

HCAHPS Update Training

HCAHPS Update Training

March 2016

March 2016



HCAHPS Update Training

Welcome!

In the Update Training session, we will present:

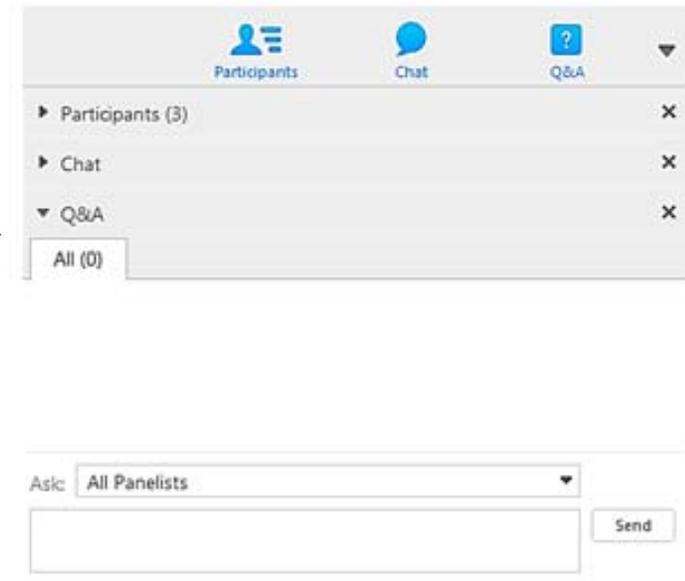
- HCAHPS Program Updates
- Updates to *HCAHPS Quality Assurance Guidelines V11.0*
- HCAHPS Data Resources and Tools
- More HCAHPS Mythbusting: Sorting Facts from Fiction

HCAHPS Update Training

Online Question Submission Illustration 1

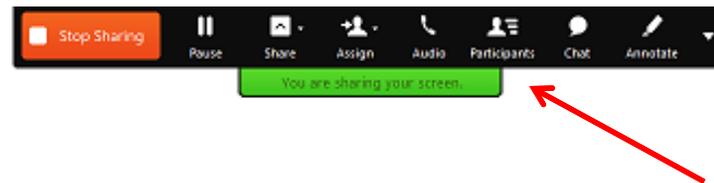
HCAHPS Update Training

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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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The screenshot shows a web interface for a Q&A session. At the top, there are three tabs: 'Participants' (with a person icon), 'Chat' (with a speech bubble icon), and 'Q&A' (with a question mark icon). Below the tabs, there is a list of sections: 'Participants (3)', 'Chat', and 'Q&A'. The 'Q&A' section is expanded, showing a sub-section 'All (0)'. Below this, there is a text input field with a dropdown menu set to 'All Panelists' and a 'Send' button.

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HCAHPS Program Updates March 2016

March 2016



HCAHPS Update Training

Overview of HCAHPS Updates

- HCAHPS Never Rests, 2016
- HCAHPS NOT Designed for Intra-Hospital Comparisons
- HCAHPS, Pain Management and Opioid Misuse
- HCAHPS Star Ratings
- HCAHPS Mode Experiment 4
- Comprehensive Care for Joint Replacement (CCJR) Program
- Survey Vendor Unofficial Reports
- New HCAHPS Attestation Statement
- Patient Confidentiality
- Key Dates for 2016
- HCAHPS and Hospital Value-Based Purchasing (Hospital VBP)
- New Survey Development at CMS

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HCAHPS Never Rests

- April 2016 publicly reported scores are based on more than **3.2 million completed surveys** from patients **at 4,260 hospitals**
- **Every day** more than **8,700** patients **complete** the HCAHPS Survey

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HCAHPS NOT Designed 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 members
 - Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual level
 - HCAHPS questions do not specify individual doctors/nurses

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HCAHPS, Pain Management and Opioid Misuse

- CMS strongly opposes use of the HCAHPS Survey to identify individual physicians, nurses, etc.
- HCAHPS is designed and validated only for comparison of HOSPITALS, not of wards, staff, etc.
- Because it is in the public domain, hospitals and private entities use the HCAHPS Survey outside of its designed and valid purpose
- CMS discourages inappropriate use of HCAHPS but cannot prevent this

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HCAHPS Star Ratings

- HCAHPS Star Ratings have been publicly reported since April 2015
 - HCAHPS Linear Mean Roll-up score added to Hospital Compare downloadable database in October 2015
- Hospital Compare will introduce Hospital Overall Quality Star Ratings in April 2016
 - Based on 7 measure domains, including HCAHPS
 - HCAHPS Star Ratings are used in calculation

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HCAHPS Mode Experiment 4

- Mode Experiment 4 examines survey mode adjustments, supplemental items, etc.
- Conducted in early 2016
- Hospital recruitment has been completed
- Monitor the HCAHPS Web site for more information: <http://www.hcahpsonline.org>

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HCAHPS and CCJR Program

- HCAHPS Linear Mean Roll-up score will be used in the CCJR program
 - A new measure based on HCAHPS Star Rating linear mean scores
- About 600 Inpatient Prospective Payment System (IPPS) hospitals will participate
- No additional HCAHPS data collection or submission
- CCJR program begins Fiscal Year (FY) 2017

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Unofficial HCAHPS Reports from Survey Vendors

- All reports provided by survey vendors must include the following statement that the vendor's results are unofficial:

" This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on the Hospital Compare Web site."

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New HCAHPS Attestation Statement

- Beginning in 2016, all approved HCAHPS Survey vendors and self-administering hospitals must sign annually a statement that attests to:
 - Validity of HCAHPS data
 - Conformance with HCAHPS protocols
 - Prompt reporting of any discrepancies
- Due April 8, 2016
- Document posted on the HCAHPS Web site at <http://www.hcahpsonline.org>

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Confidentiality of Patients' HCAHPS Data

- Survey vendors and hospitals are reminded of the importance of keeping patients' HCAHPS data confidential
- Only share patient-level data when necessary
- Remind all parties to keep information confidential

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Upcoming for HCAHPS in 2016

- | | |
|---------------------|---|
| <i>April 6</i> | <i>Data Submission Deadline for 4Q 2015</i> |
| <i>April 7-13</i> | <i>Review and Correction Period</i> |
| <i>July 1</i> | <i>HCAHPS File Specifications Version 3.8 take effect</i> |
| <i>July 6</i> | <i>Data Submission Deadline for 1Q 2016</i> |
| <i>July 7-13</i> | <i>Review and Correction Period</i> |
| <i>October 5</i> | <i>Data Submission Deadline for 2Q 2016</i> |
| <i>October 6-12</i> | <i>Review and Correction Period</i> |

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HCAHPS and Hospital VBP

- In FY 2016 the HCAHPS Domain will account for 25% of the **Total Performance Score (TPS)**
 - IPPS hospitals *only*
 - Established by the *Patient Protection and Affordable Care Act of 2010* (Public Law 111-148)
- The Hospital VBP value-based incentive payment percentage will be 1.75% in FY 2016

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HCAHPS and Hospital VBP Scoring

Hospital VBP TPS

- Four Hospital VBP Domains for **FY 2016**:
 - Clinical Process of Care (8 measures)
 - **Patient Experience of Care** (HCAHPS; 8 measures)
 - Outcomes (Mortality, safety, HAI; 8 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

Calendar Year 2016 will be the:

- **Performance Period** for the FY 2018 Hospital VBP program
- **Baseline Period** for the FY 2020 Hospital VBP program

Step-by-step information on calculating HCAHPS Hospital VBP Domain Scores can be found at <http://www.hcahpsonline.org>

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New Survey Development at CMS

- **Surveys currently under development:**
 - Outpatient and Ambulatory Surgery (OAS) CAHPS
 - Emergency Department Patient Experience of Care (EDPEC) Survey

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More Information on HCAHPS

- Registration, applications, background information, reports, and HCAHPS *Executive Insight*:
<http://www.hcahpsonline.org>
- Submitting HCAHPS data:
<https://www.qualitynet.org>
- Publicly reported HCAHPS results:
<https://www.medicare.gov/hospitalcompare>
- HCAHPS results Downloadable Database (DDB):
<https://Data.Medicare.gov>

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Updates to *HCAHPS Quality Assurance Guidelines V11.0 (QAG)*

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Introduction and Overview

- **Update: Reporting Results to Clients**
 - All reports provided by survey vendors to hospitals must include the following statement that vendor results are unofficial

“This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on the Hospital Compare Web site”

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Introduction and Overview *(cont'd)*

- **Update: Reporting Results to Clients** *(cont'd)*
 - 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 hospital staff members
 - Using HCAHPS scores to compare or assess individual staff members is inappropriate and is strongly discouraged by CMS

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Participation and Program Requirements

- Reminder: The FY 2016 IPPS Final Rule incorporates the Final Rules from previous years
 - Refer to the following for details on HCAHPS requirements
 - FY 2011 IPPS Final Rule ([75 FR 50220](#))
 - FY 2012 IPPS Final Rule ([76 FR 51641 through 51643](#))
 - FY 2013 IPPS Final Rule ([77 FR 53537 through 53538](#))
 - FY 2014 IPPS Final Rule ([78 FR 50819 through 50820](#))
 - FY 2015 IPPS Final Rule ([79 FR 50319 through 50449](#))

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Participation and Program Requirements

- **Update: Minimum Business Requirements**
 - Requirements have been added to the Hospital/Survey Vendor HCAHPS Minimum Survey Requirements to Administer the HCAHPS Survey (Minimum Business Requirements)
 - Data Security
 - Data Retention and Storage
 - Organizational Confidentiality Requirements
 - QAP Documentation Requirements

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Participation and Program Requirements

- **Update: Quality Checks**
 - Hospitals/Survey vendors must perform and document quality checks of electronic programming code periodically, **on an annual basis, at a minimum**

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Sampling

- **Update: Codes to Determine Service Line**
 - MS-DRG Codes updated to **V.33**
 - Strongly recommend use of MS-DRG V.33 codes to assign Service Line
 - Crosswalk table to MS-DRGs V.33 updated
 - **ICD-10 Codes** effective with October 1, 2015 discharges

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Survey Administration

- **Update: HCAHPS copyright statement**

“Questions 1-22 and 26-32 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure[®] questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved.”

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Survey Administration *(cont'd)*

- Clarification: All Modes of Survey Administration
 - Supplemental Questions
 - If a client hospital requests that a Survey Vendor include an item for the patient to provide their name, telephone number or other contact information on the HCAHPS Survey, the Survey Vendor is required to include explanatory text
 - This text must appear before the requested information and state the purpose for the patient to optionally provide the requested information. It is **NOT** sufficient to state only that this information is optional
 - The following is an example of permissible explanatory text:
 - “If you wish to be contacted by the hospital, please provide your name and telephone number. This information is not required.”

