HCAHPS Update Training

February 2019

HCAHPS Update Training

Welcome!

In the Update Training session, we will present:

- HCAHPS Program Updates

- Updates to HCAHPS *Quality Assurance Guidelines V14.0* (QAG)

- Updated Patient-Mix Adjustment: Self-Rated Mental Health

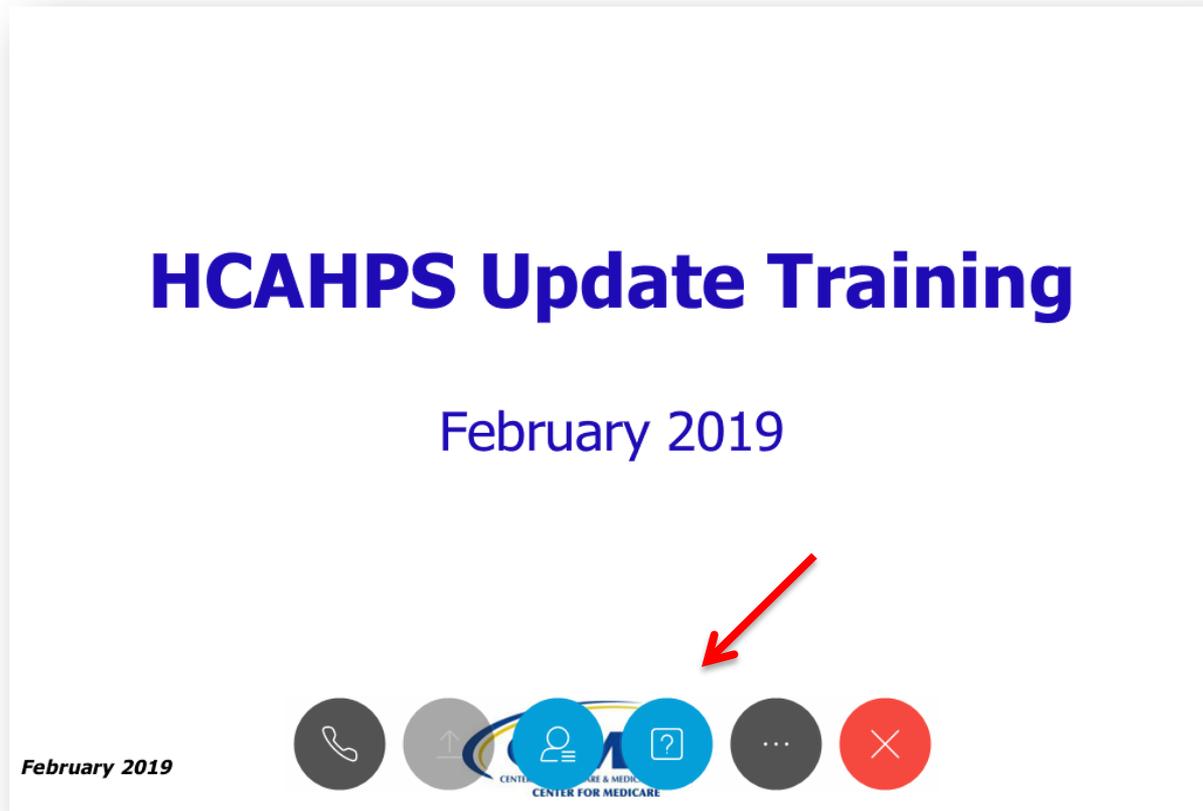- Improving HCAHPS Response Rates: Lessons from Research

HCAHPS Update Training

Online Question Submission Illustration 1

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

HCAHPS Update Training

February 2019

February 2019

Online Question Submission *(cont'd)* Illustration 3

HCAHPS Program Updates
February 2019

HCAHPS Update Training

Overview

- Removal of Pain Items from HCAHPS Survey
- Placement of Supplemental Questions
- Individual Question Scores on HCAHPS On-Line
- Safeguard Patient Confidentiality
- Communicate with Patients about HCAHPS
- Improve Response Rates
- Use Survey in Patient's Preferred Language
- New Survey Developments at CMS
- HCAHPS Never Rests

Removal of Pain Questions

- HCAHPS Survey items 12, 13 and 14 (Communication About Pain) will be removed beginning with October 1, 2019 discharges
  - Survey length will be reduced from 32 to 29 items
- 29-item survey MUST be used for patients discharged on October 1, 2019 and forward
- 29-item survey is available on http://www.hcahpsonline.org
  - For all modes, in all translations

Removal of Pain Questions *(cont'd)*

- Use the current 32-item survey up through September 30, 2019 **discharges**
  - For all survey attempts with these patients
- DO NOT use the 32-item survey for patients <u>discharged</u> October 1, 2019 and forward
  - **Use the 29-item survey for these patients**
- *Note:* Both 29 and 32-item surveys may be fielded in October, November and December 2019
  - **Discharge date** determines which survey patients receive

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

Removal of Pain Questions *(cont'd)*

- Required by the SUPPORT Act of 2018
  - **Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act** (Pub. L. 115-271) of 2018
    - Section 6104 specific to HCAHPS pain questions
- Implemented through the CY 2019 Outpatient Prospective Payment System Final Rule

29-Item HCAHPS Survey for October 1, 2019 Discharges and Forward

- 3 pain questions removed
- Survey length reduced from 32 to 29 items
- OMB Paperwork Reduction Act language (mail survey)
  - Change estimated time to complete
    - 29-item survey: "… average 7 minutes for questions 1-22"
    - 32-item Survey: "… average 8 minutes for questions 1-25"
  - Also, add "(Expires TBD)" to front page and in OMB language

Placement of Supplemental Questions

- Beginning with October 2019 discharges:
  - Supplemental questions must be placed **after all 29 HCAHPS items**
    - That is, after the "About You" items
  - New transition statement must come before any supplemental questions
    - Will discuss later in training
  - Remember: the more supplemental questions added, the fewer surveys completed

HCAHPS Update Training

Summary: Changes to Survey Beginning with October 1, 2019 Discharges

- Pain questions removed
- Survey length reduced to 29 items
- Supplemental questions follow ALL HCAHPS items
- Changes to OMB Paperwork Reduction Act language (mail survey)

HCAHPS Individual Question Scores

- Individual survey questions are used to form the six HCAHPS composite measures
- Scores for 15 **individual** survey questions are now displayed on the HCAHPS On-Line Web site
  - http://www.hcahpsonline.org/en/summary-analyses/
  - Top-box score
  - National average
  - January 2017 – December 2017 discharges
- Updated for each public reporting period
- Archived on http://www.hcahpsonline.org

