

# HCAHPS Update Training

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# HCAHPS Update Training

March 2022



# HCAHPS Update Training

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## Welcome!

In the Update Training session, we will present:

- HCAHPS Program Updates
- Updates to HCAHPS *Quality Assurance Guidelines (QAG)* V17.0
- Tips and Reminders: Survey Administration and Site Visit Preparation
- Tips and Reminders: Improving the Representativeness and Accuracy of HCAHPS Survey Data
- Updates on Potential New HCAHPS Survey Content and the 2021 HCAHPS Mode Experiment



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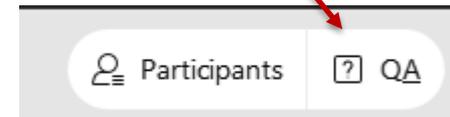
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## Online Question Submission Illustration 1

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*Q&A Button*



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## Online Question Submission *(cont'd)* Illustration 2

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Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

Send

The screenshot shows a Q&A submission interface. A blue arrow points to the 'All (0)' header. A red arrow points to the 'Ask: All Panelists' dropdown menu. A green arrow points to the text input field containing the instruction: 'Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.' A 'Send' button is located to the right of the input field.



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## HCAHPS Program Updates March 2022



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## Overview

- HCAHPS 2021 Mode Experiment Update
- *Tentative* Timeline for HCAHPS 2.0
- Other HCAHPS Activities
- Updates on Other CMS Surveys
- HCAHPS Scores and the Continuing COVID-19 Public Health Emergency
- Publicly Reported HCAHPS Top-Box Scores, December 2008 to April 2022  
(National mean of hospitals with 100+ completed surveys)
- HCAHPS Never Rests
- More Information on HCAHPS



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## HCAHPS 2021 Mode Experiment Update

- April to September 2021 discharges from 45 representative hospitals
  - Data collection ended in December 2021
  - 36,001 patients randomly assigned to six survey modes
    - Three modes began with an email survey followed by mail, telephone, or both
    - Also, legacy Mail-only, Telephone-only, and Mixed modes
- HCAHPS Project Team analyzing mode experiment data
- Initial findings will be provided in a presentation later today



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## *Tentative* Timeline for HCAHPS 2.0

2022

- Analyze 2021 HCAHPS mode experiment data
  - Evaluate new and revised survey items
    - Experience of care items
    - “About You” items
- Evaluate new administrative data and implementation protocols
- Evaluate new survey modes

2023/2024

- CMS internal review, revision and approval of HCAHPS 2.0
- External processes
  - CAHPS Consortium approval
  - Rule-making and public comment
  - Office of Management and Budget review and approval
  - National Quality Forum endorsement



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## *Tentative* Timeline for HCAHPS 2.0 (*cont'd*)

2024/2025

- Revise HCAHPS *Quality Assurance Guidelines* for HCAHPS 2.0
- Training for HCAHPS 2.0
- Implementation of HCAHPS 2.0



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## Other HCAHPS Activities

- New HCAHPS podcast: Survey mode and patient representativeness
  - More information in presentation later today
- Use of other surveys with HCAHPS-eligible patients
- The HCAHPS Project Team strongly recommends collection of:
  - Patient's email address
    - Accurate email address will be necessary if web-first modes are implemented in HCAHPS 2.0
  - Patient's preferred language while hospitalized
    - HCAHPS 2.0 may require use of Spanish version if Spanish is the patient's preferred language



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## Updates on Other CMS Surveys

- OAS CAHPS launched an email mode in January 2022
  - New modes: Email-mail and email-telephone
  - Voluntary participation by hospital outpatient departments and ambulatory surgery centers
- Other CMS Surveys are testing feasibility of an email mode
- ED CAHPS Survey is available for voluntary use
  - See <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/ED>



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## HCAHPS Scores and the Continuing COVID-19 Public Health Emergency

- Since Q1 2020, top-box scores for every HCAHPS measure have fallen
- Top-box scores remain lower than pre-COVID-19 levels
- Public reporting of HCAHPS scores resumed in October 2021
  - Based on data from post-waiver quarters: Q3 2020 and Q4 2020
  - HCAHPS scores were not updated in January, April, or July 2020
  - April 2022 and future public reporting will use four quarters
- HCAHPS scores were suppressed in the FY 2022 Hospital Value-Based Purchasing program



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## HCAHPS Never Rests

- April 2022 publicly reported scores based on ~2.5 million completed surveys from patients at 4,475 hospitals
- ~6,800 patients complete the HCAHPS Survey every day
- HCAHPS scores are used in CMS's public reporting, Hospital Value-Based Purchasing, and Hospital Overall Star Ratings
- HCAHPS scores also used in CMS for the Comprehensive Care for Joint Replacement and PPS-Exempt Cancer Hospital programs
  - Also used by other government agencies: HRSA, VA, DoD
- 442 published research articles used HCAHPS data (*PubMed.gov*, January 2022)



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## More Information on HCAHPS

- Registration, applications, background information, and reports:  
<https://www.hcahpsonline.org>
- Submitting HCAHPS data:  
<https://hqr.cms.gov/>
- Publicly reported HCAHPS results on CMS “Care Compare on Medicare.gov”:  
<https://www.medicare.gov/care-compare/>
- HCAHPS results in the CMS Provider Data Catalog:  
<https://data.cms.gov/provider-data/dataset/dgck-syfz>
- HCAHPS in CMS Hospital Value-Based Purchasing:  
<https://qualitynet.cms.gov/inpatient/hvbp>



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## Updates to HCAHPS *Quality Assurance Guidelines V17.0 (QAG)*



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## Overview

- Changes to the HCAHPS Survey
  - Question 29, (Language Spoken at Home)
  - Language Translations for Mail Only Mode
- Key Changes to the QAG V17.0
  - Annual Updates
  - Participation and Program Requirements
  - Sampling
  - Updates by Mode
  - Data Specifications and Coding
  - Data Preparation and Submission
  - Exception Requests/Discrepancy Reports
- Oversight Activities
  - Survey Materials
  - Attestation Statement



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## *Changes to the HCAHPS Survey*

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## Changes to HCAHPS Survey

- **Update: All Modes**
  - Question 29 response choices and coding include Tagalog and Arabic
- **Update: Mail Only Mode**
  - Tagalog language translation of the HCAHPS Survey for Mail Only Mode was available for patient discharges July 1, **2021** and forward
  - Arabic language translation of the HCAHPS Survey for Mail Only Mode will be available for patient discharges July 1, **2022** and forward
- **Update: Telephone Only Mode**
  - Question 29 interviewer instructions, response choices and coding of response choices



