



**PXPF Comments on Proposed Updates to the Hospital CAHPS (HCAHPS) Survey
Contained in the FY2025 IPPS Proposed Rule**

June 10, 2024

Introduction

CMS is making several important technical changes to the Hospital CAHPS (HCAHPS) survey, taking effect with January, 2025 hospital discharges. These changes add a series of web-first survey modalities, and a longer survey response window, along with a few other changes. In addition, CMS is proposing several revisions or updates to the HCAHPS survey instrument itself, which are contained within the CMS FY 2025 IPPS Proposed Rule.

The Patient Experience Policy Forum (PXPF), supported by The Beryl Institute and open to all members of the Institute community, is a broad-based and diverse coalition of patients, family members, caregivers and healthcare professionals uniquely led by a balanced board of patient/family partners and senior patient experience leaders. Our purpose and commitment is to advocate for and help shape policy at the national and local levels on issues that directly affect patient and family experience and elevate the human experience in healthcare. We do so through convening policy forums, educating policy makers, sponsoring advocacy events, providing communication updates and publishing calls to action.

General Comments

We thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comments regarding the proposed updates to the Hospital CAHPS (HCAHPS) survey, as described in the CMS FY 2025 Inpatient Prospective Payment System Proposed Rule. As an overall comment, we strongly support updating this, and all CAHPS surveys, periodically to continue to improve the capture of patient experiences and the voice of the patient, with emphasis upon being continuously responsive to what matters to patients.

The proposed updates, if implemented, will increase the HCAHPS survey length by three questions, to 32 questions. Although we support new questions that directly respond to patients' priorities, as stated above, survey length and its impact upon response rates have long been a topic of debate. Accordingly, we raise the question here as to whether the 32-question survey has been tested with patients to determine if the added length has any negative effects upon likelihood to complete the survey.

Also, we raise the need to analyze the reading levels of all of the proposed new questions and to modify wording and question structure as necessary, if this step has not already been undertaken.

2025 Technical Changes--Permitted Survey Modalities and Survey Response Time

We are very supportive of the new web-first survey modalities, which have been shown to increase survey response rates, especially among historically underrepresented populations, as well as the extended 49-day window for survey responses.

Comments Regarding Specific Questions and Sub-measures

New proposed survey question on stays planned in advance

The ability to distinguish between planned and unplanned admissions is critical and should be a factor used to adjust raw survey scores. The new question, replacing the question about admission through the Emergency Department, is definitely an improvement, as it gets more directly at the planned vs. unplanned nature of an admission, which can affect survey responses. However, we are concerned that the question as proposed may require more clarity to ensure that patients understand this question as intended. For example, how should a patient respond: 1) if the hospital stay after a planned surgery is longer than expected; or 2) if a planned outpatient surgery/procedure results in an inpatient admission?

Another example concerns childbirth. Although answering the question in the case of a planned C-section is straightforward, admissions for vaginal deliveries are anticipated, but could be viewed by a patient as either unplanned (e.g. – I don't know the exact date of admission) or planned (e.g. - I know there will be an admission, but not the exact date). In summary, these types of examples illustrate the need for further guidance to survey respondents about how to answer this question, at least covering the most common situations where there may be ambiguity.

Finally, in the case of maternity stays, there appears to be the possibility of a double adjustment: a service line adjustment (maternity) and another potential adjustment for the admission being unplanned. We urge CMS to clarify this point, as the agency's intention is unclear as drafted in the proposed rule.

Modified language spoken at home question

We understand and support the principle of making survey completion less burdensome on patients. We also recognize the fact that patients are more likely to respond to a survey if they feel “seen and heard” as unique individuals. Furthermore, attention to one's spoken language is a key factor in not only being “seen and heard” but also toward efforts to increase survey response representativeness and addressing equity issues. The self-reported responses to this question may also provide a verification check on demographic data contained in patients' medical records and provide additional evidence of the diversity of a hospital's patient population.

For these reasons, we recommend that the “About You” question regarding language spoken at home remain unchanged, rather than decreasing the number of languages listed as standard response options to this question.