HCAHPS Individual Question Scores *(cont'd)*

HCAHPS Survey Individual Question Top-Box Scores

January 2017 through December 2017 Discharges

	Top-Box Score (%)
Communication with Nurses	
Nurse Courtesy & Respect (Q1)	86
Nurse Listen (Q2)	78
Nurse Explain (Q3)	77
Communication with Doctors	
Doctor Courtesy & Respect (Q5)	87
Doctor Listen (Q6)	80
Doctor Explain (Q7)	77
Responsiveness of Hospital Staff	
Call Button (Q4)	69
Bathroom Help (Q11)	70
Communication About Medicines	
Medicine Explain (Q16)	79
Side Effects (Q17)	53
Discharge Information	
Help After Discharge (Q19)	85
Symptoms (Q20)	89
Care Transition	
Preferences (Q23)	46
Understanding (Q24)	53
Medicine Purpose (Q25)	61

HCAHPS Individual Question Scores *(cont'd)*

- Future public reporting <u>Preview Reports</u> will contain each hospital's individual question scores
  - Top, Middle and Bottom Box scores for 15 individual questions
  - State and National averages

- Hospitals' individual question scores will be added to Hospital Compare downloadable database in the future
  - Hospitals must have 50+ completed surveys
  - **Will not be displayed on Hospital Compare Web site**

HCAHPS Individual Question Scores *(cont'd)*

- *Please note:*
  - Individual question scores are presented for **informational purposes only**
  - They are <u>not official</u> HCAHPS measures
  - A simple average of the individual questions in a composite measure may not match the composite score
    - Due to rounding, item weighting, and patient-mix adjustment

Safeguard Patient Confidentiality

Remind Hospitals:

- Identity of HCAHPS Survey respondents should not be shared with hospital direct care staff

- Hospitals should treat patient protected health information carefully

- Hospitals should limit use and disclosure of protected health information to the minimum necessary to accomplish the intended purpose
  - Use discretion

Communicate with Patients about HCAHPS

- Hospitals are allowed to communicate with patients about the HCAHPS Survey before or at discharge
  - Let all patients know they may receive a survey about their hospital experience
  - Encourage patients to complete the survey honestly
  - 'Survey results will help consumers choose hospitals, and hospitals improve the care they provide'
- However, hospitals are forbidden to influence who receives HCAHPS, or instruct patients how to respond
  - See Quality Assurance Guidelines, Program Requirements

Improve Response Rates

- Limit supplemental questions
- Offer official survey translations
- Use accurate patient contact information
- Schedule callback at patient's preferred time
- Consider use of Mixed Mode survey administration

Offer HCAHPS Survey in the Patient's Preferred Language

- CMS provides the HCAHPS Survey in several languages
  - German language available (Mail Only October 2019)
- Only the official translations of the HCAHPS Survey instrument are permitted for HCAHPS Survey administration
- CMS strongly encourages hospitals with significant patient populations that speak any of the official HCAHPS languages to offer the HCAHPS Survey in these languages
  - Spanish
  - Chinese
  - Russian
  - Vietnamese
  - Portuguese
  - **German**

New Survey Developments at CMS

- CMS examining survey cover letters and materials
- Emergency Department Patient Experience of Care (EDPEC) Survey
  – Development continues
- Information on CMS Patient Experience Surveys
  - https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/index.html

HCAHPS Never Rests

- April 2019 publicly reported scores based on 3.0 million completed surveys from patients at 4,482 hospitals
- Every day ~8,000 patients complete an HCAHPS Survey
- HCAHPS used in Hospital Value-Based Purchasing and Hospital Compare Overall Star Ratings
- HCAHPS scores are used in the Comprehensive Care for Joint Replacement Program
- 289 published research articles employ HCAHPS data (*PubMed*, January 2019)

More Information on HCAHPS

- Registration, applications, background information, reports, and HCAHPS *Executive Insight* :

    http://www.hcahpsonline.org

- Submitting HCAHPS data:

    https://www.qualitynet.org

- Publicly reported HCAHPS results:

    https://www.medicare.gov/hospitalcompare

- HCAHPS results Downloadable Database (DDB):

    https://Data.Medicare.gov

- HCAHPS in Hospital Value-Based Purchasing:

    https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937

Updates to
HCAHPS *Quality Assurance Guidelines V14.0 (QAG)*

Updates to the HCAHPS Survey

32-Item Questionnaire:
Patient Discharges Through September 30, 2019

- Current HCAHPS Survey (32-item questionnaire) and XML File Layout Version 4.1 found on the HCAHPS Web site must be used for all patients **discharged** through September 30, 2019

- Patients discharged through September 30, 2019 can be active and surveyed through December 2019

29-Item Questionnaire:
Patient Discharges October 2019 and Forward

- Removal of Communication About Pain Items
  - CY 2019 OPPS Final Rule is published (Federal Register / Vol. 83, No. 225), in which CMS announced the removal of the Communication About Pain items (questions 12, 13 and 14) from the HCAHPS Survey
  - CY 2019 OPPS Final Rule requires that the **pain items must be removed** from all surveys beginning with patients discharged on October 1, 2019 and forward
    - This change will affect all survey translations and all survey modes

29-Item Questionnaire:
Patient Discharges October 2019 and Forward *(cont'd)*

- Other changes to the survey
  - Supplemental question placement
  - Transition statement for supplemental questions
  - OMB Paperwork Reduction Act language

29-Item Questionnaire:
Patient Discharges October 2019 and Forward *(cont'd)*

- Revised HCAHPS Survey (29-item questionnaire) and XML File Layout Version 4.2 found in QAG V14.0 must be used for all patients **discharged** October 1, 2019 and forward

- However, there will be an **overlap** in use of current (32-item) and revised (29-item) survey and file layout, based on the patient's discharge date

- Hospitals/Survey vendors must be very careful that patients receive the correct survey

*Updates to the
HCAHPS QAG V14.0
For October 1, 2019 Discharges
and Forward*

Quality Assurance Guidelines V14.0

- Addresses the removal of the pain items and other changes to the survey

- Each survey mode chapter in QAG V14.0 begins with a "New For October 2019 Discharges and Forward" section, which highlights important changes in HCAHPS Survey administration

- Changes in QAG V14.0 will take effect October 1, 2019, applying to all patients discharged October 1, 2019 and forward

- 29-item HCAHPS Survey in all survey modes and all language translations, and updated XML File Layout

Participation and Program Requirements

- <u>Reminder</u>: FY 2019 IPPS Final Rule incorporates Final Rules from previous years
  - Refer to the following for details on HCAHPS requirements
    - FY 2011 IPPS Final Rule (<u>75 FR 50220</u>)
    - FY 2012 IPPS Final Rule (<u>76 FR 51641 through 51643</u>)
    - FY 2013 IPPS Final Rule (<u>77 FR 53537 through 53538</u>)
    - FY 2014 IPPS Final Rule (<u>78 FR 50819 through 50820</u>)
    - FY 2015 IPPS Final Rule (<u>79 FR 50319 through 50449</u>)
    - FY 2016 IPPS Final Rule (<u>80 FR 49325 through 49843</u>)
    - FY 2017 IPPS Final Rule (<u>81 FR 56762 through 57345</u>)
    - FY 2018 IPPS Final Rule (<u>82 FR 35270 through 35393</u>)
    - FY 2019 IPPS Final Rule (<u>83 FR 41144 through 41784</u>)