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Survey Administration *(cont'd)*

- **Update: Telephone Only, Mixed Mode and IVR Survey Administration**
 - During the course of the survey, use of neutral acknowledgement words (such as the following) is permitted
 - Thank you
 - Alright
 - Okay
 - I understand, or I see
 - Yes, Ma'am
 - Yes, Sir
 - Let me repeat the question/responses for you

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Survey Administration *(cont'd)*

- Clarification: Telephone Only, Mixed Mode, and IVR Survey Administration
 - Telephone Scripts
 - Survey vendors that subcontract call center services must instruct interviewers to state survey vendor name in the CATI script introduction for the [DATA COLLECTION CONTRACTOR]
 - IF ASKED WHO IS CALLING: This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME].

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Survey Administration *(cont'd)*

- Clarification: Telephone Only, Mixed Mode, and IVR Survey Administration
 - Interviewer Training
 - Interviewers must be trained to adjust the pace of the HCAHPS Survey interview to be conducive to the needs of the respondent
 - Interviewers must be trained to read the script from the telephone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)

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Survey Administration *(cont'd)*

- Clarification: Telephone Only, Mixed Mode, and IVR Survey Administration
 - Question 18: After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
READ RESPONSE CHOICES 1, 2 AND 3 ONLY IF NECESSARY
 - <1> OWN HOME
 - <2> SOMEONE ELSE'S HOME
 - <3> ANOTHER HEALTH FACILITY [GO TO Q21]
 - <M> MISSING/DK [GO TO Q21]

Survey responses should be coded with <1> OWN HOME when a patient is asked the discharge question and provides a response such as "a hotel" or "homeless shelter"

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Survey Administration *(cont'd)*

- **Update: Telephone Only, Mixed Mode and IVR Survey Administration**
 - Telephone interviewing systems
 - Predictive or auto dialers are permitted as long as they are compliant with FTC and FCC regulations as promulgated under the Telephone Consumer Protection Act (TCPA)
 - Cell phone numbers in the sample must be identified so that systems with auto-dialers do not call cell phone numbers
 - Survey vendors identify cell phone numbers through an external database, and/or
 - Hospitals identify cell phone numbers upon patient admission

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Data Specifications & Coding

- **Update: File Specifications Changed to Version 3.8**
 - Appendix N – Data File Structure Version 3.8
 - Appendix O – XML File Layout Version 3.8
 - Header Record
 - Determination of Service Line: “Methodology used by a facility to determine whether a patient falls into one of the three service line categories eligible for HCAHPS survey.”
 - “4- **ICD-10 or ICD-9 codes**”

Note: Version 3.8 applies to 3Q 2016 patient discharges and forward

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Data Specifications & Coding *(cont'd)*

- Reminder: Switching survey vendors
 - Hospitals that choose to switch from one survey vendor to another can only do so at the beginning of a calendar quarter
 - The dates entered into the discharge and data transmission fields must be entered in accordance with HCAHPS protocols
 - Transmission End Date should be the last day for which the current survey vendor will be submitting data on the hospital's behalf
 - Discharge End Date should be the last day of the month the hospital will allow the current survey vendor to sample from eligible discharges. *The Discharge End Dates of the new and expiring survey vendor cannot overlap.*
 - Survey vendors should work with hospital clients very closely to ensure the information for switching vendors is entered correctly

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Data Specifications & Coding *(cont'd)*

- Reminder: Entering survey vendor authorization dates
 - Hospitals must not enter a Discharge End Date or a Transmission End Date unless they have confirmed that the relationship with their HCAHPS Survey vendor has/is terminated
 - Entering end dates prematurely may prevent HCAHPS data submission to the HCAHPS Data Warehouse
 - Failure to submit HCAHPS data may affect a hospital's APU

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Data Specifications & Coding *(cont'd)*

- Clarification: Mail Only Survey Administration
 - “Number Survey Attempts – Mail” corresponds to the mail wave for which the survey is assigned a final disposition, not necessarily the number of surveys sent
 - When a survey is returned from the first mailing, “Number of Survey Attempts Mail” would be coded “1 – First wave mailing”
 - When a survey is returned from the second mailing, “Number of Survey Attempts Mail” would be coded “2 – Second wave mailing”
 - When a first mailing and second mailing have been sent to the patient and the patient returns the survey from the first mailing, “Number of Survey Attempts Mail” would be coded “1 – First wave mailing”
 - When a first mailing and second mailing have been sent to the patient and the survey is unreturned, “Number of Survey Attempts Mail” would be coded “2 – Second wave mailing”

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Oversight Activities

- Reminder: Survey Materials
 - Hospitals/Survey vendors must submit formatted survey materials (including required changes effective with July 2016 discharges) to HCAHPS Technical Assistance by **April 8, 2016**

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Oversight Activities *(cont'd)*

- **Update: New HCAHPS Attestation Statement, which includes notice that the Quality Assurance Plan (QAP) has been updated, is due by April 8, 2016**
 - The QAP should not be submitted at this time

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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 2015 (4Q15) | April 6, 2016 | April 7–13, 2016 | Version 3.7 |
| January, February and March 2016 (1Q16) | July 6, 2016 | July 7–13, 2016 | Version 3.7 |
| April, May and June 2016 (2Q16) | October 5, 2016 | October 6–12, 2016 | Version 3.7 |
| July, August and September 2016 (3Q16) | January 4, 2017 | January 5–11, 2017 | Version 3.8 |

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Questions?

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HCAHPS Data Resources & Tools

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Overview

- HCAHPS Web Site (<http://www.hcahpsonline.org>)
 - Mode & Patient-Mix Adjustment button
 - Summary Analyses button
 - HCAHPS Star Ratings button
 - HCAHPS and Hospital VBP button
- HCAHPS on Hospital Compare (<https://Data.Medicare.gov> and <https://www.Medicare.gov/HospitalCompare>)
 - HCAHPS Star Ratings
 - Exact number of Completed Surveys
 - Linear Mean Scores

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Mode & Patient-Mix Adjustment

- Information about survey mode adjustment
 - Abstract about HCAHPS Mode Experiment I
 - Table of current HCAHPS mode adjustments
- Information about patient-mix adjustment (PMA)
 - PMA document contains an overview of adjustment process and tables of actual adjustments for bottom and top box scores

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Mode & Patient-Mix Adjustment *(cont'd)*

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Hospital Consumer Assessment of
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Mode & Patient-Mix Adjustment

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Quick links:
[Mode Experiment](#) | [Updated Mode & Patient-Mix Adjustment Abstract](#) | [Mode Adjustment Table](#) | [Patient-Mix Coefficients for April 2016 Publicly Reported HCAHPS Results Have Been Posted](#)

Mode Experiment
The Mode Experiment was based on a nationwide random sample of short-term acute care hospitals. Hospitals from each of CMS' ten geographic regions participated in the Mode Experiment. A hospital's probability of being selected for the sample was proportional to its volume of discharges, which guaranteed that each patient would have an equal probability of being sampled for the experiment. The participating hospitals contributed patient discharges from a four-month period: February, March, April, and May 2006. Within each hospital, an equal number of patients were randomly assigned to each of the four modes of survey administration. A randomized mode experiment of 27,229 discharges from 45 hospitals was used to develop adjustments for the effects of survey mode (Mail Only, Telephone Only, Mixed mode, or Active Interactive Voice Response) on responses to the CAHPS[®] Hospital Survey (also known as Hospital CAHPS or HCAHPS).

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Mode & Patient-Mix Adjustment Abstract (revised 5/2/08)
An abstract describing the Mode & Patient-Mix Adjustment of HCAHPS is available.
Click [here](#) to view the complete Mode & Patient-Mix Adjustment Abstract of HCAHPS document.

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Mode Adjustment Table
For your convenience, the Mode Adjustments of Top Box and Bottom Box Percentages (after PMA) table is now available.

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Mode Adjustment Table

HCAHPS Survey Mode Adjustments of Top Box and Bottom Box Percentages (after PMA) to Adjust Other Modes to a Reference of Mail

| | Bottom Box | | | Top Box | | |
|-------------------------------------|------------|-------|-------|------------|-------|--------|
| | Phone Only | Mixed | IVR | Phone Only | Mixed | IVR |
| HCAHPS Composite Measures | | | | | | |
| Communication with Nurses | -0.8% | -0.5% | -0.6% | -4.0% | -0.3% | -1.8% |
| Communication with Doctors | -2.2% | -1.4% | -1.2% | -1.3% | 1.0% | -0.3% |
| Responsiveness of Hospital Staff | -0.2% | -1.9% | -1.4% | -4.7% | 0.1% | -1.9% |
| Pain Management | -0.6% | -0.9% | -1.3% | -4.7% | -2.3% | -3.4% |
| Communication about Medicines | 0.5% | -1.4% | -1.5% | -3.9% | -0.9% | -1.6% |
| Discharge Information | 1.3% | -0.2% | 3.2% | -1.3% | 0.2% | -3.2% |
| Care Transition | 2.6% | 0.6% | -3.1% | -3.3% | -3.0% | 1.0% |
| HCAHPS Individual Items | | | | | | |
| Cleanliness of Hospital Environment | 1.0% | 0.4% | 0.6% | -5.5% | -2.1% | -1.9% |
| Quietness of Hospital Environment | -1.4% | 0.9% | 1.4% | -6.3% | -3.1% | -10.2% |
| HCAHPS Global Items | | | | | | |
| Overall Hospital Rating | 0.9% | -1.1% | 0.8% | -2.8% | -1.8% | -1.6% |
| Recommend the Hospital | 0.4% | -0.4% | 0.1% | -4.4% | -1.4% | -2.2% |

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Patient-Mix Coefficients

| Patient-Mix Adjustment (PMA) | Comm. with Nurses | Comm. with Doctors | Responsiveness of Hosp. Staff | Pain Management | Comm. About Medicines | Cleanliness of Hosp. Env. | Quietness of Hosp. Env. | Discharge Information | Care Transition Measures | Overall Hospital Rating | Recommend the Hospital |
|--|-------------------|--------------------|-------------------------------|-----------------|-----------------------|---------------------------|-------------------------|-----------------------|--------------------------|-------------------------|------------------------|
| Education (per level; 1=8th grade or less and 6=More than 4-year college degree) | 1.71% | 1.67% | 2.42% | 2.37% | 3.00% | 1.61% | 3.66% | 0.60% | -0.40% | 2.81% | 1.16% |
| Self-Rated Health (per level; 1=Excellent and 5=Poor) | 4.64% | 4.60% | 5.85% | 6.28% | 4.64% | 3.98% | 4.11% | 1.04% | 5.98% | 5.96% | 5.11% |
| Response Percentile (per 1% of response percentile) | 0.18% | 0.16% | 0.21% | 0.15% | 0.17% | 0.07% | 0.02% | 0.03% | 0.18% | 0.17% | 0.16% |
| Spanish | -0.49% | -1.86% | -0.77% | -3.97% | -2.25% | 0.61% | -5.60% | -1.13% | 1.65% | -12.14% | -7.95% |
| Chinese | 7.93% | 7.23% | 8.84% | 9.13% | 5.87% | 5.37% | -0.20% | -2.53% | 14.12% | 5.32% | 4.74% |
| R/V/O (Russian, Vietnamese, Other) | 0.78% | 0.41% | 2.18% | 1.83% | 0.37% | 3.03% | -5.81% | -0.08% | 6.30% | 1.08% | -0.88% |
| English (REFERENCE) | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Table 1: “Top-Box” HCAHPS Patient-mix Adjustments
(Four Quarter Average for October 2015 Public Reporting,
January 2014 to December 2014 Discharges)