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## *Key Changes to the QAG V17.0*



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## QAG V17.0

- Applies to all patient discharges July 1, 2022 and forward
  - <https://www.hcahpsonline.org>
    - QAG V17.0
    - QAG V17.0 Change Matrix

**HCAHPS**  
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Healthcare Providers and Systems

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## Annual Updates

- HCAHPS Development, Data Collection and Public Reporting Timeline
- FY 2022 IPPS Final Rule ([86 FR 44774 through 45615](#))
- Codes to Determine Service Line
  - V.39 MS-DRG Codes were effective October 1, 2021
  - V.40 MS-DRG Codes will be effective October 1, 2022

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## Participation and Program Requirements

- **Reminder:**
  - **HCAHPS Minimum Business Requirements** fully apply to all HCAHPS approved self-administering hospitals/survey vendors/multi-site hospitals approved to administer the HCAHPS Survey

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## Sampling

- Clarification: Total Inpatient Discharges
  - The total number of inpatient discharges in a month, whether or not the discharges meet HCAHPS eligibility or exclusion criteria
  - Do NOT include in the Total Inpatient Discharges field:
    - Patients who were not inpatients (e.g., observation, outpatient, emergency room)
    - Newborns (i.e., age 0) as they typically do not have an inpatient discharge
  - Repeat inpatient records for the same inpatient hospital stay [i.e., same admission and discharge dates for the same patient] should be counted as only one discharge

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## Sampling *(cont'd)*

- Clarification: Hospital at Home
  - Eligible for the HCAHPS Survey if:
    - hospitalization included an overnight stay in the actual hospital
    - patient meets HCAHPS eligibility requirements and does not belong to any of the categories that are excluded from the survey
  - Hospitals/Survey vendors should submit an Exception Request Form for these patients

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## Sampling *(cont'd)*

- **Reminder:**
  - Strongly recommend that hospitals/survey vendors collect:
    - Patient Email Address
    - Patient Preferred Language
  - While these are not currently required for data submission, they may be required for HCAHPS 2.0

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## Sampling *(cont'd)*

- **Update: Codes to Determine Service Line**
  - MS-DRG Codes updated
    - V.39 MS-DRG Codes became effective October 1, 2021
    - V.40 MS-DRG Codes will be effective October 1, 2022
      - See HCAHPS Web site (<https://www.hcahpsonline.org>)

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## Survey Administration: Mail Only Mode

- **Update: New Translations**
  - Tagalog language translation of the HCAHPS Survey is available for patient discharges July 1, **2021** and forward
  - Arabic language translation of the HCAHPS Survey will be available for patient discharges July 1, **2022** and forward

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## Survey Administration: Mail/Mixed Modes

- **Update: Cover Letters**
  - Signatures must correspond with the organization on the letterhead

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## Survey Administration: Mail/Mixed Modes *(cont'd)*

- Clarification: Required Verbatim Elements for Cover Letters
  - Sponsor of the survey and length of time
    - “Questions 1-29 in the survey are sponsored by the United States Department of Health and Human Services and should take about 7 minutes to complete.”
  - Participation voluntary and private
    - “Your participation is voluntary and your answers will be kept private.”
  - Purpose of the survey and where to find hospital ratings
    - “Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov](https://www.medicare.gov/care-compare) ([www.medicare.gov/care-compare](https://www.medicare.gov/care-compare)).”



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## Survey Administration: Mail/Mixed Modes *(cont'd)*

- Reminder: OMB Expiration Date Change
  - HCAHPS Mail Survey was updated to include the new OMB expiration date of **September 30, 2024**
  - Required on the front page of the questionnaire in the OMB control number (OMB #0938-0981) text box
  - Also required in the OMB Paperwork Reduction Act Language

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## Survey Administration: Mail/Mixed Modes *(cont'd)*

- **Update: Q29 (Language Spoken at Home)  
Response Choices**

29. What language do you mainly speak at home?

- 1  English
- 2  Spanish
- 3  Chinese
- 4  Russian
- 5  Vietnamese
- 6  Portuguese
- 7  German
- 8  Tagalog
- 9  Arabic
- 20  Some other language (please print):

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## Survey Administration: Telephone/Mixed and IVR Modes

- **Update: Question 29 (Language Spoken at Home)**
  - Changes to script and interviewer instructions
    - Removed “Please listen to all eight response choices before you answer.”
    - Updated interviewer instructions: Read response choices only if necessary and stop when respondent chooses a language
      - Interviewers do not need to read all response choices
  - Updated response choices and coding
  - Revisions are effective for **July 1, 2022** discharges and forward

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## Survey Administration: Telephone/Mixed and IVR Modes *(cont'd)*

- **Update: Question 29** *(cont'd)*

What language do you mainly speak at home?  
~~Please listen to all eight response choices before you answer.~~

READ RESPONSE CHOICES IF NECESSARY AND STOP WHEN PATIENT PROVIDES A RESPONSE:

Would you say that you mainly speak...

- |                           |              |
|---------------------------|--------------|
| <1> English,              | [GO TO END]  |
| <2> Spanish,              | [GO TO END]  |
| <3> Chinese,              | [GO TO END]  |
| <4> Russian,              | [GO TO END]  |
| <5> Vietnamese,           | [GO TO END]  |
| <6> Portuguese,           | [GO TO END]  |
| <7> German,               | [GO TO END]  |
| <8> Tagalog,              | [GO TO END]  |
| <9> Arabic, or            | [GO TO END]  |
| <20> Some other language? | [GO TO Q29A] |
| <M> MISSING/DK            | [GO TO END]  |

### Interviewer Instructions:

1. Read "*What language do you mainly speak at home?*"
2. Pause for a response and select language, if provided
3. If no answer, then probe "*Would you say that you mainly speak...*"
  - Read response choices and stop when patient provides a response

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## Survey Administration: Telephone/Mixed and IVR Modes *(cont'd)*

- Reminder: Patient Telephone Number 2
  - CMS Strongly recommends collecting and using both the patient's primary (Patient Telephone Number 1) and secondary (Patient Telephone Number 2) telephone numbers

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## Data Specifications & Coding

- **Update: File Specifications Change to Version 4.5**
  - Appendix S – Data File Structure Version 4.5
  - Appendix T – XML File Layout Version 4.5

*Version 4.4 applies to 3Q21–2Q22 patient discharges*

*Version 4.5 applies to 3Q22 patient discharges and forward*

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## Data Preparation and Submission