Participation and Program Requirements *(cont'd)*

- Clarification: Communicating with Patients about the HCAHPS Survey
  - Hospitals are allowed to inform and encourage all patients that they may receive the HCAHPS Survey after discharge asking about their stay in the hospital
  - Hospitals may use posters or other written communications to notify patients that they may receive a survey and inform patients of the importance and value of their participation in the survey
  - Hospitals are not allowed to introduce bias to survey results

Participation and Program Requirements *(cont'd)*

- Clarification: Safeguarding Patient Confidentiality
  - Protocols must be established to limit the use or disclosure of protected health information to the minimum necessary to accomplish the intended purpose
    - Ensure that the identity of patients who respond to the HCAHPS Survey is not shared with hospital direct care staff
    - Direct care staff should not be able to identify the individual patients who provided survey responses
    - Social Security numbers <u>must not</u> be used to identify patients and <u>must not</u> be included in HCAHPS discharge lists that are sent to survey vendors

Participation and Program Requirements *(cont'd)*

- Clarification: Minimum Business Requirements
    - Steps to apply for HCAHPS re-approval (survey vendors only)
    - All first time survey vendors have 24 months from the date of conditional approval to obtain a hospital client
    - HCAHPS "Conditionally-Approved" survey vendors who do not obtain a client have the option to apply for re-approval one time prior to the expiration deadline
    - If an organization is approved to administer the HCAHPS Survey for a second term, and no hospital client(s) are obtained within two years (a consecutive 24 months), then the survey vendor's "Approved" status for HCAHPS Survey administration will be withdrawn
    - A 24 month wait period is required before the organization is eligible to apply again

Participation and Program Requirements *(cont'd)*

- Clarification: Minimum Business Requirements
  - HCAHPS Minimum Business Requirements fully apply to all HCAHPS approved self-administering hospitals/survey vendors/multi-site hospitals <u>for as long as the organization is approved to administer the HCAHPS Survey</u>
  - Includes maintaining adequate and sufficient resources (e.g., staffing, system resources, etc.) in order to fully comply with HCAHPS protocols, deadlines and HCAHPS Project Team requests

Participation and Program Requirements *(cont'd)*

- <u>Reminder</u>: Oversight Activities
  – FY 2014 IPPS Final Rule codified compliance with CMS oversight activities:

  "Approved **HCAHPS Survey vendors and self-administering hospitals** must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations." *Federal Register / Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140 (Emphasis added)*

Communications and Tech Support

- ## Update: QualityNet Help Desk

  – When opening a QualityNet Help Desk Incident Ticket for HCAHPS data-related issues, please forward the email correspondence with the Incident Ticket Number to the HCAHPS Technical Assistance email (hcahps@hcqis.org) for tracking purposes

Sampling

- **Update: Sample Size Calculation Estimates**
  - **26%** of eligible patients will respond to the survey
    - Source: Current national average for HCAHPS
  - Ineligible rates and response rates should be adjusted based on each hospital's experience
  - Should adjust the target in subsequent quarters if not regularly obtaining at least 300 completed surveys
    - Sampling rates should be consistent among the months in a given quarter

Sampling *(cont'd)*

- **Update: Codes to Determine Service Line**
  - **MS-DRG Codes updated**
    - Strongly recommend use of MS-DRG codes to assign HCAHPS Service Line
    - MS-DRGs Crosswalk table
      - **V.36 MS-DRG Codes effective October 1, 2018**
        - Significant changes to the MS-DRG Codes for the Maternity and Medical Service Lines
      - **V.37 MS-DRG Codes effective October 1, 2019**
        - See HCAHPS Web site (http://www.hcahpsonline.org)
  - Regardless of the methodology used, hospital/survey vendor must maintain documentation that demonstrates how the codes are crosswalked to HCAHPS Service Lines

Sampling *(cont'd)*

- Clarification: Codes to Determine Service Line
  - Survey vendors must confirm the accuracy of MS-DRG codes with client hospitals
  - If a client hospital does not provide an updated valid MS-DRG code, then survey vendor must ask for a description or additional information about the MS-DRG code in question
  - If a patient has an invalid MS-DRG code at time of sample frame creation and the patient is otherwise eligible for HCAHPS, then include the patient in the sample frame

Sampling *(cont'd)*

- **Update: Sample Frame File Layout**
  - Added "Patient Preferred Language" and "Patient Telephone Number 2"
    - Not required for data submission; however, we suggest collecting this information
  - Added "F – Transfer from Hospice Facility" to Point of Origin for Admission or Visit (Admission Source)
  - Added "9 – Admitted As an Inpatient to This Hospital" to Patient Discharge Status

Sampling *(cont'd)*

- Clarification: Sample Frame File Layout
  - Patient Date of Birth to be used by hospital/survey vendor to calculate patient's age at admission to confirm patient meets eligibility criteria
  - This data element is **required for HCAHPS eligibility verification**
    - Not required for data submission

Sampling *(cont'd)*

- Clarification: Patient Discharge Files and Sample Frames

  – **All patient discharge files** and HCAHPS sample frames must be retained and easily accessible for a minimum of three years

Survey Administration

- **Update: OMB Paperwork Reduction Act Language**
  - Stated time to complete the survey must be **at least 7 minutes** *(Mail /Telephone/IVR Survey)*
  - **OMB Expiration Date** has been added to the survey instrument

Survey Administration *(cont'd)*

- **Update: OMB Paperwork Reduction Act Language** *(cont'd)*

HCAHPS Cover Letter or Questionnaire:

"According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981 (Expires TBD). The time required to complete this information collected is estimated to average 7 minutes for questions 1-22 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850."