Table 2: “Bottom-Box” HCAHPS Patient-mix Adjustments
(Four Quarter Average for October 2015 Public Reporting,
January 2014 to December 2014 Discharges)

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Patient-Mix Coefficients *(cont'd)*

Table 3: National Means of PMA Variables
(Four Quarter Average for October 2015 Public Reporting,
January 2014 to December 2014 Discharges)

| Patient-Mix Adjustment (PMA) | National Mean |
|--|---------------|
| Education (per level; 1=8th grade or less and 6=More than 4-year college degree) | 3.762 |
| Self-Rated Health (per level; 1=Excellent and 5=Poor) | 2.750 |
| Response Percentile | 14.7% |
| LANGUAGE SPOKEN AT HOME | |
| Spanish | 4.7% |
| Chinese | 0.3% |
| R/V/O (Russian, Vietnamese, Other) | 1.8% |
| English (REFERENCE) | 93.2% |

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Summary Analyses

- Summary of HCAHPS Results: top-box **scores by US state** (and national)
 - Also includes number of hospitals and response rates
- HCAHPS Performance **percentiles** for bottom and top-box scores
- HCAHPS Patient-level **correlations** for HCHAPS measures
- HCAHPS **Hospital characteristic charts** for bottom, middle, and top-box scores
 - Characteristics include region, bed size, ownership, and teaching status

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Summary Analyses (cont'd)



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HCAHPS Tables on HCAHPS On-Line

Overview
HCAHPS On-Line, the official HCAHPS Web site, houses a series of tables that summarize current and historic HCAHPS results. These HCAHPS Tables, available exclusively on HCAHPS On-Line, are based on the HCAHPS data participating hospitals submit to CMS. Before being publicly reported, data are adjusted for the effects of patient-mix and mode of survey administration. More information regarding patient-mix and survey mode adjustment can be found by clicking [here](#).

To view the full set of current results on each HCAHPS measure for individual hospitals, please visit the "Survey of Patients' Hospital Experiences" section of the *Hospital Compare* Web site (www.medicare.gov/hospitalcompare).

A Note About HCAHPS "Boxes"
HCAHPS results are publicly reported on Hospital Compare as "top-box," "bottom-box" and "middle-box" scores. The "**top-box**" is the most positive response to HCAHPS Survey items. The "top-box" response is "Always" for five HCAHPS composites (Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Pain Management, and Communication about Medicines) and two individual items (Cleanliness of Hospital Environment and Quietness of Hospital Environment), "Yes" for the Discharge Information composite, "'9' or '10' (high)" for the Overall Hospital Rating item, "Definitely yes" for the Recommend the Hospital item, and "Strongly agree" for the Care Transition composite.

The "**bottom-box**" is the least positive response category for HCAHPS Survey items. The "bottom-box" response is "Sometimes or Never" for five HCAHPS composites (Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Pain Management, and Communication about Medicines) and two individual items (Cleanliness of Hospital Environment and Quietness of Hospital Environment), "No" for the Discharge Information composite, "'6' or lower (low)" for the Overall Hospital Rating item, "'Definitely No' and 'Probably No'" for the Recommend the Hospital item, and "Strongly disagree" and "Disagree" for the Care Transition composite.

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Summary of HCAHPS Survey Results

Summary of HCAHPS Survey Results
January 2014 to December 2014 Discharges*

| State | Comm. with Nurses | Comm. with Doctors | Responsiveness of Hospital Staff | Pain Management | Comm. About Medicines | Cleanliness of Hosp. Env. | Quietness of Hosp. Env. | Discharge Information | Care Transition | Overall Hospital Rating | Recommend the Hospital | Publicly Reporting Hospitals | Survey Response Rate** |
|-------|-------------------|--------------------|----------------------------------|-----------------|-----------------------|---------------------------|-------------------------|-----------------------|-----------------|-------------------------|------------------------|------------------------------|------------------------|
| AK | 74 | 75 | 67 | 68 | 65 | 69 | 58 | 84 | 49 | 65 | 70 | 16 | 25% |
| AL | 81 | 86 | 69 | 73 | 67 | 72 | 71 | 85 | 52 | 73 | 71 | 85 | 30% |
| AR | 79 | 84 | 68 | 70 | 64 | 73 | 66 | 83 | 50 | 70 | 68 | 64 | 28% |
| AZ | 77 | 78 | 66 | 70 | 64 | 70 | 58 | 87 | 51 | 70 | 70 | 70 | 32% |
| CA | 75 | 78 | 62 | 69 | 61 | 70 | 51 | 84 | 49 | 68 | 70 | 310 | 27% |
| CO | 79 | 81 | 69 | 72 | 67 | 75 | 63 | 88 | 54 | 74 | 75 | 64 | 31% |
| CT | 80 | 80 | 65 | 70 | 63 | 73 | 53 | 86 | 51 | 68 | 72 | 29 | 29% |
| DC | 71 | 78 | 54 | 65 | 57 | 63 | 55 | 80 | 42 | 58 | 61 | 7 | 24% |
| DE | 79 | 78 | 68 | 70 | 63 | 69 | 54 | 86 | 50 | 67 | 68 | 6 | 26% |
| FL | 76 | 78 | 62 | 68 | 61 | 70 | 59 | 84 | 49 | 67 | 69 | 172 | 28% |
| GA | 79 | 83 | 66 | 71 | 64 | 71 | 67 | 84 | 51 | 70 | 69 | 119 | 25% |
| HI | 79 | 84 | 71 | 73 | 68 | 75 | 60 | 87 | 51 | 74 | 70 | 16 | 28% |
| IA | 81 | 83 | 71 | 72 | 66 | 79 | 65 | 88 | 56 | 76 | 75 | 87 | 36% |
| ID | 81 | 84 | 74 | 71 | 68 | 78 | 64 | 88 | 56 | 73 | 74 | 35 | 37% |
| IL | 80 | 82 | 68 | 72 | 64 | 74 | 61 | 86 | 52 | 71 | 70 | 161 | 30% |
| IN | 82 | 83 | 72 | 73 | 66 | 76 | 62 | 88 | 54 | 75 | 73 | 121 | 32% |
| KS | 81 | 85 | 72 | 73 | 67 | 76 | 67 | 87 | 56 | 77 | 76 | 96 | 36% |
| KY | 81 | 85 | 70 | 73 | 67 | 75 | 66 | 87 | 53 | 72 | 71 | 89 | 29% |

HCAHPS Update Training

HCAHPS Percentiles Table

HCAHPS PERCENTILES

| Hospital Percentile* | Communication with Nurses | Communication with Doctors | Responsiveness of Hosp. Staff | Pain Management | Comm. About Medicines | Cleanliness of Hospital Env. | Quietness of Hospital Env. | Discharge Information | Care Transition | Overall Hospital Rating | Recommend the Hospital |
|--------------------------------------|---------------------------|----------------------------|-------------------------------|-----------------|-----------------------|------------------------------|----------------------------|-----------------------|-----------------|-------------------------|------------------------|
| TOP-Box Score ¹ | | | | | | | | | | | |
| 95 th (near best) | 89 | 91 | 85 | 81 | 78 | 87 | 80 | 93 | 64 | 86 | 87 |
| 90 th | 86 | 89 | 80 | 78 | 74 | 84 | 75 | 91 | 61 | 82 | 83 |
| 75 th | 83 | 85 | 74 | 74 | 68 | 79 | 68 | 89 | 56 | 76 | 78 |
| 50 th | 79 | 81 | 67 | 71 | 64 | 73 | 61 | 87 | 52 | 71 | 72 |
| 25 th | 76 | 78 | 62 | 68 | 61 | 68 | 55 | 84 | 48 | 66 | 65 |
| 10 th | 73 | 75 | 57 | 65 | 57 | 64 | 49 | 81 | 44 | 60 | 59 |
| 5 th (near worst) | 70 | 74 | 54 | 62 | 55 | 62 | 46 | 79 | 41 | 56 | 55 |
| BOTTOM-Box Score ² | | | | | | | | | | | |
| 5 th (near best) | 1 | 1 | 2 | 2 | 8 | 2 | 2 | 7 | 2 | 2 | 1 |
| 10 th | 2 | 1 | 3 | 3 | 11 | 3 | 3 | 9 | 3 | 3 | 2 |
| 25 th | 3 | 3 | 6 | 5 | 14 | 5 | 6 | 11 | 4 | 5 | 3 |
| 50 th | 4 | 4 | 8 | 6 | 18 | 8 | 8 | 13 | 5 | 7 | 4 |
| 75 th | 6 | 5 | 11 | 8 | 21 | 11 | 12 | 16 | 6 | 10 | 6 |
| 90 th | 8 | 7 | 15 | 10 | 24 | 14 | 16 | 19 | 8 | 13 | 9 |
| 95 th (near worst) | 9 | 8 | 17 | 12 | 27 | 16 | 19 | 21 | 9 | 15 | 11 |

HCAHPS Update Training

HCAHPS Patient-Level Correlations

HCAHPS PATIENT-LEVEL CORRELATIONS*

| | Communication with Nurses | Communication with Doctors | Responsiveness of Hosp. Staff | Pain Management | Comm. About Medicines | Cleanliness of Hospital Env. | Quietness of Hospital Env. | Discharge Information | Care Transition Measure | Overall Hospital Rating | Recommend the Hospital |
|-------------------------------|---------------------------|----------------------------|-------------------------------|-----------------|-----------------------|------------------------------|----------------------------|-----------------------|-------------------------|-------------------------|------------------------|
| Communication with Nurses | 1 | 0.51 | 0.56 | 0.56 | 0.50 | 0.38 | 0.32 | 0.27 | 0.43 | 0.64 | 0.57 |
| Communication with Doctors | | 1 | 0.36 | 0.44 | 0.43 | 0.26 | 0.25 | 0.27 | 0.40 | 0.50 | 0.45 |
| Responsiveness of Hosp. Staff | | | 1 | 0.48 | 0.41 | 0.34 | 0.31 | 0.20 | 0.35 | 0.51 | 0.44 |
| Pain Management | | | | 1 | 0.44 | 0.31 | 0.30 | 0.25 | 0.39 | 0.54 | 0.48 |
| Comm. About Medicines | | | | | 1 | 0.33 | 0.29 | 0.35 | 0.45 | 0.48 | 0.42 |
| Cleanliness of Hospital Env. | | | | | | 1 | 0.27 | 0.18 | 0.27 | 0.40 | 0.36 |
| Quietness of Hospital Env. | | | | | | | 1 | 0.13 | 0.25 | 0.34 | 0.29 |
| Discharge Information | | | | | | | | 1 | 0.31 | 0.29 | 0.27 |
| Care Transition Measure | | | | | | | | | 1 | 0.48 | 0.45 |
| Overall Hospital Rating | | | | | | | | | | 1 | 0.76 |
| Recommend the Hospital | | | | | | | | | | | 1 |

*Patient-level Pearson correlations of rescaled linear means of HCAHPS measures, for patients discharged between July 2013 and June 2014 (3.1 million completed surveys).