- Data Submission Timeline

| Month of Patient Discharges                | Data Submission Deadline | Review and Correct Period | File Specifications Version |
|--|--------------------------|---------------------------|-----------------------------|
| October, November and December 2021 (4Q21) | April 6, 2022            | April 7-13, 2022          | Version 4.4                 |
| January, February and March 2022 (1Q22)    | July 6, 2022             | July 7-13, 2022           | Version 4.4                 |
| April, May and June 2022 (2Q22)            | October 5, 2022          | October 6-12, 2022        | Version 4.4                 |
| July, August and September 2022 (3Q22)     | January 4, 2023          | January 5-11, 2023        | Version 4.5                 |

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## Data Preparation and Submission *(cont'd)*

- Clarification: Review and Correct Period
  - Only for correcting previously submitted data
  - No new data files will be accepted
  - No header record information can be modified during the Review and Correct Period

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## Exception Requests/ Discrepancy Reports

- Reminder: Exception Request (ER)
  - Timely approval of an ER is contingent upon hospital/survey vendor including current and complete documentation
  - The requested exception must not be implemented prior to receiving approval from the HCAHPS Project Team

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## Exception Requests/ Discrepancy Reports *(cont'd)*

- **Reminder: Exception Request** *(cont'd)*
  - Disproportionate Stratified Random Sampling (DSRS)  
ERs must include the following information:
    - Name of each stratum to be used in the DSRS
    - Estimated **total number of inpatient discharges** for each stratum
    - Estimated **number of eligible patients** for each stratum
    - Estimated **number of sampled patients** for each stratum (minimum of 10 sampled discharges)
    - A plan describing how the DSRS sampling procedures will guarantee a minimum of 10 sampled discharges for each stratum

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## Oversight Activities

- **Survey Materials**

- Hospitals/Survey vendors must submit survey materials for review to HCAHPS Technical Assistance by **Friday, April 1, 2022**
  - *If using supplemental questions, include the mandatory transition statement that is placed prior to the supplemental questions at the end of the survey*
- Submit survey materials that will be used for July 1, 2022 patient discharges and forward
- QAG V17.0 Survey Materials posted on HCAHPS Online, <https://hcahpsonline.org/en/survey-instruments/>

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## Oversight Activities *(cont'd)*

- **Survey Materials *(cont'd)***
  - **Update: The HCAHPS Survey Materials Checklist (optional) can be found in Appendix U**
    - Strongly recommended hospitals/survey vendors use the HCAHPS Survey Materials Checklist to aid your organization in the materials submission process

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## Oversight Activities *(cont'd)*

- **Survey Materials** *(cont'd)*

### **HCAHPS Survey Materials Checklist**

Hospitals/Survey vendors must submit HCAHPS Survey materials that will be used for July 1, 2022 patient discharges and forward for review to HCAHPS Technical Assistance by the date determined by CMS.

This checklist is intended to aid your organization in the submission process by listing all relevant survey material elements that should be included. **Hospitals/Survey vendors must follow the guidelines described in the HCAHPS QAG V17.0 when developing survey materials.** This checklist is not intended to replace a self-administering hospital's or survey vendor's internal quality control processes for review of survey materials.



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## Oversight Activities *(cont'd)*

- **Survey Materials** *(cont'd)*

| <b>Mail Only and Mixed Modes</b>   |                          |
|--|--------------------------|
| One Survey questionnaire template in each official HCAHPS translation your organization plans to administer  | <input type="checkbox"/> |
| Font size of 10-point at minimum, including the OMB language   | <input type="checkbox"/> |
| Include mandatory transition statement if adding supplemental questions  | <input type="checkbox"/> |
| Include a placeholder or example of the de-identified patient identification number  | <input type="checkbox"/> |
| One <b>Initial</b> (Mail Only Mode, Mixed Mode) and <b>Follow-up</b> (Mail Only Mode) <b>Cover Letter template</b> , in each official HCAHPS translation your organization plans to administer | <input type="checkbox"/> |
| Font size of 12-point at a minimum   | <input type="checkbox"/> |
| Include a signature by the hospital administrator (preferred) or hospital/survey vendor project director. A placeholder or electronic signature is acceptable.                                 | <input type="checkbox"/> |
| The signature must correspond with the organization on the letterhead (it is acceptable to display two logos (e.g., client hospital and survey vendor))  | <input type="checkbox"/> |
| <b>Outgoing and Return Envelopes</b>   | <input type="checkbox"/> |
| Font size of 10-point at a minimum   | <input type="checkbox"/> |
| Include hospital's/survey vendor's return address and banner, if applicable (Outgoing)   | <input type="checkbox"/> |
| Specify use of a window envelope and how the patient address is displayed, if applicable   | <input type="checkbox"/> |
| Postage indicia or postage placeholder is included (Return)  | <input type="checkbox"/> |
| Include relevant Exception Request number(s) for survey materials, if applicable   | <input type="checkbox"/> |

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## Oversight Activities *(cont'd)*

- **Survey Materials *(cont'd)***

| <b>Telephone and Mixed Modes</b>   |                          |
|--|--------------------------|
| Telephone Script (Interviewer screen shots if using an electronic interviewing system) in each official HCAHPS translation your organization plans to administer | <input type="checkbox"/> |
| Display all interviewer instructions clearly and completely  | <input type="checkbox"/> |
| Include skip pattern logic clearly and completely  | <input type="checkbox"/> |
| Include mandatory transition statement if adding supplemental questions  | <input type="checkbox"/> |
| Include relevant Exception Request number(s), if applicable  | <input type="checkbox"/> |

| <b>Active IVR Mode</b>  |                          |
|---|--------------------------|
| Telephone Script (Interviewer screen shots) in each official HCAHPS translation your organization plans to administer | <input type="checkbox"/> |
| Display all interviewer instructions clearly and completely   | <input type="checkbox"/> |
| Include skip pattern logic clearly and completely   | <input type="checkbox"/> |
| Include mandatory transition statement if adding supplemental questions   | <input type="checkbox"/> |
| IVR Script in each official HCAHPS translation your organization plans to administer                                  | <input type="checkbox"/> |
| Display all operator instructions clearly and completely  | <input type="checkbox"/> |
| Skip pattern logic is included or clearly indicated   | <input type="checkbox"/> |
| Include mandatory transition statement if adding supplemental questions   | <input type="checkbox"/> |
| Include relevant Exception Request number(s), if applicable   | <input type="checkbox"/> |

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## Oversight Activities *(cont'd)*

- **HCAHPS Attestation Statement**
  - Due by **Friday, April 1, 2022**
  - Includes attestation that the Quality Assurance Plan (QAP) has been updated
    - QAP should **not** be submitted at this time
  - Attestation Statement Form is available in Appendix AA of the QAG V17.0