HCAHPS Questionnaire:

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.
Please note: Questions 1-22 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires TBD)

Survey Administration *(cont'd)*

- **Update: Placement of Supplemental Questions**
  - Supplemental questions **must** be placed at the end of the survey, after the "About You" questions
    - Supplemental questions will begin with Q30
  - Supplemental questions can no longer be placed in between the HCAHPS Core Survey items and the About You questions
  - As an additional note, **it is strongly recommended** that hospitals refrain from using any supplemental questions that are related to pain management or pain communication

Survey Administration *(cont'd)*

- **Update: Transition Statement**
  - **Required:** The transition statement below is **mandatory** and **must** be used before any supplemental questions that are added at the end of the HCAHPS Survey
    - *"[This next question is] / [These next questions are] from [NAME OF HOSPITAL] and [is/are] not part of the official survey."*

Survey Administration *(cont'd)*

- **Update: Transition Statement** *(cont'd)*
  - **Optional:** May include additional transition statements following the required transition statement

  Examples:
    - *"Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics."*
    - *"The following questions focus on additional care you may have received from [NAME OF HOSPITAL]."*
    - *"This next set of questions is to provide [NAME OF HOSPITAL] additional feedback about your hospital stay."*

Survey Administration *(cont'd)*

- **Update: CMS adds German language translation of HCAHPS Survey**
  - German language translation of the HCAHPS Survey is available for patient discharges October 1, 2019 and forward
  - Mail Only mode

Survey Administration *(cont'd)*

- Clarification: Mail Only & Mixed Modes
  - To avoid mail administration errors, hospitals/survey vendors must perform interval checking of printed mailing pieces **on an ongoing and continuous basis throughout the survey administration period**
  - Note: If automated processes are used to perform interval checks, then checks of the system or equipment must be performed **on an ongoing and continuous basis throughout the survey administration period**

Survey Administration *(cont'd)*

- Clarification: Mail Only & Mixed Modes
  - Internal codes may be used on the questionnaire for tracking purposes
    - Internal codes **must not** contain any patient identifiers such as the patient's discharge date, doctor or hospital unit

Survey Administration *(cont'd)*

- **Update: Telephone Only, Mixed Mode, IVR**
  - If interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept or blocked call)
  - Count this as one telephone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as "8 – Non-response after maximum attempts"

Survey Administration *(cont'd)*

- Clarification: Telephone Only, Mixed Mode, IVR
  - Hospitals/Survey vendors must monitor at least 10 percent **on an ongoing and continuous basis throughout the survey administration period** of all HCAHPS interviews, dispositions and call attempts in their entirety
    - Across all language translations in which the survey is administered

Survey Administration *(cont'd)*

- <u>Reminder</u>: Telephone Only, Mixed Mode, IVR
  - Scheduled callbacks
    - If interviewer reaches the patient and is asked to call back at a more convenient time for the patient
      - Hospitals/Survey vendors must schedule a telephone callback that accommodates the patient's request for a specific day and time
      - Callback must be scheduled at the patient's convenience between the hours of 9 AM and 9 PM respondent time within the data collection time period

Data Specifications & Coding

- **Update: File Specifications Changed to Version 4.2**
  - Appendix Q – Data File Structure Version 4.2
  - Appendix R – XML File Layout Version 4.2

- **Note:**
  - **Version 4.1 applies to 3Q 2018 through 3Q 2019 patient discharges**
  - **Version 4.2 applies to 4Q 2019 patient discharges and forward**

Data Specifications & Coding *(cont'd)*

- **Update: Definition of a Completed Survey**
  - Hospitals/Survey vendors assign a patient's survey a "Final Survey Status" code of "1 – Completed survey" when at least 50 percent of the questions applicable to all patients are answered: 1-10, 12, 15, and **18–22**
  - Appropriately skipped questions and the following questions are <u>not</u> included in the calculation of percentage complete: 11, 13, 14, 16, 17, and **23–29**

Data Specifications & Coding *(cont'd)*

- Reminder: 42 Calendar Day Initial Contact Period Rule
  - "Eligible Discharges" field in the XML Header Record must include the count of patients who are **eligible** for the HCAHPS Survey
    - Discrepancy Report must be filed to account for patient information received beyond the 42 calendar day initial contact protocol
    - These patients must **not** be included in the HCAHPS Survey sample and the Patient Administrative Data Record must **not** be included for these late patients who are not sampled

Data Specifications & Coding *(cont'd)*

- <u>Reminder</u>: Switching Survey Vendors
  - Hospitals that choose to switch from one survey vendor to another can only do so at the **beginning** of a calendar quarter
  - Dates entered into the discharge and data transmission fields must be entered in accordance with HCAHPS protocols
    - **Transmission End Date** should be the last day for which the current survey vendor will be submitting data on the hospital's behalf
    - **Discharge End Date** should be the last day of the month the hospital will allow the current survey vendor to sample from eligible discharges
      - The Discharge End Dates of the new and expiring survey vendor **cannot** overlap
    - Survey vendors should work closely with their hospital clients, who are unfamiliar with the QualityNet Secure Portal, to complete the authorization at least 90 days prior to the data submission deadline

Data Preparation and Submission

- <u>Reminder</u>: HCAHPS Data Submission via QualityNet
  - Includes all patient data for the month
  - Must meet proper version specifications
    - Version 4.1: 3Q18 – 3Q19 patient discharges & forward
    - Version 4.2: 4Q19 patient discharges & forward
  - Verify status of data submission utilizing HCAHPS Warehouse Reports
  - Data **<u>must</u>** be successfully accepted to the HCAHPS Data Warehouse before the HCAHPS Data Submission Deadline
  - Important to note that valid resubmitted data will **<u>overwrite</u>** previously submitted data
    - The **<u>last</u>** file successfully submitted before the data submission deadline becomes the only data in the warehouse for that month

Data Preparation and Submission *(cont'd)*

- HCAHPS Data Review and Correction **Report**
  - Hospitals/survey vendors are <u>strongly urged to access and review</u> the HCAHPS Data Review and Correction Report <u>every time</u> file is uploaded
  - Report shows eligible discharges, sample size and frequencies for all HCAHPS data elements
  - Available within 48 hours after data submission via QualityNet
    - Available after every data upload

- HCAHPS Review and Correct **Period**
  - Review and Correct is the seven days immediately after the data submission deadline for a given quarter
  - If errors are identified <u>in the HCAHPS data in the warehouse</u> after the data submission deadline:
    - Hospitals/survey vendors have the opportunity to upload corrected files during the Review and Correct Period

Data Preparation and Submission *(cont'd)*

- Reminder:
  - All hospitals must authorize their HCAHPS approved survey vendor via the QualityNet Secure Portal
    - Survey vendors should make sure client hospitals have authorized them (HCAHPS Hospitals Authorizing Vendor to Upload Data)
  - Verify that errors did not occur during data submission process
    - HCAHPS Warehouse Data Submission Reports
    - HCAHPS Warehouse Feedback Reports
    - HCAHPS Data Review and Correction Report
  - Submit early; there are no extensions to the data submission deadline

Data Submission Timeline

Month of Patient Discharges	Data Submission Deadline	Review and Correct Period	File Specifications Version	HCAHPS Survey Version
October, November and December 2018 (4Q18)	April 3, 2019	April 4-10, 2019	Version 4.1	32-Item Survey
January, February and March 2019 (1Q19)	July 3, 2019	July 4-10, 2019	Version 4.1	32-Item Survey
April, May and June 2019 (2Q19)	October 2, 2019	October 3-9, 2019	Version 4.1	32-Item Survey
July, August and September 2019 (3Q19)	January 2, 2020	January 3-9, 2020	Version 4.1	32-Item Survey
October, November and December 2019 (4Q19)	**April 1, 2020**	**April 2-8, 2020**	**Version 4.2**	**29-Item Survey**

Oversight Activities

- <u>Reminder</u>: All files must be available to HCAHPS Project Team
  - All data files must be traceable throughout entire HCAHPS Survey administration process, from receipt of patient discharge list through data submission
  - HCAHPS Project Team will review specific data records and trace documentation of activities from receipt of patient discharge list through upload of data to HCAHPS Data Warehouse
  - Process to review these files must be transparent and easily reproducible

Oversight Activities *(cont'd)*

- Reminder: Survey Materials

  – Hospitals/Survey vendors must submit for review formatted 29-item questionnaire and survey materials (including required changes, effective with October 2019 patient discharges) to HCAHPS Technical Assistance by **Friday, April 5, 2019**

    - *Hospital/Survey vendors must include the new transition statement, which is placed prior to the supplemental questions at the end of the survey*

Oversight Activities *(cont'd)*

- Reminder: HCAHPS Attestation Statement
  - Due by **Friday, April 5, 2019**
  - 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 Y of the QAG V14.0

Questions?

