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FOLLOWING THE RULES

What Boards Need to Know About Regulatory Issues

HCAHPS: What it is, What it Means

Clinical quality is obviously important to hospitalized patients. However, its construct and many specific quality indicators are difficult for patients to fathom.

Clinical quality also is often measured in terms of outcomes after patients have been discharged. Quality metrics, therefore, do not directly reflect patients' actual experiences while they were hospitalized.

"Generally speaking, consumers are not able to distinguish quality in health care. That's not to say they aren't interested in quality. It's to say that they often can't differentiate good from bad quality. If they go in for treatment and there is no significant adverse outcome, they may perceive that they had a good clinical experience, when, in fact, they didn't," says Kent Jackson, director of children's specialty services and behavior health at St.

Luke's Hospital, Cedar Rapids, Iowa.

Patients tend to be equally, if not more, concerned about the personal aspects of health care—how courteously and compassionately they were treated, how well they were instructed about what was happening to them, how quickly their concerns were addressed—and they value the opinions of other patients.

"There's a saying you hear among highly technical clinicians who are apt to believe their job as a clinician is all that counts: 'I'm here to save butts, not to kiss them.' That's a myth. What counts just as much is how patients and their families are treated, because ultimately their perception of their experience will decide whether they will want to come back or refer their friends and families," Jackson says.

There are significant positive correlations



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between clinical quality and patient satisfaction, so a hospital providing high-quality care generally performs well in both areas. Patients usually have an easier time interpreting patient satisfaction data over quality data, says Deirdre Mylod, Ph.D., vice president of public policy for Press Ganey Associates, South Bend, Ind.

"When [prospective] patients see the percentage of [former] patients with a heart attack who got a beta blocker in a specific amount of time, they don't always understand what that means and how it is linked with quality. Whereas the percentage of people who are likely to recommend a hospital is much more understandable," Mylod says.

Vendors who conduct patient satisfaction surveys do not randomly select their clients, and none have more than a thousand hospitals as clients. Their databases are therefore suspect in terms of the degree to which they represent all hospitals in the United States, says Michael Everett, CEO of Avatar International, which conducts patient, employee and physician surveys.

The federal government's new health care data collection and release initiative—Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)—is the first time data gathered from patients will be benchmarked.

Where did HCAHPS come from?

HCAHPS, which was developed by the Centers for Medicare & Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ), creates a uniform method of accumulating information about patients' perspectives on their hospital care. HCAHPS is the result of approximately four years of development that involved creating and/or testing survey instruments, hospital and vendor input, public comment, and a pilot and small-scale field-testing.

The objective is to provide uniform measures of patients' perspectives by standardizing tools and methods of data collection. By creating a national standard for collecting and reporting information from patients, HCAHPS allows "apples to apples" comparisons to be made across hospitals.

IN BRIEF

HCAHPS | The Hospital Consumer Assessment of Healthcare Providers and Systems is a standardized survey instrument and data collection methodology for measuring hospital care from the patient's perspective.

The Board's Role and Reason for Interest | HCAHPS measures are like any other indicator of quality patient care. So hospital trustees should be monitoring their organization's performance on HCAHPS measures regularly.

Compliance Issues | Participation is voluntary. All short-term, acute care, non-specialty hospitals are invited to participate. Hospitals may use an approved patient satisfaction survey vendor or collect their own data for HCAHPS. Hospitals also may

integrate HCAHPS survey items into their own patient satisfaction survey or conduct HCAHPS surveys separately. Submission of HCAHPS discharge data, beginning in July 2007, is linked to the hospital's market basket reimbursement update for 2008.

Oversight | The Centers for Medicare & Medicaid Services (CMS) collects, adjusts, and publicly reports HCAHPS data. The first public reporting of HCAHPS data is scheduled for late 2007.

HCAHPS is the first publicly available program that presents side-by-side information collected from patients about individual hospitals on a wide scale. The HCAHPS program does not rank hospitals as better or worse performers. It simply posts the information so consumers can make their own judgments. To provide context, HCAHPS presents national and state norms for global assessments of hospital care as well as seven specific aspects of care that are considered to be important to patients.

Because of its scale, HCAHPS can produce a representative picture of acute care hospitals in the United States. Although the program is voluntary it is expected to obtain data from almost all U.S. hospitals because it is linked with reimbursement levels. Hospitals that do not submit data to HCAHPS in 2007 forfeit 2 percent of their annual payment update for 2008.

But while HCAHPS gathers information about a few measures that cover many key issues related to patients' perceptions of the hospital experience, the program was not designed to be a quality improvement tool.

"It doesn't ask questions about things like privacy, emotional support, peer decision-making, access to care, or coordination of services," Mylod says. Nor does the program uniquely evaluate the

precise services each patient receives, Everett adds.

The scope of the data included in HCAHPS is a big limitation, Everett says. "HCAHPS covers only certain kinds of questions. It is what you might call the least common denominator approach. There are service attributes that are 'must-haves.' If you checked into a hotel room tonight, some of the 'must-haves' are hot water and a clean bed. If they're not there, you are dissatisfied. If they are there, that doesn't make you a loyal customer or a highly satisfied one. They are just expected," he says. "Most of the questions in the HCAHPS survey are of that 'must-have' nature. So it's a least common denominator approach that does not really tell hospitals if they have highly loyal patients who will go out and recommend them to others."