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## Summary

- Based on the HCAHPS *Quality Assurance Guidelines (QAG) V17.0*
  - QAG V17.0 applies to all patient discharges July 1, 2022 and forward
- Hospitals and survey vendors are responsible for reviewing and familiarizing themselves with all of the content in the QAG

## Tips and Reminders: Survey Administration and Site Visit Preparation

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## Overview

- Survey Administration
  - Sampling
  - Survey Administration (Mail Only)
  - Survey Administration (Telephone Only)
  - Data Submission
- Site Visit Preparation
  - Visits/Conference Calls

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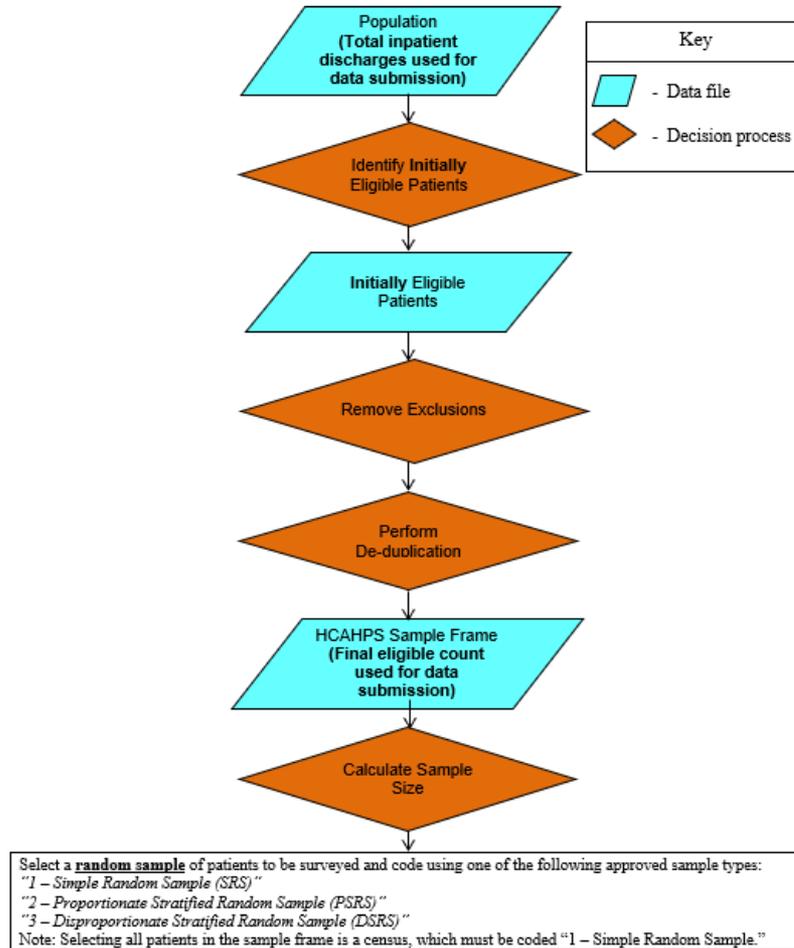
## *Survey Administration*



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## Sampling

Flowchart of HCAHPS Sampling Protocol



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## Sampling *(cont'd)*

- Identifying Ineligible Patients and Exclusions
  - Patients that left against medical advice (AMA) but are otherwise eligible for the HCAHPS Survey should remain in the sample frame and are eligible for HCAHPS Survey
  - Patients with missing administrative information, such as addresses/telephone numbers, remain eligible for the HCAHPS Survey
    - Obtain updated patient discharge files
    - Use commercial software or other means to update addresses and/or telephone numbers provided for sampled patients
    - Continued missingness may result in application of the appropriate footnote(s) to HCAHPS Survey results reported on Care Compare

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## Sampling *(cont'd)*

- De-duplication Process
  - Performed using the **sample frame** within a calendar month
  - Method used for de-duplication depends on whether sampling is conducted continuously throughout the month, or is conducted only at the end of the month

| Sampling Time    | Method Used for De-duplication   |
|------------------|--|
| Continuous Daily | Include only the first discharge date identified in the sample frame                             |
| Weekly           | Each weekly discharge list must be compared to the previous weekly discharge lists for the month |
| End-of-the-month | Include only the last discharge date of the month in the sample frame                            |

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## Sampling *(cont'd)*

- HCAHPS Service Line
  - Should **NOT** be coded as “M – Missing/Don’t Know”
    - Missing or invalid MS-DRG code does **not** exclude a patient from being drawn into the sample frame
  - Use alternative methods
    - If hospital is exclusively using single service line and determining HCAHPS Service Line based on this single service, an Exception Request Form must be submitted for approval to code all inpatients a single HCAHPS Service Line
      - Hospitals must provide documentation on which patient populations are served (Medical, Surgical or Maternity)
      - If the ER is approved, the Determination of Service Line should be coded as “7 -Other - Approved Exception Request only” going forward

## Survey Administration (Mail Only)

- Seeded Mailings
  - Include in mail-outs at a minimum on a *quarterly* basis
  - Must be sent to designated hospital's/survey vendor's HCAHPS project staff other than the staff producing the materials
  - Must be *integrated* into the hospital's/survey vendor's batched survey mailings, not sent as a stand-alone mailing

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## Survey Administration (Mail Only) *(cont'd)*

- Second Wave Mailing
  - Send first questionnaire with the initial cover letter
  - Send second questionnaire with the follow-up cover letter to all sampled patients who did not respond to the first questionnaire *approximately 21 calendar days* after the first questionnaire mailing

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## Survey Administration (Mail Only) *(cont'd)*

- “Number of Survey Attempts – Mail”
  - Must document the “Number Survey Attempts – Mail” for the mail wave in which the “Final Survey Status” is determined
    - If both first and second wave mailings are mailed, but a survey is returned from the first mailing then the “Number of Survey Attempts – Mail” would be coded “1 – First wave mailing”
    - If both first and second wave mailings are mailed, but no survey is returned then the “Number of Survey Attempts – Mail” would be coded “2 – Second wave mailing”

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## Survey Administration (Telephone Only)

- Telephone Attempts
  - Use the entire 42 calendar day data collection time period to schedule telephone calls
    - Provides opportunity to reach patients who are temporarily unavailable (e.g., patient is on vacation the first 2 or 3 weeks of the 42 calendar day data collection time period)
    - The five telephone call attempts must span more than one week (eight or more days)
  - Update telephone numbers
  - Use secondary telephone number