Updated Patient-Mix Adjustment: Self-Rated Mental Health

Reminder: HCAHPS Patient-Mix Adjustment

- CMS employs patient-mix adjustment (PMA) to ensure fair comparisons across all hospitals participating in HCAHPS by adjusting for factors that are not under hospital control but which may affect HCAHPS scores

- Publicly reported patient-mix adjustments are patient-level, not hospital-level, adjustments

  - Hospital-level adjustments are a product of each patient-mix adjustment and the difference of each hospital's % of patients in the given patient-mix category from the corresponding national average

PMA Undergoes Continuous Refinement and Improvement

- ER admission removed as adjuster beginning with Q210 discharges

- Language spoken at home
  - Originally 2 categories: English and Non-English
  - Since Q413, language spoken at home includes 4 categories: English, Spanish, Chinese, and Other Language

- Service line updated to include gender
  - Originally 3 categories: Medical, Maternity, and Surgical
  - Since Q117: Male Medical, Male Surgical, Female Medical, Female Surgical, and Maternity

HCAHPS PMA Variables

Prior to Q318	Q318 and Forward
Self-Rated Overall Health	Self-Rated Overall Health
Education	Education
Language Spoken at Home	Language Spoken at Home
Response Percentile	Response Percentile
Age (10-year categories)	Age (10-year categories)
Service Line and Gender	Service Line and Gender
Service Line x Age Interaction	Service Line x Age Interaction
	Self-Rated Mental Health

Self-Rated Mental Health is HCAHPS Question 28

28. In general, how would you rate your overall <u>mental or emotional health</u>?

- [1] ☐ Excellent
- [2] ☐ Very good
- [3] ☐ Good
- [4] ☐ Fair
- [5] ☐ Poor

Two Factors Drive the Importance of a PMA Variable

- How strongly the adjuster predicts HCAHPS measures after controlling for other PMA variables
  - This has not changed for mental health
- How much the adjuster varies across hospitals
  - This has increased for mental health
- Mental health has become a more important PMA variable

Addition of VA Hospitals Increased Importance of Adjusting for Mental Health

- VA hospitals have higher proportions of patients who rate their mental health as "Fair" or "Poor"

- Adjustment for mental health needed for more accurate comparisons with non-VA hospitals

- Does not require additional data collection
  - Mental health has been part of the survey since 2013

- Also improves PMA for <u>all</u> HCAHPS hospitals

Mental Health Parameterization

- Similar to self-rated overall health (Q27), self-rated mental health will be linearly-scaled from 1 to 5 for PMA calculations:
  - "Excellent" = 1
  - "Very Good" = 2
  - "Good" = 3
  - "Fair" = 4
  - "Poor" = 5

Current Distributions for Mental Health

Categorical Patient Percentages		
	Non-VA	VA
Excellent	30%	22%
Very Good	34%	28%
Good	26%	29%
Fair	**9%**	**18%**
Poor	**2%**	**4%**

Linear-Scaled (1-5) Hospital Means		
	Non-VA	VA
5th Pctl.	1.9	2.3
Mean	2.3	2.6
95th Pctl.	2.8	2.8

Note: sum of % may be >100 due to rounding

General Adjustment Patterns for Mental Health

- Median patient-level top-box adjustment across 10 HCAHPS measures was **-4.04%**

- **All** adjustments were negative
  - Most negative adjustment was -7.78% for Care Transition
  - Least negative adjustment was -1.31% for Discharge Information

Overall Health and Mental Health

- Positive correlation (r=0.55, p<0.0001)
- Overall health absorbs some of the mental health adjustment when the two variables are included in the model
  - Adjustment for overall health shrinks by an average of 40% across measures when mental health is added to the model

Adding Mental Health to PMA Model Changes Adjustments for Overall Health

HCAHPS Measure	Overall Health Adj. WITHOUT Mental Health in PMA Model	Overall Health Adj. WITH Mental Health in PMA Model	Mental Health Top-Box Adjustment
Nurse Communication	-4.88%	-2.91%	-4.10%
Doctor Communication	-4.79%	-2.80%	-4.14%
Staff Responsiveness	-6.28%	-4.14%	-4.42%
RX Communication	-4.99%	-2.89%	-4.32%
Cleanliness	-4.17%	-2.82%	-2.81%
Quietness	-4.32%	-2.93%	-2.89%
Discharge Information	-1.06%	-0.43%	-1.31%
Care Transition	-6.35%	-2.60%	-7.78%
Hospital Rating	-6.33%	-4.16%	-4.52%
Recommend	-5.56%	-3.56%	-4.15%

Direction of Adjustment when Adding Mental Health as PMA

- Hospitals with mental health much lower than other hospitals with similar overall health are adjusted upward

- Hospitals with mental health much better than other hospitals with similar overall health are adjusted downward

Impact of Updated PMA Model is Slight for Most Hospitals

- Adding mental health PMA changes top-box scores by 1 point or less for 72-100% of hospitals, varying by measure :
  - No changes exceed 1 point for Discharge Information
  - 10% or fewer of hospitals change by more than 1 point for 6 of 10 measures
  - 28% of hospitals change by more than 1 point for Care

Hospitals Affected Most by the Addition of Mental Health PMA

- No set of hospitals identified by characteristics such as bed size, location, profit status, teaching status and region, shifted systematically up or down under the updated patient mix adjustment approach

- Hospitals with small sample sizes (primarily smaller hospitals) have larger changes for this or any other PMA change
  - But changes are in both directions
  - No other significant shifts by identifiable hospital characteristics found for non-VA hospitals

Timeline: Adjustment for Mental Health

- New mental health adjuster variable went into effect beginning with 3Q18 score adjustments