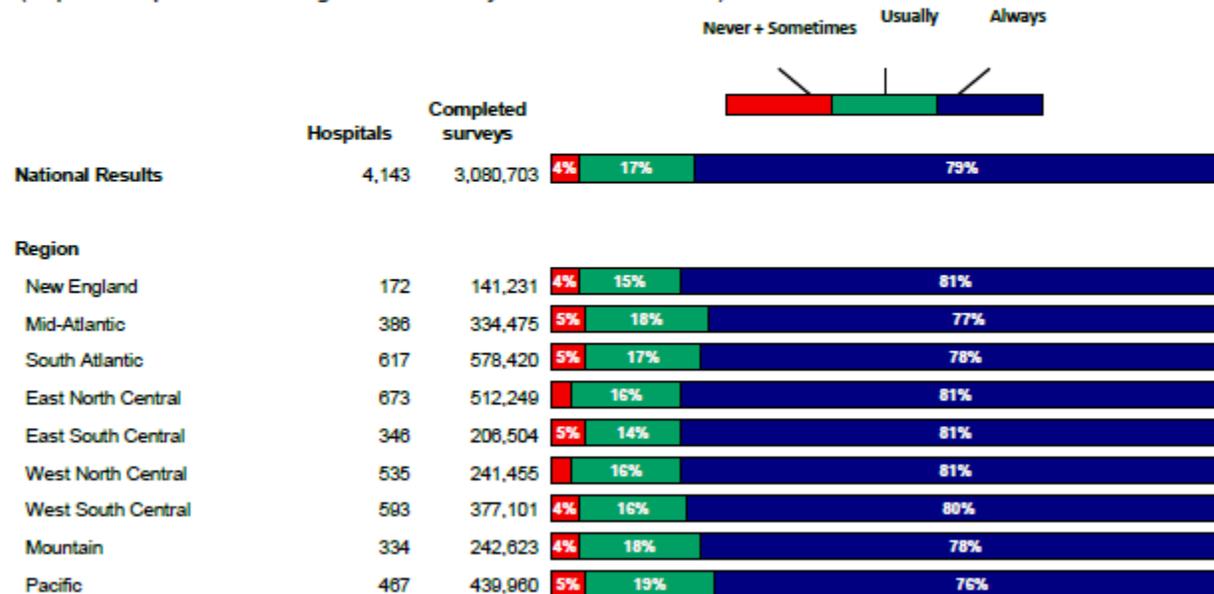
HCAHPS Update Training

HCAHPS Hospital Characteristics

'HCAHPS Hospital Characteristics Comparison Charts'

HCAHPS: Communication with Nurses

(Represents patients discharged between July 2013 and June 2014)



HCAHPS Update Training

HCAHPS Star Ratings

- Technical Notes for HCAHPS Star Ratings
 - Detailed explanation of linear mean scores and algorithm used to assign star ratings
 - Patient-mix and mode adjustment information for linear mean scores
 - Star rating cut points for each of 11 HCAHPS measures
- Distributions for the HCAHPS Summary Star Rating
 - By US state and overall
 - Coming soon: measure star distributions

HCAHPS Update Training

HCAHPS Star Ratings *(cont'd)*

HCAHPS
Hospital Consumer Assessment of
Healthcare Providers and Systems

HCAHPS Star Ratings

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Quick Links:
[HCAHPS Star Ratings Technical Notes](#) | [HCAHPS Summary Star Rating Distribution](#) | [HCAHPS Summary Star Distribution by US State](#) | [National Provider Call Audio and Presentation Materials](#) | [FAQ's](#)

HCAHPS Star Ratings Technical Notes

As part of the initiative to add five-star quality ratings to its Compare Web sites, the Centers for Medicare & Medicaid Services (CMS) publishes HCAHPS Star Ratings to the Hospital Compare Web site. Star Ratings make it easier for consumers to use the information on the Compare Web sites and spotlight excellence in healthcare quality. Twelve HCAHPS Star Ratings will appear on Hospital Compare: one for each of the 11 publicly reported HCAHPS measures, plus an HCAHPS Summary Star Rating. CMS updates the HCAHPS Star Ratings each quarter.

Click [here](#) to access the April 2016 Star Ratings Technical Notes.

Previous Technical Notes: [December 2015: April 1, 2014 – March 31, 2015](#)

[October 2015: January 1, 2014 – December 31, 2014](#)

[July 2015: October 1, 2013 – September 30, 2014](#)

[April 2015: July 1, 2013 – June 30, 2014](#)

[December 2014: January 2013 - December 2013](#)

HCAHPS Summary Star Rating Distribution

Please click [here](#) to see the distribution of the HCAHPS Summary Star Rating in the December 2015 public reporting.

Previous HCAHPS Summary Star Rating Distributions:

[October 2015: January 1, 2014 – December 31, 2014](#)

HCAHPS Update Training

HCAHPS Star Ratings Technical Notes

HCAHPS Measures Receiving HCAHPS Stars

HCAHPS Star Ratings will be applied to each of the 11 publicly reported HCAHPS measures, which are created from specific questions on the HCAHPS Survey, as noted:

- HCAHPS Composite Measures
 1. Communication with Nurses (Q1, Q2, Q3)
 2. Communication with Doctors (Q5, Q6, Q7)
 3. Responsiveness of Hospital Staff (Q4, Q11)
 4. Pain Management (Q13, Q14)
 5. Communication about Medicines (Q16, Q17)
 6. Discharge Information (Q19, Q20)
 7. Care Transition (Q23, Q24, Q25)
- HCAHPS Individual Items
 8. Cleanliness of Hospital Environment (Q8)
 9. Quietness of Hospital Environment (Q9)
- HCAHPS Global Items
 10. Overall Hospital Rating (Q21)
 11. Recommend the Hospital (Q22)

100 Survey Minimum for HCAHPS Star Ratings

In order to receive HCAHPS Star Ratings, hospitals must have at least 100 completed HCAHPS surveys over a given four-quarter period. In addition, hospitals must be eligible for public reporting of HCAHPS measures. Hospitals with fewer than 100 completed HCAHPS surveys will not receive Star Ratings; however their HCAHPS measure scores will be publicly reported on Hospital Compare.

HCAHPS Update Training

HCAHPS Star Ratings Technical Notes *(cont'd)*

An example of the calculation of the HCAHPS Summary Star Rating.

The following is an example of how to calculate the HCAHPS Summary Star Rating. Suppose a hospital has Star Ratings for each of the 11 HCAHPS measures as shown in following table.

| | 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 | | | | | | |
| Communication with Nurses | 4 | 4 | $(4+3+4+5+4+4+3+5+3.5)/9$ $= 3.944$ | 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 | $(5+5)/2$ | | | | |
| Quietness of Hospital Environment | 5 | = 5 | | | | |
| HCAHPS Global Items | | | | | | |
| Overall Hospital Rating | 4 | $(4+3)/2$ | | | | |
| Recommend the Hospital | 3 | = 3.5 | | | | |

HCAHPS Update Training

HCAHPS Star Ratings Technical Notes *(cont'd)*

Appendix C: HCAHPS Star Rating Cut Points for Patients Discharged Between Quarter 1, 2014 and Quarter 4, 2014
(January 1, 2014 to December 31, 2014)

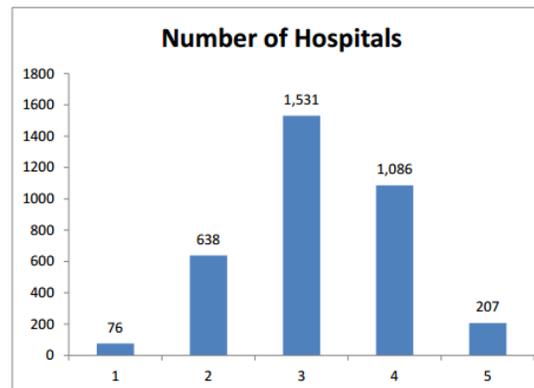
| | 1 Star | 2 Stars | 3 Stars | 4 Stars | 5 Stars |
|-------------------------------------|--------|------------|------------|------------|---------|
| HCAHPS Composite Measures | | | | | |
| Communication with Nurses | <85 | ≥85 to <90 | ≥90 to <92 | ≥92 to <94 | ≥94 |
| Communication with Doctors | <88 | ≥88 to <91 | ≥91 to <93 | ≥93 to <95 | ≥95 |
| Responsiveness of Hospital Staff | <80 | ≥80 to <84 | ≥84 to <87 | ≥87 to <92 | ≥92 |
| Pain Management | <81 | ≥81 to <86 | ≥86 to <89 | ≥89 to <91 | ≥91 |
| Communication about Medicines | <74 | ≥74 to <78 | ≥78 to <82 | ≥82 to <86 | ≥86 |
| Discharge Information | <79 | ≥79 to <83 | ≥83 to <87 | ≥87 to <91 | ≥91 |
| Care Transition | <77 | ≥77 to <81 | ≥81 to <83 | ≥83 to <86 | ≥86 |
| HCAHPS Individual Items | | | | | |
| Cleanliness of Hospital Environment | <82 | ≥82 to <86 | ≥86 to <90 | ≥90 to <94 | ≥94 |
| Quietness of Hospital Environment | <77 | ≥77 to <81 | ≥81 to <86 | ≥86 to <90 | ≥90 |
| HCAHPS Global Items | | | | | |
| Overall Hospital Rating | <84 | ≥84 to <88 | ≥88 to <90 | ≥90 to <93 | ≥93 |
| Recommend the Hospital | <80 | ≥80 to <85 | ≥85 to <90 | ≥90 to <94 | ≥94 |

HCAHPS Update Training

HCAHPS Summary Star Rating Distribution

HCAHPS SUMMARY STAR RATING
October 2015

| | Number of Hospitals | Percentage |
|---|---------------------|------------|
| 1 | 76 | 2% |
| 2 | 638 | 18% |
| 3 | 1,531 | 43% |
| 4 | 1,086 | 31% |
| 5 | 207 | 6% |



HCAHPS Update Training

HCAHPS Summary Star Distribution by US State

Distribution of HCAHPS Summary Star Rating by US State

October 2015 Public Reporting

| | Summary Star Rating | | | | | | | | | | Total | |
|----|---------------------|-----|---------|-----|---------|-----|---------|-----|---------|-----|-------|------|
| | 1 Star | | 2 Stars | | 3 Stars | | 4 Stars | | 5 Stars | | | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| US | 76 | 2% | 638 | 18% | 1531 | 43% | 1086 | 31% | 207 | 6% | 3538 | 100% |
| AK | 0 | 0% | 1 | 9% | 5 | 45% | 4 | 36% | 1 | 9% | 11 | |
| AL | 0 | 0% | 8 | 11% | 33 | 47% | 27 | 39% | 2 | 3% | 70 | |
| AR | 1 | 2% | 6 | 11% | 35 | 66% | 8 | 15% | 3 | 6% | 53 | |
| AZ | 0 | 0% | 21 | 34% | 26 | 42% | 11 | 18% | 4 | 6% | 62 | |
| CA | 21 | 7% | 110 | 37% | 123 | 41% | 37 | 12% | 7 | 2% | 298 | |
| CO | 0 | 0% | 2 | 4% | 24 | 47% | 21 | 41% | 4 | 8% | 51 | |
| CT | 0 | 0% | 4 | 15% | 19 | 70% | 4 | 15% | 0 | 0% | 27 | |
| DC | 1 | 14% | 5 | 71% | 1 | 14% | 0 | 0% | 0 | 0% | 7 | |
| DE | 0 | 0% | 1 | 17% | 4 | 67% | 1 | 17% | 0 | 0% | 6 | |
| FL | 8 | 5% | 78 | 47% | 59 | 36% | 19 | 11% | 2 | 1% | 166 | |
| GA | 1 | 1% | 22 | 22% | 50 | 51% | 23 | 23% | 3 | 3% | 99 | |
| HI | 0 | 0% | 3 | 23% | 3 | 23% | 7 | 54% | 0 | 0% | 13 | |
| IA | 0 | 0% | 2 | 3% | 19 | 31% | 31 | 51% | 9 | 15% | 61 | |

