

# Autumn 2012 HCAHPS Executive Insight Letter

## Welcome

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Welcome back to *HCAHPS Executive Insight*, the gold button on the HCAHPS On-Line Web site, [www.hcahpsonline.org](http://www.hcahpsonline.org).

In October, the Centers for Medicare & Medicaid Services (CMS) refreshed the HCAHPS results on the Hospital Compare Web site, [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov). The new HCAHPS scores are based on patients discharged between January and December 2011.

## Highlights

- HCAHPS data for Fourth Quarter 2010 was rolled off of Hospital Compare, while Fourth Quarter 2011 results were rolled on
- The October 2012 scores are based on more than 2.8 million completed surveys from 3,867 hospitals
  - Put differently, on average, every day more than 26,000 patients are surveyed about their hospital experience; and every day more than 7,700 patients complete the HCAHPS survey
- The "Summary of HCAHPS Results" and "HCAHPS Percentiles" tables on the *Summary Analyses* page have been updated to include the newest HCAHPS scores. – ***include link here***

## News and Notes from the HCAHPS Project Team

- In late October, CMS provided IPPS hospitals with their actual FY 2013 Hospital VBP reports, "Hospital Value Based Purchasing - Value Based Percentage Payment Summary Report."
  - A brief overview of the Patient Experience of Care domain, which is based on HCAHPS scores, can be found below.
- In conjunction with the first year of the Hospital Value-Based Purchasing program, FY 2013, the HCAHPS Project Team has created a document that outlines the steps that are taken in creating the Patient Experience of Care Domain score from HCAHPS Survey data. **(insert link here)**
- Because the time periods used in Hospital VBP are three quarters in length (rather than four quarters, as used in public reporting), we have also created patient-mix adjustment coefficients specifically for the Baseline Period (July 2009 to March 2010) and Performance Period (July 2011 to March 2012) used in the FY 2013 program. **(insert link here)**
- Staying with Hospital VBP, in the third year of the program, FY 2015, the Baseline and Performance Periods will increase from three to four quarters and correspond to the calendar year. The January to December 2011 time period currently displayed on Hospital Compare will be the Baseline Period for the FY 2015 Hospital VBP program. The Performance Period for the FY 2015 Hospital VBP program will be January to December 2013.

- In August CMS finalized the FY 2013 Inpatient Prospective Payment System Rule, which includes the HCAHPS Survey. The Rule can be found at <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>
  - o We would like to point out that the Rule specifies that,
    - “Hospitals are strongly encouraged to submit their entire patient discharge list ... in a timely manner to their survey vendor to allow adequate time for sample creation, sampling, and survey administration. We emphasize that hospitals must also provide the administrative data that is required for HCAHPS in a timely manner to their survey vendor. (p. 53538)
  - o In addition, hospitals and survey vendors should note that
    - “We note that the HCAHPS *Quality Assurance Guidelines* require that hospitals maintain complete discharge lists that indicate which patients were eligible for the HCAHPS survey, which patients were not eligible, and which patients were excluded, and the reason(s) for ineligibility and exclusion.” (p. 53538)
- With finalization of the FY 2013 IPPS Rule, the five new HCAHPS survey items that were made available for voluntary use in July 2012 (the three-item Care Transition Measure and the two new “About You” items) officially become part of the HCAHPS Survey beginning with January 2013 discharges. That is, beginning January 2013, the HCAHPS Survey will contain 32 questions. See the “Expanded HCAHPS Survey,” [http://www.hcahponline.org/Files/HCAHPS%20V7%200%20Appendix%20A1%20-%20HCAHPS%20Expanded%20Mail%20Survey%20Materials%20\(English\)%20July%202012.pdf](http://www.hcahponline.org/Files/HCAHPS%20V7%200%20Appendix%20A1%20-%20HCAHPS%20Expanded%20Mail%20Survey%20Materials%20(English)%20July%202012.pdf), items 23-25, 26 and 28.
- A set of **Frequently Asked Questions** about the HCAHPS Survey can be found on the CMS Hospital Quality Initiative Web site, <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/HospitalHCAHPSFactSheet201007.pdf>
- For your reference, we have created an archive of past HCAHPS Executive Insight letters; please see below. Currently, the archive reaches back to April 2011 but we plan to add earlier letters in time. – **do we now go back further than April 2011?**
- Also for your reference, HCAHPS research published by the HCAHPS Project Team can be found in the Bibliography

## Improving HCAHPS Scores

In the era of Hospital Value-Based Purchasing, there is growing interest in how hospitals can do better on what HCAHPS measures. The HCAHPS program has always strongly emphasized uniformity and standardization in the measurement of patient experience of care, as evidenced by our explicit protocols governing survey content and implementation, data collection, scoring and public reporting.

At the same time, we recognize that there are many factors that affect how patients experience care, and many ways to improve care. Rather than being prescriptive, the HCAHPS program has encouraged a multiplicity of efforts to improve patients’ experience of care, within the guidelines of the program. In effect, we have left it to hospitals and the healthcare industry to take the lead in developing practices, processes, techniques, education and innovations that may improve quality of care.

We are often asked what hospitals can do to improve patients' experience of care and HCAHPS scores. We encourage hospitals and others to investigate and experiment and to share what has succeeded, but it is not within the scope of the HCAHPS program to evaluate, rate or endorse these methods. We do, however, encourage hospitals to sample what a sister federal agency, the Agency for Healthcare Research and Quality (AHRQ), has to offer on the topic of improving patient experience of care.

