A Decade of Advancing Patient-Centered Care:
The 10th National CAHPS® User Group Meeting

CAHPS Hospital Survey Implementation: Current Status and Next Steps

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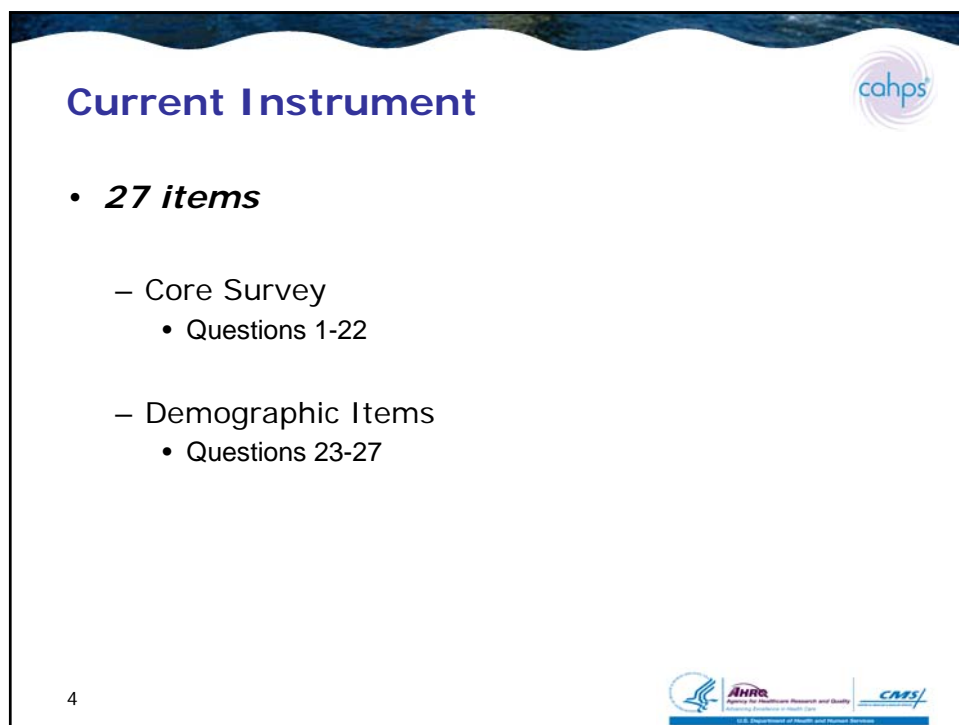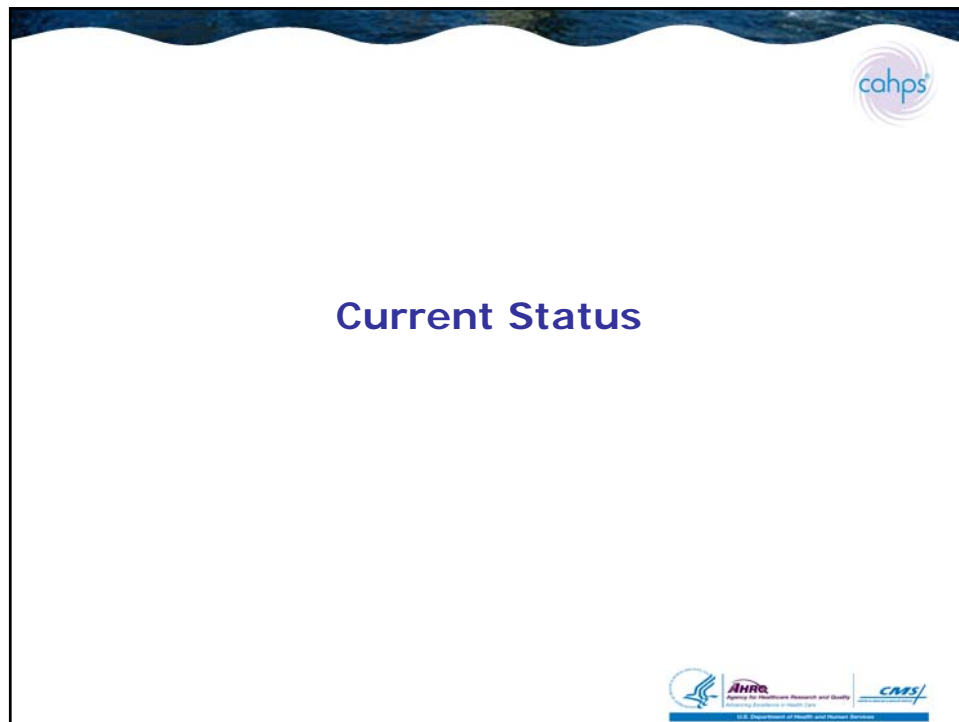## This Presentation

