

HCAHPS Fact Sheet

(CAHPS® Hospital Survey)

August 2013

Overview

The HCAHPS (*Hospital Consumer Assessment of Healthcare Providers and Systems*) Survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS (pronounced “*H-caps*”), also known as the CAHPS® Hospital Survey*, is a 32-item survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. While many hospitals have collected information on patient satisfaction for their own internal use, until HCAHPS there were no common metrics and no national standards for collecting and publicly reporting information about patient experience of care. Since 2008, HCAHPS has allowed valid comparisons to be made across hospitals locally, regionally and nationally.

Three broad goals have shaped HCAHPS. First, the standardized survey and implementation protocol produce data that allow objective and meaningful comparisons of hospitals on topics that are important to consumers. **Second, public reporting of HCAHPS results creates new incentives for hospitals to improve quality of care.** Third, public reporting enhances accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the Centers for Medicare & Medicaid Services (CMS) and the HCAHPS Project Team have taken substantial steps to assure that the survey is credible, practical and actionable.

HCAHPS Development, Testing and Endorsement

Beginning in 2002, CMS partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the federal Department of Health and Human Services, to develop and test the HCAHPS Survey. AHRQ and its CAHPS Consortium carried out a rigorous and multi-faceted scientific process, including a public call for measures; literature review; cognitive interviews; consumer focus groups; stakeholder input; a three-state pilot test; extensive psychometric analyses; consumer testing; and numerous small-scale field tests. CMS provided three separate opportunities for the public to comment on HCAHPS and responded to over a thousand comments. The survey, its methodology and the results it produces are in the public domain.

In May 2005, the HCAHPS Survey was endorsed by the National Quality Forum, a national organization that represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research organizations. In December 2005, the federal Office of Management and Budget gave its final approval for the national implementation of HCAHPS for public reporting purposes. CMS implemented the HCAHPS Survey in October 2006, and the first public reporting of HCAHPS results occurred in March 2008. In the first expansion of the survey since its implementation, CMS added five new items to

the HCAHPS Survey in January 2013: three questions about the transition to post-hospital care, one about admission through the emergency room, and one about mental and emotional health.

Enactment of the Deficit Reduction Act of 2005 created an additional incentive for acute care hospitals to participate in HCAHPS. Since July 2007, hospitals subject to the Inpatient Prospective Payment System (IPPS) annual payment update provisions ("subsection (d) hospitals") must collect and submit HCAHPS data in order to receive their full annual payment update. IPPS hospitals that fail to publicly report the required quality measures, which include the HCAHPS Survey, may receive an annual payment update that is reduced by 2.0 percentage points. Non-IPPS hospitals, such as Critical Access Hospitals, may voluntarily participate in HCAHPS.

The incentive for IPPS hospitals to improve patient experience of care was further strengthened by the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), which specifically included HCAHPS performance in the calculation of the value-based incentive payment in the Hospital Value-Based Purchasing program, beginning with October 2012 discharges.

HCAHPS Survey Content and Administration

The HCAHPS Survey asks recently discharged patients about aspects of their hospital experience that they are uniquely suited to address. The core of the survey contains 21 items that ask "how often" or whether patients experienced a critical aspect of hospital care, rather than whether they were "satisfied" with their care. Also included in the survey are four screener items that direct patients to relevant questions, five items to adjust for the mix of patients across hospitals, and two items that support Congressionally-mandated reports. Hospitals may include additional questions after the core HCAHPS items.

HCAHPS is administered to a random sample of adult inpatients between 48 hours and six weeks after discharge. Patients admitted in the medical, surgical and maternity care service lines are eligible for the survey; HCAHPS is not restricted to Medicare beneficiaries. Hospitals may use an approved survey vendor or collect their own HCAHPS data if approved by CMS to do so. HCAHPS can be implemented in four survey modes: mail, telephone, mail with telephone follow-up, or active interactive voice recognition (IVR), each of which requires multiple attempts to contact patients. Hospitals must survey patients throughout each month of the year. IPPS hospitals must achieve at least 300 completed surveys over four calendar quarters. HCAHPS is available in official English, Spanish, Chinese, Russian and Vietnamese versions. The survey and its protocols for sampling, data collection, coding and submission can be found in the HCAHPS *Quality Assurance Guidelines* manual on the official HCAHPS On-Line Web site, www.hcahponline.org.

HCAHPS Measures

Ten HCAHPS measures (six summary measures, two individual items and two global items) are publicly reported on the *Hospital Compare* Web site, www.medicare.gov/hospitalcompare. Each of the six summary measures, or composites, is constructed from two or three survey questions. Combining related questions into composites allows consumers to quickly review patient experience data and increases the statistical reliability of these measures. The six composites summarize how well nurses and doctors communicate with patients, how responsive hospital

staff are to patients' needs, how well hospital staff help patients manage pain, how well the staff communicates with patients about new medicines, and whether key information is provided at discharge. **The two individual items address the cleanliness and quietness of patients' rooms; the two global items capture patients' overall rating of the hospital and whether they would recommend it to family and friends.** Survey response rate and the number of completed surveys are also publicly reported.

