

# HCAHPS Update Training

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# HCAHPS Update Training

March 2023



# 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)* V18.0
- Tips and Reminders: HCAHPS Survey Administration
- Updates to HCAHPS Survey Mode Adjustments, Effective January 2023
- Response Rates by Survey Mode and Patient Characteristics: Findings from the 2021 HCAHPS Mode Experiment

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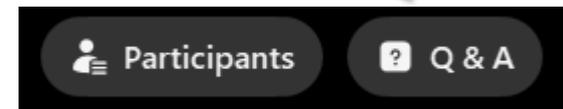
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## Online Question Submission Illustration 1

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*Q&A Button*



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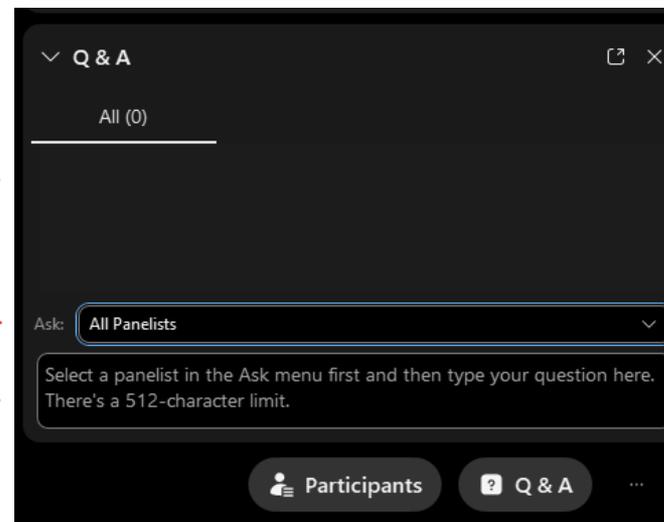
## Online Question Submission *(cont'd)* Illustration 2

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March 2023

March 2023



March 2023

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## HCAHPS Program Updates March 2023



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## Overview

- HCAHPS 2021 Mode Experiment Update
- *Tentative* Timeline for HCAHPS 2.0: 2023 - 2025
- Other HCAHPS Activities
- HCAHPS Scores and the Continuing COVID-19 Public Health Emergency
- Publicly Reported HCAHPS Top-Box Scores, December 2008 to April 2023
- HCAHPS Never Rests
- More Information on HCAHPS



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## Updates from the HCAHPS 2021 Mode Experiment

- HCAHPS Project Team has analyzed data from the 2021 mode experiment
- Key findings will be provided in a later presentation



## *Tentative* HCAHPS 2.0 Timeline

### 2023

- Fiscal year 2024 IPPS proposed rule, April 2023
  - Changes to HCAHPS must be first proposed through federal rulemaking
  - FY 2024 IPPS final rule, August 2023
  - Monitor [HCAHPSonline.org](https://www.hcahpsonline.org) for link to rules on display
- CMS measures under consideration (MUC) process
  - Spring 2023
  - Consideration and review of possible new survey measures
- National Quality Forum endorsement process
  - Fall 2023 cycle
  - Possible changes to survey content, administration, administrative data, etc.

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

### **2024**

- Fiscal year 2025 IPPS proposed rule, April 2024
  - FY 2025 IPPS final rule, August 2024
  - Monitor [HCAHPSonline.org](https://www.hcahpsonline.org) for link to rules
- Office of Management and Budget (OMB) review process
- HCAHPS 2.0 *Quality Assurance Guidelines* issued
- Training for HCAHPS 2.0
  - Survey vendors and self-administering hospitals
  - Submission, review, and approval of new survey materials
- Check HCAHPS On-Line Web site for updates, etc.

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

### **2025**

- January 2025: anticipated target for launch of HCAHPS 2.0

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## Other HCAHPS Activities

- Survey mode and patient representativeness
  - Findings from 2021 mode experiment in later presentation
  - HPT encourages hospitals to view new HCAHPS podcast:
    - [“Improving Representativeness of the HCAHPS Survey”](#)
- HCAHPS Project Team strongly recommends that hospitals collect and provide to survey vendors:
  - Patient’s email address, if available
  - Patient’s preferred language

## HCAHPS 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
- *Note:* After the official end of the COVID-19 public health emergency, survey vendors must submit a new Exception Request for remote work
  - More information in a later presentation today



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## HCAHPS Never Rests

- April 2023 publicly reported scores based on ~2.27 million completed surveys from patients at 4,494 hospitals
- ~6,200 patients complete the HCAHPS Survey every day
- HCAHPS scores are used in CMS public reporting, Hospital Value-Based Purchasing, and Hospital Overall Star Ratings
- HCAHPS scores also used by CMS in the Comprehensive Care for Joint Replacement and PPS-Exempt Cancer Hospital programs
  - HCAHPS data used by other agencies (HRSA, VA, DoD), state governments, and others
- 475 published research articles use HCAHPS data (*PubMed.gov*, January 2023)