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## Data Submission

- Header Record
  - Number of sampled patient discharges in the month (Sample Size) must equal the number of Patient Administrative Data Records
  - Hospitals/Survey vendors must correctly document and report HCAHPS eligibility counts, sample counts, and quality check the number of administrative records
  - Survey Mode, Type of Sampling and Determination of Service Line cannot be modified once one month of data from a quarter has been submitted and accepted in QualityNet

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## Data Submission *(cont'd)*

- Random, Unique, De-identified Patient Identification Number (Patient ID)
  - Create Patient IDs that do not include any combination of letters or numbers that can otherwise identify the patient, such as discharge date, the birth date (month, day and/or year) and/or hospital ID number
  - Each month, sampled patients must be assigned a new Patient ID; numbers must not be repeated from month to month, or used in a sequential numbering order unless the patient discharge list is randomized prior to the assignment of the Patient ID

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## Data Submission *(cont'd)*

- Review all HCAHPS Data Submission Reports

| HCAHPS Data Submission Report    | Description   |
|----------------------------------|---|
| Data Submission Detail Report    | Includes the upload date and status of files (accepted or rejected) under a given Batch ID, and lists Patient IDs and any error codes with messages   |
| Submission Summary Report        | Includes the Provider ID and the number of files that were accepted or rejected under a given Batch ID  |
| HCAHPS Submission Results Report | Contains the frequency of valid values submitted for a hospital for each month in the submission quarter <ul style="list-style-type: none"><li>• Hospitals/Survey vendors are strongly encouraged to review this report for possible data errors</li><li>• If errors are identified in the HCAHPS data that have been submitted, hospitals/survey vendors have the opportunity to upload corrected files during the Review and Correct Period (one week following the data submission deadline)</li></ul> |

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## *Site Visit Preparation*



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## Site Visits/Oversight Teleconferences

- Purpose
  - Review hospitals'/survey vendors' operations, including the types of quality control activities and documentation that demonstrates quality control activities have been performed
  - Confirm that correct survey protocols are followed

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## Site Visits/Oversight Teleconferences *(cont'd)*

- **Pre Site Visit/Oversight Teleconference**
  - Scheduled by the HCAHPS Project Team (HPT)
  - Pre-visit/teleconference to review agenda, if applicable
  - Confidentiality Agreements for each HPT member will be distributed to the organization's main point of contact
  - Submission of Quality Assurance Plan
  - Submission of other materials upon request by HPT
  - Preparation in advance of the upcoming visit/teleconference

# HCAHPS Update Training

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## Site Visits/Oversight Teleconferences *(cont'd)*

- **During** Site Visit/Oversight Teleconference
  - Attendance required by HCAHPS Project Manager/Director and other key project staff as well as subcontractors
  - All materials related to survey administration are subject to review
    - Including survey forms, letters, outgoing/return envelopes, scripts, screen shots, monitoring procedures, logs and practices, etc.
  - Provide demonstration of data systems and processes, including a review of sampling procedures

# HCAHPS Update Training

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## Site Visits/Oversight Teleconferences *(cont'd)*

- **During** Site Visit/Oversight Teleconference - Data Record Review
  - Purpose: Track each selected record from receipt of hospital discharge file through the data submission process
  - Save both original and processed versions of HCAHPS data files for review, including:
    - Original patient discharge list
    - Interim sampling files
    - Mailing list
    - Telephone calling list
    - Quality assurance documentation/logs
    - Scanned survey images, if applicable
    - Telephone recordings, if applicable



# HCAHPS Update Training

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## Site Visits/Oversight Teleconferences *(cont'd)*

- **During** Site Visit/Oversight Teleconference - Data Record Review *(cont'd)*
  - All data files must be traceable throughout the entire HCAHPS Survey administration process, from receipt of the patient discharge list through data submission
    - The process to review these files must be transparent and easily reproducible to verify the data submitted to the HCAHPS Data Warehouse
  - The HPT will review and observe hospital's/survey vendor's actual operations, including the types of quality control activities and the documentation that demonstrates quality control activities have been performed



# HCAHPS Update Training

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## Site Visits/Oversight Teleconferences *(cont'd)*

- **Post Site Visit/Oversight Teleconference**
  - Feedback Report will include the HPT's observations and action items for follow-up
  - Hospitals/Survey vendors will be given a defined time period in which to provide the requested information or correct any problems and provide follow-up documentation of corrections for review
  - Additional follow-up review may occur if:
    - The HCAHPS Project Team is unable to review a sufficient number of data records
    - Further discussion of survey administration or data submission processes is required

# HCAHPS Update Training

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*Questions?*



# HCAHPS Update Training

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*Break*



## Tips and Reminders: Improving the Representativeness and Accuracy of HCAHPS Survey Data

# HCAHPS Update Training

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## Overview

- Patient representativeness and choosing a survey mode
- Data collection accuracy for selected variables
  - Service Line
  - Total Inpatient Discharges

## Patient Representativeness: Definition

- Definition:
  - A survey has good representativeness when the proportion of eligible patients who respond is reasonably high and does not vary substantially by patient characteristics
  - In contrast, if some groups of patients are substantially less likely to respond than others then they are underrepresented among respondents
- Why it matters for HCAHPS:
  - CMS wants HCAHPS to represent the hospital experiences for all patients

## Patient Representativeness and Health Equity

- A primary consideration for CMS is to achieve health equity by race, ethnicity, and language
  - This requires that HCAHPS respondents are broadly representative by race, ethnicity, and language
  - Representativeness by age, sex, and service line is also important

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## Race, Ethnicity, and Language of HCAHPS Respondents

|            | White | Black | Hispanic | Spanish Preferring | English Preferring |
|------------|-------|-------|----------|--------------------|--------------------|
| Mean       | 82%   | 6%    | 8%       | 4%                 | 97%                |
| Std Dev    | 19%   | 10%   | 13%      | 11%                | 7%                 |
| 95%        | 98%   | 27%   | 38%      | 24%                | 100%               |
| 90%        | 97%   | 17%   | 21%      | 11%                | 100%               |
| 75%        | 95%   | 6%    | 7%       | 3%                 | 100%               |
| 50% Median | 89%   | 2%    | 3%       | 1%                 | 100%               |
| 25%        | 75%   | 0%    | 1%       | 0%                 | 98%                |
| 10%        | 54%   | 0%    | 1%       | 0%                 | 93%                |
| 5%         | 36%   | 0%    | 0%       | 0%                 | 87%                |

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## Service Line and Sex of HCAHPS Respondents

