

Avatar International Comment on HCAHPS Proposed Survey Additions November 21, 2011

SITUATION:

Avatar has received notification that 5 additional items are to be added to the HCAHPS instrument. First identified as a mode pilot study, the request has now reached the Federal Register for comment purposes.

BACKGROUND:

Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

(Excerpt from Federal Register): "Currently the HCAHPS survey asks discharged patients 27 questions about their recent hospital stay. The survey contains 18 core questions about critical aspects of patients' hospital experiences (communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and would they recommend the hospital). The survey also includes four items to direct patients to relevant questions, three items to adjust for the mix of patients across hospitals, and two items that support Congressionally-mandated reports. This revision is being submitted in order to add five new items to the survey: Three items that comprise a Care Transitions composite; one item that asks whether the patient was admitted through the emergency room; and one item that asks about the patient's overall mental health."

ASSESSMENT:

HCAHPS Survey content:

1. Avatar supports the inclusion of transition of care items. However, the discharge items currently on survey are yes/no scale and of little value/differentiation from a diagnostic or improvement perspective. We suggest the replacement of existing discharge items and substitute care transition items, rather than addition of care transition items.
2. Specific Item comments/issues are as follows:
Q23: During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left.

Issues include: Reading level 13.4 is inappropriately high. Item is “double barreled” in that if the response is negative, unclear whose needs were not met. Grammar is challenging, should complete the item with language “the hospital”. Also significant is this item response scale introduces yet another distinct scale to an instrument already overburdened with multiple scales.

Q24: During this hospital stay, I had a good understanding of the things I was responsible for in managing my health.

Issues include: Reading level of 10.4 which is outside target of 4-8th grade reading level. Item is vague and introduces an additional response scale to the instrument.

Q25: When I left the hospital, I clearly understood the purpose for taking each of my medications.

Issues include: Reading level 9.8 is excessive, and an additional item response scale is introduced.

3. Avatar oppose the screening question #26: During this hospital stay, were you admitted to the hospital through the Emergency Room? First, this data was previously collected as Admit Source as part of the UB billing process but was recently discontinued. Previously this process did not pose a burden to patient, and was easily part of the hospital data collection system. This item does not add value, creates burden and given patient’s condition as they may not successfully recollect how they arrived at the hospital, whereas the hospital reported data would remove that concern. For example – patient is directed for “after hours” delivery of a baby through the ED entrance to check in – will this mother respond YES to this question? Is this the item intent? Secondly, this item is written at a grade 10 reading level, well outside the target of 4-8th grade reading level appropriate for patient populations in general.
4. Avatar tentatively accepts Q28: “In general, how would you rate your overall mental or emotional health?” But questions the intended use of and accuracy of the information collected.

Avatar survey mechanic implications:

1. The addition of these items will drive the Avatar HCAHPS instrument from 2 pages to 3 pages, which will require new form development and testing. Survey length will also impact CHART survey length for California hospitals and may impact integrated survey length.
2. Increasing survey length (in pages) may impact response rates.

3. Additional pages will impact postal costs for clients (going from 3 to 4 pages increases cost by \$0.20 per survey and an increase in CHART surveys from 4-5 pages may require redesign of survey entirely as a new envelope size/style will be necessary).

RECOMMENDATION:

Avatar recommends that careful consideration be given to revision of items to:

- a. Reduce reading levels to improve item reliability (Q23, Q24, Q25, Q27)
- b. Remove compound statements to improve item reliability and usefulness for improvement purposes (Q23)
- c. Eliminate additional survey response scales to minimize respondent confusion and improve reliability (Q23-Q25)
- d. Eliminate items for which results can be captured in more reliable, less burdensome ways. (Q26)
- e. Replace rather than add items to the survey, reducing overall survey burden, cost to hospital and mitigating decline in survey response.

November 22, 2011

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier/OMB
Control Number, Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850.

Submitted electronically to: www.regulations.gov.

**RE: Centers for Medicare & Medicaid Services (“CMS”)
Agency Information Collection Activities: Proposed Collection; Comment Request
[Document Identifier: CMS-10102]**

Dear Sir or Madam:

Kaiser Permanente offers the following comments in response to the *Agency Information Collection Activities; Proposed Collection; Comment Request* (“Comment Request”) published on July 21, 2011 in the Federal Register.¹ Specifically, the Comment Request involves revisions to the *Hospital Consumer Assessment of Healthcare Providers and Systems* (“HCAHPS”) survey. We appreciate the opportunity to provide our comments and recommendations.

Kaiser Permanente is the largest private integrated healthcare delivery system in the U.S., delivering health care to approximately 8.9 million members in nine states and the District of Columbia.² Kaiser Permanente is committed to delivering high quality health care through cooperation and collaboration among providers, hospitals, health plans, and our purchasers. In addition to mandatory reporting, we participate in many voluntary initiatives sponsored by regulatory, accreditation, and professional agencies. We have extensive experience with collaborative public reporting through the California Cooperative Healthcare Reporting Initiative (“CCHRI”), Integrated Healthcare Association (“IHA”), the Pay for Performance (“P4P”) initiative, the State of California Quality Report Card, California Hospital Assessment &

¹ 76 Fed.Reg. 59133

² Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 36 hospitals and over 450 other clinical facilities; and the Permanente Medical Groups, independent physician group practices that contract with Kaiser Foundation Health Plan to meet the health needs of Kaiser Permanente’s members. Kaiser Permanente also includes Permanente Dental Associates, a multispecialty dental group, in the Northwest.