Everett and his company have conducted a regression analysis of the information gathered by HCAHPS. Two of the questions in the HCAHPS survey are outcome-oriented. One asks patients to rank the hospital, and the other asks whether patients would recommend the hospital to others. Everett then analyzed the information that is gathered by the other questions in the survey to determine how well it would predict responses to the outcome questions.

Resources | General information about HCAHPS may be obtained at www.cms.hhs.gov/HospitalQualityInits or www.ahrq.gov.

Key Players | CMS, the Agency for Healthcare Research and Quality (AHRQ), and vendors that conduct patient satisfaction surveys.

Future | Data from HCAHPS may be included in a pay-for-performance program that links hospital reimbursement with performance on designated measurements of quality and patient satisfaction.

"Only about 30 percent of the variances are accounted for, so that leaves 70 percent of the patient's experience that is not being measured because unique conditions and services are not being covered," he says.

Nevertheless, Everett and other experts applaud HCAHPS as a first step in publicly reporting data from the patient's perspective.

"The content will evolve over time and get more detailed and more complex. And having the data publicly reported, and getting the attention of board members and community members, will give hospitals an impetus to improve," Everett believes.

Consistency of Care

HCAHPS is not a patient satisfaction survey as such. Rather, it is a means of obtaining patients' views on the consistency of the care they received while they were hospitalized.

HCAHPS asks patients to complete survey questions on the care they received from nurses, the care they received from doctors, the hospital environment, the experiences they had in the hospital, the information they received at discharge, as well as giving an overall rating of the hospital, and general demographics.

Most questions ask a patient to report

on a scale of one to four (never, sometimes, usually or always) about how often something occurred. In the sections on care from nurses and doctors, questions ask: "How often did nurses and doctors treat you with courtesy and respect, as well as listen carefully to you?" In the section on hospital environment, the survey asks how often the hospital room and bathroom were cleaned and how often the area around the room was quiet at night.

The section on experiences in the hospital focuses on toileting help, pain control, and instructions about taking medications and their side effects.

In the rating section, the survey asks patients to rank the hospital on a scale of zero (worst hospital possible) to 10 (best hospital possible). The survey also asks patients to indicate if he or she would recommend the hospital to friends and family by choosing between four options: definitely no, probably no, probably yes, and definitely yes.

There is also the danger of wanting to "teach to the test" and concentrate predominantly on HCAHPS measurement items. "Assistance in toileting is an important quality measure, but patient centeredness is bigger than that. HCAHPS measurement tools include some aspects of quality, but they don't look at things such as privacy, emotional support, and shared decision-making, which drive patient centeredness in an organization," Mylod says.

So although CMS offers online tools for hospitals that want to do HCAHPS reporting on their own, it in fact encourages hospitals to view HCAHPS as a core set of measures that can be combined with a customized set of survey questions that focus on hospital-specific aspects of care. HCAHPS is to be used as a complement to the patient satisfaction and quality-related activities a hospital already conducts.

Issues for Trustees

HCAHPS measures are like any other quality indicator. So just as they track performance on other quality indicators, hospital trustees should be regularly monitoring HCAHPS reports, Everett says.

"If the percent of patients given a beta blocker for a heart attack within a certain time period drops significantly, that is a

concern to the trustee. Also a concern is if the patient survey data drop significantly and patients are saying, 'We're not getting help with toileting,' or 'Physicians aren't listening to us,'" he adds.

Hospital board members do not need to know the nitty-gritty of the statistics that HCAHPS gathers. But they should know that their hospital's performance will be displayed publicly in comparison with national and state norms, Mylod says.

She advises trustees to concentrate on how their hospital fares in its state because there is a great deal of regional variability in patient satisfaction. Hospitals in the Midwest tend to have high satisfaction scores, while those in the Mid-Atlantic states have lower normative satisfaction levels, most likely because of differences in culture and diverse populations, she says.

"I would focus more on how your hospital is doing within your state because that will give a sense of the regional challenges. It also will protect you from getting too complacent if your hospital is doing really well nationally, but it is lower down in the state ranking," Mylod says.

Trustees should be able to respond to HCAHPS results.

"Trustees are accountable for the quality of their hospital, so they should be able to talk about what the hospital is doing to improve quality. They should know the hospital's strengths and be prepared to talk about what they are doing to address opportunities for improvement," Mylod adds.

Because HCAHPS is new to most hospitals, board members should oversee how the program is being implemented.

"Rather than saying that there is this thing called HCAHPS, and we have to get our act together because we will be scored on it, trustees should emphasize that the metrics HCAHPS gathers are the kinds of things we should want to do on behalf of our patients," says David A. Shore, founding director of Forces of Change and the Trust Initiative at Harvard University's School of Public Health, Boston. "[HCAHPS] is entirely consistent with our hospitals' mission, vision and shared values."—Karen Sandrick

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