

BOTTOM LINE UP FRONT:

In the proposed rule published July 31, Center for Medicare & Medicaid (CMS) is requesting comments by September 27 on their proposal to remove the Pain Communication composite from HCAHPS. We believe the timeframe to gather and obtain information requested from patients, patient advocates, and clinician groups is too short. We are recommending that they defer this to next year's proposed rule, so that hospitals and systems have time to gather requested information and make informed recommendations.

[Click Here](#) to review the entire **Proposed Rule** (Note: This is the preview version of the proposal, which is easier to read, in our opinion, than the Federal Register version; if you prefer to review the actual publication, please click the link on the top of the first page of the preview version.)

SITUATION:

CMS is proposing for the Hospital Inpatient Quality Reporting (IQR) Program to modify the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey by removing the Communication about Pain questions, effective with January 2022 discharges for the Fiscal Year (FY) 2024 payment determination.

If this proposal becomes incorporated into the final rule:

- Hospital performance data on the Pain Communication composite will be publicly reported on the Hospital Compare website beginning October 2020, using Calendar Year (CY) 2019 data. CMS will provide performance results based on CY 2018 data on the Communication About Pain questions to hospitals in confidential preview reports, upon the availability of four quarters of data, as early as July 2019.
- The final four quarters of reported Communication About Pain data (CY 2021) would be publicly reported on Hospital Compare in October 2022 and then subsequently discontinued.

CMS is asking for feedback on any potential implications to patient care related to removing the Pain questions, as follows:

- whether the Communication About Pain questions should be retained in both the HCAHPS Survey and the Hospital IQR Program but with a further delay in public reporting. Delay in public reporting would allow further time to engage a broad range of stakeholders and assess their feedback regarding use of the Communication About Pain questions in the HCAHPS Survey and the Hospital IQR Program and to assess the impact of the new Communication About Pain questions
- the importance of receiving feedback from patients related to communication about pain management and the importance of publicly reporting this information for use both by patients in healthcare decision-making and by hospitals in focusing their quality improvement efforts
- additional analyses demonstrating a relationship between the use of pain questions in patient surveys and prescribing behavior, including unpublished data, if available
- input from clinicians and other providers concerning whether it would be valuable for CMS to issue guidance suggesting that hospitals do not administer any surveys with pain-related questions, including adding hospital-specific supplemental items to HCAHPS, as well as the potential implementation of a third party quality assurance program to assure that hospitals are not misusing survey data by creating pressure on individual clinicians to provide inappropriate clinical care
- information from clinicians and other providers concerning instances of hospital administrators using results from the HCAHPS Survey to compare individual clinician performance directly to other

clinicians at the same facility or institution and examples where, as a result, clinicians have felt pressured to prescribed opioids inappropriately (in terms of either quantity or appropriateness for particular patients)

- suggestions for other measures that would capture facets of pain management and related patient education, for instance, for collecting data about a hospital's pain management plan, and provide that information back to consumers how other measures could take into account provider-supplied information on appropriate pain management and whether patients are informed about the risks of opioid use and about non-opioid pain management alternatives

BACKGROUND:

For an in-depth discussion of the reasons why they are proposing to remove the new Pain Communication measure from HCAHPS, please open the Proposed Rule [here](#) and read the Section titled *2. Proposed Updates to the HCAHPS Survey: Removal of Communication About Pain Questions*.

- They refer to a President's Commission on Combating Drug Addiction and the Opioid Crisis report which includes references that suggests that doctors are prescribing opiates to gain higher pain care experience scores ([click here](#) to review this report -- see pp 56-57).

ANALYSIS:

- The comment period timeframe is inadequate to gather information from the wide stakeholder groups identified. Time is needed to collect feedback to the above set of questions, as well as to identify any analyses demonstrating a relationship between the use of pain questions in patient surveys and prescribing behavior, including unpublished data, if available.
- Current questions regarding communication about pain have only been fielded starting in January 2018 providing insufficient time to for analysis related to these questions.
- Removing pain communication measures from the survey and public reporting makes hospitals reliant upon vendors for benchmarks using vendors' client database.

RECOMMENDATION:

- We believe pain measures are an important component of the care experience. We recommend CMS postpone this decision until the 2019 rulemaking cycle to allow hospitals to gather feedback from clinicians and patient advisory committees. This also enables research hospital and hospital systems to collect internal analyses identifying the relationship, if any, between patient survey pain measures & prescription behavior.
- CMS move forward with the current schedule for publishing results of the pain communication questions reducing reliance on vendor comparison.

Comments are due to CMS by 5pm EST September 27th

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. Electronically. You may (and we encourage you to) submit electronic comments on this regulation to [http:// www.regulations.gov](http://www.regulations.gov). Follow the instructions under the "submit a comment" tab.

2. By regular mail. You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1695-P, P.O. Box 8013, Baltimore, MD 21244-1850. Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. By express or overnight mail. You may send written comments via express or overnight mail to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1695-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

4. For delivery in Baltimore, MD— Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244-1850. If you intend to deliver your comments to the Baltimore address, please call the telephone number (410) 786-7195 in advance to schedule your arrival with one of our staff members.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

NOTE: Press Ganey has also released a summary CMS's proposal to remove the Pain Communication composite from HCAHPS. You can read that summary [here](#).