Demystifying Patient Satisfaction Surveys

What you need to know about the H-CAHPS, CG-CAHPS, and PQRS and the benefits of performing patient satisfaction surveys.

NCMGMA Lunch and Learn Webinar, June 11, 2014
H-CAHPS 101

Hospital Consumer Assessment of Healthcare Providers and Systems

- Developed by AHRQ (Agency for Healthcare Research and Quality)
- Standardized data collection, submission, analysis, and reporting for hospitals
- Voluntary participation began in 2006 and mandatory participation began in 2008
- Publicly reported to beneficiaries via “Hospital Compare” website
- Provides financial incentives for quality improvement
- Pay-for-performance (Hospital VBP)
H-CAHPS 101

- Participating Hospitals
  - “General Hospitals” (AHA)
  - IPPS and Critical Access Hospitals (IPPS penalized if they don’t participate)
  - Excludes pediatric, psychiatric and specialty hospitals
  - Exempt cancer hospitals can voluntarily participate

- Survey-eligible patients (H-CAHPS encompasses ~80-85% of in-patients)
  - Adult (18+)
  - Medical, surgical, or maternity care
  - Overnight stay or longer
  - Alive at discharge
H-CAHPS 101

- Survey after discharge (48 hours to 42 calendar days post-discharge)
- Random Sample (Eligible discharges on a monthly basis)
- Data aggregated quarterly and reported on a rolling 4-quarter data feed
H-CAHPS 101

- 300+ completed surveys per 12 month reporting period
- Ongoing data collection
- Multiple attempts to contact patients
- No proxy respondents
- Adjusted results publicly reported and considered official
- Results are adjusted for patient mix and mode of data collection
H-CAHPS 4 Modes of Administration

- Mail only
- Telephone only
- Mail w/ Telephone follow-up
- Active IVR
Composition of H-CAHPS Survey

- H-CAHPS contains 32 items:
  - 25 core questions
  - 7 “About You” questions after core questions

- 7 Composites
  - Communication with nurses
  - Communication with doctors
  - Responsiveness of Hospital Staff
  - Pain Management
  - Communication about medicines
  - Discharge information
  - Care transition
What physicians and practice leaders need to know….

- Hospital leaders may present H-CAHPS scores to physicians as feedback regarding care delivered at their facility.
- Physicians and practice administrators need to be familiar with the domains and what the measurements are.
- Physicians and practice administrators should be familiar with the results on the hospital-compare website at facilities where they practice.
- Results have been utilized in contract negotiations with physician groups.
- Normally, the “n” is too small for a specific MD group to be statistically significant.
- Performing surveys at the practice level is an inexpensive way to validate the patient’s experience with the physician practice.
CG-CAHPS – Clinician and Group Surveys

Used to:

- Improve care provided by providers, medical groups, and networks
- Equip consumers with information to help them choose a provider
- January 1, 2011, “Physician Compare” website was launched
CG-CAHPS Question Domains

- Access to care
- Follow up on test results
- How well doctors communicate with patients
- Courtesy and Helpfulness of office staff
Components of CG-CAHPS Survey

- Core questions – everyone uses
- Supplemental questions
Components of CG-CAHPS Survey (con’t)

- In 2012, it became possible for groups to use CG-CAHPS results for PQRS reporting

- CMS requires CG-CAHPS data collection for practices with >100 eligible providers (under one TIN)
  - Reporting will impact their value-modifier (VM) payment in 2016
  - In the future, at least 16.7% of value-based dollars will be based on CG-CAHPS as part of the value modifier
CG-CAHPS

- Voluntary participation for groups with > 25 providers begins in 2015

- Practices working on their level 1, 2, or 3 NCQA Patient Centered Medical Home (PCMH) certification get 1 point towards certification by measuring CG-CAHPS
GC-CAHPS Versions of Survey

- 12 Month Survey: Survey period covers the last 12 months of experiences with the practice
- Expanded 12 Month Survey: Covers past 12 months and includes questions about the medical home
- Visit Survey: Questions regarding the most recent visit
PQRS – Physician Quality Reporting System