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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 V18.0 (QAG)*



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## Overview

- Minor Changes to the HCAHPS Materials
  - Tagalog: Follow-up Cover Letter
  - German: Survey Instructions Skip Pattern
  - Portuguese: Question 25
- Key Changes to the *QAG V18.0*
  - Annual Updates
  - Participation and Program Requirements
  - Sampling
  - Updates by Mode
  - Data Specifications and Coding
  - Data Preparation and Submission
  - Exception Requests/Discrepancy Reports



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## Overview *(cont'd)*

- Oversight Activities
  - Survey Materials
  - Attestation Statement

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## *Minor Changes to the HCAHPS Materials*



## Minor Changes to HCAHPS Materials

- **Update: Mail Only and Mixed Modes**

- Tagalog: HCAHPS Follow-up Cover Letter, in the sentence stating sponsor of the survey and length of time to complete the questions, revise from “aabot” to “aabutin”
  - Tagalog: Ang mga tanong 1-29 sa survey ay sponsored ng United States Department of Health and Human Services at **aabutin** ng humigit kumulang 7 minuto para makumpleto.
  - English: 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.
- German: HCAHPS Survey Instrument Instructions, in the skip pattern language example, revise from “mit” to “zu”
  - German: Nein → Falls Nein, weiter **zu** Frage 1
  - English: No → If No, Go to Question 1

## Minor Changes to HCAHPS Materials *(cont'd)*

- **Update: Mail Only and Mixed Modes**

- Portuguese: HCAHPS Survey Scannable Instrument, Q25, underline “saúde”

- Portuguese: Em geral, como classificaria a sua saúde mental ou emocional como um todo?

- English: In general, how would you rate your overall mental or emotional health?

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## *Key Changes to the QAG V18.0*



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## QAG V18.0

- Applies to all patient discharges July 1, 2023 and forward
  - <https://www.hcahpsonline.org>
    - *QAG V18.0*
    - *QAG V18.0 Change Matrix*

**HCAHPS**

Hospital Consumer Assessment of  
Healthcare Providers and Systems

CAHPS® Hospital Survey

Quality Assurance

Search



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## Annual Updates

- HCAHPS Development, Data Collection and Public Reporting Timeline
- FY 2023 IPPS Final Rule ([87 FR 48780 through 49499](#))
- Codes to Determine Service Line
  - V.40 MS-DRG Codes were effective October 1, 2022
  - V.41 MS-DRG Codes will be effective October 1, 2023

## Participation and Program Requirements

- **Minimum Business Requirements (MBRs)**
  - **Update:** Remote Operations are allowed with an approved Exception Request
    - Survey administration activities must be conducted from a business location unless an approved Exception Request is in place
  - **Reminder:** MBRs continually apply to all HCAHPS approved self-administering hospitals/survey vendors/multi-site hospitals for as long as the organization maintains the HCAHPS approval status

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## Sampling

- **Update: Codes to Determine Service Line**
  - MS-DRG Codes updated
    - V.40 MS-DRG Codes became effective October 1, 2022
    - V.41 MS-DRG Codes will be effective October 1, 2023
      - See HCAHPS Web site (<https://www.hcahpsonline.org>)

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## Survey Administration: Mail/Mixed Modes

- **Update: Tagalog Follow-up Cover Letter**
  - In the sentence stating sponsor of the survey and length of time to complete the questions revise “aabot” to “aabutin”

Mahal naming [SAMPLED PATIENT NAME]:

Mga ilang linggo na ang nakakalipas, nagpadala kami sa inyo ng survey para hingin ang feedback ninyo sa pinakahuling karanasan ninyo sa [NAME OF HOSPITAL] at na-discharge noong [DATE OF DISCHARGE (mm/dd/yyyy)]. Kung naipadala na ninyo pabalik sa amin ang survey, nagpapasalamat po kami at maaari na ninyong balewalain ang liham na ito. Gayunman, kung hindi pa ninyo nakukumpleto ang survey, mangyaring maglaan ng ilang minuto para makumpleto ito ngayon.

Ang survey na kasama nito ay bahagi ng pagsisikap naming maunawaan ang pananaw ng mga pasyente sa pangangalagang natatanggap nila sa ospital. Ang mga tanong 1-29 sa survey ay sponsored ng United States Department of Health and Human Services at **aabutin** ng humigit-kumulang 7 minuto para makumpleto...



