

# PUBLIC SUBMISSION

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## Submitter Information

**Name:** Daniel Spofford  
**Address:**  
Augusta, ME, 04330  
**Email:** daniel.spofford@mainegeneral.org  
**Organization:** MaineGeneral Medical Center

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## General Comment

The multitude of CAHPS surveys (HCAHPS, CGCAHPS (ACO, PQRS, PCMH...), EDCAHPS, HHCAHPS, and O/ASPECS- OPS CAPHS) are creating a undue burden on patients and health systems. They are driving up the cost of health care and waste. For every 3-4 surveys sent out, approximately 1 is returned. With two wave mailings to improve return rates, consumers become frustrated and often discard the surveys. Limitation in "n" of returns raises concerns of validity and reliability. Data from these surveys is not available to the organizations until at least 4 weeks after the patient receives care. Patients readily express that surveys are extraordinarily long, frequency is too often and questions are cumbersome. Additionally, patients can receive multiple surveys in a limited time frame, confusing them as to what survey is for what.

As a Patient Experience Specialist and consumer, we need to stop and think before we add more CAHPS surveys. While the patient data gained is very important, we need to look at shorter and simpler surveys (10 questions max), completing them at time of visit for immediate feedback, and emphasize the importance of hand written comments. We need to think about what do we really want to learn that 10 questions could answer, rather than 37. Data is not Nationally reported for most CAHPS until at least 9 months after the survey period ends, so it is virtually a year old by the time data is publically reported.

I would also like to advocate for better accessibility for the visually impaired: it is my understanding that there is no reasonable accommodation if written surveys are selected as the mode of data collection.

At this point in time, I would like to cast a dissenting opinion in regard to the Outpatient and Ambulatory Surgery Experience of Care Survey.