Reporting Taskforce (“CHART”), and the National Committee for Quality Assurance (“NCQA”). We continue to be engaged with all major public reporting groups, including AQA, HQA, the National Quality Forum (“NQF”) and The Joint Commission (“TJC”).

Kaiser Permanente was an original participant in the HCAHPS pilot program in 2006 and has made the HCAHPS survey our core inpatient experience survey. Since the beginning, Kaiser Permanente has conducted census sampling, surveying 100% of CMS eligible adult patients.

Our comments focus largely on ways we believe CMS can enhance the quality, utility, and clarity of the information to be collected.

Background and Scope

HCAHPS is a national, standardized, publicly reported survey of patients’ perceptions of their hospital experience. The current survey contains 18 core questions about critical aspects of patients’ hospital experiences.³ The survey also includes four items to direct patients to relevant questions, three items to adjust for the mix of patients across hospitals, and two items that support Congressionally-mandated reports.

CMS is making its first revision to HCAHPS since its implementation in 2006 by adding five new items to the survey. Three items comprise a *Care Transitions* composite; one item asks about admission through the emergency room; and one item asks about the patient’s overall mental health.

Comments and Recommendations

Kaiser Permanente supports the concept of including additional *Care Transitions* items; however, we cannot recommend the use of the proposed questions (Q23, Q24, and Q25). Kaiser Permanente has tested these three items over the past several years and found little additional value over the existing HCAHPS discharge items. In particular, we found very low variance across our hospitals and we found very little movement in the responses, despite having undertaken quality improvement work on hospital-to-home transitions during the period we have been testing those items.

We attribute this in part to the fact that the questions are written at a much higher reading level than the 4th to 8th grade level that is most appropriate for patient populations in general. In addition, the questions are worded in such a way that the responses are not as useful as they could be. For example:

Q23: During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left.
[Strongly agree, Agree, Disagree, Strongly disagree]

³ Items ask about: communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and whether the patient would recommend the hospital.

This item is compound; if the patient's response is negative, it will not be clear whose needs were not met.

Q24: During this hospital stay, I had a good understanding of the things I was responsible for in managing my health. [*Strongly agree, Agree, Disagree, Strongly disagree*]

If a patient disagrees/strongly disagrees, there is no additional information about why or what the specific issues or confusions involved.

We have additional comments or concerns regarding specific questions, as detailed below:

Q25: When I left the hospital, I clearly understood the purpose for taking each of my medications. [*Strongly agree, Agree, Disagree, Strongly disagree, I was not given any medication when I left the hospital.*]

This item is written at a reading level (9.8) that is outside the target range of a 4th grade to 8th grade reading level for patient populations in general.

Q26: During this hospital stay, were you admitted to the hospital through the Emergency Room? [Yes or No]

This information was previously collected as *Admit Source* (part of the billing process) but was discontinued in July 2011. Using that approach for collecting the information did not pose any burden on the patient, and was easily derived from the hospital data collection system. We believe this item does not add value, and may result in missing or erroneous data if the patient's condition affects his/her ability to recall how they arrived at the hospital. Using hospital-reported data would remove this concern.

In addition, the intent of the question is not clear and therefore results may be unreliable. For example, in cases involving "after hours" delivery of a baby, a mother could respond either "Yes" or "No" to this question if she had been directed to go through the ER entrance to check in.

Also this item is written at a reading level (10) well outside the target range of 4th to 8th grade reading level appropriate for patient populations in general.

Q28: In general, how would you rate your overall mental or emotional health? [*Excellent, Very Good, Good, Fair, Poor*]

Kaiser Permanente questions both the intended use and accuracy of the information that will be collected in response to this question. Combining mental and emotional health into a single item also concerns us from a methodological standpoint.

This item does not reference the time period for which the patient is rating their health. The HCAHPS survey is administered to a random sample of adult eligible discharged patients between 48 hours and 6 weeks after discharge; the potential difference in responses that may be due to timing will reduce the usefulness and reliability of this item.

Conclusion

We greatly appreciate the opportunity to provide input to CMS regarding the proposed additions to the HCAHPS survey. Please feel free to contact Esther Burlingame, Senior Director, National Service Quality at 510-267-4219 (email: Esther.Burlingame@kp.org) with any questions or concerns.

Sincerely,

Jed Weissberg, MD
Senior Vice President, Hospitals, Quality and Care Delivery Excellence
Kaiser Foundation Health Plan and Hospitals

PUBLIC SUBMISSION

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National Implementation of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (CMS-10102)

Comment On: CMS-2012-0044-0001

National Implementation of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (CMS-10102)

Document: CMS-2012-0044-DRAFT-0001

PA

Submitter Information

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Organization: Society of Hospital Medicine

General Comment

- During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

1. Is this 6th grade reading level?
2. Run-on sentence
3. Difficult to comprehend

1. How effective was patient education during the hospital stay to self-manage conditions?
- When I left the hospital, I clearly understood the purpose for taking each of my medications.
- In general, how would you rate your overall mental or emotional health?
1. Relatively weak question
2. Is this measuring an outcome of hospitalization or meant to be a demographic question?