satisfaction-based</td>
<td>Frequency-based</td>
</tr>
<tr>
<td><strong>Survey cycles</strong></td>
<td>Varied per client</td>
<td>All cycles follow traditional calendar quarters (Jan. – Mar., Apr. – June, July – Sept., Oct. – Dec.)</td>
</tr>
<tr>
<td><strong>Scales</strong></td>
<td>4 or 5-point</td>
<td>4-point</td>
</tr>
<tr>
<td><strong>Scoring</strong></td>
<td>Mean scoring</td>
<td>Top-box scoring</td>
</tr>
<tr>
<td><strong>Inpatient Interviewing Schedule</strong></td>
<td>Varied per client and operations</td>
<td>The first patient contact must be completed within 42 days of discharge</td>
</tr>
<tr>
<td><strong>Inpatient Interviewing</strong></td>
<td>Interviewer may vary script</td>
<td>Inpatient survey must be read exactly as appears in the script</td>
</tr>
<tr>
<td><strong>Inpatient Respondent type</strong></td>
<td>Patient, spouse, family member</td>
<td>No proxy allowed; Patient respondent only; No pediatric patients; Ineligible patient type clearly defined by CMS</td>
</tr>
</tbody>
</table>
## Key Differences: Top Box Reporting

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Scale</th>
<th>Top-Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often did nurses treat you with courtesy and respect?</td>
<td>4=Always, 3=Usually, 2=Sometimes, 1=Never</td>
<td>4=Always</td>
</tr>
<tr>
<td>Did doctors, nurses, or other hospital staff talk with you about whether you</td>
<td>1=Yes, 2=No</td>
<td>1=Yes</td>
</tr>
<tr>
<td>would have the help you needed when you left the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using any number from 0 to 10, where 0 is the worst possible and 10 is the</td>
<td>10=Best hospital possible, 0=Worst hospital</td>
<td>9 &amp; 10</td>
</tr>
<tr>
<td>best hospital possible, what number would you use to rate this hospital?</td>
<td>possible</td>
<td></td>
</tr>
<tr>
<td>Would you recommend this hospital to your friends and family? Would you say</td>
<td>4=Definitely Yes, 3=Probably Yes, 2=Probably No,</td>
<td>4=Definitely Yes</td>
</tr>
<tr>
<td>Definitely no, probably no, probably yes, or definitely yes.</td>
<td>Probably No, 1=Definitely</td>
<td></td>
</tr>
</tbody>
</table>
Communicating HCAHPS to Patients

HCAHPS Quality Assurance Guidelines – February 2009

Hospitals may:
• Inform patients that they may receive a survey after discharge

To prevent bias of survey results, hospitals may not:
• Post or hand out copies of the survey prior to the survey administration
• Ask patients any HCAHPS questions prior to administration of the survey
• Encourage patients to answer HCAHPS questions in a particular way
• Indicate that the hospital’s goal is for all patients to rate them as a “10,” “Definitely yes,” or an “Always”
• Imply anyone will be rewarded for positive feedback from patients by asking patients to choose certain responses
• Ask patients to explain why they did not rate a hospital with the most favorable rating possible
• Offer incentives of any kind for participation in the survey
CMS Reporting of HCAHPS Results
HCAHPS Data Reporting

• Reporting available through three outlets:
  – Vendor prepared reports
  – Preview reports through QNet
  – CMS Hospital Compare website

• Data may not match exactly
  – Time lag for CMS reporting
  – Adjustment of data
Adjusting HCAHPS Results

• Differences in hospital ratings should reflect differences in quality only
• CMS adjusts results to create “level playing field” – factors not directly related to hospital performance
• Results adjusted as needed for data comparability
• Adjustments made for Mode & Patient-Mix
HCAHPS Adjustments

- Mode Adjustments
  - Phone
  - Mail
  - Mail with phone follow-up
  - Active IVR

- Patient-mix Adjustments: Service Line, age, education, health status, language spoken in home, ED experience, lagtime

- Patient-mix coefficients updated quarterly

- Proportional vs. Disproportionate Sampling
Beginning in 2009 hospitals no longer have the ability to suppress their data from public viewing on the Hospital Compare website.
How HCAHPS Is Publicly Reported