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

- **Update: German Survey Instrument Instructions Skip Pattern**
  - In the Survey Instrument Instructions Skip Pattern Example, revise “mit” to “zu”

### ANLEITUNGEN ZUR UMFRAGE

- ◆ Füllen Sie diesen Fragebogen nur aus, wenn Sie der auf dem Deckblatt genannte Patient im Krankenhaus waren. Füllen Sie den Fragebogen nicht aus, wenn Sie nicht der Patient waren.
- ◆ Beantworten Sie alle Fragen, indem Sie das Kästchen links neben Ihrer Antwort ankreuzen.
- ◆ Sie werden manchmal aufgefordert, Fragen zu überspringen. In dem Fall wird Ihnen ein Pfeil mit dem Hinweis gezeigt, zur nächsten Frage vorzugehen, wie z. B.:

- Ja
- Nein → **Falls Nein, weiter zu Frage 1**



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

- **Update: Portuguese Scannable Instrument**
  - Q25: Underline the word “*saude*”

25. Em geral, como classificaria a sua **saúde** mental ou emocional como um todo?

- |    |           |
|----|-----------|
| 10 | Excelente |
| 20 | Muito boa |
| 30 | Boa       |
| 40 | Razoável  |
| 50 | Fraca     |

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

- **Clarification: Two Placement Options for Reply-by Date**
  - Placed above the salutation
  - OR**
  - In the fourth paragraph of the cover letters replacing the sentence, “After you have completed the survey, please return it in the enclosed pre-paid envelope.”

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

- **Example Placement Option One: Above the Salutation**

[SAMPLED PATIENT NAME]

[ADDRESS]

[CITY, STATE ZIP]

Please reply by: [DATE (mm/dd/yyyy)].

Dear [SAMPLED PATIENT NAME]:

A few weeks ago, we sent you a survey asking for your feedback on your recent experience at [NAME OF HOSPITAL] discharged on [DATE OF DISCHARGE (mm/dd/yyyy)]. If you have already returned the survey to us, please accept our thanks and disregard this letter. However, if you have not yet completed the survey, please take a few minutes and complete it now...



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

- **Example Placement Option Two: In Fourth Paragraph**

...Your participation is voluntary and your answers will be kept private. 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/)).

Please fill out the enclosed survey and mail it by: [DATE (mm/dd/yyyy)] in the pre-paid envelope. If you have any questions about the survey, please call this toll-free number: 1-xxx-xxx-xxxx.

We greatly appreciate your help in improving hospital care.

Sincerely,



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

- **Reminder: Letterhead and Signature**
  - The HCAHPS Project Team recommends the letterhead and signature on the cover letters match each other
  - More than one logo is acceptable
    - i.e., the hospital's logo and the survey vendor's logo

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

- **Example: Hospital Letterhead and Signature**

Hospital  
Logo

[SAMPLED PATIENT NAME]  
[ADDRESS]  
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:...

...We greatly appreciate your help in improving hospital care.

Sincerely,

[HOSPITAL ADMINISTRATOR]  
[HOSPITAL NAME]



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

- **Example: Survey Vendor Letterhead and Signature**

**Survey Vendor  
Logo**

[SAMPLED PATIENT NAME]  
[ADDRESS]  
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:...

...We greatly appreciate your help in improving hospital care.

Sincerely,

**[SURVEY VENDOR CEO]  
[SURVEY VENDOR NAME]**



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

- **Example: More than one logo**

**Hospital  
Logo**

**Survey Vendor  
Logo**

[SAMPLED PATIENT NAME]  
[ADDRESS]  
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:...



## Survey Administration: Telephone/Mixed and IVR Modes

- **Reminder: Interviewer Monitoring**
  - Hospitals/Survey vendors must monitor at least 10 percent of all HCAHPS interviews, dispositions and call attempts in their entirety
  - Monitoring of interviewers should include all locations, subcontractor(s)/partner(s), other organization(s) whether on-site or remote

## Data Specifications and Coding

- **Update: File Specifications Change to Version 4.6**
  - Appendix S – Data File Structure Version 4.6
  - Appendix T – XML File Layout Version 4.6

*Version 4.5 applies to 3Q22–2Q23 patient discharges*

*Version 4.6 applies to 3Q23 patient discharges and forward*

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## Data Preparation and Submission

- Data Submission Timeline

<b>Month of Patient Discharges</b>	<b>Data Submission Deadline</b>	<b>Review and Correct Period</b>	<b>File Specifications Version</b>
October, November and December 2022 (4Q22)	April 5, 2023	April 6-12, 2023	Version 4.5
January, February and March 2023 (1Q23)	July 5, 2023	July 6-12, 2023	Version 4.5
April, May and June 2023 (2Q23)	October 4, 2023	October 5-11, 2023	Version 4.5
July, August and September 2023 (3Q23)	January 3, 2024	January 4-10, 2024	Version 4.6

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

- **Reminder: Data Quality Checks**
  - Investigate data for notable changes in the counts of patient discharges and eligible patients
  - Run frequency/percentage tables for all survey variables stored for a given hospital and month. Compare to same-variable tables from previous months; if notable differences are found, investigate and determine if the data are accurate.
  - See Podcast “[Recommended HCAHPS Data Quality Checks](#)” on HCAHPS Online

