

# HCAHPS Fact Sheet

(CAHPS® Hospital Survey)

April 2015

## Overview

The HCAHPS (*Hospital Consumer Assessment of Healthcare Providers and Systems*) Survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS (pronounced “*H-caps*”), also known as the CAHPS® Hospital Survey\*, is a 32-item survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. While many hospitals have collected information on patient satisfaction for their own internal use, until HCAHPS there were no common metrics and no national standards for collecting and publicly reporting information about patient experience of care. Since 2008, HCAHPS has allowed valid comparisons to be made across hospitals locally, regionally and nationally.

Three broad goals have shaped HCAHPS. First, the standardized survey and implementation protocol produces data that allow objective and meaningful comparisons of hospitals on topics that are important to patients and consumers. Second, public reporting of HCAHPS results creates new incentives for hospitals to improve quality of care. Third, public reporting enhances accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment.

## HCAHPS Development, Testing and Endorsement

Beginning in 2002, CMS partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the federal Department of Health and Human Services, to develop and test the HCAHPS Survey. AHRQ and its CAHPS Consortium carried out a rigorous and multi-faceted scientific process, including a public call for measures; literature review; cognitive interviews; consumer focus groups; stakeholder input; a three-state pilot test; extensive psychometric analyses; consumer testing; and numerous small-scale field tests. CMS provided three opportunities for the public to comment on HCAHPS and responded to over a thousand comments. The survey, its methodology and the results it produces are in the public domain.

In May 2005, the HCAHPS Survey was endorsed by the National Quality Forum, a national organization that represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research organizations. In December 2005, the federal Office of Management and Budget gave its final approval for the national implementation of HCAHPS for public reporting purposes. CMS implemented the HCAHPS Survey in October 2006, and the first public reporting of HCAHPS results occurred in March 2008. In 2013, CMS added five new items to the HCAHPS Survey: three questions about the transition to post-hospital care, one about admission through the emergency room, and one about mental and emotional health.

Enactment of the Deficit Reduction Act of 2005 created an additional incentive for acute care hospitals to participate in HCAHPS. Since July 2007, hospitals subject to the Inpatient

Prospective Payment System (IPPS) annual payment update provisions must collect and submit HCAHPS data in order to receive their full annual payment update. Non-IPPS hospitals, such as Critical Access Hospitals, may voluntarily participate in HCAHPS.

The incentive for IPPS hospitals to improve patient experience was further strengthened by the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), which specifically included HCAHPS performance in the calculation of the value-based incentive payment in the Hospital Value-Based Purchasing program beginning with October 2012 discharges.

## **HCAHPS Survey Content and Administration**

The HCAHPS Survey asks recently discharged patients about aspects of their hospital experience that they are uniquely suited to address. The core of the survey contains 21 items that ask “how often” or whether patients experienced a critical aspect of hospital care, rather than whether they were “satisfied” with their care. Also included in the survey are four screener items that direct patients to relevant questions, five items to adjust for the mix of patients across hospitals, and two items that support Congressionally-mandated reports. Hospitals may add supplemental items after the core HCAHPS items.

HCAHPS is administered to a random sample of adult inpatients between 48 hours and six weeks after discharge. Patients admitted in the medical, surgical and maternity care service lines are eligible for the survey; HCAHPS is not restricted to Medicare patients. Hospitals may use an approved survey vendor or collect their own HCAHPS data, if approved by CMS to do so. HCAHPS can be implemented in four survey modes: mail, telephone, mail with telephone follow-up, or active interactive voice recognition (IVR), each of which requires multiple attempts to contact patients. Hospitals must survey patients throughout each month of the year. IPPS hospitals must achieve at least 300 completed surveys over four calendar quarters. HCAHPS is available in official English, Spanish, Chinese, Russian, Vietnamese, and Portuguese versions. The survey and its protocols for sampling, data collection, coding and submission can be found in the HCAHPS *Quality Assurance Guidelines* manual on the official HCAHPS On-Line Web site, [www.hcahpsonline.org](http://www.hcahpsonline.org).

## **HCAHPS Measures**

Eleven HCAHPS measures (seven summary measures, two individual items and two global items) are publicly reported on the *Hospital Compare* Web site, [www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare). Each of the seven summary, or composite, measures is constructed from two or three survey questions. Combining related questions into composites allows consumers to quickly review patient experience information and increases the statistical reliability of the measures. The seven composites summarize how well nurses and doctors communicate with patients, how responsive hospital staff are to patients’ needs, how well hospital staff help patients manage pain, how well the staff communicates with patients about new medicines, whether key information is provided at discharge, and how well patients understood the type of care they would need after leaving the hospital. The two individual items address the cleanliness and quietness of patients’ rooms; the two global items capture patients’ overall rating of the hospital and whether they would recommend it to family and friends. Survey response rate and the number of completed surveys are also publicly reported.

HCAHPS scores are designed and intended for use at the hospital level. CMS does not endorse the use of HCAHPS scores for comparisons within hospitals, such as comparison of HCAHPS scores associated with a particular ward, floor, provider or nursing staff. Further, the questions about pain are intended to evaluate patients' experience of their pain management. HCAHPS pain management domain results are not designed to judge or compare appropriate versus inappropriate provider prescribing behavior.