AHRQ has launched a series of audio and video podcasts (with transcripts) in which quality improvement experts share insights on what hospitals can do to improve quality and safety. We encourage hospitals and those who work with them to view this material and AHRQ's other quality improvement tools. Please see <https://www.cahps.ahrq.gov/News-and-Events/Podcasts.aspx>.

*Please note: While AHRQ's CAHPS Web site is currently unavailable, we understand that it will be revived soon.*

## **HCAHPS and Hospital Value-Based Purchasing: A Brief Overview**

In the January 2012 edition of HCAHPS Executive Insight, we presented an overview of the role HCAHPS scores play in the new Hospital Value-Based Purchasing program. In the future we will move this content, updated as needed, to a new section of the HCAHPS On-Line Web site, "HCAHPS and Hospital VBP." We hope that [www.hcahpsonline.org](http://www.hcahpsonline.org) will become a handy resource for hospitals, survey vendors and others interested in HCAHPS' role in the Hospital VBP program.

Briefly, Hospital VBP links a portion of Inpatient Prospective Payment System (IPPS) hospitals' payment from CMS to performance on a set of quality measures. The Hospital VBP program was first presented in a Report to Congress in November 2007 and was established by the Patient Protection and Affordable Care Act of 2010. Several Final Rules issued in 2011 set out the parameters of the program for FY 2013 and 2014.

### **Hospital VBP Scoring**

The Total Performance Score for Hospital VBP in FY 2013 will have two components: the Clinical Process of Care Domain, which accounts for 70% of the Total Performance Score; and the Patient Experience of Care Domain, which accounts for 30% of the Total Performance Score. The HCAHPS survey is the basis for the Patient Experience Domain.

Eight elements from HCAHPS are used in Hospital VBP (these are termed "dimensions" in Hospital VBP): the six HCAHPS composites (Communication with Nurses, Communication with Doctors, Staff Responsiveness, Pain Management, Communication about Medicines, and Discharge Information); one new composite that combines the hospital Cleanliness and Quietness survey items; and one Global item (Overall Rating of Hospital). The percentage of a hospital's patients who chose the most positive, or "top-box," response to these HCAHPS items is used in the Patient Experience Domain.

Hospital VBP utilizes HCAHPS scores from two time periods: a Baseline Period and a Performance Period. For FY 2013, the Baseline Period covers patients discharged from July 1, 2009 through March 31, 2010, and the Performance Period from July 1, 2011 through March 31, 2012. Correspondingly, an Improvement and Achievement score for each of the eight HCAHPS dimensions is calculated for each hospital.

*Please note: Eligible IPPS hospitals must have at least 100 completed HCAHPS surveys from the nine month Performance Period in order to be included in the FY 2013 Hospital VBP program.*

The Patient Experience Domain score is comprised of two parts: the HCAHPS Base Score (maximum of 80 points) and the HCAHPS Consistency Points score (maximum of 20 points).

### **HCAHPS Base Score**

Each of the eight HCAHPS dimensions contributes to the HCAHPS Base Score through either the Improvement or Achievement score.

- Improvement score (0-9 points) is based on the amount of change in an HCAHPS dimension score from the earlier Baseline Period to the later Performance Period
- Achievement score (0-10 points) is based on the comparison of a hospital's dimension score in the Performance Period to the national median score for that dimension in the Baseline Period

For each HCAHPS dimension, the larger of the Improvement or Achievement scores is used to create the HCAHPS Base Score, which ranges from 0 to 80, with each dimension contributing 0 to 10 points.

### **HCAHPS Consistency Points**

The second part of the Patient Experience Domain is the Consistency Points score, which ranges from 0 to 20 points. Consistency Points are designed to target and incentivize improvement in a hospital's *lowest performing* HCAHPS dimension. Consistency Points are derived from a hospital's lowest scoring HCAHPS dimension as follows:

- If a hospital's lowest scoring HCAHPS dimension in the Performance Period is at or above the national median (also known as the "Achievement Threshold") of the Baseline Period (which means that all eight dimensions are at or above the median), then the hospital earns the maximum 20 Consistency Points
- If a hospital has more than one dimension below the national median, a separate calculation is made to determine which dimension is lowest. That lowest dimension is then used for the calculation of Consistency Points
- If a hospital's lowest scoring dimension during the Performance Period is below the national median score of the Baseline Period, then the hospital earns 0 to 19 Consistency Points

### **Patient Experience of Care Domain Score**

The Patient Experience of Care Domain Score is the sum of the HCAHPS Base Score (0 – 80 points) and HCAHPS Consistency Points score (0 – 20 points), thus it can range from 0 to 100 points. As noted earlier, the Patient Experience Domain comprises 30% of the Hospital VBP Total Performance Score.

### **More Information about Hospital Value-Based Purchasing**

For more information about Hospital VBP, please visit CMS' dedicated Web site, <http://www.cms.gov/Hospital-Value-Based-Purchasing/>. The slide set from CMS' July 2011 "Open Door Forum" on the Hospital VBP program can be found at [http://www.cms.gov/Hospital-Value-Based-Purchasing/Downloads/HospVBP\\_ODF\\_072711.pdf](http://www.cms.gov/Hospital-Value-Based-Purchasing/Downloads/HospVBP_ODF_072711.pdf). Slides 35 to 61 present a comprehensive summary of the "Patient Experience of Care" domain (HCAHPS) and how the score for this domain is calculated.

### **"What's New"**

We encourage hospitals and their survey vendors to frequently check our “*What’s New*” button to find the latest information on HCAHPS, such as upcoming data submission deadlines. We also invite you to share the material presented on *HCAHPS Executive Insight*, but when you share or reproduce this material, please include the following citation:

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