(Hospital distributions from 2019 discharges)

|            | Maternity | Female Medical | Female Surgical | Male Medical | Male Surgical |
|------------|-----------|----------------|-----------------|--------------|---------------|
| Mean       | 11%       | 30%            | 18%             | 26%          | 16%           |
| Std Dev    | 11%       | 12%            | 11%             | 9%           | 10%           |
| 95%        | 31%       | 51%            | 37%             | 41%          | 34%           |
| 90%        | 24%       | 46%            | 28%             | 37%          | 27%           |
| 75%        | 16%       | 37%            | 22%             | 31%          | 21%           |
| 50% Median | 9%        | 29%            | 17%             | 26%          | 15%           |
| 25%        | 1%        | 23%            | 11%             | 21%          | 9%            |
| 10%        | 0%        | 17%            | 6%              | 15%          | 4%            |
| 5%         | 0%        | 11%            | 3%              | 9%           | 2%            |

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## Age Range of HCAHPS Respondents

(Hospital distributions from 2019 discharges)

|            | Age 18-34 | Age 35-54 | Age 55-74 | Age 75+ |
|------------|-----------|-----------|-----------|---------|
| Mean       | 19%       | 19%       | 38%       | 24%     |
| Std Dev    | 11%       | 5%        | 8%        | 9%      |
| 95%        | 37%       | 28%       | 51%       | 42%     |
| 90%        | 32%       | 26%       | 47%       | 36%     |
| 75%        | 25%       | 22%       | 42%       | 29%     |
| 50% Median | 19%       | 19%       | 38%       | 23%     |
| 25%        | 9%        | 16%       | 34%       | 18%     |
| 10%        | 4%        | 13%       | 29%       | 14%     |
| 5%         | 3%        | 11%       | 26%       | 11%     |

# HCAHPS Update Training

## Mail and Phone Response Rates by Service Line and Sex

(From 2019 discharges)

|                 | Mail Mode | Phone Mode |
|-----------------|-----------|------------|
| Maternity       | 12%       | 23%        |
| Female Medical  | 23%       | 24%        |
| Female Surgical | 29%       | 29%        |
| Male Medical    | 22%       | 21%        |
| Male Surgical   | 28%       | 27%        |

# HCAHPS Update Training

## Mail and Phone Response Rates by Age Range

(From 2019 discharges)

|           | Mail Mode | Phone Mode |
|-----------|-----------|------------|
| Age 18-34 | 9%        | 20%        |
| Age 35-54 | 11%       | 21%        |
| Age 55-74 | 26%       | 25%        |
| Age 75+   | 34%       | 23%        |

## Patient Representativeness & Survey Mode

- Highlights from survey mode response rates (RRs) and patient characteristics:
  - Phone mode better for hospitals with higher % of maternity patients and younger patients
  - Mail mode better for older patients, but under-represent young patients

## Assessing Representativeness by Race, Ethnicity, and Language

- CMS can't compute RRs by race, ethnicity, or language since data only available for respondents
- However, when a hospital switches their survey mode, a natural experiment is created
  - Each hospital acts as its own control
  - If patients admitted are similar before and after mode switch, then changes in response rate will be reflected in changes in characteristics of respondents

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## Changes in Respondent Characteristics Following a Change in Survey Mode

- CMS has observed over 300 hospital survey mode switches from Phone to Mail involving 2017-2019 discharges
- Responses from Black, Hispanic, and Spanish-preferring patients typically fall after switching from Phone to Mail

|                     | Pre-Switch Avg | Post-Switch Avg | Avg Diff |
|---------------------|----------------|-----------------|----------|
| White %             | 56%            | 67%             | +11%     |
| Black %             | 11%            | 6%              | -5%      |
| Hispanic %          | 12%            | 9%              | -4%      |
| Spanish-Preferring% | 8%             | 4%              | -4%      |

Based on hospital survey mode switches from 2017 to 2019 discharges

## Summary of Patient Representativeness and Survey Mode

- High response rates for all patient groups promote CMS' health equity goals
- Black, Hispanic, Spanish-preferring, younger age, and maternity patients are more likely to respond to Phone survey
- Older patients are more likely to respond to a Mail survey
- CMS mode experiments establish that mixed mode perform best for all patient groups

# HCAHPS Update Training

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## *Data Collection Accuracy: Service Line*



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## Collection of Service Line

- Service line missingness is much higher than other administrative variables used for score adjustment

| % Missing Sex | % Missing Age | % Missing Service Line |
|---------------|---------------|------------------------|
| <1%           | <1%           | 4%                     |

- ~50 hospitals have **100%** missing service line for each quarter
- Chronic high missing service line can result in inaccurate patient-mix adjustment and may lead to Footnote 11 in public reporting

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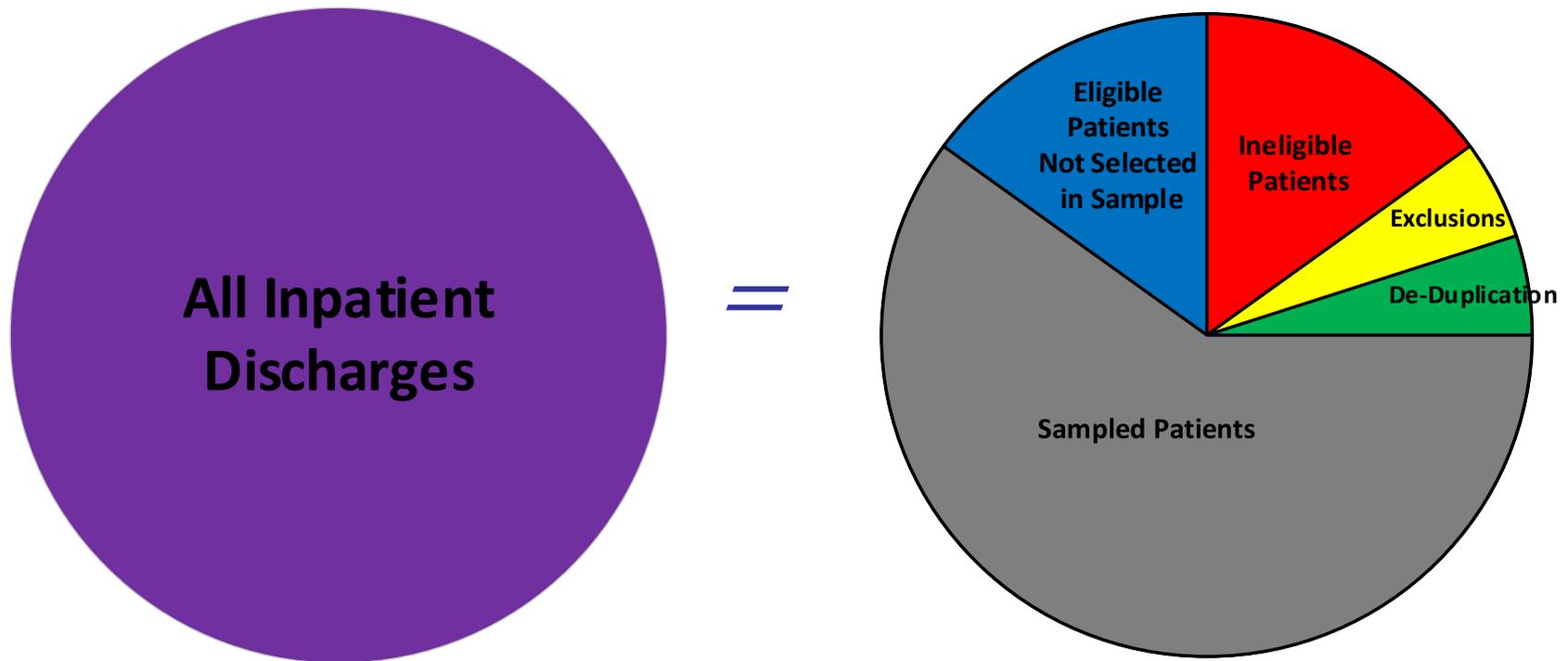
## *Data Collection Accuracy: Total Inpatient Discharges*