New Sub-measure and questions regarding care coordination

We strongly support the new care coordination sub-measure and its three questions, and by extension, the elimination of the three “care transitions” questions—thereby not increasing the survey's length. These new questions address important dimensions of patient experience not previously addressed. We urge CMS to finalize this content as proposed.

Replacement of the “call button” responsiveness question

We support the removal of the current question regarding responsiveness to pressing the call button with the newly proposed broader question focused upon responsiveness after asking for help. We agree that this better represents current workflows within hospitals and for this reason, we urge CMS to finalize this content as proposed.

New restfulness questions

We acknowledge, understand and accept that patient input regarding the updating of the HCAHPS survey demonstrates the importance to patients of restfulness as a significant aspect of patients' inpatient experience; hence the proposed increased emphasis on this domain through two additional questions about restfulness. It is also understood that these additional questions aim to provide a more holistic view of restfulness during a hospital stay.

We have more specific comments about one of the two proposed new questions about restfulness, "During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?". First, asking about rest and recovery in this question seems to combine two very different dimensions of patient experience into a single question. We can easily see how a patient may have different rest and recovery experiences during a single hospital stay, causing confusion and uncertainty in how to answer this question. We recommend, therefore, that the words, "and recover" be deleted from this question, thus better focusing the question upon the "restfulness" theme of this sub-measure.

Secondly, we understand and accept that adopting a team approach to this proposed new question (doctors, nurses and other hospital staff helping you to rest and recover) is appropriate from patients' perspectives, as patients may not always know whether a specific person is a doctor, nurse or other type of staff. This team approach to the question lessens the possibility of inaccurate survey responses, compared to questions in which each staff type is the focus of a separate question, e.g., a patient answers that it was a nurse who disrupted restfulness, whereas in reality it was a doctor. We do make the observation that combining all of these team members into a single question complicates hospitals' work to improve restfulness but support this change.

For all of the reasons described above, we support the addition of these new questions and the creation of a restfulness domain/composite. However, at the same time, we know that a major factor in restfulness is whether a patient is in a private room versus a room with one or more other patients and family members. In many hospitals, the most frequently cited issues with regard to restfulness are connected to noise from roommates or from the necessary medical equipment that is in the room. These are both factors that are hard to control. So, although a hospital's physical structure (how many patients are in a room) clearly impacts restfulness, some hospitals, especially safety net hospitals, may not have the resources to convert all rooms to private rooms. Furthermore, increased emphasis upon restfulness could lead to the unintended consequence that family/caregiver visitation becomes more limited.

These realities do not affect our support for inclusion of these restfulness questions in an updated hospital patient experience survey instrument. But, they do raise a broader, overarching issue related to HCAHPS scores (and quality measurement more generally)—what dimensions of HCAHPS should or should not be included in the hospital Value-Based Purchasing (VBP) methodology and the need for additional financial support (rather than potentially decreased financial support) for under-resourced hospitals, especially safety net hospitals, to help them move beyond process improvements to also encompass dimensions of structural improvement. We will reach out to CMS separately with a request to begin a dialogue that addresses this issue.

New question about symptoms

We strongly agree that a critical dimension of patients' inpatient hospital experiences is the discharge process, particularly whether patients, families and caregivers have sufficient information to handle post-discharge issues and whether they understand that discharge information. With the proposed updates to the HCAHPS survey, there will be four questions focused upon the discharge process, as follows:

1. "Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?" (proposed new "Care Coordination" question)
2. "During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?" (current "Discharge Information" question)
3. "During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?" (current "Discharge Information" question)
4. "During this hospital stay, did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?" (proposed new "Information About Symptoms" question)

We suggest a review by CMS of these four questions as a whole, and relative to one another. We recommend that such a review include: a) how to incorporate the concept of language preference (for both written and verbally communicated information) into these questions; and b) whether the information being provided is actually understood by the patient and family or caregiver. Since questions #3 and #4 are very similar, we also suggest that this review include an analysis of whether inclusion of both questions will provide enough additional, differentiated information to warrant adding to the length of the survey.

Thank you and contact information

On behalf of the Board and members of the **Patient Experience Policy Forum**, we thank CMS for the opportunity to provide these comments and input. Questions regarding these comments can be sent to Rick Evans and Shari Berman, PXP Board Chairs, at rie9003@nyp.org.