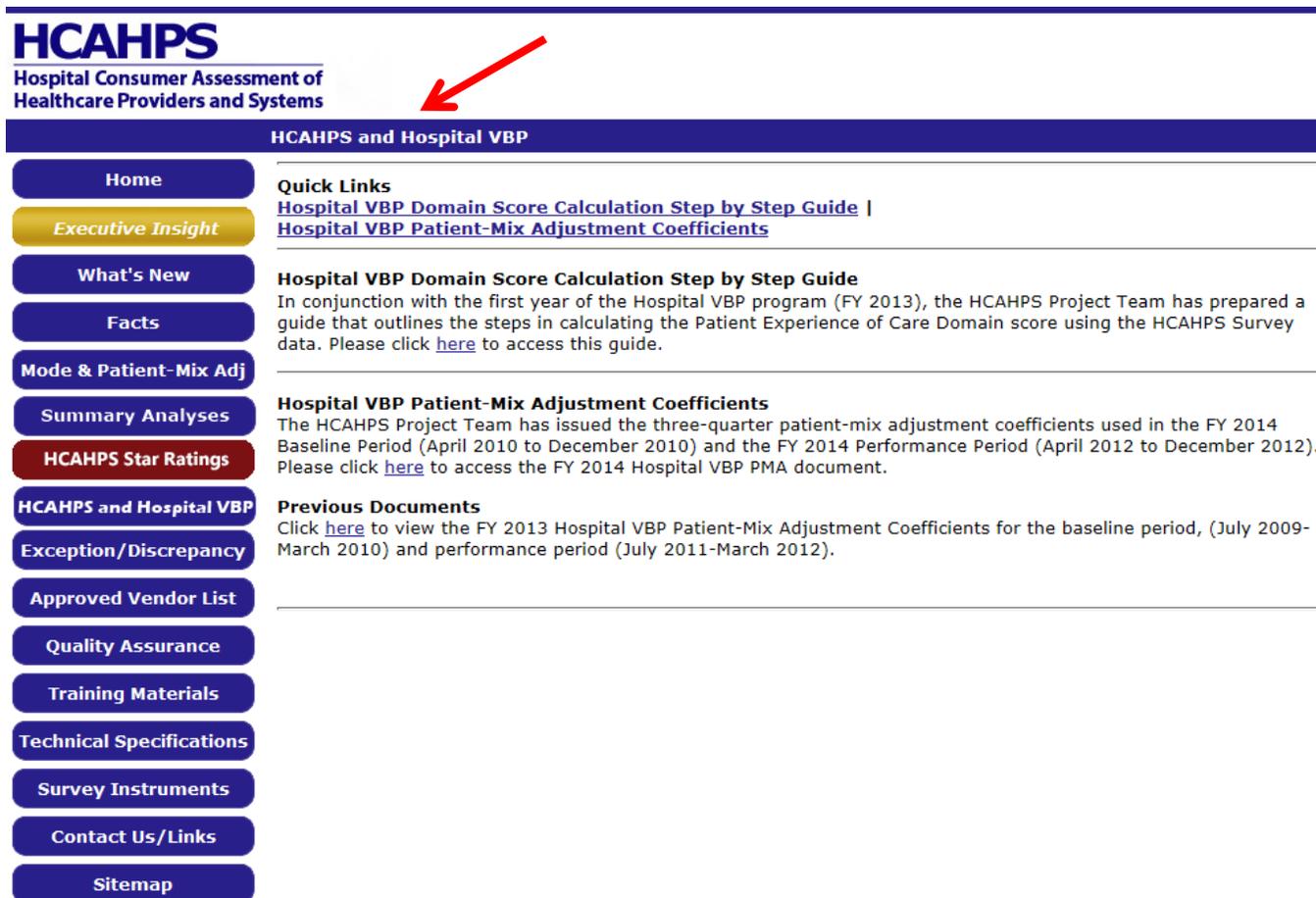
HCAHPS Update Training

HCAHPS and Hospital VBP

- Step-by-step guide to Hospital VBP HCAHPS score calculation
 - Details for calculating HCAHPS achievement points, improvement points, and consistency points
- NEW: Hospital VBP Performance Standards for HCAHPS
 - Floor, Achievement Threshold, and Benchmark for HCAHPS dimensions included in Hospital VBP

HCAHPS Update Training

HCAHPS and Hospital VBP (*cont'd*)



HCAHPS
Hospital Consumer Assessment of
Healthcare Providers and Systems

HCAHPS and Hospital VBP

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Quick Links
[Hospital VBP Domain Score Calculation Step by Step Guide](#) | [Hospital VBP Patient-Mix Adjustment Coefficients](#)

Hospital VBP Domain Score Calculation Step by Step Guide
In conjunction with the first year of the Hospital VBP program (FY 2013), the HCAHPS Project Team has prepared a guide that outlines the steps in calculating the Patient Experience of Care Domain score using the HCAHPS Survey data. Please click [here](#) to access this guide.

Hospital VBP Patient-Mix Adjustment Coefficients
The HCAHPS Project Team has issued the three-quarter patient-mix adjustment coefficients used in the FY 2014 Baseline Period (April 2010 to December 2010) and the FY 2014 Performance Period (April 2012 to December 2012). Please click [here](#) to access the FY 2014 Hospital VBP PMA document.

Previous Documents
Click [here](#) to view the FY 2013 Hospital VBP Patient-Mix Adjustment Coefficients for the baseline period, (July 2009-March 2010) and performance period (July 2011-March 2012).

HCAHPS Update Training

Hospital VBP Performance Standards

HCAHPS Hospital VBP Performance Standards for FY 2018

| HCAHPS Dimension used in Hospital VBP | Floor (Minimum) | Achievement Threshold (50 th Percentile) | Benchmark (Mean of Top Decile) |
|---------------------------------------|-----------------|---|--------------------------------|
| Communication with Nurses | 55.27 | 78.52 | 86.68 |
| Communication with Doctors | 57.39 | 80.44 | 88.51 |
| Responsiveness of Hospital Staff | 38.40 | 65.08 | 80.35 |
| Pain Management | 52.19 | 70.20 | 78.46 |
| Communication about Medicines | 43.43 | 63.37 | 73.66 |
| Hospital Cleanliness & Quietness | 40.05 | 65.60 | 79.00 |
| Discharge Information | 62.25 | 86.60 | 91.63 |
| Care Transition | 25.21 | 51.45 | 62.44 |
| Overall Hospital Rating | 37.67 | 70.23 | 84.58 |

HCAHPS Update Training

HCAHPS Star Ratings

HCAHPS Star Ratings

- First publicly reported in April 2015
- Results include star ratings for all 11 HCAHPS measures and the HCAHPS Summary Star Rating

HCAHPS Update Training

HCAHPS Star Ratings on Hospital Compare

Compare Hospitals

[Back to Results](#)

General information | **Survey of patients' experiences** | Timely & effective care | Complications | Readmissions & deaths | Use of medical imaging | Payment & value of care

Survey of patients' experiences

[Show Graphs](#) [View More Details](#)

| | Hospital 1 | Hospital 2 | Hospital 3 | | |
|---|------------|------------|------------|---|--|
| Patient survey summary star rating. More stars are better. Learn more | ★★★★● | ★★★★● | ★★★●● | ← | |

HCAHPS Update Training

HCAHPS Star Ratings in the Downloadable Database

| HCAHPS Question | HCAHPS Answer Description | Patient Survey Star Rating |
|--|--|----------------------------|
| Summary star rating | Summary star rating | 3 |
| Patients who reported that their room and bathroom | Room was "always" clean | Not Applicable |
| Patients who reported that their room and bathroom | Room was "sometimes" or "never" clean | Not Applicable |
| Patients who reported that their room and bathroom | Room was "usually" clean | Not Applicable |
| Cleanliness - linear mean score | Cleanliness - linear mean score | Not Applicable |
| Cleanliness - star rating | Cleanliness - star rating | 2 |
| Patients who reported that their nurses "Always" com | Nurses "always" communicated well | Not Applicable |
| Nurse communication - linear mean score | Nurse communication - linear mean score | Not Applicable |
| Patients who reported that their nurses "Sometimes" | Nurses "sometimes" or "never" communicated well | Not Applicable |
| Nurse communication - star rating | Nurse communication - star rating | 2 |
| Patients who reported that their nurses "Usually" com | Nurses "usually" communicated well | Not Applicable |
| Patients who reported that their doctors "Always" cor | Doctors "always" communicated well | Not Applicable |
| Doctor communication - linear mean score | Doctor communication - linear mean score | Not Applicable |
| Patients who reported that their doctors "Sometimes" | Doctors "sometimes" or "never" communicated well | Not Applicable |
| Doctor communication - star rating | Doctor communication - star rating | 3 |
| Patients who reported that their doctors "Usually" cor | Doctors "usually" communicated well | Not Applicable |
| Patients who reported that they "Always" received he | Patients "always" received help as soon as they wanted | Not Applicable |
| Staff responsiveness - linear mean score | Staff responsiveness - linear mean score | Not Applicable |
| Patients who reported that they "Sometimes" or "Nev | Patients "sometimes" or "never" received help as soon as they wanted | Not Applicable |
| Staff responsiveness - star rating | Staff responsiveness - star rating | 2 |
| Patients who reported that they "Usually" received he | Patients "usually" received help as soon as they wanted | Not Applicable |
| Patients who reported that their pain was "Always" w | Pain was "always" well controlled | Not Applicable |
| Pain management - linear mean score | Pain management - linear mean score | Not Applicable |
| Patients who reported that their pain was "Sometime | Pain was "sometimes" or "never" well controlled | Not Applicable |

HCAHPS Update Training

Exact Number of Completed Surveys

- First publicly reported in October 2015
 - Previously, one of three possible ranges of completed surveys was publicly reported for each hospital
- Exact number of completes not shown for hospitals with fewer than 50 completed surveys

HCAHPS Update Training

Completed Surveys on Hospital Compare

[Show Graphs](#) [View More Details](#) ←

| | Number of completed surveys | Survey response rate |
|-------------------|------------------------------|----------------------------|
| Hospital 1 | FEWER THAN 50 ← | 20% ¹⁰ |
| Hospital 2 | Not Available ⁵ ← | Not Available ⁵ |
| Hospital 3 | 182 ← | 42% |

