
PXPF MEETS WITH CMS LEADERSHIP

On Thursday, May 10, 2018, a delegation from the Patient Experience Policy Forum (PXPF) met with leaders from the Centers for Medicare & Medicaid Services (CMS) in Baltimore to discuss topics related to patient experience measurement and patient/family engagement. To help prepare for this meeting, topics had been identified and discussed at the all-member, in-person April 15 PXPF Spring Meeting held prior to the Beryl Institute Annual Conference in Chicago.

The delegation from PXPF included:

- Rick Evans – PXPF Co-Chair and CXO, NewYork-Presbyterian Hospital
- Shari Berman – PXPF Co-Chair and Co-Chair of Beryl Global PFAC
- Dale Shaller – PXPF Board Member
- Hala Durrah – Patient Family Engagement Advocate and Co-Chair, PXPF Disparities Work Group
- Esther Burlingame – Co-Chair, PXPF Measurement Work Group and Senior Director, National Care Experience Analytics, Kaiser Permanente

Attendees from CMS included:

From the Center for Clinical Standards and Quality (CCSQ) – The CMS office that serves as the focal point for all quality, clinical, medical science issues, survey and certification, and policies for CMS' programs, and that provides leadership and coordination for the development and implementation of a cohesive, CMS-wide approach to measuring and promoting quality:

- Kate Goodrich, Director and CMS Chief Medical Officer
- Jean Moody-Williams, Deputy Director
- Aucha Prachanronarong, Director, Division of Electronic and Clinician Quality
- Regina Chell, Deputy Director, Division of Electronic and Clinician Quality
- Jennifer Harris, Lead on CAHPS for MIPS (Merit-Based Incentive Payment System)

From the Center for Medicare (CM) – The CMS office that serves as the focal point for the formulation, coordination, integration, implementation, and evaluation of national Medicare program policies and operations:

- Elizabeth Goldstein, Director, Division of Consumer Assessment and Plan Performance
- David Miranda, Deputy Director, Division of Consumer Assessment and Plan Performance
- Bill Lerhman, Social Science Research Analyst, Division of Consumer Assessment and Plan Performance

The meeting began with introductions and an overview of the PXPF given by Rick and Shari. Next, the group addressed two main issues of common interest and concern. One was the topic of patient experience surveying and measurement and, in particular, the CAHPS (Consumer Assessment of Healthcare Providers and Systems) program. CAHPS surveys ask patients to report on and evaluate their experience in specific healthcare settings such as the hospital or outpatient clinic. The CAHPS surveys are the main tool that healthcare systems utilize to measure patient experience (<https://www.ahrq.gov/cahps/index.html>).

The other was the “Meaningful Measures Framework” being promulgated by CMS (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>) as well as other elements and issues connected with patient engagement. The “Meaningful Measures Framework” seeks to identify priority areas for quality measurement and improvement. One of the framework’s main priorities is being patient-centered and meaningful to patients. This is especially important to informing the discussions around whom is defining “value” in the healthcare system.

With regard to the CAHPS Program, the group discussed:

- Availability of national benchmarks for the CAHPS Hospital Survey (HCAHPS) questions to allow health systems to more easily compare their performance on specific question items on the HCAHPS survey to that of other hospitals. Currently they are not available and hospitals must rely on survey companies for this information, which is often incomplete or not accurate. Making this national benchmark data public would truly help to “democratize these data,” reduce dependency on vendors, and also reduce the cost of surveying programs. CMS representatives shared that they have been considering this, and because of the PXP specific request will now move it forward. CMS plans to do this in a 2-step process; first providing the question level benchmarks on HCAHPSonline.org and then adding question level results for each hospital. This was an important outcome of this meeting.
- Creating alignment between the CAHPS surveys with other programs important to patient experience such as Magnet designation for excellence in nursing.
- The addition of open ended questions to CAHPS surveys in order that patients/families may share their patient experience stories in their own words and that this information is collected on the survey from a representative sample of patients. CMS expressed support for including open ended questions.
- Response rates to the CAHPS surveys continue to be a challenge as it is primarily distributed by mail or people are contacted by phone. The PXP group encouraged exploring other methods of distributing the survey such as by text or email. In addition, the group encouraged that patients are provided more than one option of how they may respond to the survey. CMS is currently testing a web-based survey.
- Further discussion and refinement of adjustment methodologies used by CMS when it publishes CAHPS survey results for consumers to see. The process by which CMS adjusts data before it is publicly reported (on factors such as the mix of patients a hospital sees) is not transparent. PXP is advocating for the process to be clearer for all to see and perhaps amended to make any adjustment more equitable and fair.

PXP representatives conveyed a desire to engage in ongoing dialogue on these issues. CMS representatives shared some of the questions they have for stakeholders with the CAHPS program (e.g., what additional PX domains or care settings would be of interest to health systems and patients/families). They also expressed their appreciation for the positive, constructive discussion

offered by PXPf, with the intent to work together to address shared interests and concerns. It is hoped this dialogue – aimed at improving PX measurement – can continue to our mutual benefit.

With regard to the Meaningful Measures Framework, the group discussed the importance of engaging patients/families in measure development and the idea of “co-creation” where patients/families are at the table when these measures are being developed. In particular, CMS representatives noted a desire to move forward with the implementation of Patient Reported Outcome Measures (PROMs) to complement patient experience measures. It is hoped that dialogue on this topic can continue.

CMS representatives also conveyed their desire to see more public commentary on CAHPS and related measurement issues where opportunities arise through the year. A discussion about how PXPf could disseminate calls for comment and facilitate input was discussed and PXPf leadership committed to promoting this.

The meeting ended with a discussion of ways that we can continue this productive and positive dialogue. CMS leaders will convene to discuss possible venues for continued connection. PXPf leaders will follow-up to see what ideas have been generated from that discussion.



Pictured right to left:

Rick Evans, Esther Burlingame, Dale Shaller, Hala Durrah, Shari Berman