- New adjustments will roll in one quarter at a time

- Detailed PMAs will continue to be posted on http://www.hcahpsonline.org

New Adjustments by Public Report

Public Report	Previous Adjustment	New Adjustment
April 2019	Q3 2017, Q4 2017 Q1 2018, Q2 2018	
July 2019	Q4 2017, Q1 2018, Q2 2018	Q3 2018
October 2019	Q1 2018, Q2 2018	Q3 2018, Q4 2018
January 2020	Q2 2018	Q3 2018, Q4 2018 Q1 2019
April 2020		Q3 2018, Q4 2018 Q1 2019, Q2 2019

Reminder: Update PMA Equation for Estimating HCAHPS Scores

Q2 2018 PMA Equation:

$$PMA = A_{EDUC}*(H_{EDUC} - M_{EDUC}) + A_{HLTH}*(H_{HLTH} - M_{HLTH})$$
$$+ A_{SPA}*(H_{SPA} - M_{SPA}) + A_{CHI}*(H_{CHI} - M_{CHI}) + A_{RVO}*(H_{RVO} - M_{RVO})$$
$$+ A_{RPCT}*(H_{RPCT} - M_{RPCT}) + A_{1824}*(H_{1824} - M_{1824}) + A_{2534}*(H_{2534} - M_{2534})$$
$$+ ...$$
$$+ A_{MaSURG}*(H_{MaSURG} - M_{MaSURG}) + A_{MaMED}*(H_{MaMED} - M_{MaMED})$$
$$+ A_{MAT*AGE}*(H_{MAT*AGE} - M_{MAT*AGE}) + A_{SURG*AGE}*(H_{SURG*AGE} - M_{SURG*AGE})$$

Q3 2018 PMA Equation:

$$PMA = A_{EDUC}*(H_{EDUC} - M_{EDUC}) + A_{HLTH}*(H_{HLTH} - M_{HLTH}) \boxed{+ A_{MHLTH}*(H_{MHLTH} - M_{MHLTH})}$$
$$+ A_{SPA}*(H_{SPA} - M_{SPA}) + A_{CHI}*(H_{CHI} - M_{CHI}) + A_{RVO}*(H_{RVO} - M_{RVO})$$
$$+ A_{RPCT}*(H_{RPCT} - M_{RPCT}) + A_{1824}*(H_{1824} - M_{1824}) + A_{2534}*(H_{2534} - M_{2534})$$
$$+ ...$$
$$+ A_{MaSURG}*(H_{MaSURG} - M_{MaSURG}) + A_{MaMED}*(H_{MaMED} - M_{MaMED})$$
$$+ A_{MAT*AGE}*(H_{MAT*AGE} - M_{MAT*AGE}) + A_{SURG*AGE}*(H_{SURG*AGE} - M_{SURG*AGE})$$

Summary

- CMS adding mental health to PMA model beginning with Q318 discharges

- Affects largest in small hospitals and hospitals where mental health very different than overall health

- Addition of mental health adjustment **improves accuracy** of all hospital scores and improves comparability between non-VA and VA hospital scores

Break

Improving HCAHPS Response Rates: Lessons from Research

Outline

- Using data from 3 HCAHPS randomized experiments, we examine the role of
  - Survey mode (3 HCAHPS experiments)
  - Survey length (1 HCAHPS experiment)
- Using observational data, we examine the roles of
  - Survey translations (HCAHPS)

HCAHPS Experiments

- Using data from 3 randomized HCAHPS experiments, we examine the impact on response rate (RR) of
  - Survey mode
  - Survey length

Survey Mode

- Evidence from 3 HCAHPS randomized Mode Experiments

Mixed Mode (MM) Response Rate Consistently Highest, Mail Only May Be Declining

	Mode Experiment (ME)		
	2008	**2012**	**2016**
Mail Only	25%	31%	22%
Telephone Only		34%	32%
Mixed Mode* (Mail with Telephone follow-up)		**40%**	**42%**

Telephone proportion increasing

2016 Experiment: Telephone Reaches All; Mail Adds to 55+; MM Best

Legend: Mixed, Telephone Only, Mail Only

Y-axis: Response Rate (0% to 70%)