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## Exception Requests/ Discrepancy Reports

- **Update: Exception Request to Conduct Survey Operations from a Remote Location**
  - Hospitals/Survey Vendors must submit an Exception Request to conduct remote survey operations
  - Currently approved Exception Requests extend until the end of the Public Health Emergency
    - Hospitals/Survey Vendors with a previously approved Exception Request must submit a new Exception Request to continue conduct remote operations when the current Public Health Emergency ends

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

- **Reminder: Discrepancy Reports for Deviations from Protocol**
  - Hospitals/Survey vendors should notify CMS within 24 hours after the discrepancy has been discovered
  - If all required information is not immediately available, submit a second Discrepancy Report to provide any missing information
    - Discrepancy Report updates are due within two weeks of the initial Discrepancy Report submission

## Oversight Activities

- **Survey Materials**

- Hospitals/Survey vendors must submit survey materials for review to HCAHPS Technical Assistance by **Friday, March 31, 2023**
  - *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, 2023 patient discharges and forward
- *QAG V18.0* Survey Materials posted on HCAHPS Online, <https://hcahpsonline.org/en/survey-instruments/>

## Oversight Activities *(cont'd)*

- **HCAHPS Attestation Statement**
  - Due by **Friday, March 31, 2023**
  - 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 V18.0*

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## Summary

- Based on the HCAHPS *Quality Assurance Guidelines (QAG) V18.0*
  - *QAG V18.0* applies to all patient discharges July 1, 2023 and forward
- Hospitals and survey vendors are responsible for reviewing and familiarizing themselves with all of the content in the QAG

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## Tips and Reminders: HCAHPS Survey Administration



## Overview

- Survey Management
- Sampling
- Survey Administration (Mail Only)
- Survey Administration (Telephone Only)
- Data Submission
- Monitoring and Quality Oversight

## Survey Management

- Customer Support Lines
  - Must establish customer support telephone lines for callers who have questions about the HCAHPS Survey
  - Train customer support personnel in HCAHPS Survey specifications and using the Frequently Asked Questions as a guide when answering patients' questions about the survey
    - Must document questions and responses via a database or tracking log
  - Monitor customer support telephone line for adherence to HCAHPS protocols (at a minimum on a quarterly basis)

## Survey Management *(cont'd)*

- Patient Confidentiality and Data Security
  - Ensure confidentiality, privacy and security procedures are in accordance with HIPAA
  - Test backup files at a minimum on a quarterly basis to make sure files are easily retrievable and working
    - Remember to document backup testing
  - Be prepared to implement a disaster recovery plan for conducting ongoing business operations in the event of a disaster

## Sampling

- Draw a large enough sample to obtain at least 300 completed surveys from eligible patients over a rolling four-quarter period
  - Target ~335 completes to ensure attaining 300 completes
  - Small hospitals: If hospital cannot obtain 300 completed surveys, sample all eligible discharges
- Estimate the proportion of eligible sampled patients who will complete the survey
  - Ineligible rates and response rates should be adjusted based on each hospital's experience
  - Adjust the target in subsequent quarters if not regularly obtaining at least 300 completed surveys from eligible patients

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## Sampling *(cont'd)*

- Missing Patient Administrative Data (e.g., Service Line, Admission Source, Discharge Status)
  - Patients remain eligible for the HCAHPS Survey even though administrative data is incomplete or missing
    - This includes addresses and/or telephone numbers
  - Review data for completeness
    - Attempts must be made to find/update missing information
    - Obtain updated patient discharge files
  - Continued missingness may result in application of the appropriate footnote(s) to HCAHPS Survey results reported on Care Compare on Medicare.gov

## Sampling *(cont'd)*

- Determination of HCAHPS Service Line
  - Approved means to establish the service line category include:
    1. MS-DRG codes (V.25 and later)
    2. V.24 CMS-DRG codes
    3. Mix of DRG codes based on payer source or a mix of MS-DRG and APR-DRG codes
    4. ICD-10 or ICD-9 codes
    5. Hospital Unit
    6. APR-DRG codes

## Sampling *(cont'd)*

- Determination of Service Line *(cont'd)*

7. Other - Approved Exception Request Only – Hospitals/Survey vendors must submit an Exception Request Form online for approval to use a means, other than those listed above, to establish the service line category

- If requesting Determination of Service Line based on a **single service line**, additional documentation is required as part of the Exception Request
  - **Current** electronic or written confirmation **from the hospital** that they are unable to provide MS-DRG codes or other preferred means of establishing the HCAHPS Service Line Category
  - **Current** electronic or written confirmation **from the hospital** delineating which patient populations are served (Medical, Surgical or Maternity)