- Hospital Compare: www.hospitalcompare.hhs.gov

- Top Box %
  - By Theme or Question (Always or Yes)
    - 6 Composite Themes
    - 2 Individual Questions
      - Cleanliness of Hospital
      - Quietness of Hospital
    - Overall Hospital Rating (9 or 10)
    - Likelihood to Recommend (Yes – Definitely)

- State and National Benchmarks
Hospital Compare Website

www.hospitalcompare.hhs.gov

• Developed by CMS and Hospital Quality Alliance (HQA)
• Targeted to consumers
• Reporting Clinical Quality data hospitals now collect
• July 2007 – June 2008 patient data now posted on Hospital Compare
Welcome to Hospital Compare. In this tool you will find information on how well hospitals care for patients with certain medical conditions or surgical procedures, and results from a survey of patients about the quality of care they received during a recent hospital stay. This information will help you compare the quality of care hospitals provide. Talk to your doctor about this information to help you, your family and your friends make your best hospital care decisions.

Hospital Compare was created through the efforts of the Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services, and other members of the Hospital Quality Alliance, Improving Care Through Information (HQA). The information on this website comes from hospitals that have agreed to submit quality information for Hospital Compare to make public.

Additional Information
- View Note to Hospitals
- Learn how to use the information from this site
- View a List of Hospital Compare Contact Information
- Download the Hospital Compare database

Learn More
- Hospital Process of Care Measures
  - See how often a hospital gives recommended treatments for certain conditions or procedures.
- Hospital Outcome of Care Measures
  - See the results of care or treatment for certain conditions or procedures.
- Survey of Patients' Hospital Experiences
  - See what hospital patients say about the care they received during a recent hospital stay.
- Medicare Payment and Volume
  - See how much Medicare paid hospitals on average for certain conditions or procedures. You can see the number of Medicare patients treated for certain conditions.
- Information for Professionals
  - See more detailed information for professionals about the measures on this site.

Page Last Updated: February 11, 2009
Find and Compare Hospitals

Step 1: Enter Search Criteria

Choose one option and enter your search criteria. Then fill in the required fields for your selection. After you enter your search criteria, click on "Continue" to proceed with your search.

- Find a hospital by entering some or all of the Hospital Name
- Find a hospital within a certain distance from a ZIP Code
- Find a hospital within a certain distance of a City
- Find a hospital within a State / Territory
- Find a hospital within a County

Page Last Updated: December 17, 2008
### Comparing Hospital Scores

#### General Information
- **Name, Address, Telephone, Type of Hospital and Distance**

#### Provides Emergency Services
- **Yes**

#### Hospital Process of Care Measures
- **Available**

#### Hospital Outcome of Care Measures
- **Available**

#### Survey of Patients' Hospital Experiences
- **Source:** Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey.

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**Data Last Updated:** December 10, 2008  
**Page Last Updated:** December 17, 2008
### Theme Selection On Hospital Compare

#### Survey of Patients' Hospital Experiences

<table>
<thead>
<tr>
<th></th>
<th>CANDLER HOSPITAL</th>
<th>MEMORIAL HEALTH UNIV MED CEN, INC</th>
<th>ST JOSEPH'S HOSPITAL - SAVANNAH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of patients who reported that their nurses &quot;Always&quot; communicated well.</td>
<td>77%</td>
<td>72%</td>
<td>77%</td>
</tr>
<tr>
<td>Percent of patients who reported that their doctors &quot;Always&quot; communicated well.</td>
<td>77%</td>
<td>72%</td>
<td>77%</td>
</tr>
<tr>
<td>Percent of patients who reported that their &quot;Always&quot; received help as soon as they wanted.</td>
<td>67%</td>
<td>55%</td>
<td>64%</td>
</tr>
<tr>
<td>Percent of patients who reported that their pain was &quot;Always&quot; well controlled.</td>
<td>79%</td>
<td>72%</td>
<td>63%</td>
</tr>
<tr>
<td>Percent of patients who reported that staff &quot;Always&quot; explained about medicines before giving it to them.</td>
<td>63%</td>
<td>63%</td>
<td>52%</td>
</tr>
<tr>
<td>Percent of patients who reported that their room and bathroom were &quot;Always&quot; clean.</td>
<td>63%</td>
<td>61%</td>
<td>69%</td>
</tr>
<tr>
<td>Percent of patients who reported that the area around their room was &quot;Always&quot; quiet at night.</td>
<td>62%</td>
<td>61%</td>
<td>59%</td>
</tr>
<tr>
<td>Percent of patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.</td>
<td>65%</td>
<td>75%</td>
<td>80%</td>
</tr>
<tr>
<td>Percent of patients who gave their hospital a rating of 9 or 10 on a scale from 1 (lowest) to 10 (highest).</td>
<td>69%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>Percent of patients who reported YES, they would definitely recommend the hospital.</td>
<td>74%</td>
<td>75%</td>
<td>73%</td>
</tr>
</tbody>
</table>