HCAHPS Update Training

Completed Surveys in the Downloadable Database

| Number of Completed Surveys | Number of Completed Surveys Footnote | Survey Response Rate Percent | Survey Response Rate Percent Footnote |
|-----------------------------|--------------------------------------|------------------------------|---------------------------------------|
| 1313 | | 27 | |
| 593 | | 34 | |
| 361 | | 23 | |
| 249 | | 31 | |
| 66 | | 26 | 6 |
| 2052 | | 30 | |
| 636 | | 32 | |
| 1043 | | 27 | |
| FEWER THAN 50 | | 42 | 10 |
| 906 | | 27 | |
| 225 | | 30 | |
| 96 | | 34 | 6 |
| 1170 | | 29 | |
| 1461 | | 29 | 11 |
| 1709 | | 29 | |
| 84 | | 32 | 6 |
| 6458 | | 23 | |
| 360 | | 34 | |

HCAHPS Update Training

Linear Mean Scores

- First publicly reported in October 2015
- Used for creating HCAHPS Star Ratings
- Only available in the downloadable database
- Additional information about linear mean scores can be found in the Technical Notes on <http://www.hcahpsonline.org>

HCAHPS Update Training

Linear Mean Scores in the Downloadable Database

| HCAHPS Question | HCAHPS Linear Mean Value | Number of Completed Surveys |
|---|--------------------------|-----------------------------|
| Cleanliness - linear mean score | 84 | 1313 |
| Nurse communication - linear mean score | 89 | 1313 |
| Doctor communication - linear mean score | 92 | 1313 |
| Staff responsiveness - linear mean score | 80 | 1313 |
| Pain management - linear mean score | 85 | 1313 |
| Communication about medicines - linear mean score | 76 | 1313 |
| Discharge information - linear mean score | 85 | 1313 |
| Care transition - linear mean score | 81 | 1313 |
| Overall hospital rating - linear mean score | 89 | 1313 |
| Quietness - linear mean score | 87 | 1313 |
| Recommend hospital - linear mean score | 90 | 1313 |

HCAHPS Update Training

Summary

- HCAHPS Web site
 - Adjustments for mode and patient mix
 - Summary tables of HCAHPS results
 - Scores by US state, percentiles, correlations, and hospital characteristic charts
 - Cutpoints and distributions for HCAHPS Star Ratings
 - Step-by-step instructions for Hospital VBP scores
- HCAHPS on Hospital Compare
 - Star Ratings began in April 2015
 - Exact number of completed surveys began in October 2015
 - Linear mean scores (downloadable database only) became available with October 2015 reporting

HCAHPS Update Training

Questions?

HCAHPS Update Training

More HCAHPS Mythbusting: Sorting Facts from Fiction

March 2016



HCAHPS Update Training

Outline

- Myths about HCAHPS
- Can HCAHPS scores be improved?
- Telling patients what they may not want to hear: smoking cessation
- Patient experience and mortality
- Within-hospital comparisons using HCAHPS data

HCAHPS Update Training

Myths about HCAHPS

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

Source: Price, Elliott, Zaslavsky, Hays et al.; MCRR 2014

HCAHPS Update Training

Myth #1

Patients lack expertise to evaluate care quality

- Evidence shows that...
 - HCAHPS 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 HCAHPS Survey
 - HCAHPS items complement measures of clinical quality
 - HCAHPS 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)

HCAHPS Update Training

Myth #2

Patient “satisfaction” is not valid or actionable

- Evidence shows that...
 - HCAHPS Survey questions ask about *specific* experiences of care
 - Surveys are tailored to key aspects of the care experience
 - HCAHPS scores improved since national implementation and continue to improve

HCAHPS Update Training

Myth #3

Improving patient experiences leads to worse care

- Evidence shows that...
 - Awareness of patient experiences helps hospitals 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

HCAHPS Update Training

Myth #4

There is a tradeoff between good patient experiences and good clinical care

- 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)

HCAHPS Update Training

Myth #5

HCAHPS scores cannot be fairly compared across intended hospitals

- Evidence shows that...
 - Unadjusted comparisons do have limitations
 - Patient characteristics unrelated to care (e.g., age, education, illness severity) can influence how patients respond to survey questions
 - The uneven distribution of these characteristics across hospitals in HCAHPS can influence rankings
 - HCAHPS patient-mix adjustment addresses these limitations
 - Removes the effects of patient characteristics that vary across hospitals
 - Ensures that reports and ratings are comparable and reduces incentives to avoid patients most likely to report problems
 - HCAHPS patient-mix adjustments are informed by 20 years of CAHPS research (also see Cleary et al. 2014)

HCAHPS Update Training

Myth #6

Patient experience survey response rates are low and respondents unrepresentative

- Evidence shows that...
 - There is no consistent relationship between a survey's nonresponse rate and nonresponse bias when the best practices of survey methodology are followed
 - The standardized HCAHPS methodology adheres to these best practices
 - Patient-mix adjustment compensates for bias when comparing hospitals

HCAHPS Update Training

Myth #7

There are faster, cheaper, and better ways to survey patients

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

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Myths about HCAHPS: 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, fewer readmissions, and less health care utilization
 - Evidence is strongest in the inpatient setting, including HCAHPS
- HCAHPS patient experience measures are psychometrically sound, use recommended sample sizes and adjustment processes, and complement clinical process and outcome measures in pay-for-performance and public reporting programs

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Can HCAHPS Scores be Improved?

- Previous research found small, uniform improvement in HCAHPS scores in the first year of public reporting among ~2,700 initially participating hospitals
 - Elliott, Lehrman, Goldstein, Giordano, Beckett, Cohea, Cleary. Health Affairs, 2010.
- We assessed the extent and uniformity of improvement in HCAHPS scores in the 2nd through 4th years of public reporting among 3,691 participating hospitals
 - Elliott, Cohea, Lehrman, Goldstein, Cleary et al.; HSR 2015

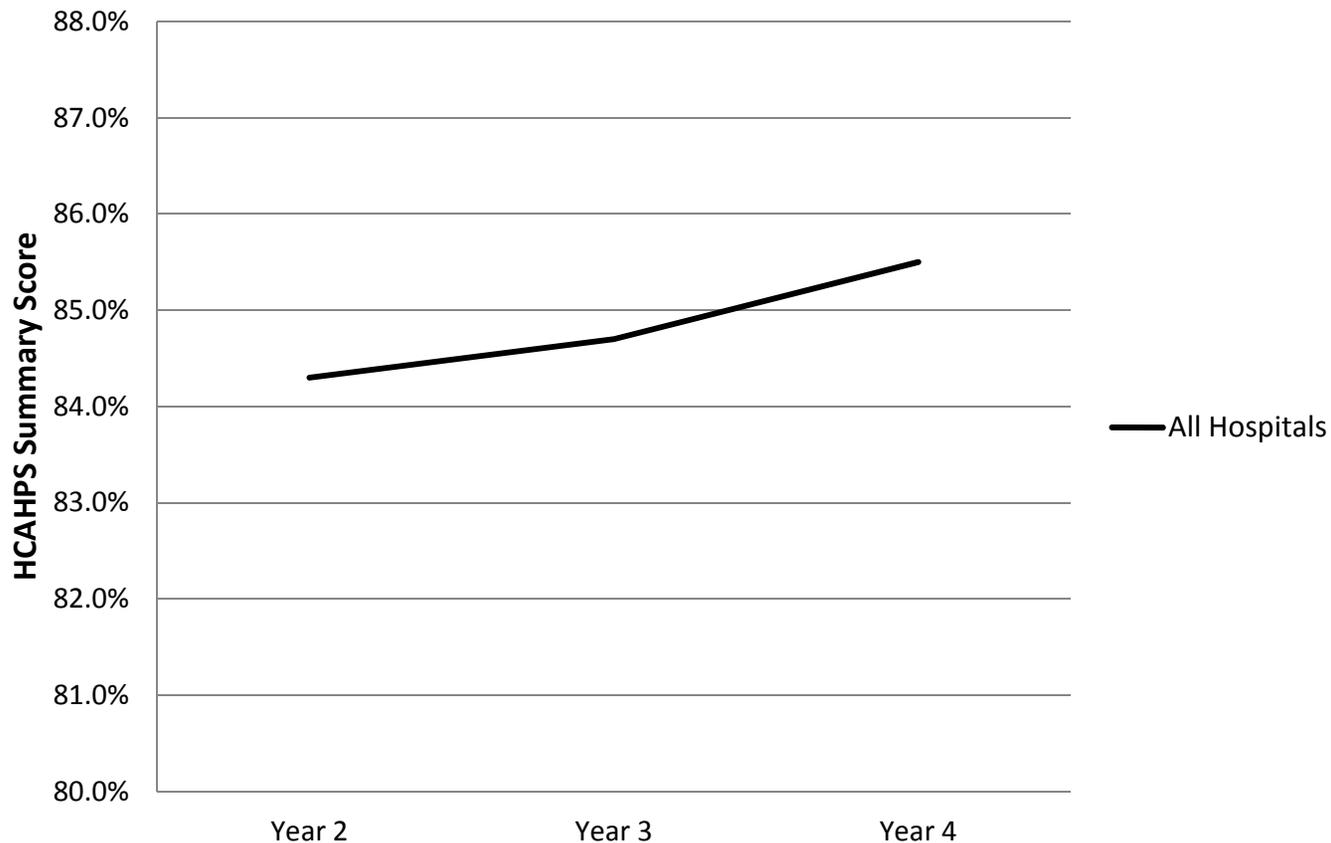
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Overall Improvement: Year 2 to Year 4

- Changes in HCAHPS scores from Year 2 to Year 4 among ~7 million patients from 3,691 hospitals
 - HCAHPS results were first publicly reported in March 2008 for patients discharged from October 2006 - June 2007
 - BASELINE: 5th quarterly public reporting in March 2009 for discharges from July 2007 - June 2008
 - END: 13th quarterly public reporting in April 2011 for discharges from July 2009 - June 2010

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Overall Improvement: Year 2 to Year 4



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Improvement Varied Across Hospitals

- After accounting for regression-to-the-mean, (shrunk) changes Year 2 to Year 4 ranged from a 4.4% loss to a 6.5% gain for the middle 95% of hospitals
 - ($z = -1.3$ to $+1.9$ in hospital-level SDs)
- Disattenuated correlations of Year 2 and Year 4 hospital scores = 0.91
 - ~17% of Year 4 hospital scores reflect true differential improvement since Year 2