## Survey Administration (Mail)

- Must use CMS-approved translations of the HCAHPS Survey
- Maximize use of white space
- Use readable font with a font size (i.e., Arial or Times New Roman) of 12-point at a minimum for cover letters and 10-point for survey
- Check mail materials for quality
  - Outgoing questionnaire packet should be checked to make sure that contents are correct
  - Returned scanned surveys should be checked to make sure that they are readable

## Survey Administration (Mail)

*(cont'd)*

- Conduct seeded mailings, at a minimum on a quarterly basis
  - Do not send seeded mailings as a stand-alone mailing to hospital/survey vendor staff
  - Integrate seeded mailings into the hospital's batched survey mailings

## Survey Administration (Telephone)

- 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)
- Conduct ongoing training of interviewers
  - Read script exactly as presented
  - Practice pronunciation
  - Clearly repeat the question and/or response options, as needed
  - Share best interviewing practices among interviewers and across multiple call centers, if applicable

## Data Submission

- Header Record (Survey Month Data)
  - Must correctly document and report the patient counts for:
    - Total Inpatient Discharges
    - Eligible Discharges
    - Sample Size
      - Sample Size counts submitted must match the number of Administrative Data Records (Administrative Data)
  - **Note:** Certain Header Record information (Survey Mode, Type of Sampling, Determination of Service Line) cannot be changed after 2 months have been submitted and accepted

## Data Submission *(cont'd)*

- Administrative Data Record (Administrative Data)
  - Required for each patient **sampled** for the HCAHPS Survey, whether or not the patient responded to the survey
  - Each field of the Administrative Data Record must contain a valid value
  - Create random, unique, de-identified 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

## Data Submission *(cont'd)*

- Patient Response/Survey Results Record (Survey Results)
  - Patient survey responses are required for valid data submission when “Final Survey Status” is coded either:
    - “1 – Completed survey” or
    - “6 – Non-Response: Break-off”

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## Data Submission *(cont'd)*

- Review of HCAHPS Data Submission Reports
  - Compare data elements in the XML file and monthly patient files against the Data Submission Reports to make sure that data were correctly submitted
  - Most common reasons files are rejected:
    - Survey vendor authorization has not been completed
    - Data element values are out of range
    - File specifications version is incorrect

## Monitoring and Quality Oversight

### Hospital/Survey Vendor

- Establish a system for providing and documenting quality oversight and monitoring of the HCAHPS Survey administration and project staff, including subcontractors
- Quality control checks must be conducted by someone other than the person who completed the task and should occur throughout survey administration and data collection
  - Perform and document quality checks of all key events in survey administration including, but not limited to: sample frame creation; sampling procedures; data receipt; data entry; data submission; backup systems; programming code (on an annual basis, at a minimum), etc.
  - Review and update survey documentation on an ongoing and continuous basis, to ensure that key staff can cover for each other to produce high-quality data

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## Monitoring and Quality Oversight *(cont'd)*

### **HCAHPS Project Team**

- Reviews Quality Assurance Plans
- Reviews survey materials
- Analyzes submitted data
- Conducts site visits and conference calls

## Monitoring and Quality Oversight (*cont'd*)

- If a hospital (or its survey vendor) fails to adhere to HCAHPS protocols, it must develop and implement corrective actions
  - Footnotes may be added to publicly reported HCAHPS scores, as appropriate
- If problems persist, the hospital may not qualify as meeting the Annual Payment Update (APU) requirements for HCAHPS
  - The hospital's APU may be jeopardized
  - Possible consequences for Hospital Value-Based Purchasing
- Survey vendors that are non-compliant with HCAHPS protocols may lose their approval status

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## Summary

- Review the current HCAHPS *Quality Assurance Guidelines*
- Update your Quality Assurance Plan annually and as needed
- Comply with all HCAHPS oversight activities

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*Questions?*

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*Break*



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## Updates to HCAHPS Survey Mode Adjustments, Effective January 2023



## Purpose of the HCAHPS Mode Adjustments

- Survey mode affects both
  - Which patients complete the HCAHPS survey and
  - How patients respond to items
- These effects may change over time as communication technology and usage habits change

## Purpose of the HCAHPS Mode Adjustments *(cont'd)*

- HCAHPS adjusts data collected in Telephone Only, Mixed, and IVR modes to make them equivalent to data collected in Mail Only (the reference mode)
- After mode adjustment hospital scores are comparable across all four modes
- In combination with Patient-Mix Adjustment (PMA), mode adjustments ensure that HCAHPS scores are not influenced by a hospital's patient mix or survey mode

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## Updated Mode Adjustments: Background