**View Options:**
- View Graphs
- View Tables

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Data Last Updated: December 10, 2008
Page Last Updated: December 17, 2008
Graphic View on Hospital Compare

How often did patients receive help quickly from hospital staff?

Bars below tell the percent of patients who reported that they "always" received help as soon as they wanted.

How often did patients receive help quickly from hospital staff?

- Average For All Reporting Hospitals In The United States: 62%
- Average For All Reporting Hospitals In Georgia: 61%
- Candler Hospital: 67%
- Memorial Health Univ Med Cen, Inc: 59%
- St. Joseph's Hospital - Savannah: 64%
### Table View On Hospital Compare

**How often did patients receive help quickly from hospital staff?**

<table>
<thead>
<tr>
<th></th>
<th>Patients &quot;always&quot; received help as soon as they wanted</th>
<th>Patients &quot;usually&quot; received help as soon as they wanted</th>
<th>Patients &quot;sometimes&quot; or &quot;never&quot; received help as soon as they wanted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average For All Reporting Hospitals In The United States</td>
<td>62%</td>
<td>26%</td>
<td>12%</td>
</tr>
<tr>
<td>Average For All Reporting Hospitals In Georgia</td>
<td>61%</td>
<td>26%</td>
<td>13%</td>
</tr>
<tr>
<td>CANDLER HOSPITAL</td>
<td>67%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>MEMORIAL HEALTH UNIV MED CEN, INC</td>
<td>59%</td>
<td>29%</td>
<td>12%</td>
</tr>
<tr>
<td>ST JOSEPH'S HOSPITAL - SAVANNAH</td>
<td>64%</td>
<td>26%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Overall Rating on Hospital Compare

How do patients rate the hospital overall?

Bars below tell the percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).

How do patients rate the hospital overall?

- Average For All Reporting Hospitals In The United States: 64%
- Average For All Reporting Hospitals In Georgia: 65%
- CANDLER HOSPITAL: 69%
- MEMORIAL HEALTH UNIV MED CEN, INC: 65%
- ST JOSEPH'S HOSPITAL – SAVANNAH: 70%
CMS will be running consumer ads in local newspapers, encouraging use of the www.hospitalcompare.hhs.gov website to compare hospitals.
Why Is HCAHPS Important?

- November 2006 – CMS rule links HCAHPS participation to Annual Payment Update for FY 2008 for IPPS Hospitals
- “Pay-for-reporting” and “Pay-for-Performance” (Value-based purchasing plans) soon to follow
- HCAHPS is a part of the set of 21 Quality Measures – “Patient Perspective of Care”
- Public Reporting of Results:
  - What will happen to our patient volumes?
  - Will physicians refer patients based on reported scores?
  - How will HCAHPS scores impact insurance reimbursements?
  - Will investors consider HCAHPS scores?
  - Can HCAHPS scores impact bond ratings or credit ratings?
  - Does anyone know the effect of HCAHPS on our image and reputation?
  - How high will scores have to be to earn full CMS reimbursement?
  - What surveys will CMS add next for VBP calculations?
What’s On the Horizon?