- A reporting program from Medicare (CMS) that uses incentive payments (carrot) and payment adjustments (stick)
- Quality info reported by EPs (eligible providers)
- Information can be reported by individuals or groups (registry only)
- Pay-for-reporting not pay-for-performance
PQRS – Physician Quality Reporting System

- 110 Quality Measures to choose from report
- One possible reporting measure is patient satisfaction
- Group practices may report CG-CAHPS results as a possible measure
- Group practices are considered greater than 25 providers
PQRS – Physician Quality Reporting System

- In 2015, EPs who do not report will experience a Medicare rate adjustment of -1.5%

- In 2012, Physician Fee Schedule (PFS) began to allow for PQRS and GPRO (Group Practice Reporting Option)

- Methods of reporting: Medicare Part-B Claims (CPT or G-codes), CMS approved registry, qualified EHR, EHR data through approved PQR vendors
Tascheter
Patient Satisfaction Surveys – Case Study
For the years 2011-2013, answers were solicited and collected for a large 40+ MD anesthesia group.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Patients</th>
<th>Surveyed Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>64,386</td>
<td>12,349</td>
</tr>
<tr>
<td>2012</td>
<td>66,285</td>
<td>12,679</td>
</tr>
<tr>
<td>2013</td>
<td>69,483</td>
<td>11,728</td>
</tr>
</tbody>
</table>
IVR

- Three attempts to contact patient
- Program discriminates person vs. answering machine
- Respondent’s identity confirmed
All patients are asked several core questions such as:

- How well did your anesthesiologist treat you with courtesy and respect?
- How would you overall rate your anesthesiologist?
- How likely would you recommend our anesthesia services to a friend or relative?
Additionally, patients were also asked several optional or service line specific questions, such as in this case, relating to labor epidurals:

• How well was your pain managed by the epidural?
• How well were you informed by the anesthesiologist about what to expect for placement of the epidural?
<table>
<thead>
<tr>
<th>Question</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well were you informed by the anesthesiologist about what to expect for anesthesia?</td>
<td>4.58</td>
<td>4.59</td>
<td>4.60</td>
</tr>
<tr>
<td>How well did your anesthesiologist treat you with courtesy and respect?</td>
<td>4.75</td>
<td>4.77</td>
<td>4.81</td>
</tr>
<tr>
<td>How would you overall rate your anesthesiologist?</td>
<td>4.71</td>
<td>4.73</td>
<td>4.74</td>
</tr>
<tr>
<td>How well was your pain managed in the recovery room?</td>
<td>4.72</td>
<td>4.73</td>
<td>4.70</td>
</tr>
<tr>
<td>How would you rate your overall experience with anesthesia during your operation or procedure?</td>
<td>4.73</td>
<td>4.75</td>
<td>4.75</td>
</tr>
<tr>
<td>How well were your questions about anesthesia answered by the anesthesiologist?</td>
<td>4.72</td>
<td>4.74</td>
<td>4.76</td>
</tr>
<tr>
<td>How well were you instructed about how long not to eat or drink and/or what medicines to take prior to your operation?</td>
<td>4.76</td>
<td>4.76</td>
<td>4.73</td>
</tr>
<tr>
<td>How likely would you recommend our anesthesia services to a friend or relative?</td>
<td>4.75</td>
<td>4.76</td>
<td>4.76</td>
</tr>
</tbody>
</table>
With the exception of the first question, “How well were you informed by the anesthesiologist about what to expect for anesthesia?”, the answers to these questions were considered excellent with all scores >4.7.
This group’s results for 2011’s labor epidural patient satisfaction is shown.

<table>
<thead>
<tr>
<th>Question</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well were you informed by the anesthesiologist about what to expect for placement of the epidural?</td>
<td>4.43</td>
</tr>
<tr>
<td>How well did your anesthesiologist treat you with courtesy and respect?</td>
<td>4.53</td>
</tr>
<tr>
<td>How would you overall rate your anesthesiologist?</td>
<td>4.43</td>
</tr>
<tr>
<td>How well was your pain managed by the epidural?</td>
<td>4.27</td>
</tr>
<tr>
<td>How would you rate your overall experience with your epidural during your labor and delivery?</td>
<td>4.29</td>
</tr>
<tr>
<td>How well were your questions about epidural anesthesia answered by the anesthesiologist?</td>
<td>4.56</td>
</tr>
<tr>
<td>How likely would you recommend our epidural anesthesia services to a friend or relative?</td>
<td>4.56</td>
</tr>
</tbody>
</table>
The conclusion made, as compared to the general questions, was that the labor epidural results were much poorer.