- The 2021 mode experiment (ME) updated the mode adjustments for Telephone Only and Mixed modes
- Prior mode adjustments were derived from the 2016 ME
  - The prior mode adjustments for IVR remain unchanged
- The updated survey mode adjustments are applied to HCAHPS scores beginning with January 2023 discharges and are posted on HCAHPS online
  - Top-box, bottom-box, and linear mean adjustments were also updated
  - This presentation will focus on top-box adjustments



## 2021 HCAHPS Mode Experiment

- In the 2021 ME, CMS employed a random sample of 46 hospitals that participate in HCAHPS
  - Included hospitals from each of CMS's ten geographic regions
- Surveys from 36,001 patients discharged between April and September 2021 from participating hospitals were used to develop updated adjustments for the HCAHPS Mail Only, Telephone Only, and Mixed survey modes

## Updated Mode Adjustments: Methods

- Regression models predicted each HCAHPS measure from survey mode indicator (Telephone Only or Mixed) relative to the reference group (Mail Only)
  - Models include HCAHPS patient-mix adjusters and hospital fixed effects
  - Mode adjustments are the mode coefficients from those models multiplied by -1
- Next, we present the top-box mode adjustments from the 2021 ME and compare to the previous adjustments

## Updated Top-Box Mode Adjustments: Telephone Only Summary

- Telephone Only resulted in more positive responses than Mail Only for all measures
  - Thus, all adjustments to Telephone Only were negative
  - Also true for the 2016 ME
- The magnitude of 2021 ME adjustments is sometimes larger for measures, sometimes smaller for other measures than the prior adjustments
- Overall, there is little net change in the Telephone Only adjustments

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## 2016 and 2021 Survey Mode Adjustments to Telephone Only

	2016 ME	2021 ME
Nurse	-4.2%	-5.1%
Doctor	-2.8%	-2.3%
Staff	-0.9%	-2.4%
RX Communication	-1.7%	-6.3%
Clean	-2.8%	-0.9%
Quiet	-8.6%	-6.6%
Discharge	-1.7%	-1.4%
CTM	-0.6%	-0.6%
Rating	-2.0%	-0.5%
Recommendation	-3.5%	-3.0%
<b>Average</b>	<b>-2.9%</b>	<b>-2.9%</b>

## Updated Mode Adjustments: Mixed Mode Summary

- In 2021, responses to Mixed mode were sometimes more positive and sometimes more negative than responses to Mail Only, though differences were generally small
  - This resulted in a mixture of positive and negative adjustments to Mixed mode
- This represents a change from 2016 when Mixed mode responses were generally more positive than Mail Only responses, resulting in negative adjustments
- This may reflect changes in who now participates in the Mixed mode, and how often they respond by mail versus telephone

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## 2016 and 2021 Survey Mode Adjustments to Mixed Mode

	2016 ME	2021 ME
Nurse	-3.6%	-0.9%
Doctor	-1.8%	-0.7%
Staff	-3.4%	1.7%
RX Communication	-0.9%	-1.9%
Clean	-3.8%	-0.7%
Quiet	-5.6%	-0.8%
Discharge	-1.2%	0.4%
CTM	-1.3%	-1.3%
Rating	-3.0%	0.2%
Recommendation	-2.1%	1.0%
<b>Average</b>	<b>-2.7%</b>	<b>-0.3%</b>

## Updated Mode Adjustments: Summary

- Telephone Only adjustments continue to be negative compared to Mail Only, with some measures becoming more so and others less so
- Whereas prior Mixed adjustments were generally negative, updated adjustments are both negative and positive, and generally small

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## Implementation Dates for Mode Adjustments

- Updated survey mode adjustments will go into effect starting with January 2023 discharges
  - Updated adjustments will roll in one quarter at a time
  - October 2024 public reporting (CY 2023 discharges) will be the first in which all 4 quarters employ the updated survey mode adjustments

## **Response Rates by Survey Mode and Patient Characteristics: Findings from the 2021 HCAHPS Mode Experiment**

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## Background: Many Patient Groups Have Lower Survey Response Rates

- Surveys in general, including HCAHPS, often have lower response rates (RRs) for adults who are Asian American and Native Hawaiian/Pacific Islander (AA&NHPI), Black, Hispanic, and younger
  - Mail surveys tend to perform less well with all these groups
  - Telephone surveys often perform better with these groups, except for AA&NHPI people
- Methods that improve RRs for these groups are important to ensure that patient experiences surveys:
  - Fully capture the experiences of all patients
  - Adequately measure health equity and equity-targeted quality improvement efforts
- Because these groups tend to have lower RRs, any effort that improves their RR is likely to improve overall representativeness

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## We Investigated Two Approaches to Increasing Representation of Groups with Lower Response Rates

- Sequential multimode approaches increase RRs and representativeness
  - Different patients have different preferred mode of response
  - Providing 2 or more modes sequentially allows patients to respond in their preferred mode
  - Here we evaluate one 3-mode protocol, three 2-mode protocols, and two single-mode protocols
- Longer data collection periods have several potential benefits
  - They facilitate multimode protocols
  - They may increase RR
  - They may increase representativeness
  - Here we test a 49-day data collection period and compare respondents in the last week to those in the first 42 days