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## Collection of Total Inpatient Discharges

Reminder:



## Collection of Total Inpatient Discharges *(cont'd)*

- From the first year of data submission:
  - On average, hospitals' Total Inpatient Discharges are **2-3 times greater** than their Eligible Discharge Size
  - Total Inpatient Discharges that are **10 times greater** than Eligible Discharge Size should be verified for accuracy
  - Total Inpatient Discharges **should not be less** than Eligible Discharge Size
  - Highly unlikely that Total Inpatient Discharges would be the same as Eligible Discharge Size

## Summary

- Patient representativeness and choosing a survey mode
  - Hospitals should consider patient characteristics when choosing or changing survey mode
    - Both representativeness and response rates could be affected
- Data collection accuracy for selected variables
  - High rates of missing service line cause inaccuracy in score adjustment and may result in footnotes
  - Total Inpatient Discharges should be analyzed for reasonable values compared to Eligible Discharge Size

## Updates on Potential New HCAHPS Survey Content and the 2021 HCAHPS Mode Experiment

# HCAHPS Update Training

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## *Updates on Potential New HCAHPS Survey Content*



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## 2019-21 HCAHPS Survey Refinement Process Similar to Original HCAHPS Survey Development

- Input from stakeholders, including hospitals, patient advocacy groups, CAHPS Consortium, other patient experience experts
- Examination of peer-reviewed research literature
- Focus groups to explore and confirm aspects of inpatient care important to patients
  - Also assessed relevance, currency, and appropriateness of existing HCAHPS items
- Multiple rounds of cognitive interviews (English and Spanish) to assess and refine survey item wording

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## New Survey Topics Tested in the 2021 Mode Experiment

- Care Coordination
  - Within hospital
  - Post-discharge/Care transition
- Discharge Experience
- Communication with Patient's Family or Caregiver
- Emotional Support/Security
- Sleep and Rest
- Summoning Help

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## Content of the 2021 Mode Experiment Survey

- 43 items in length for the purpose of evaluating candidate items, not all of which will be used in the HCAHPS 2.0 Survey
  - 19 of the 22 current HCAHPS evaluative items
    - 3 current Care Transition items were re-worded (see below)
  - 7 “About You” items
    - Admission through the ER item dropped
    - New item on stay planned in advance
  - 17 supplemental items
    - 15 candidate evaluative items, includes re-worded Care Transition items
    - 2 items on proxy response

## Candidate Items Empirically Tested via the HCAHPS Mode Experiment

- Analysis is in progress
- Items that show strong psychometric properties (reliability, validity, absence of ceiling/floor effects) and which are not redundant with existing items will be considered for the HCAHPS 2.0 survey
- The timing of HCAHPS 2.0 implementation is TBD
  - Ample prior notice will be given before implementing any changes

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## *Updates on 2021 HCAHPS Mode Experiment*



## Prior HCAHPS Mode Experiments

- The 2006 HCAHPS Mode Experiment tested mode effects
  - Summary document of Mode Experiment results is available on HCAHPS Web site (<https://www.hcahpsonline.org>)
- The 2008 HCAHPS Mode Experiment tested a candidate internet survey administration mode
- The 2012 HCAHPS Mode Experiment tested new Care Transition survey items
- The 2016 HCAHPS Mode Experiment reassessed the effects of survey mode on response propensity and response patterns

## 2021 HCAHPS Mode Experiment (1 of 2)

- The 2021 HCAHPS Mode Experiment is the 5<sup>th</sup> HCAHPS Mode Experiment
- Goals are to:
  - Evaluate new candidate modes that include web survey with email contact
  - Evaluate new candidate items
  - Evaluate revised survey protocols
  - Update/develop mode and patient-mix adjustments for existing and candidate items

## 2021 HCAHPS Mode Experiment (2 of 2)

- Nationally representative hospitals sampled and invited
  - Regardless of the extent to which hospitals collect email addresses
- All HCAHPS Mode Experiments randomize a representative sample of HCAHPS-eligible patients into survey modes within hospitals
  - Allows unbiased assessment of effects of mode protocols on response rate, representativeness, and patient-mix adjusted HCAHPS scores

## 2021 Mode Experiment Timeline and Implementation

- Data collection from 45 participating hospitals occurred May – December 2021
  - Used 36,001 patient discharges from April 1 to September 30, 2021
  - Patients randomized within each hospital to 6 modes
  - Data will be analyzed in 2022
- Excluded discharges that do not meet HCAHPS eligibility criteria
- As in previous HCAHPS mode experiments, survey administration was limited to English language

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## The 2021 HCAHPS Mode Experiment Tested Three Web-First Mixed Modes

- Web-Mail
- Web-Phone
- Web-Mail-Phone
- *Patients without email addresses who are randomly assigned to a mode involving Web first only experience the remaining mode(s)*
- *Initiation of the remaining mode(s) is delayed to synchronize those mode(s) with patients receiving the full protocol*

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## Design of 2021 Mode Experiment's Web Survey

