

CAHPS Compliance and Requirements in 2018

Kelsi Remmert, MHSA
Central Region Patient Experience Advisor
Press Ganey Associates, Inc.



Disclaimer

Information and timelines presented herein are based solely upon Press Ganey's experience with other CAHPS initiatives and our interpretation of CMS rulemaking and policy statements.

The information presented herein does not reflect the views or policies of CMS or any other governmental agency. Official CMS policy is distributed as part of their normal rulemaking process.



Overview

- **CAHPS: Consumer Assessment of Healthcare Providers and Systems**

- In effect since 1995
- CAHPS surveys are funded and overseen by the *Agency for Healthcare Research and Quality (AHRQ)*
 - AHRQ is an agency within HHS
- Vendors for collecting and submitting patient experience data become certified by Centers for Medicare and Medicaid Services (CMS).
- Series of patient surveys rating health care experiences in the United States
 - The alpha character in front of CAHPS determines the service area where the survey is utilized
- Policy and guidelines for each type of CAHPS survey are contained within the Quality Assurance Guidelines (QAG) which are updated annually



Overview: Survey Eligibility

- **HCAHPS Eligibility:**

- 18 years old
- Alive at the time of discharge
- Overnight stay
- Not in excluded service lines (psych, rehab, skilled nursing)
- Not have an excluded admit/discharge codes (corrections facility, hospice care, skilled nursing)
- Not an international home address
- No one in household selected for HCAHPS survey in calendar month

- **OAS CAHPS Eligibility:**

- 18 years old
- Have received at least one outpatient surgery or procedure
- Not currently living in a nursing home
- All patients regardless of payer
- Patients not admitted as inpatients
- Patients with an eligible CPT or G Code

CMS CAHPS Programs – Current & In Development

Last updated August 2018

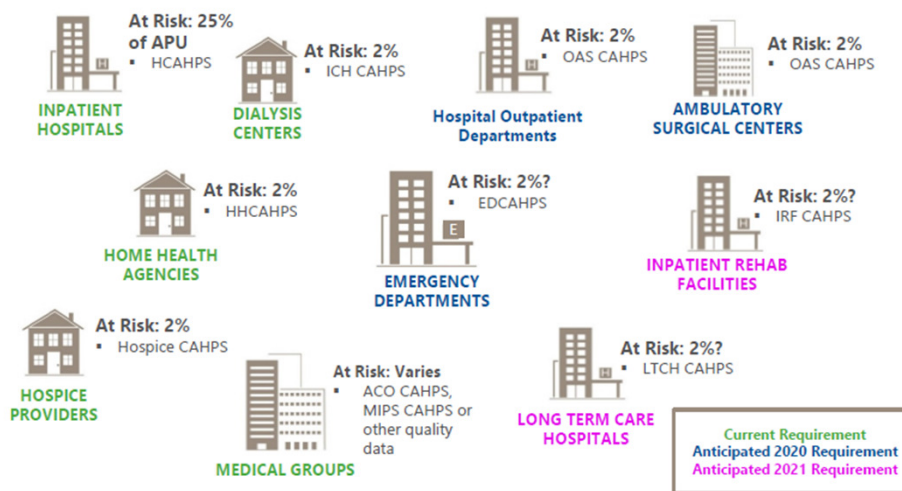
	2018	2019	2020
Inpatient Hospitals	HCAHPS (mandatory); used within VBP		
Home Health Agencies	HHCAHPS (mandatory); used within HHVBP Model (MA, MD, NC, FL, WA, AZ, IA, NE and TN)		
Dialysis Centers	ICH CAHPS (mandatory); used within ESRDQIP		
Accountable Care Organizations	ACO CAHPS (mandatory for Next Generation and MSSP); factor in determining shared savings		
Medical Groups	MIPS CAHPS (voluntary); factor in determining payment adjustment		
Hospice Providers	Hospice CAHPS (mandatory)		
Hospital Outpatient Departments, Ambulatory Surgery Centers	OAS CAHPS (voluntary)		Anticipated OAS CAHPS (mandatory)
Emergency Departments	ED CAHPS development		Anticipated EDCAHPS (voluntary)
Pediatric Inpatient Hospitals	Child HCAHPS (voluntary)		
Inpatient Rehab Facilities	IRF CAHPS development		
Long Term Care Facilities	LTCH CAHPS development		

*Note: In 2014, CMS indicated they were planning to develop a standardized patient experience survey tool for inpatient behavioral health settings, but they have not taken any further steps.

 Voluntary
 Mandatory P4R
 Mandatory P4R/P4P

Information and time lines are based solely upon Press Ganey's experience with other CAHPS initiatives and our interpretation of CMS rulemaking and policy statements. The information presented herein does not reflect the views or policies of CMS or any other governmental agency. Official CMS policy is distributed as part of their normal rulemaking process.