X-axis: Age Range (18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+)
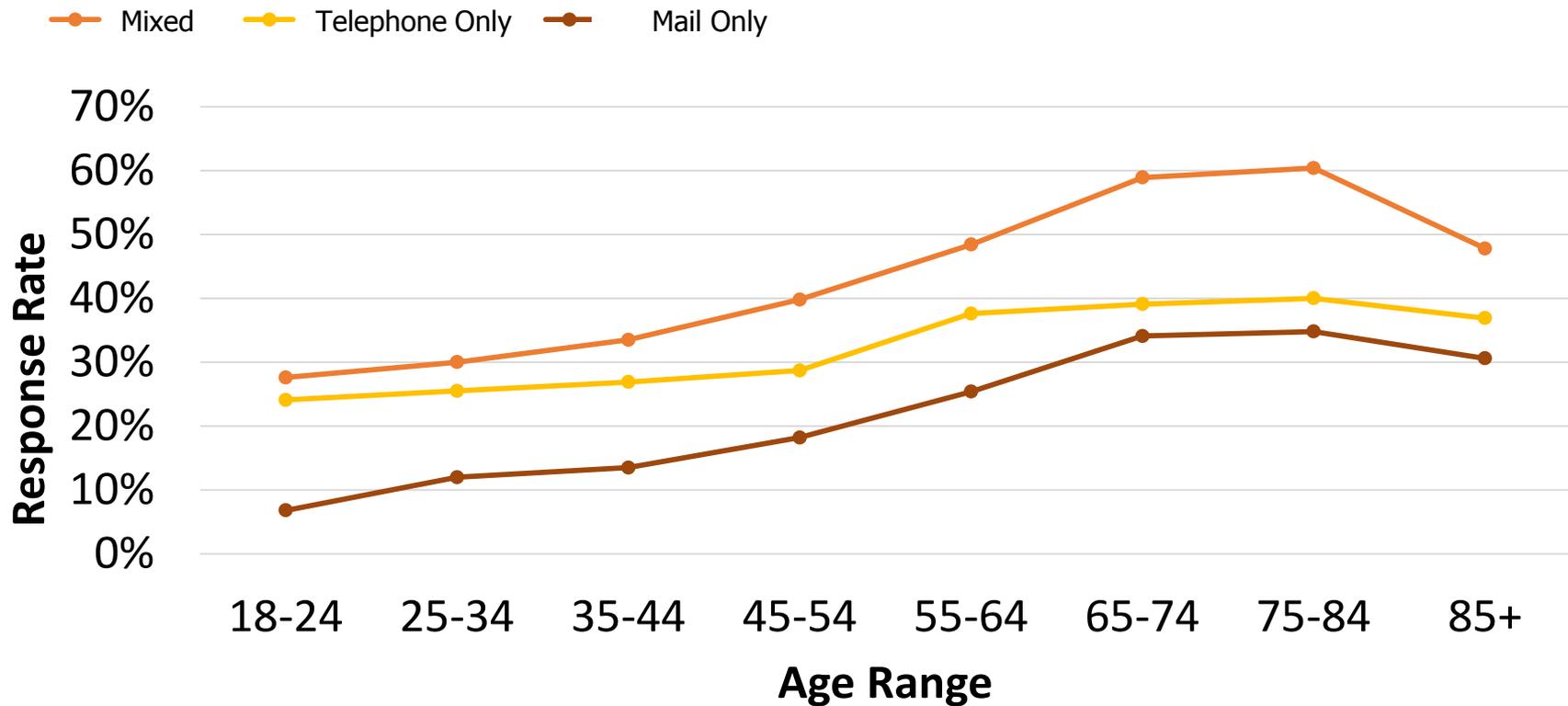
Hospitals with Lowest Mail Only RR Benefit Most from Switching to MM
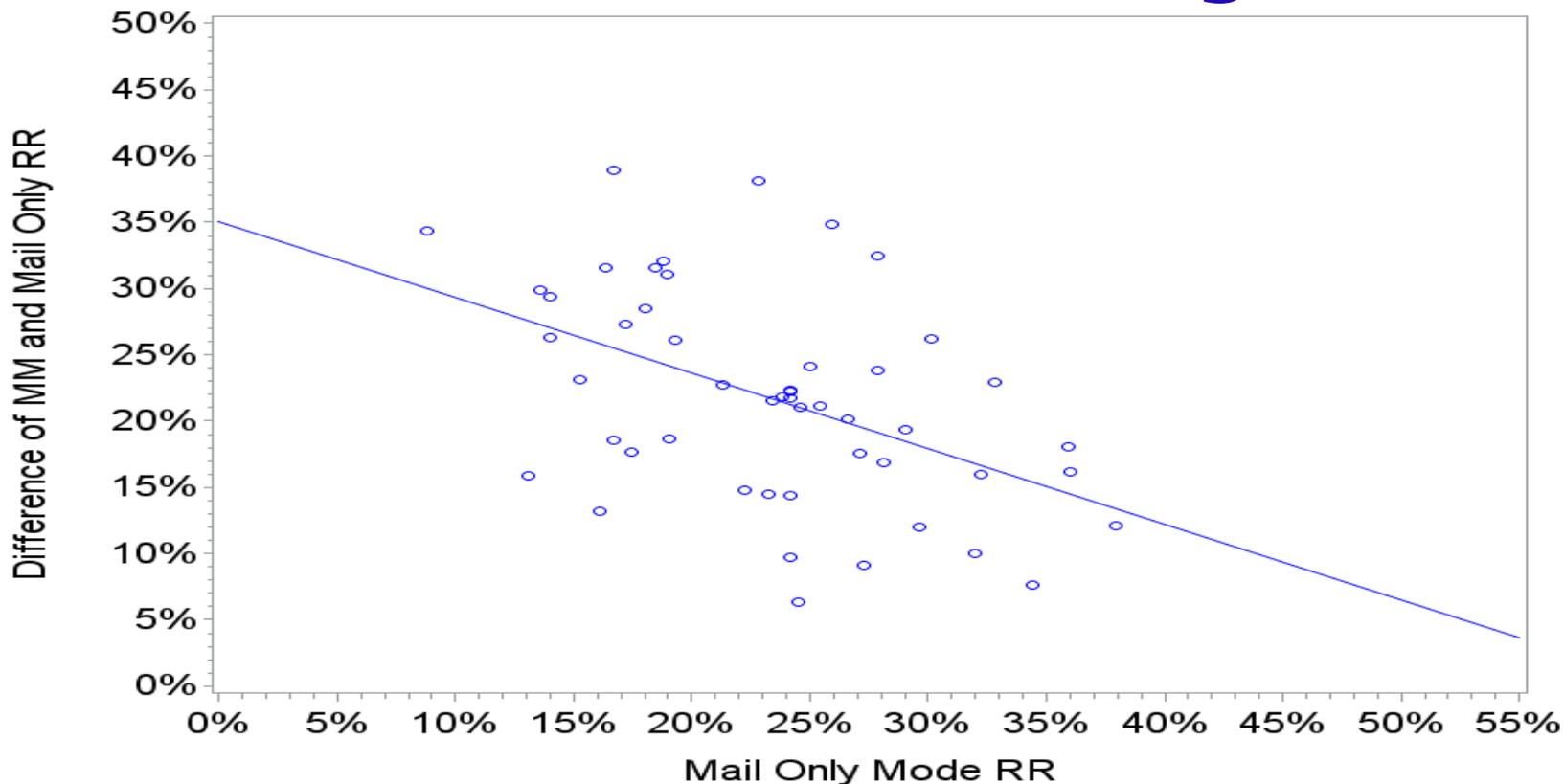
Hospital-level regression model predicting MM RR from Mail Only Mode RR

Summary of Survey Mode and RR

- Mixed Mode consistently produces the highest RRs
  - >50% for ages 65+; 28-48% for younger adults
  - Can triple the RR for hospitals with low Mail Only RR
  - Also best representativeness (not shown)
- Telephone Only still 23-40% RR
- Mail Only declining and <10% for ages 18-24

Survey Length

- Evidence from 2016 HCAHPS Mode Experiment

CAHPS Surveys Typically Allow Supplemental Items (SIs), Increasing Length

- 2012 observational analysis of MA CAHPS found that 12 SIs associated with -2.5% RR
  - CMS then limited MA CAHPS SIs to 12 beginning 2014
- The HCAHPS Survey allows unlimited SIs
- A substantial proportion of hospitals add 50+ SIs to the core 32-item HCAHPS Survey, more than doubling its length to 82+ items
- The 2016 HCAHPS Mode Experiment also randomized patients within hospitals to differing numbers of SIs

SIs Reduced RRs, Especially During Telephone Phase*

2016 HCAHPS Mode Experiment			RRs	
Mode	SIs	Total items	All hospitals	10-highest-RR hospitals
Mail Only	0	32	24%	30%
	27	59	21%	22%
MM	0	32	45%	53%
	27	59	39%	44%

From 2016 HCAHPS Mode Experiment

Summary of Adding 27 SIs to 32-item HCAHPS

- -3% Mail Only, -6% MM
  - Larger effects during telephone phase
- 8-9% loss in high RR hospitals erodes much of their advantage
- Mode matters more than SIs
  - 39% RR for 59-item MM vs. 24% for 32-item Mail Only