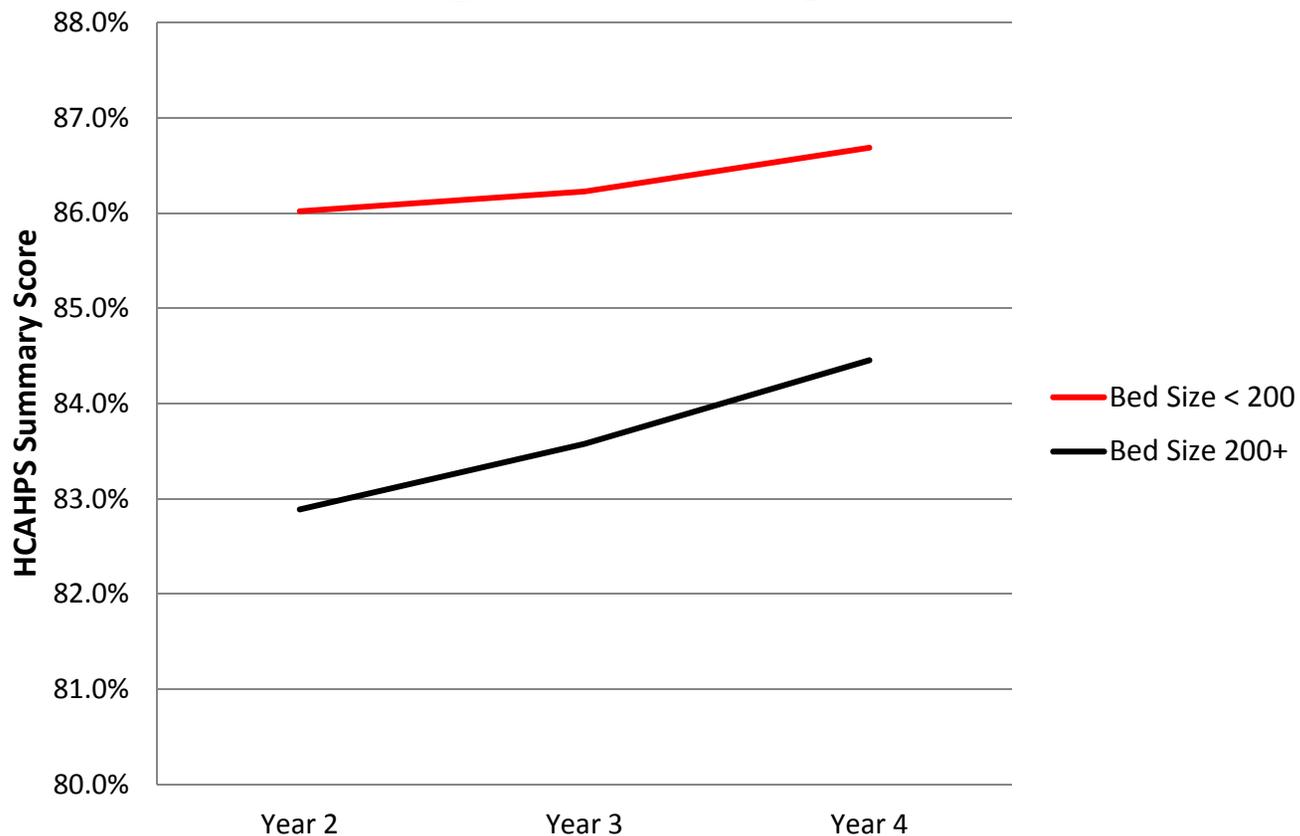
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Larger and For-Profit Hospitals Improved More than Others

- On average, large hospitals (200+ beds) had lower scores than smaller hospitals in Year 2, but they improved more than smaller hospitals
- On average, for-profit hospitals had lower scores than non-profit hospitals in Year 2, but they improved more than non-profit hospitals
- Independent factors; additive effects

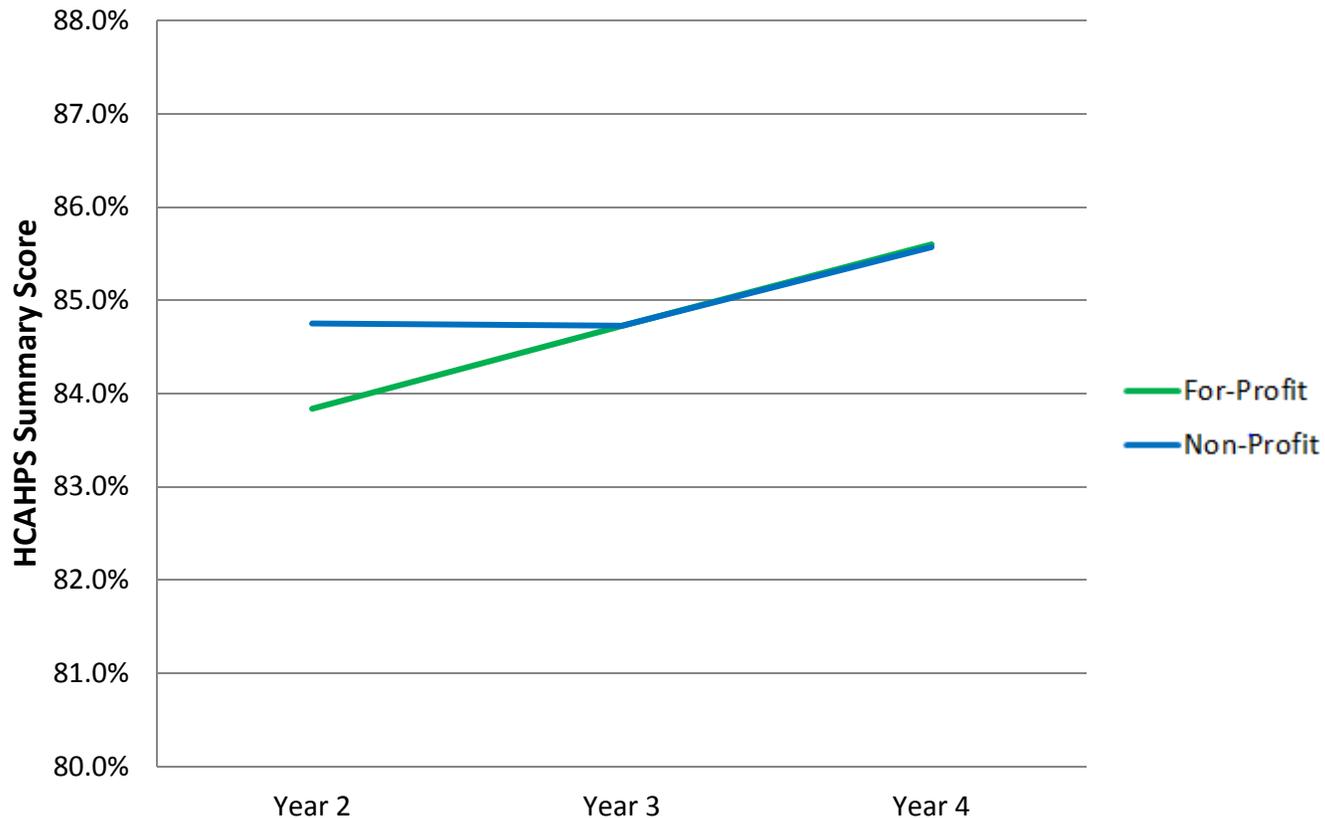
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More Improvement in Larger Hospitals



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More Improvement in For-Profit Hospitals



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Conclusions: Accelerating but Differential Improvement

- Continuous public reporting and Hospital VBP focused attention on HCAHPS and may have motivated hospitals to improve
 - Especially among hospitals whose scores had lagged initially
- Larger, for-profit hospitals may have devoted more resources to implement quality improvement efforts

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Medicare Beneficiaries and Smoking

- Smoking is the 2nd highest risk factor for morbidity and mortality in the US (3rd highest globally)
 - Aggravates existing chronic conditions
- 8% of US seniors (65+) smoke (2011 National Health Interview Survey)
- National Guidelines Clearinghouse recommends that smokers receive advice to quit smoking at every physician visit

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Incentives: Giving Smokers Advice to Quit Smoking

- Smokers may not want to hear smoking cessation advice
- Concern about receiving poor experience of care scores might lead providers to not provide recommended advice
 - Opioids, antibiotics

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Research Questions

- How frequently are senior smokers **advised to quit**?
 - Are some senior smokers more likely to receive such advice?
- Do smokers who always **receive advice to quit** report different experiences of care than those not advised to quit?
 - Receiving advice to quit may be part of high quality care in all domains
 - Indirect effect
- Do smokers who **receive advice to quit** report better or worse experiences *with their primary physician* than those not advised to quit?
 - After controlling for experiences of care in other domains
 - Physician-specific measures would be affected more if there is a direct effect

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2012 Medicare CAHPS Data

- Nationally representative sample of Medicare beneficiaries in Fee-for-Service or Medicare Advantage, 65+
 - Data from 26,432 Smokers who
 - Had a visit in prior 6 months
 - Responded to Advise to Quit question (94.5%)
- 12 Patient Experience Measures
 - (10) Experiences with Medical Care and Health (Rx) Plan
 - Access, customer service, care coordination, etc.
 - (2) Experiences with Physicians
 - Global Rating
 - Doctor Communication

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Analyses

- Bivariate analyses of Always Receiving **Advice to Quit**
 - Gender, age, race/ethnicity
 - Education, census division
 - Smoking frequency
- Overall Patient Experience and **Advice to Quit**:
Multivariate regression
 - Standard Case-Mix adjustment (demographics, state, Medicaid, proxy assistance)
 - Frequency of smoking, presence of 6 chronic conditions, live alone
 - Medicare Advantage contract, Prescription Drug Plan, and/or Fee-for-Service Medicare
 - All patient experience measures transformed to 0-100 scale

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Always Advised to Quit?

