

## The CAHPS Hospital Survey: Opportunities and Challenges



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## Connecticut Background

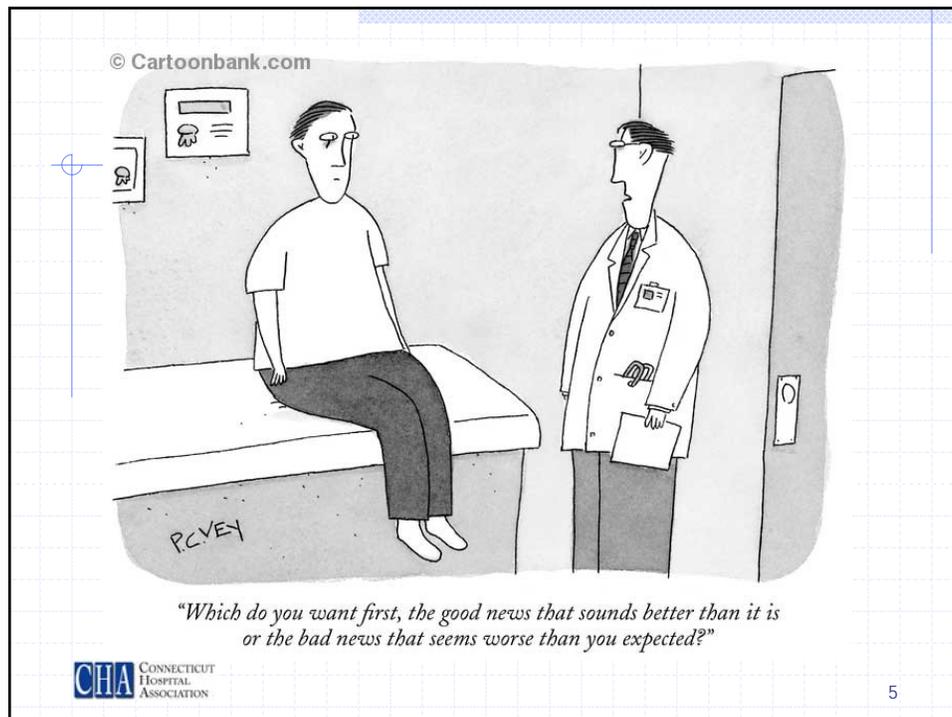
- ◆ 30 not-for-profit acute care hospitals
- ◆ 1 predominant patient satisfaction vendor
- ◆ Total of 4 vendors used
- ◆ Predominant survey method – one mailing
- ◆ One hospital conducting phone surveys
- ◆ Coordinated statewide public reporting efforts

## Connecticut Public Reporting

- ◆ In 2002, Connecticut legislation enacted requiring Department of Public Health to produce comparative report on hospital quality
  - Measures unspecified, except for “patient satisfaction”
- ◆ In 2003, all Connecticut hospitals agreed to submit quality data to CMS for public reporting, before the market basket update “incentive”
- ◆ In 2004, Connecticut hospitals began publicly reporting most recent quarter of data on CHA website ([cthosp.org/Quality/HPR.html](http://cthosp.org/Quality/HPR.html))
  - Hospital Quality Alliance clinical measures
  - JCAHO patient safety goal compliance

## Connecticut H-CAHPS Survey Experience

- ◆ 2003 Pilot of 66-question survey
  - Conducted by CMS as part of special project aligning state and federal reporting efforts
- ◆ 2005 Pilot of 27-question survey
  - Conducted by 3 vendors (2 mail, 1 phone)
- ◆ Feedback to CMS and AHRQ
  - H-CAHPS Survey must be:
    - ◆ Practical for hospitals to implement
    - ◆ Provide actionable information



## Challenges: Integrating H-CAHPS Survey with Current Surveys

- ◆ Determine whether to integrate H-CAHPS Survey in all surveys or select a minimum required sample
- ◆ Survey process changes required
  - second mailing
  - common exclusions not permitted
  - proxies prohibited
- ◆ Multiple response scales confusing

## Challenges: Integrating H-CAHPS Survey in Hospital Processes

- ◆ Incentive compensation
- ◆ Trending
- ◆ Mobilizing staff action
- ◆ Deriving meaningful information from overlapping sets of data
- ◆ Disproportionate weighting of H-CAHPS questions over other important aspects of patient experience

## Challenges: The Proper Context for H-CAHPS Results in Public Reporting

- ◆ What will patients think the H-CAHPS results mean and what will they do with the information?
- ◆ Does a positive patient experience promote better patient outcomes?

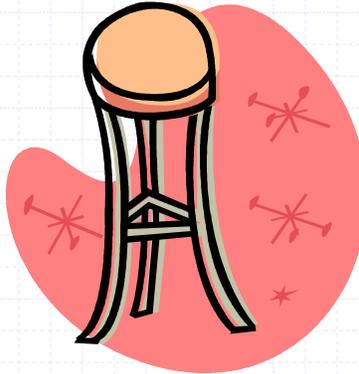
*“The art of medicine consists in amusing the patient while nature cures the disease.” Voltaire*

## Challenges: Uses of H-CAHPS Results

- ◆ Striking the appropriate balance between flexibility and opportunities for “gaming”
- ◆ The confusion of patient-mix adjustment
- ◆ The problem of the silent majority
- ◆ Pay-for-performance



## Opportunities: A More Complete Picture of Quality . . .



- Process - Structure - Outcome

## . . . That Validates the Importance of Patient Experience

### H-CAHPS Topics Include:

- ◆ Communication
  - Courtesy and respect
  - Listen carefully
  - Explain things
- ◆ Medication Education
  - Reason for the medicine
  - Possible side effects
- ◆ Discharge Planning
- ◆ Pain Control

Patient Experience

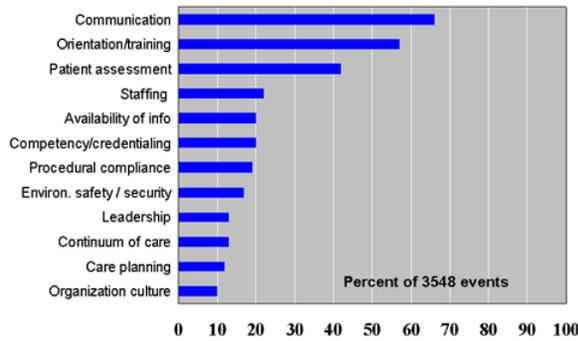


- Process - Structure - Outcome

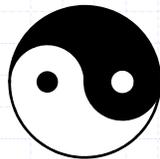


# Opportunities: The Link to Patient Safety

**Root Causes of Sentinel Events**  
(All categories; 1995-2005)



Source:  
Joint Commission on Accreditation of Healthcare Organizations



Questions?