RR Lessons Learned from HCAHPS Mode Experiments

- MM outperforms Mail Only and Telephone Only
  - Especially for hard-to-reach populations
  - Now more than ever
- Survey length has a smaller but important effect on RRs
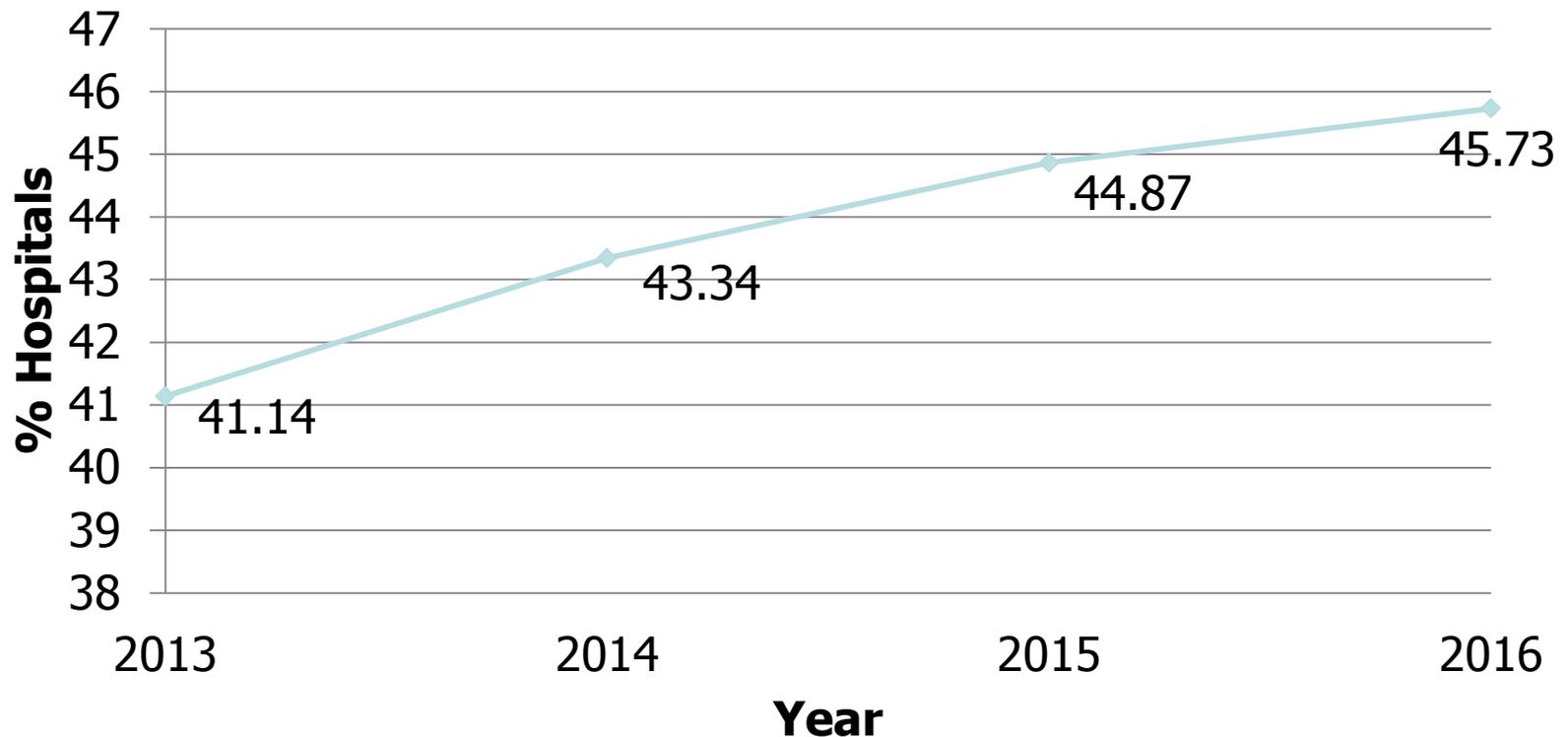
Survey Translations

- Evidence from HCAHPS

RRs for Non-English-Preferring Patients Often Low

- Many of these patients are disadvantaged and in poorer health than their English-preferring counterparts
  - Surveys may underrepresent their patient experiences
- HCAHPS encourages, but does not require, hospitals to use its five official survey translations when needed
  - Spanish, Chinese, Russian, Vietnamese, Portuguese

HCAHPS Update Training

By 2016, Almost 50% Hospitals Offer Translations; 4% HCAHPS Surveys Translated (97% Offered in Spanish)

Percent of Hospitals using Translations

Larger, For-Profit, Teaching Hospitals, and Pacific-Region Hospitals More Likely to Offer Translations

- Translation-offering hospitals were more likely to
  - Be for-profit
  - Have higher proportion of patients who are Hispanic, multiracial or did not attend high school
- Translation need was greater for hospitals
  - That use Telephone Only mode
  - With higher proportions of patients who are 18-24 years old or did not attend high school
- About 6% of hospitals may offer fewer translations than needed (by 2% or more)

Offering Translations Was Associated With Higher RRs

- Strongest association for Chinese translation
- Followed by Spanish and Vietnamese

6% of HCAHPS Hospitals Estimated to Under-Translate by >2% in 2016

Logistic regression predicting being an under-translator (>2%)	
Hospital Characteristics	**OR**
Telephone Only mode (ref=Mail Only)	2.13*
County non-English language prop. (ref=1st quartile)	
2nd quartile	0.70
3rd quartile	3.32*
4th quartile	4.66*
Hospital-level patient proportion Hispanic (ref=prop. Non-Hispanic white)	128.4*
*$p<0.05$	

Model also includes hospital characteristics (bedsize, teaching status, ownership, region, Mixed mode, mode switch, offers translation services, service line proportions, and proportion patients by gender, race/ethnicity, age, self-rated health, mental health, education, black, API, American Indian, multiracial)

Survey Translation Lessons from HCAHPS

- Translation use is increasing and is adequate among most hospitals with high predicted need
  - But some (6% or fewer) hospitals with high need may be underusing translations, resulting in lower and less-representative response rates
  - Results primarily reflect Spanish translations, the most-prevalent translation
- Uniform use of survey translations, where necessary, is critical to measuring and representing the healthcare experiences of all patients

Summary

- Mixed Mode (Mail with Telephone follow-up) outperforms standard alternatives
  - Especially for hard-to-reach populations
  - Now more than ever
- Supplemental Items reduce RRs
- Appropriate use of translations increases RRs and representation

Questions?

Next Steps

- Hospitals/Survey vendors:
  - Update QAP
  - Submit HCAHPS Attestation Statement
    - Due by April 5, 2019
    - Monitor the HCAHPS Web site for this document
  - Submit HCAHPS Survey materials
    - Due by April 5, 2019
  - Monitor the HCAHPS Web site:

    http://www.hcahpsonline.org

More Information and Resources

- Forms, background information, reports, and HCAHPS *Executive Insight*:
    http://www.hcahpsonline.org

- Submitting HCAHPS data:
    https://www.qualitynet.org

- Publicly reported HCAHPS results:

    https://www.medicare.gov/hospitalcompare

- HCAHPS results DDB:

    https://Data.Medicare.gov

Contact Us

HCAHPS Information and Technical Support

- Web site: http://www.hcahpsonline.org

- Email: hcahps@hcqis.org

- Telephone: 1-888-884-4007

Complete Evaluation Form