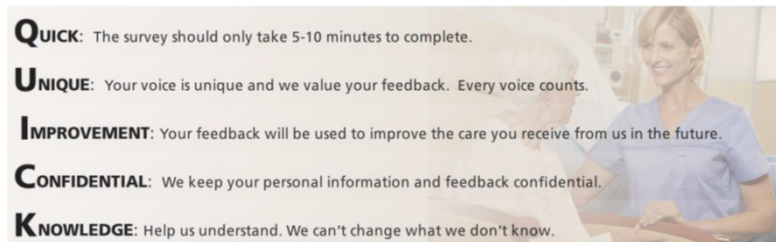
Current and Anticipated Pay for Performance Impact



*For ICH CAHPS, the 2% financial risk is to a dialysis facility's total Medicare payment, as determined by the ESRD Quality Incentive Program.

Survey Promotion

- Promoting the survey can drastically increase the number of surveys that are returned by patients. Benefits of increasing response rates include:
 - More data available for analysis – data can be broken down into more discrete categories
 - Greater number of comments
 - Improves perceptions and credibility around the data
 - Provides a more favorable confidence interval – the measurement will become a little more precise



Survey Promotion Cont.

- Organizations SHOULD NOT
 - Ask patients for a certain score
 - Indicate that their goal is to receive a certain score
 - Show the CAHPS survey or cover letter to the patient prior to survey administration
 - Wear a button which says "10" or "Always"
- Organizations SHOULD
 - Encourage response to the survey
 - "It is permissible to notify the patient while in the hospital or at discharge (i.e. receiving services) that they may receive a survey after discharge."
 - Improve the patient experience
 - Distribute the communication guidelines

Sample Scripting



"Mrs. Jones, in approximately 7-10 days you will receive a survey regarding your stay. The survey should only take 5-10 minutes to complete and is very important to us. It helps us know what we are doing well and what we still need to work on. We keep your personal information and feedback confidential and we will use your feedback to make care here even better."

Sample Promotional Materials

Our Patients Important

We want to improve, and

You may receive a survey asking
Please complete the survey.
We will use your feedback to make improvements.



Our Patients Are Important We want to improve, and you can help.



You may receive a survey asking
you about your child's visit.
Please complete the survey.
We will use your feedback to
make improvements.

Patients Important

We want to improve, and you can help.
You may receive a survey asking
you about your visit.
Please complete the survey.
We will use your feedback to make improvements.



Promotional Statements

Which of the following statements would be allowed?

"Let us know if we are not listening carefully to you."

"Our doctors and nurses always listen carefully to you."

"We expect to be the best hospital possible."

"We want to always explain things to you in a way you can understand."

"We treat our patients with courtesy and respect."

"Our goal is to always address your needs."

HCAHPS Quality Assurance Guidelines

- When asking non-HCAHPS Survey questions, do not use HCAHPS-like response categories ("Always," "Usually," "Sometimes," "Never")
- It is permissible for patients to be asked about their hospital experience during their hospital stay or during discharge calls where this is a normal part of **clinical rounds, leadership rounds, or patient treatment/care activities**
- Types of questions that are **NOT** permissible:
 - "Did the nurses always answer your questions?"
 - "On a scale of 0 to 10, how would you rate your hospital stay?"
 - "Is there a way we could always....?"
 - "Did your doctor/nurse explain things in a way you could understand?"
 - "Overall, how would you rate the care you received from your doctors/nurses?"
- Questions that do not violate HCAHPS protocols include:
 - "Are the nurses answering your questions?"
 - "Tell us about your stay."
 - "Did your doctor/nurse address any communication barriers regarding information about your healthcare?"
 - "Were we attentive to your needs?"

Sanctions/Consequences for Non-Compliance

- Application of the appropriate footnote(s) to HCAHPS Survey results reported on the Hospital Compare Website
- Adjustment to publicly reported scores, as needed
- Increased oversight activities
- Loss of approved status to administer the HCAHPS Survey
- Withholding of HCAHPS Survey results from public reporting, which could affect the hospital's Annual Payment Update (APU)
- Other sanctions as deemed appropriate by CMS

THE KANSAS CITY STAR.
KC has three five-star hospitals.
Here's why you might want to
question those ratings

Confidentiality and Patient Surveys

- Healthcare organization are required to maintain confidentiality and security for all HCAHPS patient-related and survey-related data
- HCAHPS may be used for quality improvement purposes, the patient's identity should not be shared with direct care staff
- Confidentiality vs. Anonymity
 - Patients may perceive that their responses are anonymous if they do not provide their name and contact information
 - Anonymity is only possible on the OAS CAHPS survey
 - HIPAA Privacy Laws apply to patient experience data

Sample Cover Letter Message

Our mission at SAMPLE HOSPITAL is to provide our patients with the highest quality health care. One of the best ways to do this is to ask our patients what we are doing right and what may need improvement. The enclosed survey asks about the care you received during your hospital stay that ended on the date listed above. By sharing your thoughts and feelings, you can help us improve the care we provide. Please take a few minutes to complete the survey and return it in the postage-paid envelope.

Questions 1–25 are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals. Hospital results will be publicly reported and made available on the Internet at www.medicare.gov/hospitalcompare. The overall results will provide comparisons on issues of hospital care that are important to all consumers.

