

January 29, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Submitted via regulations.gov

RE: National Implementation of the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey, CMS–10500

We appreciate the opportunity to comment on the Collection of Information notice for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey.

Press Ganey is the leading provider of patient and member experience measurement, performance analytics and strategic advisory solutions for health plans and health care organizations across the continuum of care. For more than 30 years, our mission has been to help health care organizations reduce patient suffering and improve clinical quality, safety, workforce and caregiver engagement, and the patient experience. As of January 1, 2024, we serve more than 41,000 health care facilities.

We strongly believe in the importance of ensuring every patient's voice is not only heard but meaningfully integrated into our healthcare system. Carefully designed and rigorously tested surveys across multiple platforms are pivotal in achieving this.

Consistent with CMS's dedication towards person-centered care within the "Universal Foundation" of quality measures strategy, we are pleased that CMS did not propose any changes to the current requirements for HOPDs and ASCs to begin collecting OAS CAHPS data in CYs 2024 and 2025, respectively. However, we continue to recommend several important revisions and considerations for OAS CAHPS survey content and administration including:

- **Patient confidentiality alignment with HCAHPS:** we continue to strongly recommend that CMS reconsider their position on respondent confidentiality and remove the requirement to include the question on consent to share identifying information from the OAS CAHPS survey if the facility is interested in receiving patient-level response data connected to the patient's identifying data.

We recommend CMS align the OAS CAHPS patient confidentiality rules with HCAHPS, which allows for the release of patient-level data for quality improvement purposes with the stipulation that the patient identity should not be shared with direct care staff.

Through our work with HOPDs and ASCs, **it is our understanding that patients do not have an ongoing relationship with the surgical areas of these facilities.** As we noted in previous comment letters to CMS, we have conducted analyses of our extensive HOPD and ASC OAS CAHPS databases and confirmed that **very few patients return to the same facility for subsequent surgeries, reducing the risk of any potential differential treatment from care providers.**

Further, removing the consent to share limitation will allow for greater ability of organizations to use the patient experience data for quality improvement initiatives. For example, questions within the Preparations for Discharge and Recovery domain ask about clinical side effects and potential future health implications, like infection, pain, and bleeding. When patients respond 'yes' to those questions, HOPDs and ASCs should be able to follow up with the patient to ask more questions or set up additional appointments. However, **the existing limitations of the consent to share question do not allow providers to do this, potentially allowing infection, pain, or bleeding to fester without needed attention.** Patients may delay seeking

care for these complications due to believing they have reported them via the survey. Asking patients to report on these experiences implies that follow up will occur.

Similarly, absent the consent to share limitations, providers would be able to better segment OAS CAHPS data by different clinical or demographic populations to enhance care, illustrating where improvement is needed most and on which specific elements of experience, e.g., discharge instructions for Black patients who underwent a knee replacement surgery.

- **Patient Eligibility in OAS CAHPS:** we continue to recommend that CMS revise the OAS CAHPS patient eligibility definition such that it is based on a set of consistently knowable criteria and does not rely on Current Procedural Terminology (CPT) codes as the primary method to determine eligibility.

The criteria must be equally applicable to both HOPDs and ASCs to allow for fair comparisons. We continue to recommend using an approach similar to HCAHPS, which defines the eligible population as adult inpatients that were hospitalized for a non-behavioral health diagnosis, had at least one overnight stay and were discharged alive.

We recommend the OAS CAHPS eligible population be identified as adult outpatients experiencing an invasive procedure which required anesthesia/sedation who were not transferred to a hospital and admitted for observation or as an inpatient. Alternatively, CMS could use a narrower range of procedures/CPT codes, focusing on the most common surgical procedures in HOPDs and ASCs.

- **Answer option consistency in OAS CAHPS Survey content:** we recommend that CMS revise the OAS CAHPS survey content to align the answer option ordering across all questions.

Feedback authenticity is paramount in patient experience surveying, and the current structure of the OAS CAHPS survey may unintentionally challenge this principle. For the majority of questions on the survey, the answer options follow a positive-to-negative format, yet this consistency is disrupted by the two overall rating questions, which diverge from the norm. The answer options for these questions are presented negative-to-positive. For example, following is OAS CAHPS survey question 1, which offers a positive-to-negative answer option scale. This is the case for nearly all questions in the OAS CAHPS survey.

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

Following are the two questions that provide answer options in the opposite direction (i.e., negative-to-positive). It has come to our attention that patients, possibly influenced by habit, select positive answers for the majority of the survey but inadvertently select negative responses for these two specific questions.

23. Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?

- ☐ 0 Worst facility possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best facility possible

24. Would you recommend this facility to your friends and family?

- ¹ ☐ Definitely no
- ² ☐ Probably no
- ³ ☐ Probably yes
- ⁴ ☐ Definitely yes

Given this inconsistency, patients might unintentionally choose negative options due to habitual pattern recognition based on prior survey questions, leading to potentially skewed feedback that could misdirect quality improvement efforts.

We recommend CMS consider modifying the OAS CAHPS survey content to consistently adopt a negative-to-positive answer option ordering across all questions. This solution would align with the formats used in the HCAHPS and CG CAHPS surveys, which order options from negative to positive. The rationale behind our recommendation is that while the early questions could appear intuitive going from positive to negative, it might produce ceiling effects. On the other hand, the rating query phrased inversely, 'on a scale from 10 to 0,' seems counter-intuitive.

- **Reference to sedation alongside anesthesia:** Our final recommendation is that CMS consider referring to sedation alongside anesthesia in applicable OAS CAHPS survey questions, which could enhance the survey's relevance, accuracy, and utility.

Within the “Communications About Your Procedure” section, the OAS CAHPS survey includes three questions (#10, 11, and 12) that reference anesthesia. We recommend CMS consider future testing and updates to these questions to also reference sedation as indicated with the following edits:

10. Anesthesia/**sedation** is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia or **sedation**?

- ¹ ☐ Yes

2 ☐ No ➔ If No, go to #13

11. Did your doctor or anyone from the facility explain the process of giving anesthesia/sedation in a way that was easy to understand?

1 ☐ Yes, definitely

2 ☐ Yes, somewhat

3 ☐ No

12. Did your doctor or anyone from the facility explain the possible side effects of the anesthesia/sedation in a way that was easy to understand?

1 ☐ Yes, definitely

2 ☐ Yes, somewhat

3 ☐ No

In future testing and updates to OAS CAHPS, we recommend CMS consider these additional references to sedation. In outpatient and ambulatory surgery settings, a broad array of procedures utilize sedation techniques that, while differing from full anesthesia, share similar considerations regarding patient consent, the clarity of the procedure, and awareness of potential side effects.

Explicitly mentioning both terms in the survey will ensure questions are interpreted accurately, leading to more precise patient responses. Improved representation of the full range of care experiences in the survey can better inform targeted improvements in patient education, informed consent processes, and patient safety considerations.

As the OAS CAHPS survey is set to become a mandatory framework and may influence future pay-for-performance programs, consideration of these issues is essential. Ensuring the survey's precision and effectiveness will lay the foundation for quality improvement and patient-centered care.

Press Ganey would like to thank CMS for this opportunity to provide input on the Collection of Information notice and OAS CAHPS. For further information on our comments and recommendations, please contact:

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