- *Current Status*
- *Background on Survey Administration*
- *Data Adjustment and Reporting*
- *National Implementation Timeline*

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Current Status

Current Instrument

- *27 items*

  – Core Survey
    - Questions 1-22

  – Demographic Items
    - Questions 23-27

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Recent HCAHPS Survey Events

- *NQF endorsement (May 2005)*
    - *"National voluntary consensus standard "*
- *Abt Associates' cost-benefit analysis (October 2005)*
- *Final approval from federal Office of Management and Budget (December 2005)*

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HCAHPS Implementation

- *Implementation through the national Hospital Quality Alliance (HQA)*

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Roles in National Implementation

- *Hospital/Survey vendor role:*
  - Data Collection

    - Develop sampling frame of eligible discharges

    - Draw required sample of discharges

    - Collect data using HCAHPS Survey

    - Submit HCAHPS data in standard format via QualityNet (QNet) Exchange

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Roles in National Implementation (cont'd)

- *Government Role: Support and Reporting*
  - Provide training and technical assistance

  - Ensure integrity of data collection

  - Accumulate data from hospitals/survey vendors

  - Conduct mode experiment

  - Produce hospital-level estimates

  - Publicly report comparative hospital data

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Training

- *All survey vendors who plan to conduct HCAHPS Survey and all hospitals self-administering the survey must attend training*
- *Initial training*
  - February 2-3 (in-person)
  - February 6-10 (webinar)
- *Additional training*
  - April 3-4 (webinar)

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Next Step for HCAHPS Survey

- *"Dry Run"*
  - *All* HCAHPS **hospitals** must participate

  - Purpose: to gain experience using survey
    - Including data submission

  - Patients discharged in April, May and/or June 2006
    - No public reporting of results
      - Reported only to participating hospital

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Modes of Survey Administration

Modes of Survey Administration

- *Mail Only*
- *Telephone Only*
- *Mixed (Mail and Telephone)*
- *Active Interactive Voice Response (IVR)*

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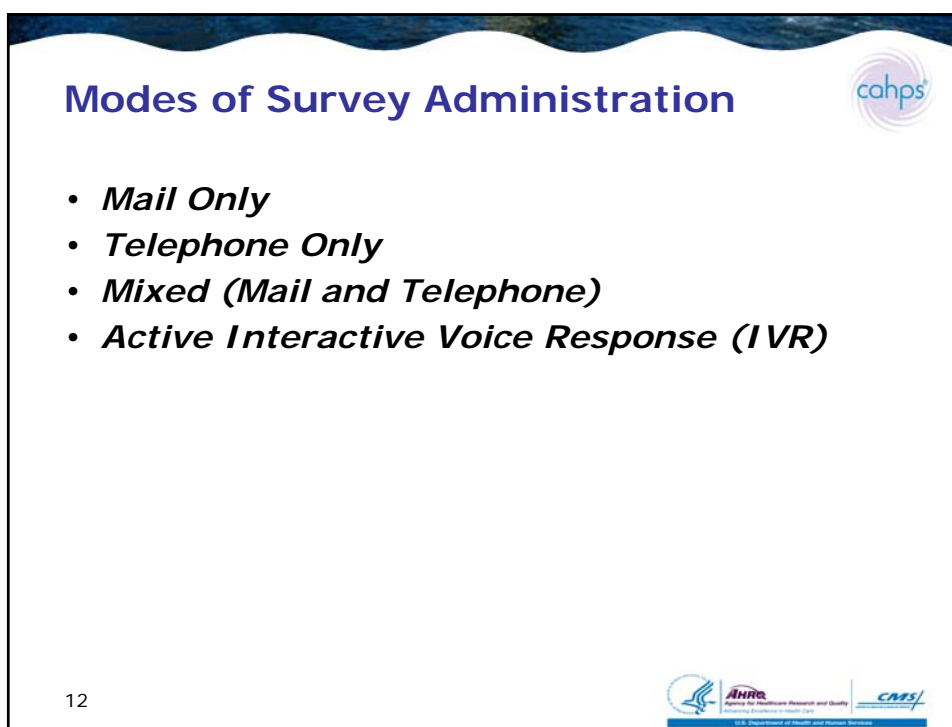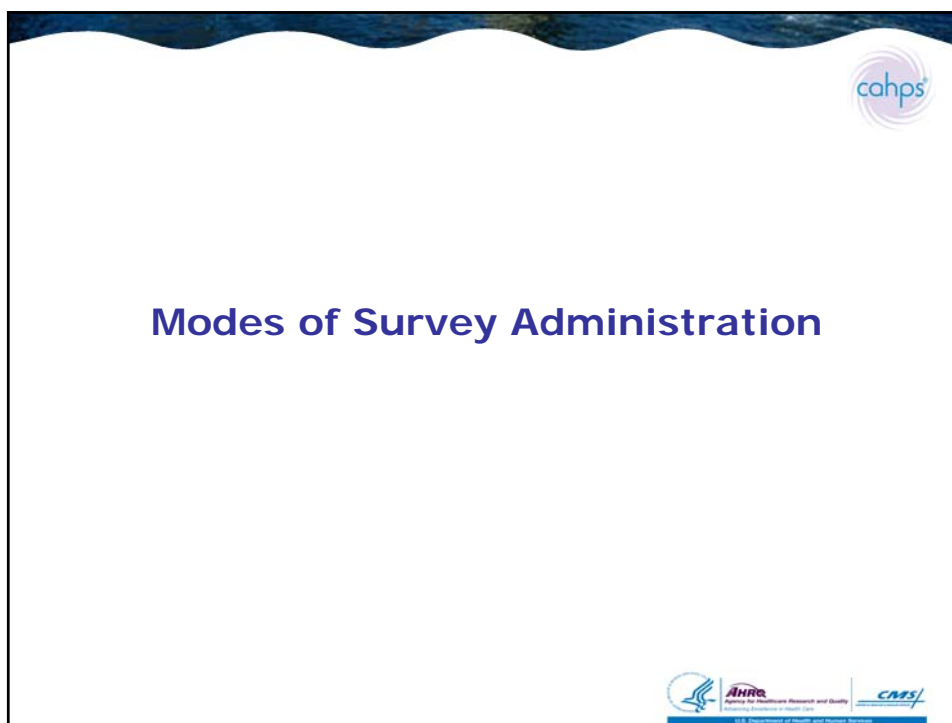
Modes of Administration

