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**PXPF Comments on Federal Register File Code CMS-1715-P  
Proposed Rule Updates to the Quality Payment Program**

The [Patient Experience Policy Forum \(PXPF\)](#) is a broad-based coalition of health care organizations and patient and family advisors engaged in advocacy and action to give a greater voice in health care policy to those working to improve the patient and family experience. We appreciate the opportunity to offer the following comments on the proposed updates to the CMS Quality Payment Program, as posted in the Federal Register, Vol. 84, No. 157 published on Wednesday, August 14, 2019. Our comments pertain specifically to the CMS request for feedback regarding possible future changes to the CAHPS for MIPS Survey, found on p. 40746-47.

**The Value of Patient Narratives:** We strongly endorse the addition of open-ended questions on the CAHPS for MIPS Survey that will allow patients to respond in free text to describe their care experiences. We specifically support building on the [Narrative Elicitation Protocol](#) developed and tested by CAHPS Team researchers with AHRQ funding. This protocol has been shown to provide valuable information on the experience of patients that complements and expands the information obtained from the standardized closed-ended questions on the CAHPS Clinician & Group Survey, which provides the foundation for the CAHPS for MIPS Survey. This additional information from a structured series of open-ended questions will be beneficial not only to patients in helping to make informed decisions about their health care, but also to clinicians in helping to improve the care they provide to beneficiaries.

**Data Collection Methods:** We have previously commented on the importance of developing and testing new modes of survey administration that can be offered to patients in addition to traditional paper and telephone methods. In particular, exploring the use of email, smart phone and web modes has the potential to make patient experience measurement tools such as the CAHPS for MIPS Survey more responsive to the diversity of mode preferences among patients, as well as in making such tools more cost-effective for healthcare organizations that sponsor them. We believe that new modes of survey administration are needed to support the continued evolution of all CAHPS surveys in ways that can more effectively meet the needs and expectations of patients and healthcare consumers.

**Collection of Individual Clinician Data:** Research has shown that both patients and clinicians value patient experience data collected at the level of the individual provider. A growing number of health systems that have collected and published patient experience survey scores and narrative comments at the individual clinician level have seen significant increases in provider scores.<sup>1</sup> Public transparency of individual clinician scores has also increased website traffic among consumers seeking information on provider performance. We support pilot testing the collection of individual clinician data with the CAHPS for MIPS survey, in order to

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<sup>1</sup> Miller, T. and C. Daniels. 2014. "Embracing Public Transparency: Preparing for CG-CAHPS." Presentation at University Health System Consortium Conference on CG-CAHPS, Chicago, IL.

assure that a sufficient volume of data can be collected to achieve acceptable levels of reliability for comparison (generally regarded as .70 or higher for purposes of public reporting<sup>2</sup>). We also encourage CMS to explore strategies for minimizing the cost of data collection, to reduce burden on both patients and providers, by structuring data collection protocols to apply to all patients, not just Medicare beneficiaries. Collecting CAHPS for MIPS data for all patients would help to assure adequate sample sizes and would also serve to promote alignment of survey data collection required for internal improvement as well as external reporting purposes.

**Use of a Single Overall Value Indicator:** We support strategies for communicating patient experience survey data as clearly as possible to a wide audience. Instead of adding a new question regarding the patients' overall experience and satisfaction rating with a recent health care encounter, we suggest that CMS explore methods for summarizing the existing CAHPS for MIPS composites and rating measures to develop an overall summary score.

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<sup>2</sup> See "Fielding the CAHPS Clinician & Group Survey" at <https://www.ahrq.gov/cahps/surveys-guidance/item-sets/elicitation/index.html>

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