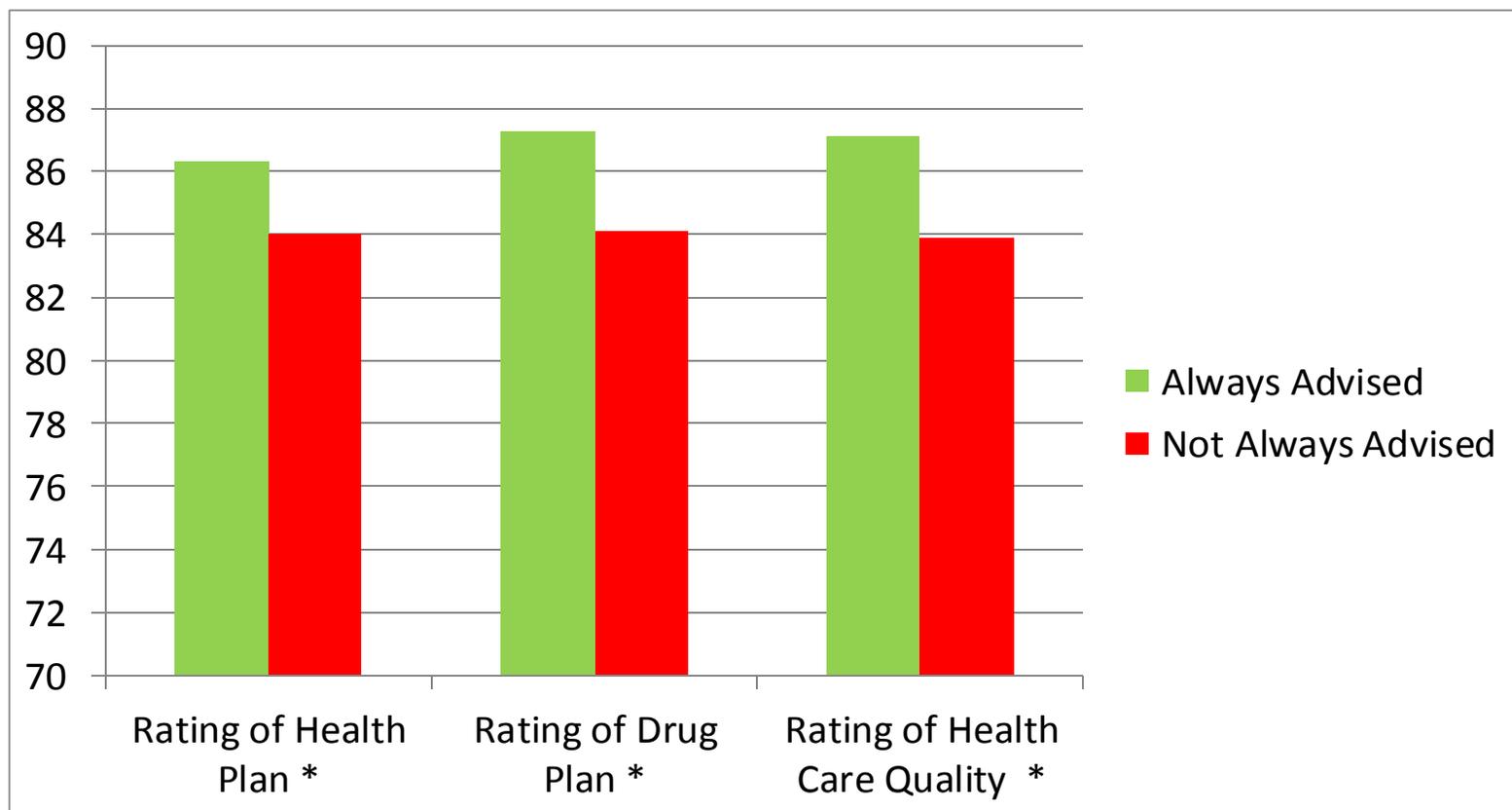
| Group | % Always Advised to Quit |
|----------------|--------------------------|
| Overall | 36.8% |
| Women | 39.2% |
| Men | 34.7% |
| 65-69 | 39.3% |
| 80-84 | 31.7% |
| 85+ | 23.3% |
| White | 35.6% |
| Black | 41.0% |
| Hispanic | 43.8% |

| Group | Always Advised to Quit |
|-------------|------------------------|
| New England | 45.6% |
| W N Central | 30.7% |
| E S Central | 28.9% |

Differences for all groups shown are significant at $p < 0.05$

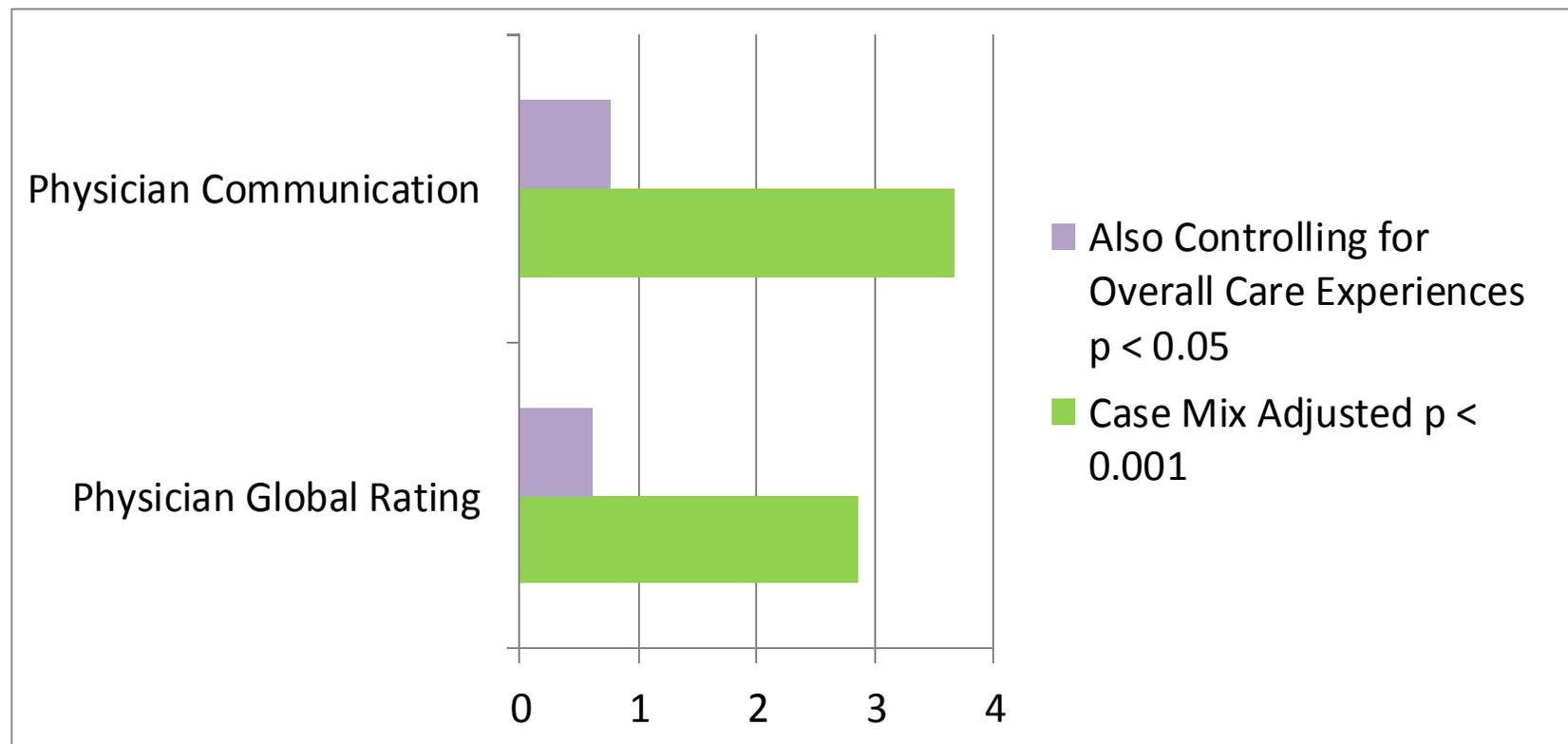
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Smokers' Ratings of Patient Experience are Higher for those Advised to Quit



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Patient Experience with Physician Higher Scores: Always Advised to Quit



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Summary

- Fewer than 40% of Medicare Beneficiaries age 65 and older who smoke are **Advised to Quit** at every visit
- Always being **Advised to Quit Smoking** is associated with better patient experience across all domains of health care
 - This is particularly true for reports of experiences *with physicians*

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Better Patient Experience Scores for Appropriate Care

- Even when contrary to perceived patient desires
- No evidence to support concerns of low patient experience ratings when giving potentially unwelcome medical advice
 - **Providing regular advice to quit smoking**
 - Not providing unneeded opioids (Sjoerd et al. 2014, Maher et al. 2014)
 - Not providing expected but unneeded antibiotics when explained (Mangione-Smith et al. 1999, Linder & Singer 2003)
- No evidence to support concerns of perverse incentives in pay-for-performance

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Reanalysis of Association of Patient Experiences and Mortality

- Fenton and colleagues (2013) found better patient ambulatory care experiences associated with much **higher** mortality rates
 - Used CAHPS items from the Medical Expenditure Panel Survey (MEPS)
- This led some to question the value of patient-centered care
- This finding contradicted a majority of studies on the same topic

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Patient Experiences and Mortality: Concerns

- Validity
 - 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 of care vary over time and the relationship may be sensitive to timing of assessments
- Confounders/Direction of causality
 - Unadjusted patient-level associations may be driven by other 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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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)
- 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 et al.:
 - 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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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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Patient Experiences and Mortality: Patient Experiences Vary Over Time

- Both studies 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 experiences (quartile 4) at baseline, more than half had worse experiences 1 year later
- If we limit to patients with consistent experiences at baseline and 1 year later, we do not find Fenton et al.'s association between patient experience and mortality

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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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Summary

- Fenton et al. was inconsistent with many other studies
 - Some have interpreted it as indicating that meeting patient needs results in expensive and dangerous treatment decisions
- A re-analysis of these data found that only 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 this reflects intensive end-of-life care

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Within-Hospital Comparisons using HCAHPS Data

- HCAHPS data designed to evaluate overall hospital performance
- Small sample sizes may not be adequately reliable
- Within-hospital comparisons and quality improvement

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HCAHPS Data Designed to Evaluate Overall Hospital Performance

- HCAHPS items do not ask patients about particular staff members; they refer to “physicians,” “nurses” and other staff members more generally
- Analyses that link HCAHPS scores to particular staff on duty may not accurately reflect the intent of patient responses
- Problems resulting in a “sometimes” rather than “always” response might reflect the actions of a specialist rather than an attending physician, or vice versa
- Thus HCAHPS data may be invalid measures of individual staff performance

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Small Sample Sizes May Not be Adequately Reliable

- In addition to validity concerns, drilldowns to individual staff may also be unreliable
- HCAHPS recommends 300 completed surveys annually at the hospital level
 - Reliability is excellent at this recommended level
 - Reliability is adequate at the hospital level with 100 annual completes; HVBP and Star Ratings do not apply below this level
- Sample sizes of fewer than 100-300 annual completes per ward or provider may be unreliable

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Within-Hospital Comparisons and Quality Improvement

- Quality improvement experts recommend improving whole systems, not penalizing individual providers
- Invalid linkage of survey data to the evaluation and compensation of individual providers may:
 - Harm provider job satisfaction (itself linked to patient experience)
 - Promote distrust of patient experience surveys

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Conclusions

- Patient experience surveys such as HCAHPS assess important dimensions of care for which patients are the best or only source of information
- HCAHPS Survey provides valid and reliable measurement of this dimension of care that hospitals 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
- HCAHPS is designed to assess patient experience at the hospital level; within-hospital comparisons are discouraged

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Questions?

Introduction to HCAHPS Survey Training

Next Steps

- Hospitals/Survey vendors:
 - Update QAP
 - Submit New HCAHPS Attestation Statement
 - Due by April 8, 2016
 - Monitor the HCAHPS Web site for this document
 - Submit HCAHPS Survey materials
 - Due by April 8, 2016
 - Monitor the HCAHPS Web site:
<http://www.hcahpsonline.org>

Introduction to HCAHPS Survey Training

More Information and Resources

- Forms, background information, reports, and HCAHPS *Executive Insight*:
<http://www.hcahpsonline.org>
- Submitting HCAHPS data:
<https://www.qualitynet.org>
- Publicly reported HCAHPS results:
<https://www.medicare.gov/hospitalcompare>
- HCAHPS results DDB:
<https://Data.Medicare.gov>

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Contact Us

HCAHPS Information and Technical Support

- Web site: <http://www.hcahpsonline.org>
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Complete Evaluation Form

March 2016



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