- *Modes of administration designed to achieve, on average, a 40% response rate*

- *No proxy respondents*

- *Data collection begins 48 hours to 6 weeks after discharge*

- *Data reported quarterly*

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Mail Only Mode

- *Protocol*
  - First questionnaire with cover letter sent out 48 hours to six weeks after discharge

  - Second questionnaire with reminder/thank you letter sent out 21 days after first mailing

  - Data collection completed 21 days after second questionnaire sent, within 42 days after initiation

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Telephone Only Mode

- *Protocol*
  - Initiate systematic telephone contact to sampled patient(s) between 48 hours and six weeks after discharge

  - Make five attempts to reach respondent by telephone

  - Telephone attempts made on different weeks, different days of the week and at different times of day, within 42 days after initiation

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Mixed Mode

- *Protocol—Mail followed by telephone*
  - Questionnaire with cover letter sent out 48 hours to six weeks after discharge

  - Initiate systematic telephone contact for all nonrespondent(s) approximately 21 days after mailing of the questionnaire

  - Complete telephone attempts to nonrespondent(s) 21 days after initiation of telephone contact so that at least five calls are attempted in different weeks, on different days of the week and at different times of day, within 42 days of initiation

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Active Interactive Voice Response (IVR) Mode

- *Protocol*
  - Initiate systematic contact to sampled patient(s) between 48 hours and six weeks after discharge