## 2021 HCAHPS Mode Experiment Design

- 46 participating hospitals
  - Sampled 36,001 patient discharges from April 1 to September 30, 2021
  - 63% of patients provided email addresses
  - Patients randomized within each hospital to 1 of 6 modes
- Applied standard HCAHPS eligibility criteria
  - Age 18+, overnight stay, surgical/maternity/medical service lines, etc.
- Used a 49-day, rather than 42-day field period
- As in previous HCAHPS mode experiments, survey administration was in English

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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

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## 2021 HCAHPS Mode Experiment Response Rates

Survey Administration Protocol	Response Rate
<b>Current HCAHPS Modes</b>	
Mail Only	22%
Phone Only	23%
Mail-Phone	<b>31%</b>
<b>Web-first Modes</b>	
Web-Mail	<b>29%</b>
Web-Phone	<b>30%</b>
Web-Mail-Phone	<b>36%</b>

- Adding web increased RRs
- Single mode-protocols had the lowest RRs

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## 2021 HCAHPS Mode Experiment Response Rates by Email Availability

Survey Administration Protocol	RR, no available email address	RR, email address available
<b>HCAHPS Legacy Modes</b>		
Mail Only	21%	24%
Phone Only	20%	23%
Mail-Phone	<b>26%</b>	<b>34%</b>
<b>Web-first Modes</b>		
Web-Mail	20%	<b>34%</b>
Web-Phone	19%	<b>37%</b>
Web-Mail-Phone	<b>29%</b>	<b>40%</b>

- Email availability is associated with higher RRs, even for non-web survey modes
- Email availability increases RRs especially for web-first survey modes

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## Randomized Experiments Help Compare the Representativeness of Survey Modes

- Age, Sex, and Service Line are collected administratively in HCAHPS
  - Available for both respondents and nonrespondents
  - RRs by these characteristics can be directly calculated
- HCAHPS collects self-reported race/ethnicity, but only from respondents
- A randomized experiment can show relative differences in RRs by race/ethnicity for different survey methods in de-identified data such as HCAHPS
  - While RRs by race/ethnicity are not directly measurable, higher yields indicate higher RRs

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## A Yield Analysis Compares Modes in their Representation of Patient Groups

- RR is completes divided by eligible fielded cases, removing ineligibles from the denominator
  - Hospital RRs are reported on Care Compare, preview reports, etc.
- “Yield” is completes divided by all fielded cases, leaving ineligibles in the denominator
- While yield understates RR, yield is comparable across modes that differ in how well they detect ineligible patients (e.g., Phone Only vs. Mail Only) in a randomized experiment
- Randomization also allows you to compare yield across modes to learn how well modes represent characteristics that are only known for respondents, such as race/ethnicity for HCAHPS
  - For example, even though the proportion of sampled patients who are Black is unknown, randomization ensures that those proportions are similar across modes

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## Multimode Protocols Improve RR and Representativeness: Race and Ethnicity

- Web-Mail-Phone had the highest yield for 3 of 5 racial and ethnic groups (and the second highest for another) because of its high representativeness and overall RR
- Otherwise, the highest or second-highest yield was almost always a 2-mode protocol
- Mail Only was the lowest-yield mode for Black, Hispanic, and Multiracial patients; Phone Only was lowest-yield for White patients, and these modes tie as lowest-yield for AA&NHPI patients
- The gains from multimode approaches are often 2-3x as large for AA&NHPI, Black, Hispanic, and Multiracial patients as for White patients

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## Increases in Yield by Race and Ethnicity, Relative to Mail Only

	% Yield	Percentage Increase in Yield Compared to Mail Only				
		Mail Only (ref)	Phone Only	Mail-Phone	Web-Mail	Web-Phone
<b>AA&amp;NHPI</b>	1.3	+0%	<b>+69%*</b>	<b>+69%*</b>	+38%*	+54%*
<b>Black</b>	2.4	+17%	+33%*	+13%	+29%*	<b>+75%*</b>
<b>Hispanic</b>	3.0	+37%*	+50%*	+53%*	+80%*	<b>+90%*</b>
<b>White</b>	15.1	-31%*	+12%*	+17%*	+1%	<b>+32%*</b>
<b>Multiracial</b>	0.2	<b>+450%*</b>	+350%*	+50%	<b>+450%*</b>	+200%*

\* p<0.05 (most p<0.001)