A decision to investigate and to try to improve these scores was made by the group.

First, all practitioners were made aware of the group’s and their individual scores.

Second, patients were given additional information and education about epidural placement and what to expect during the course of an epidural.

Third, ongoing monitoring of the scores continued.
<table>
<thead>
<tr>
<th>Question</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well were you informed by the anesthesiologist about what to expect for placement of the epidural?</td>
<td>4.43</td>
<td>4.52*</td>
</tr>
<tr>
<td>How well did your anesthesiologist treat you with courtesy and respect?</td>
<td>4.53</td>
<td>4.58*</td>
</tr>
<tr>
<td>How would you overall rate your anesthesiologist?</td>
<td>4.43</td>
<td>4.53*</td>
</tr>
<tr>
<td><strong>How well was your pain managed by the epidural?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How well were your questions about epidural anesthesia answered by the anesthesiologist?</td>
<td>4.56</td>
<td>4.67*</td>
</tr>
<tr>
<td>How likely would you recommend our epidural anesthesia services to a friend or relative?</td>
<td>4.56</td>
<td>4.59</td>
</tr>
</tbody>
</table>

* denotes a p value of < 0.05
These results were presented at the annual meeting of the group.

A general consensus that although the scores were better, the key question “**How well was your pain managed by the epidural?**” had not improved and this continued to be a problem.

A group-wide survey of the practitioners tried to correlate good individual scores to specific epidural techniques or practices. These results were made available to all group physicians.

Ongoing recognition and discussion of the issue was used to heighten awareness.
### 2013 Overall Means for the Labor Epidural Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well were you informed by the anesthesiologist about what to expect for placement of the epidural?</td>
<td>4.43</td>
<td>4.52*</td>
<td>4.50</td>
</tr>
<tr>
<td>How well did your anesthesiologist treat you with courtesy and respect?</td>
<td>4.53</td>
<td>4.58*</td>
<td>4.58</td>
</tr>
<tr>
<td>How would you overall rate your anesthesiologist?</td>
<td>4.43</td>
<td>4.53*</td>
<td>4.56</td>
</tr>
<tr>
<td><strong>How well was your pain managed by the epidural?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How well did your pain managed by the epidural?</td>
<td>4.27</td>
<td>4.29</td>
<td>4.37*</td>
</tr>
<tr>
<td>How would you rate your overall experience with your epidural during your labor and delivery?</td>
<td>4.29</td>
<td>4.36*</td>
<td>4.39</td>
</tr>
<tr>
<td>How well were your questions about epidural anesthesia answered by the anesthesiologist?</td>
<td>4.56</td>
<td>4.67*</td>
<td>4.66</td>
</tr>
<tr>
<td>How likely would you recommend our epidural anesthesia services to a friend or relative?</td>
<td>4.56</td>
<td>4.59</td>
<td>4.64*</td>
</tr>
</tbody>
</table>

* denotes a *p* value of < 0.05 from the previous year’s score
Case Study

Although efforts to improve the epidural labor scores continue for this group, this case demonstrates how identifying a practice weakness in a specific area by use of patient satisfaction surveys can be used to improve patient care and the patient’s perception of their care.
Next, this same group is taking measures to improve the results for the question “How well were you informed by the anesthesiologist about what to expect for anesthesia?”
Take-Home Points

• It is important to understand and be educated about patient satisfaction surveys, upcoming government requirements regarding those surveys, and how it will impact payments to physicians.
• Patient satisfaction surveys may identify problem areas and be used to improve care for patients and patient’s perception of care.
References

- http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html
- https://cahps.ahrq.gov/