To ensure that publicly reported HCAHPS scores allow fair and accurate comparisons across hospitals, it is necessary to adjust for factors that are not directly related to hospital performance but which affect how patients answer survey items. CMS and the HCAHPS Project Team (HPT) apply adjustments that are intended to eliminate any advantage or disadvantage in scores that might result from the survey mode employed or from characteristics of patients that are beyond a hospital's control. In addition, the HPT undertakes a series of quality oversight activities, which include site visits of HCAHPS survey vendors to inspect survey administration procedures and trace records, and statistical analyses of submitted data, to assure that the HCAHPS Survey is being administered properly and consistently.

HCAHPS Public Reporting on *Hospital Compare*

HCAHPS scores are based on four consecutive quarters of patient surveys and are publicly reported on the *Hospital Compare* Web site, www.medicare.gov/hospitalcompare. Public reporting occurs four times each year, with the oldest quarter of surveys rolling off as the newest quarter rolls on. A downloadable version of HCAHPS results is also available on this Web site. The widening adoption of the HCAHPS Survey can be seen through Hospital Compare. In March 2008, 2,421 hospitals publicly reported HCAHPS scores based on 1.1 million completed surveys. In July 2013, 3,928 hospitals publicly reported HCAHPS scores based on 3.1 million completed surveys.

Summaries and analyses of HCAHPS scores can be found on the *HCAHPS On-Line* Web site, www.hcahpsonline.org, including current and historical state and national results, "top-box" (most positive survey response) and "bottom-box" (most negative survey response) percentiles for each measure, inter-correlations of the measures, comparisons of HCAHPS results by hospital characteristics, and a bibliography of research from the HCAHPS Project Team. *HCAHPS On-Line* also provides news and upcoming events, training materials, the survey instruments and survey implementation protocols.

HCAHPS and Hospital Value-Based Purchasing

The FY 2014 Hospital Value-Based Purchasing (Hospital VBP) program links a portion of IPPS hospitals' payment from CMS to performance on a set of quality measures, which include the Clinical Process of Care Domain, which accounts for 45% of a hospital's Total Performance Score (TPS); the Patient Experience of Care Domain, 30% of TPS; and the new Outcome Domain, 25% of TPS. The HCAHPS Survey is the basis of the Patient Experience of Care Domain.

HCAHPS and Hospital VBP Scoring

Eight HCAHPS measures, or "dimensions," are included in Hospital VBP: the six HCAHPS composites (Communication with Nurses, Communication with Doctors, Staff Responsiveness,

Pain Management, Communication about Medicines, and Discharge Information); a composite that combines the Cleanliness and Quietness items; and one global item (Overall Rating of Hospital). The percentage of a hospital's patients who chose the most positive survey response is used to calculate the Patient Experience of Care Domain score.

Hospital VBP utilizes HCAHPS scores from a Baseline and a Performance Period. For FY 2014, the Baseline Period covers patients discharged from April 1, 2010 through December 31, 2010, and the Performance Period from April 1, 2012 through December 31, 2012.

The Patient Experience of Care Domain score is comprised of two parts: the HCAHPS Base Score (maximum of 80 points) and the HCAHPS Consistency Score (maximum of 20 points). Each of the eight HCAHPS dimensions contributes to the HCAHPS Base Score through either Improvement or Achievement Points. "Improvement" is the amount of change in a hospital's HCAHPS dimension from the earlier Baseline Period to the Performance Period. "Achievement" is the comparison of each dimension in the Performance Period to the national median for that dimension in the Baseline Period. The larger of the Improvement or Achievement Points for each dimension is used to calculate a hospital's HCAHPS Base Score.

The second part of the Patient Experience of Care Domain is the HCAHPS Consistency Score, which ranges from 0 to 20 points. The Consistency Score is designed to target and further incentivize improvement in a hospital's *lowest performing* HCAHPS dimension.

The Patient Experience of Care Domain Score (0 – 100 points) is the sum of the HCAHPS Base Score (0 – 80 points) and HCAHPS Consistency Score (0 – 20 points).

For More Information

For more information about the Hospital VBP program, please visit the CMS Web site, <http://www.cms.gov/Hospital-Value-Based-Purchasing/> and the QualityNet Web site, <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937>

For information about HCAHPS policy updates, administration procedures, patient-mix and survey mode adjustments, training opportunities, and how to participate in the survey, please visit *HCAHPS On-Line* at www.hcahpsonline.org.

To Provide Comments or Ask Questions

- For technical assistance with the HCAHPS Survey: hcahps@HCQIS.org or 1-888-884-4007
- To communicate with CMS about HCAHPS: Hospitalcahps@cms.hhs.gov

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