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Kaiser Foundation Health Plan
Program Offices

June 15, 2018

Centers for Medicare and 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, Maryland 21244–1850

Submitted electronically to www.regulations.gov

RE: Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery (OAS CAHPS) Survey; CMS–10500 (OMB control number: 0938–1240)

Dear Sir or Madam:

Kaiser Permanente offers the following comments on the Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery (OAS CAHPS) Survey. We appreciate the opportunity to provide feedback.

The Kaiser Permanente Medical Care Program is the largest private integrated healthcare delivery system in the U.S., delivering health care to 12.2 million members in eight states and the District of Columbia.[1] Kaiser Permanente is committed to providing the highest quality health care; we believe that appropriate quality measures, sound methodology and a well-structured quality rating system will help consumers make informed choices in selecting health coverage through the Exchanges.

CMS seeks comments on the OAS CAHPS Survey to aid in quality measure selection, help facilities improve internal quality programs, and inform public reporting and monitoring of quality.

Kaiser Permanente supports continued funding of the voluntary OAS CAHPS implementation. This patient-centered survey is a useful tool to improve the care experience,

[1]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 39 hospitals and 680 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.

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addressing issues that are meaningful to patients – a key component of the Meaningful Measures Framework.[2] We also recommend that CMS consider allotting additional funding for four key areas:

Additional Funding

Alternative Survey Modes

Currently, CMS-approved modes are: mail-only, telephone-only, and mail with telephone follow up (mixed mode). These modes have been standard since CMS first implemented mandatory CAHPS surveys over a decade ago, but they may not capture feedback from younger respondents with strong preferences for other modes of communication. Thus, we see lower response rates from younger patients compared to older ones.

All payers are eligible to participate in OAS CAHPS, so adding new modes can help capture responses from a broader population than predominantly Medicare beneficiaries. In addition, we see a difference in response rate by race (we have an average response rate of 19% for African-American patients, in contrast to an average response rate of 40% for Asian patients). We recommend funding studies to compare responses and response rates of alternative survey modes, such as on tablets, in texts, and other real-time survey options, especially for historically low-responding patient groups.

Impact of Second Wave Mailing

Like all other facility-based CMS-mandated CAHPS surveys, a two-wave mailing is required for mail-only mode. Patients have 21 days to return a mailed survey (Wave 1) before the vendor is required to send a second mailing (Wave 2) to all non-respondents. Our overall response rate for the OAS CAHPS survey is about 35%. However, our Wave 1 response rate is 25%; while our Wave 2 response rate is only 10%.

Even though mail may be a relatively low-cost option, it becomes far more expensive with repeated mailings and declining response rates. Like most mail-only facilities, we end up spending funds that could otherwise be allotted to direct patient care. We recommend that CMS conduct studies to identify how much larger the Wave 1 minimum should be to capture an appropriate sample size and remove the Wave 2 mailing requirement.

Communication Improvement

The current surveys, including the cover letters/telephone script introductions, require a high level of health literacy and do not provide much information to patients and their families about how their responses will be used by organizations and CMS. We recommend CMS research what educational grade level would be appropriate to provide broad understanding of letters, introductory information, and survey questions.

In informal discussions, patients and their families indicate they lack clear understanding about the purpose and use of OAS CAHPS survey information. We recommend that funding be used

[2] https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html

to identify key phrases, at ideal education grade levels, to improve patients' and their caregivers' understanding of the rationale and use of the CAHPS survey.

Star Ratings

At some point after mandatory implementation, we expect CMS to publicly report an OAS CAHPS Star Rating on the *medicare.gov* website. Preparations are in place for this as the initial release of voluntary OAS CAHPS data includes linear mean scores. We recommend that CMS allocate funding to reformulate the methodology traditionally used for these Star ratings, making it possible for all Ambulatory Surgery Centers (ASC) and Hospital Outpatient Departments (HOPD) to achieve high performance instead of relying on a forced distribution. This reformulation also aligns with the Meaningful Measures Framework goals to 1) provide meaningful measurement to enable patients to make informed decisions about their care; and, 2) identify true opportunities for improvement.

Timing and Notice

When OAS CAHPS becomes mandatory, we recommend that CMS provide a minimum of one quarter notice for mandatory implementation, and a dry run period prior to ongoing implementation.

- The mandatory 2018 implementation of OAS CAHPS was announced in the November 2016 publication of the Final Rule[3]. Many ASCs and HOPDs started taking the steps necessary to implement this survey, from beginning the RFP process to hiring a vendor, implementing changes to existing care experience surveys, and setting up other operational and logistical plans for mandatory implementation.
- In July 2017, CMS proposed delaying mandatory implementation.[4] Since the Final Rule would not be released until late November 2017, ASCs and HOPDs had to proceed under the assumption that it would be considered mandatory, since the time between Final Rule release and mandatory implementation date would not be long enough to complete the implementation process.
- The Final Rule moving OAS CAHPS from mandatory to voluntary[5] was released only 6 weeks prior to the anticipated mandatory implementation. This change meant a costly false start for ASCs and HOPDs that chose not to be early adaptors (i.e., participate in voluntary implementation).

Given the timing of the Final Rule, we recommend minimum notice of one quarter between Final Rule publication and mandatory implementation. In addition to the minimum notification period, we also recommend establishing a dry-run period prior to ongoing implementation. This approach would be consistent with other mandated CAHPS surveys, which have provided a dry-run period for the first quarter of ongoing implementation to allow for accurate and timely data submissions, and to ensure a smooth transition to a new survey and survey process. One quarter

[3] https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-26515.pdf

[4] https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-14883.pdf

[5] https://www.federalregister.gov/documents/2017/11/13/2017-23932/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment

notice minimum in addition to a dry-run period gives agencies almost six months to prepare for ongoing implementation.

CONCLUSION

Kaiser Permanente looks forward to working with CMS to support efforts to improve the OAS CAHPS survey and quality improvement in general. Thank you for considering our comments. Please feel free to contact me (510-271-6432; email patrick.t.courneya@kp.org) or Stephanie A. Fishkin (510-271-5864; email stephanie.a.fishkin@kp.org) with any questions or concerns.

Sincerely,

Patrick T. Courneya, MD
Executive Vice President
Hospitals Quality and Care