**Bold** is highest yield for a given row

Statistical power was inadequate to compare the AI/AN group across modes

## Multimode Protocols Improve RR and Representativeness: Age

- Web-Mail-Phone had the highest yield for 6 of 8 age groups and the second highest yield for the other two age groups
- Otherwise, the highest or second-highest yield was almost always a 2-mode protocol
  - Web-Phone was especially successful for ages 18-64
  - Web-Mail was especially successful for ages 65-84
- Mail Only had the lowest yield for ages 18-54
- Phone Only had the lowest yield for ages 55+

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## Increases in Yield by Age, Relative to Mail Only

	Percentage Increase in Yield Compared to Mail Only					
	% Yield	Mail Only (ref)	Phone Only	Mail-Phone	Web-Mail	Web-Phone
18-24	0.4	+150%*	+150%*	+50%	<b>250%*</b>	+200%*
25-34	1.5	+87%*	+147%*	+140%*	+187%*	<b>+233%*</b>
35-44	1.7	+47%*	+82%*	+41%*	<b>+94%*</b>	<b>+94%*</b>
45-54	1.6	+44%*	+38%*	+25%	+69%*	<b>+94%*</b>
55-64	3.8	-5%	+32%*	+18%*	+34%*	<b>+55%*</b>
65-74	6.3	-32%*	+3%	<b>+17%*</b>	-14%	+16%*
75-84	4.9	-35%*	+10%	+16%*	-8%	<b>+20%*</b>
85+	<b>2.4</b>	-54%*	-13%	-8%	-33%*	<b>0%</b>

\* p<0.05 (most p<0.001)

**Bold** is highest yield for a given row



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## Multimode Protocols Improve RR and Representativeness: Service Line and Sex

- Web-Mail-Phone had the highest yield for 4 of 5 combinations of service line and sex and the second highest yield for the other group
- Otherwise, the highest or second-highest yield was always a 2-mode protocol
  - Web-Mail did especially well for surgical patients
  - Web-Phone did especially well for maternity patients
  - Mail-Phone did especially well for medical patients
- Mail Only had the lowest yield for maternity patients
- Phone Only had the lowest yield for medical and surgical patients

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## Increases in Yield by Service Line/Sex, Relative to Mail Only

	% Yield	Percentage Increase in Yield Compared to Mail Only				
		Mail Only (ref)	Phone Only	Mail-Phone	Web-Mail	Web-Phone
Medical, female	5.3	-23%*	+17%*	+8%	+9%	<b>+51%*</b>
Surgical, female	3.4	-21%*	+15%	<b>+21%*</b>	+0%	+15%
Maternity	1.8	+50%*	+122%*	+128%*	+161%*	<b>+172%*</b>
Medical, male	4.8	-8%	+19%*	+17%*	+15%	<b>+44%*</b>
Surgical, male	3.0	-10%	+20%*	+27%*	+13%	<b>+30%*</b>

\* p<0.05 (most p<0.001)

**Bold** is highest yield for a given row



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## Extending HCAHPS Data Collection Period from 42 to 49 Days Improves Representation of Underrepresented Groups

- HCAHPS currently allows patients 42 days after first contact to respond
- We tested a 49-day data collection period and compared the final week (days 43-49) to the first 42 days
  - All modes showed meaningful gains in RR in the last week (average +3 pp)
  - Biggest gains for underrepresented groups
    - Racial and ethnic minority respondents were 51% of last-week respondents vs. 40% of earlier respondents
    - Those preferring another language to English were 13% of last-week respondents vs. 10% of earlier respondents.
    - Later responses to patient experience surveys are also known to capture poorer care experiences than earlier responses

## Conclusions (1 of 2)

- Survey RRs are often much lower for younger, AA&NHPI, Black, Hispanic, or maternity patients
- Multimode approaches that include web, telephone, or both and longer data collection periods can improve the representation of racial and ethnic groups in patient experience surveys such as HCAHPS
  - For HCAHPS, the gains from multimode approaches were often 2-3x as large for AA&NHPI, Black, Hispanic, and Multiracial people as for White people
  - There were also important gains in RRs for younger and maternity patients

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## Conclusions (2 of 2)

- Mail Only mode had the lowest yield for Black, Hispanic, Multiracial, age 18-54, and maternity patients
- Phone Only mode had the lowest yield for White, age 55+, medical, and surgical patients
- Web-Mail-Phone had the highest yield for most groups
- Among two-mode protocols:
  - Web-Phone was especially successful for maternity and age 18-64 patients
  - Web-Mail was especially successful for surgical and age 65-84 patients
  - Mail-Phone was especially successful for medical patients
- While multimode approaches consistently outperform single mode approaches, the most effective survey modes for a given hospital will depend upon its patient population

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*Questions?*

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## Next Steps

- Hospitals/Survey vendors:
  - Update QAP
  - Submit HCAHPS Attestation Statement
    - Due by March 31, 2023
    - Monitor the HCAHPS Web site for this document
  - Submit HCAHPS Survey materials
    - Due by March 31, 2023
  - 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