To ensure that HCAHPS scores allow fair and accurate comparisons among hospitals, it is necessary to adjust for factors that are not directly related to hospital performance but which affect how patients answer survey items. CMS and the HCAHPS Project Team (HPT) apply adjustments that are intended to eliminate any advantage or disadvantage attributable to the mode of survey administration or characteristics of patients that are beyond a hospital's control. In addition, the HPT undertakes a series of quality oversight activities, which include site visits of HCAHPS survey vendors to inspect survey administration procedures and trace records, and statistical analyses of submitted data, to assure that the HCAHPS Survey is being administered properly and consistently.

## **HCAHPS Public Reporting on *Hospital Compare***

HCAHPS scores, based on four consecutive quarters of patient surveys, are publicly reported on the *Hospital Compare* Web site, [www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare), four times each year, with the oldest quarter of surveys rolling off as the newest quarter rolls on. A downloadable version of HCAHPS results is also available on this Web site. In March 2008, 2,421 hospitals publicly reported HCAHPS scores based on 1.1 million completed surveys; in April 2015, 4,167 hospitals publicly reported HCAHPS scores based on more than 3.1 million completed surveys. On average, more than 8,400 patients complete the HCAHPS Survey every day.

Summaries and analyses of HCAHPS scores can be found on the official *HCAHPS On-Line* Web site, [www.hcahpsonline.org](http://www.hcahpsonline.org), including current and historical state and national results, "top-box" (most positive survey response) and "bottom-box" (most negative survey response) percentiles for each measure, inter-correlations of the measures, comparisons of HCAHPS results by hospital characteristics, and a bibliography of research from the HCAHPS Project Team. *HCAHPS On-Line* also provides news, training materials, the survey instruments and complete survey implementation protocols.

## **HCAHPS Star Ratings**

In April 2015, CMS added HCAHPS Star Ratings to the *Hospital Compare* Web site. HCAHPS Star Ratings summarize the results for each HCAHPS measure and present it in a format that is increasingly familiar to consumers, making it easier to use the information and spotlight excellence in healthcare quality. Twelve HCAHPS Star Ratings appear on *Hospital Compare*: one for each of the 11 publicly reported HCAHPS measures, plus a Summary Star Rating that combines all the HCAHPS Star Ratings. HCAHPS Star Ratings will be updated quarterly. Hospitals must have at least 100 completed HCAHPS surveys over a four-quarter period and be eligible for public reporting of HCAHPS measures to receive HCAHPS Star Ratings. Hospitals with fewer than 100 completed surveys will not receive Star Ratings, though their HCAHPS

measure scores will be publicly reported on Hospital Compare. For more information, see <http://www.hcahpsonline.org/StarRatings.aspx>.

## HCAHPS and Hospital Value-Based Purchasing

The Hospital Value-Based Purchasing (Hospital VBP) program links a portion of IPPS hospital payment from CMS to performance on a set of quality measures. HCAHPS is the basis for the Patient and Caregiver Centered Experience of Care/Care Coordination (PEC/CC) domain, which accounts for 30% of a hospital's Total Performance Score (TPS) in FY 2015 and 2016.

Eight HCAHPS measures, called “dimensions,” are included in Hospital VBP: six HCAHPS composites (Communication with Nurses, Communication with Doctors, Staff Responsiveness, Pain Management, Communication about Medicines, and Discharge Information); a composite that combines the Cleanliness and Quietness items; and one global item (Overall Rating of Hospital). The percentage of a hospital's patients who chose the most positive survey response is used to calculate the PEC/CC domain score.

The PEC/CC domain score (0–100 points) is the sum of the HCAHPS Base Score (0–80 points) and HCAHPS Consistency Score (0–20 points). Hospital VBP utilizes HCAHPS scores from a Baseline and Performance Period. Each of the eight HCAHPS dimensions contributes to the Base Score through either Improvement or Achievement Points. “Improvement” is the amount of change in a hospital's HCAHPS dimension from the Baseline to the Performance Period. “Achievement” is the comparison of each dimension in the Performance Period to the national median for that dimension in the Baseline Period. The larger of the Improvement or Achievement Points for each dimension is used to calculate the Base Score. The second part of the PEC/CC domain, the Consistency Score, is designed to target and further incentivize improvement in a hospital's *lowest performing* HCAHPS dimension.

## For More Information

More information about the Hospital VBP program can be found on the CMS Web site, <http://www.cms.gov/Hospital-Value-Based-Purchasing/>, and the HCAHPS On-Line Web site, <http://www.hcahpsonline.org/HospitalVBP.aspx>.

For information about HCAHPS policy updates, administration procedures, patient-mix and mode adjustments, training opportunities, and participation in the survey, please visit *HCAHPS On-Line* at [www.hcahpsonline.org](http://www.hcahpsonline.org).

## To Provide Comments or Ask Questions

- To communicate with CMS about HCAHPS: [Hospitalcahps@cms.hhs.gov](mailto:Hospitalcahps@cms.hhs.gov)
- For technical assistance with the HCAHPS Survey: [hcahps@HCQIS.org](mailto:hcahps@HCQIS.org) or 888-884-4007

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