HCAHPS & the Future of Patient Surveying Strategy
Value Based Purchasing Is Coming

For FY 2009-2011, 2% of RHQDAPU is at risk

• Transition schedule:

Reimbursement currently: 100% public reporting
Reimbursement FY 2010: 50% performance / 50% public reporting
Reimbursement FY2011: 100% performance

• 70% of reimbursement based on clinical “core measures”

• 30% based on HCAHPS survey results

* FY 2009 began October 1, 2008
Value Based Purchasing (VBP)

- **FY 2012-2016** – a % of the **Base DRG** is at risk

  FY 2012 = 1% of the base operating DRG payment amount
  FY 2013 = 1.25%
  FY 2014 = 1.5%
  FY 2015 = 1.75%
  FY 2016 = 2%

- 70% based on clinical “core measures”
- 30% based on HCAHPS survey results

* FY 2012 begins October 1, 2011*
2 Ways to Score on Performance

Either Attainment OR Improvement

• Scoring on Attainment
  – 0 to 10 points scored relative to the attainment threshold and a national benchmark
  – Thresholds and benchmarks determined from national hospital performance in prior year

• Scoring on Improvement
  – 0 to 9 points for improvement based on hospital improving its score on the measure from its prior year performance
Earning Quality Points: Example

Measure: Nurse Communication

Hospital I

Score

baseline 37%

performance 70%

Attainment Range

1 2 3 4 5 6 7 8 9

Hospital I: 6 points for attainment
7 points for improvement

Hospital I Score: maximum of attainment or improvement = 7 points on this measure
## Currently Reported vs. What VBP plans to Use to Calculate Reimbursement

<table>
<thead>
<tr>
<th>Hospital Compare Website</th>
<th>Used in VBP Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with nurses</td>
<td>Yes</td>
</tr>
<tr>
<td>Communication with doctors</td>
<td>Yes</td>
</tr>
<tr>
<td>Responsiveness of hospital staff</td>
<td>Yes</td>
</tr>
<tr>
<td>Pain management</td>
<td>Yes</td>
</tr>
<tr>
<td>Communication about medicines</td>
<td>Yes</td>
</tr>
<tr>
<td>Discharge information</td>
<td>Yes</td>
</tr>
<tr>
<td>Cleanliness of hospital</td>
<td>Cleanliness / Quietness</td>
</tr>
<tr>
<td>Quietness of hospital</td>
<td></td>
</tr>
<tr>
<td>Overall hospital rating</td>
<td>Yes</td>
</tr>
<tr>
<td>Would recommend</td>
<td>No</td>
</tr>
</tbody>
</table>
Focusing on HCAHPS

• Created *Patient Insights* family of patient survey instruments
  – IP: 22 HCAHPS questions + 1 open-ended question
  – OP: 11 HCAHPS-*like* questions + 1 open-ended question
  – ED: 15 HCAHPS-*like* questions + 1 open-ended question
• Preparing for future CMS initiatives
• Consistent benchmark question across all surveys
• Focuses accountability on publicly reported data
First Step to Improving Scores

• **HCAHPS Preparation and Improvement Library**
• Designed in consultation with healthcare industry experts in quality measurement and improvement
• On line course offered through HealthStream
  – Creates awareness of CMS initiative
  – Scenario-based interactive training
  – Training for all that impact patient’s perception of care
• Accredited for RNs, MDs, PharmDs, and Pharm Techs
Welcome to HCAHPS Preparation and Improvement Library, an interactive online course designed to increase your awareness about how patient’s perceive the care they are given, how to enhance that perception and how you can do your part to maintain or improve your facilities overall HCAFPHS rating.

In the drop down box on the right, select the department that best fits your department and click the Submit button.
Bottom Line –
Almost Everyone Is Apprehensive

• Knowledge about the HCAHPS program is uneven
• Hospitals are scrambling to put strategies in place
• Hospitals abandoning old surveys to focus on HCAHPS
• Accountability for results is elevated
• Most are disappointed with their current HCAHPS scores
• Hospital and system leaders are concerned about both:
  . . . market transparency
  . . . financial impact
Questions?

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