- Web version accommodates different browser sizes and different platforms (computer, laptop, tablet, mobile device)
- Web page layout
  - One question per web page
  - Navigation buttons labeled "Back" and "Next"
  - Page header displayed survey section name: Your Care From Nurses
  - Page footer displayed phone number and email address for technical assistance
  - No graphics
  - Limited use of color
- Web survey retained the underlining and font styles used in the mail survey
- Web survey was 508 compliant
- Approach informed by ED CAHPS experiments



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## *Web-Mail Mixed Mode Protocol*

- Send email survey invitation containing link to web survey and personalized PIN between 48 hours and 49 calendar days post-discharge
  - Follow-up invitations sent 2 and 5 days later
- Send mail survey to non-respondents 2 days after third emailed survey invitation
  - Initial and follow-up letters conform to QAG V16.0 specifications
  - For patients without an email address, the mail survey is the first contact
- Complete data collection within 49 calendar days of emailed survey invitation

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## *Web-Phone Mixed Mode Protocol*

- Send email survey invitation containing link to web survey and personalized PIN between 48 hours and 49 calendar days post-discharge
  - Follow-up invitations sent 3 and 6 days later
- Initiate first phone attempt to non-respondents 3 days after third emailed survey invitation
  - Maximum of 5 phone attempts at different times of day and day of week spanning 8 or more days
  - Phone script conforms to QAG V16.0 guidelines
  - For patients without an email address, the phone survey is the first contact
- Complete data collection within 49 calendar days of emailed survey invitation



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## *Web-Mail-Phone Mixed Mode Protocol*

- Send email survey invitation containing link to web survey and personalized PIN between 48 hours and 49 calendar days post-discharge
  - Follow-up invitation sent 3 days later
- Send mail survey to non-respondents 2 days after second emailed survey invitation
  - Initial and follow-up letters conform to QAG V16.0 specifications
  - For patients without an email address, the mail survey is the first contact
- Initiate first phone attempt to non-respondents at end of the mail phase
  - Maximum of 5 phone attempts at different times of day and day of week spanning 8 or more days
  - Phone script conforms to QAG V16.0 guidelines
- Complete data collection within 49 calendar days of emailed survey invitation

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## Mode Experiment Schedule of Contacts

| Mode Day | Mail Only                   | Phone Only          | Mixed Mode          | Web-Mail                         | Web-Phone                        | Web-Mail-Phone                   |
|----------|-----------------------------|---------------------|---------------------|----------------------------------|----------------------------------|----------------------------------|
| 1        | Mail 1 <sup>st</sup> survey | Begin phone calls   | Mail survey         | Email 1 <sup>st</sup> invitation | Email 1 <sup>st</sup> invitation | Email 1 <sup>st</sup> invitation |
| 3        |                             |                     |                     | Email 2 <sup>nd</sup> invitation |                                  |                                  |
| 4        |                             |                     |                     |                                  | Email 2 <sup>nd</sup> invitation | Email 2 <sup>nd</sup> invitation |
| 6        |                             |                     |                     | Email 3 <sup>rd</sup> invitation |                                  | Mail survey                      |
| 7        |                             |                     |                     |                                  | Email 3 <sup>rd</sup> invitation |                                  |
| 8        |                             |                     |                     | Mail 1 <sup>st</sup> survey      |                                  |                                  |
| 10       |                             |                     |                     |                                  | Begin phone calls                |                                  |
| 21       | Mail 2 <sup>nd</sup> survey |                     |                     |                                  |                                  |                                  |
| 28       |                             |                     | Begin phone calls   |                                  |                                  | Begin phone calls                |
| 30       |                             |                     |                     | Mail 2 <sup>nd</sup> survey      |                                  |                                  |
| 49       | End data collection         | End data collection | End data collection | End data collection              | End data collection              | End data collection              |

## Availability of Email Addresses

- An email address was available for 63% of the 36,001 discharges
- Instances identified as “no email address” include
  - Blank or missing data
  - Absence of an @ symbol
  - Absence of a valid email suffix in the email domain (e.g., .com, .net, .org, .edu, etc.)

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## Mode Experiment Response Rates

| Survey Administration Protocol | Response Rate |
|--------------------------------|---------------|
| HCAHPS Legacy Modes            |               |
| Mail Only                      | 23%           |
| Phone Only                     | 23%           |
| Mixed Mode                     | 32%           |
| Web-first Modes                |               |
| Web-Mail                       | 29%           |
| Web-Phone                      | 31%           |
| Web-Mail-Phone                 | 37%           |

- *Addition of web increases response rates*
- *Lowest response rates for single modes*

## Addition of Web Increases Response Rates

- Web adds 6 percentage points to Mail Only response rate
  - 44% of Web-Mail response is by web
- Web adds 8 percentage points to Phone Only response rate
  - 43% of Web-Phone response is by web
- Web adds 5 percentage points to Mixed Mode response rate
  - 28% of Web-Mail-Phone response is by web

## Web-First Modes Shift Respondents from Mail and Phone to Web

- In addition to increasing response rates, adding web also causes some people who would have responded anyway to respond by web rather than by mail or by phone
  - About 29% of patients who would have responded by mail in Mail Only mode responded by web in Web-Mail mode
  - About 22% of patients who would have responded by phone in Phone Only mode responded by web in Web-Phone mode
  - About 5% of patients who would have responded by mail or phone in Mixed Mode responded by web in Web-Mail-Phone mode

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## Web-First Modes Produce Greater Benefit When More Email Addresses Are Available

- 63% of patients in this mode experiment shared mail addresses
- Hospitals with higher rates of email address availability than 63% could expect a greater increase in response rates in modes that include web
  - The converse is true for hospitals with lower rates of email address availability

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*Questions?*



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## Next Steps

- Hospitals/Survey vendors:
  - Update QAP
  - Submit HCAHPS Attestation Statement
    - Due by April 1, 2022
    - Monitor the HCAHPS Web site for this document
  - Submit HCAHPS Survey materials
    - Due by April 1, 2022
  - Monitor the HCAHPS Web site:  
<https://www.hcahpsonline.org>

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## More Information and Resources

- Registration, applications, background information, and reports:  
<https://www.hcahpsonline.org>
- Submitting HCAHPS data:  
<https://hqr.cms.gov/>
- Publicly reported HCAHPS results:  
<https://www.medicare.gov/care-compare/>
- HCAHPS results in the Provider Data Catalog:  
<https://data.cms.gov/provider-data/dataset/dgck-syfz>



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## Contact Us

### HCAHPS Information and Technical Support

- Web site: <https://www.hcahpsonline.org>
- Email: [hcahps@hsag.com](mailto:hcahps@hsag.com)
- Telephone: 1-888-884-4007



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## Complete Evaluation Form

