

HCAHPS Summary for Physicians

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is the first national, standardized, publicly reported survey of patients' perspective of hospital care. The HCAHPS survey was developed and tested by the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) with three broad goals:

1. It is designed to produce data about patients' perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers
2. The public reporting of the survey results creates new incentives for hospitals to improve quality of care
3. It serves to enhance accountability in healthcare by increasing transparency of the quality of hospital care provided in return for public investment

Surveys are distributed to a random sample of adult patients, across all medical conditions, 48 hours to 6 weeks after discharge from an inpatient stay. HCAHPS surveys are not restricted to Medicare beneficiaries.

The six summary measures (see Table 1) and two individual items have a four (4) response Likert scale with the following possible responses: Never, Usually, Sometimes, and Always. The "Always" response is the only positive response. The percentage of "Always" responses is reported publicly for each measure.

Public reporting of hospital HCAHPS results are based on four (4) consecutive quarters of patient surveys. The results are posted on the Hospital Compare website (www.hospitalcompare.hhs.gov) every quarter with a rolling average and can be compared to over 3,500 HCAHPS reporting hospitals.

Table 1

HCAHPS Measures

Six Summary Measures:

1. Physician Communication
2. Nursing Communication
3. How responsive hospital staff are to patients' needs
4. How well hospital staff help patients manage pain
5. How well the staff communicates with patients about medicines
6. Whether key information is provided at discharge

Two Individual Items:

1. Cleanliness
2. Quietness

Two Global Items:

1. Overall rating of hospital
2. Would they recommend the hospital to family and friends

Beginning in federal fiscal year 2013, hospitals will continue to receive payment from Medicare, but will receive an across-the-board 1% cut in reimbursement based on the CMS Value Based Purchasing (VBP) rules.

Hospitals have a chance to earn the money back using a pay for performance model. Payments are determined by their quality performance on clinical measures with a 70% weight and patient experience measures (HCAHPS) with a 30% weight.

The 1% cut in reimbursement in federal fiscal year 2013 is worth approximately \$500,000. Each subsequent year, the percentage of reimbursement cut will increase 0.5% to a maximum of 5%.

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The physician specific inpatient questions on the HCAHPS survey are focused on the frequency of positive communication standards such as being treated with courtesy and respect, listening skills, and how well things were explained to the patient (see Table 2). Physicians can improve overall patient satisfaction scores by focusing on a quality patient interaction.

Table 2
(Physician Questions – HCAHPS Survey)

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always
6. During this hospital stay, how often did doctors listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
 - Never
 - Sometimes
 - Usually
 - Always

Blanden and Rohr (2009) studied the combination of patient satisfaction and specific physician behaviors and found “the quantity of time hospitalists spend with patients may not be as important to the patients as the quality of interaction” (p. 4). “By interacting with patients in a way that makes them feel valued, focused on, and responded to, physicians may improve patient satisfaction without requiring increased amounts of time spent with them” (Blanden & Rohr, 2009, p. 5).

Robbins et al. (1993) studied physician behavior and found positive correlation between patient satisfaction and the amount of information/education given to the patient and “patients were also more satisfied when their encounters included more time devoted to both physical examination and discussion of treatment effects” (p. 19). This study also revealed the negative impact of spending the medical interview time on extensive history taking.

Wood et al. (2009) highlights how physicians are asked to increase productivity and improve patient satisfaction which may seem conflicting and “raise questions about whether one must be sacrificed for the other” (p. 498). The study found that both can be improved simultaneously without sacrifice; “productivity only played a small part in predicting patient satisfaction” (Wood et al., 2009, p. 503).

References:

- Blanden, A. R., & Rohr, R. E., (2009). Cognitive Interview Techniques Reveal Specific Behaviors and Issues That Could Affect Patient Satisfaction Relative to Hospitalists. *Journal of Hospital Medicine*, 4(9), 1-6
- Robbins, J. A., Bertakis, K. D., Helms, L. J., Azari, R., Callahan, E. J., Creten, D. A., (1993). The Influence of Physician Practice Behaviors on Patient Satisfaction. *Family Medicine*, 25, 17-20
- Wood, G. C., Spahr, R., Gerdes, J., Daar, Z. S., Hutchison, R., Stewart, W. F., (2009). *American Journal of Medical Quality*, 24(6), 498-504