  - Make five attempts to reach respondent by telephone

  - Telephone attempts made on different weeks, different days of the week and at different times of day, within 42 days after initiation
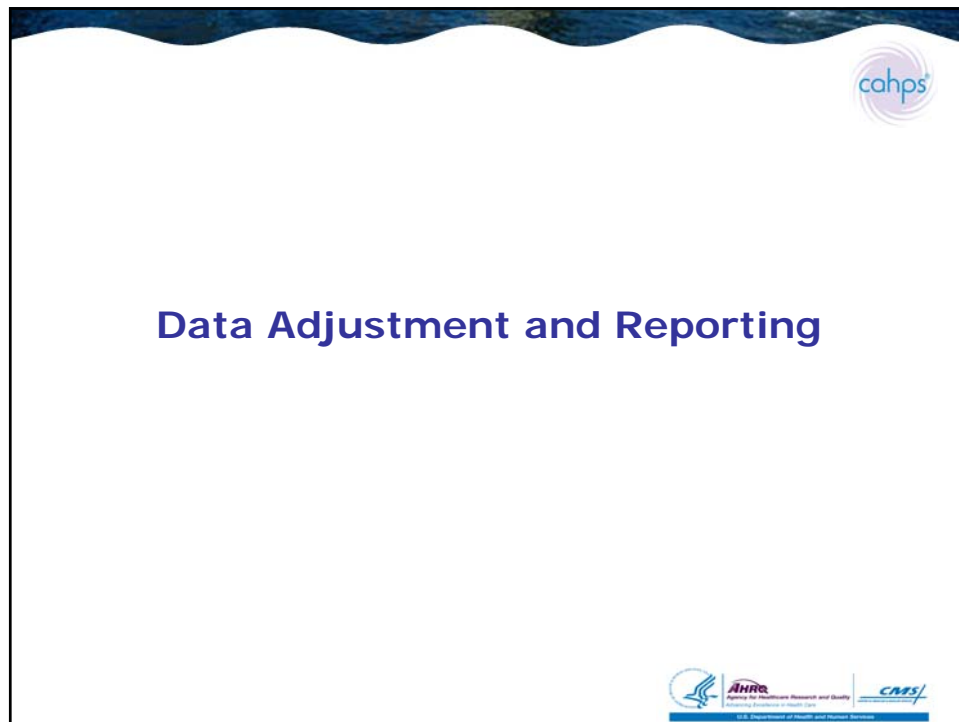
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Exceptions Process

- *Allowable exceptions to standard protocols*
  - Sampling
  - Other exceptions
- *Exceptions not allowed for modes of survey administration*

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Data Adjustment and Reporting

Key Measures to be Reported

- *Composite Measures (number of questions)*
  - Nurse communication (3)
  - Doctor communication (3)
  - Cleanliness and quiet of hospital environment (2)
  - Responsiveness of hospital staff (2)
  - Pain management (2)
  - Communication about medicines (2)
  - Discharge information (2)
- *Overall Rating of Hospital (Q21)*
- *Willingness to Recommend Hospital (Q22)*

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Adjusting the Results

- *Purpose*
  - Differences in hospital ratings should reflect differences in quality *only*
- *We need to adjust the results to "level the playing field"*
  - That is, adjust for factors not directly related to hospital performance
- *Adjustment for:*
  - Mode of administration
  - Patient-mix
  - Non-response tendencies

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Adjusting for Mode

- *Mode Experiment*
  - Nationwide sample of 50 hospitals
  - Short-term acute care hospitals
  - Recruiting is now underway
  - Participating hospitals will use discharges from February, March, April and/or May 2006

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Adjusting for Mode (cont'd)

- *Mode Experiment*
  - Within each hospital, patients will be assigned randomly to one of four modes of survey administration
    - Telephone only
    - Mail only
    - Mixed mode (mail with telephone follow up)
    - Active Interactive Voice Response (IVR)

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Adjusting for Patient-Mix

- *Potential Patient-Mix Adjuster Variables*
  - Type of service (medical, surgical, maternity)
  - Age
  - Education
  - Self-reported general health status
  - Language other than English spoken at home
  - Interaction of age by service
  - Lag between patient discharge and completion of survey

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Reporting National Implementation Results

- *Where?*
  - The Hospital Compare website at *www.hospitalcompare.hhs.gov*

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Reporting National Implementation Results

- *How?*
  - Each hospital's results will be compared to national and state averages
  - Results will be reported for the seven composites and two overall rating questions
  - The user will be able to drill down for more detailed results
  - Each hospital's results will be adjusted for mode of data collection, patient-mix, and non-response bias
  - Survey response rates will also be reported
  - Results will be updated quarterly
  - Results will be integrated with clinical measures

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National Implementation Timeline

Next Steps

- *Survey vendors and hospitals self-administering the survey need to fill out a program participation form*
  - Available online at *www.hcahpsonline.org*
- *Dry Run*

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Initial Data Collection

- *Patient discharges from October, November, & December 2006*
- *Data collection ends March 2007*
- *Data submission to QualityNet Exchange April 2007*
- *Additional details will be forthcoming regarding dates, procedures, preview reports, etc.*
- *Followed by Second Quarter (January, February, & March 2007)*
- *Followed by Third Quarter (April, May, & June 2007)*

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Initial Public Reporting

- *First public reporting in late 2007*

  – Will capture nine months of discharges
    - October 2006 to June 2007

  – Subsequent public reporting periods will capture 12 months of discharges

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For more information

HCAHPS Information and Technical Support
- *Website:*   www.hcahpsonline.org
- *E-mail:*   hcahps@azqio.sdps.org
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