Your answers may be shared with the hospital for quality improvement and may be used for research purposes. The number on the survey is used to tell us if you returned the survey so we don't send you reminders. Thank you in advance for completing this survey. Your participation is voluntary and will not affect your health benefits. If you have any questions about this survey, please call 877-842-2477. For other questions about your hospital stay, please call 999-999-9999.

Sincerely,



OAS CAHPS Consent to Share

SURVEY INSTRUCTIONS: Answer the questions on this survey. You are sometimes told to skip over a question with a note that tells you what question to go to next.

● Yes
○ No → If No, go to #1

This survey asks about your experience with the care you received during your procedure. Please answer these questions on the survey. Do not include any other procedure information.

BEFORE YOUR PROCEDURE
The first few questions are about getting ready for your procedure. Include any information you received before and on the day of your procedure.

1. Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?
○ Yes, definitely
○ Yes, somewhat
○ No

2. Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?
○ Yes, definitely
○ Yes, somewhat
○ No

ABOUT THE FACILITY AND STAFF
The next questions ask about the day of your procedure.

3. Did the check-in process run smoothly?
○ Yes, definitely
○ Yes, somewhat
○ No

4. Was the facility clean?
○ Yes, definitely
○ Yes, somewhat
○ No

5. Were the clerks and receptionists as helpful as you thought they should be?
○ Yes, definitely
○ Yes, somewhat
○ No

15. Some ways to control pain include medicine, over-the-counter pain pills, and other methods. Did your doctor or anyone give you information about what pain as a result of your procedure?
○ Yes, definitely
○ Yes, somewhat
○ No

16. At any time after leaving the facility, did your doctor or anyone from the facility give you information about what to do if you had pain?
○ Yes
○ No

17. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting as a result of your procedure or the anesthesia?
○ Yes, definitely
○ Yes, somewhat
○ No

18. At any time after leaving the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?
○ Yes, definitely
○ Yes, somewhat
○ No

19. Before you left the facility, did your doctor or anyone from the facility give you information about what possible signs of infection to look for?
○ Yes, definitely
○ Yes, somewhat
○ No

20. At any time after leaving the facility, did your doctor or anyone from the facility give you information about what possible signs of infection to look for?
○ Yes
○ No

21. Possible signs of infection include heat, drainage or redness. Before you left the facility, did your doctor or anyone give you information about what possible signs of infection to look for?
○ Yes, definitely
○ Yes, somewhat
○ No

22. What is your race? You may select one or more categories.
○ Yes, Hispanic, Latino, or Spanish
○ No, not Hispanic, Latino, or Spanish → If No, go to #32
31. Which group best describes you?
○ Mexican, Mexican American, Chicano
○ Puerto Rican
○ Cuban
○ Another Hispanic, Latino, or Spanish origin

32. Did someone help you complete this survey?
○ Yes
○ No → If No, go to **ADDITIONAL FEEDBACK ABOUT YOUR EXPERIENCE**

37. How did that person help you? Select all that apply.
○ Read the questions to me

Please comment on good or bad experiences related to your visit.

The facility where you received your surgery or procedure may want to review your survey responses so that they can decide how to address any concerns that you have. Do you give your permission to link your name with your survey responses that will be shared with the facility where you received your surgery or procedure?
○ Yes, I give my permission to link my name with my survey responses.
○ No, I do not give permission to link my name with my survey responses.

Patient's Name: _____ Telephone Number: _____
(optional) (optional)

THANK YOU. Please return the completed survey in the postage-paid envelope.

DOCTOR

1. Doctor's explanation about what the procedure would be like
2. Doctor's response to your concerns or questions
3. After the procedure was over, information the doctor provided about how the procedure went
4. Doctor's explanation about why this procedure was important to your health

poor poor fair good good
○ ○ ○ ○ ○ ○ ○ ○
continued...



Consent to Share Cont.

The patient's response to the consent question controls the level of data that can be shared with the facility:

Comment reports will only contain demographics/patient info if the patient has provided consent to share ("Yes" for the above question)

Survey images will only be available if the patient has provided consent to share ("Yes" for the above question)

To maintain patient privacy per CMS regulations, any features such as Barcode Lookup will not be available for OAS CAHPS

Sample Scenario

You have an employee who has breached the HIPPA Law and I feel very defiled. The employee's name is *****. I have been a patient of Dr. XYZ for a very long time and I am totally satisfied with her. She is number one in my eyes with my health care. When I discovered that ***** was getting into the patients' files and discussing their health issues with her family and friends I was appalled. ***** would brag to her mother stating that she looked up everyone's file that she knew starting with her father when she first started working at your clinic. The integrity of your clinic has fallen since she was hired due to the violation of her breaking the HIPPA Law. I hope that this will never happen again with anyone else, because it is very frightening to know that your private medical information can get into the wrong hands. I trust Dr. XYZ and her staff, however, I do not trust *****. Thank you for allowing me to express in detail my frustration with ***** actions.

Questions?