

Inpatient Quality Reporting Program

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PCHs and HCAHPS Update: Cancer Hospital Workgroup

Questions and Answers

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Deb Price: Thank you, Bill. And now Henrietta will read a few of the questions. Henrietta?

Henrietta Hight: Yes, Bill. There have been several questions that have come in. One question that came in, and we were able to provide the person with the question with the website link. But the question is, where in Hospital Compare, or where on the Hospital Compare website, can I locate the composite score for state and hospital?

William Lehrman: That's a good question. If you go to the Hospital Compare website – I'm going there now – and you enter a hospital, say, by ZIP code, and it gives you a bunch of hospitals listed, and you check one and say "Compare Now." And then it gives – there are several tabs for the hospital – if you go to "Survey of Patient Experiences," that'll take you to kind of the top – like, the summary listing of the HCAHPS measures.

If you go to "View More Details" – it's a yellow button – then you get these tables. Here they are. We have a table. And the first HCAHPS measure reported is, "How often did nurses communicate well with patients?" You see the hospital results, then below that the state results, and below that

Inpatient Quality Reporting Program

Support Contractor

the national result. So, you have to go to the – what did I say, “View Tables” or “View More Information” button on Hospital Compare, under the “Patient Experience” survey tab.

Question: Who will the HCAHPS comparison group be for the PCH – all hospitals or just PCH?

Answer: The policy for comparisons will be addressed in future rule-making.

Henrietta Hight: Thank you, Bill. Another question. And it looks like we have some people dialing in who are either working in the nursing home environment or setting, or are working at hospitals – PCHs that have patients being discharged to nursing homes.

And in the – in your presentation you did address the nursing home – the fact that you don't collect HCAHPS Surveys for patients discharged to nursing homes. But a couple of people did ask questions such as, members of our patient family advisory council are asking why we don't survey any nursing home patients – I mean patients released from the hospital to a nursing home.

And then another question related to nursing homes: do the exemptions or, I guess, exclusions, apply to all hospitals – example, discharges to SNFs and nursing homes? Can you address that a little bit more, Bill?

William Lehrman: Yes, I'll try to. Going back, at the beginning of HCAHPS – 2006 – nursing home discharges were included in the sample. But we found out that it was very difficult, at least for some nursing homes, to get the survey, either mail and especially telephone, to the patient. And so, we were getting very uneven results across nursing homes. Some would contact the patient; some wouldn't. Some patients maybe were unable to do the survey.

So, for those kind of logistical reasons, and to create standardization across hospitals, we decided it was just – we weren't getting – there was too much noise in the number from nursing homes, if they responded at all. So, that's why we excluded nursing home discharges from HCAHPS. It was primarily for logistical reasons.

Inpatient Quality Reporting Program

Support Contractor

Henrietta Hight: Thank you. A couple of more questions, and we're getting – kind of getting close to the end of our time. There is a question here: is this information that you provided today only for cancer hospitals, or all hospitals?

William Lehrman: You know, almost everything I applied – I said applies to all hospitals. Barbara Choo is better able to tell you what – there may be other things that are specific to cancer hospitals. But – especially public reporting, and how the results will be used. But in terms of administering the survey, that would be the same for cancer hospitals as all other hospitals.

Henrietta Hight: Thank you. Another question: what if your total number of discharges in a 12-month reporting period is less than 300? Are there any repercussions?

William Lehrman: Not repercussions per se. I mean, if you're in that situation you would want to do a census; that is, sample every patient who is eligible for the survey, rather than doing, like, a random sample of your discharges.

And what happens is, on Hospital Compare, if you look at it – I can't think of a hospital offhand, but if a hospital's survey results are based on fewer than 100 completes, we have a footnote for that. And it basically means, you know, take these – you know, please be aware, they're based on fewer than 100 completes; therefore, they may not be a great representation.

So, there's no – that is the main thing that we do. I guess PPS hospitals are exempt from value-based purchasing. In value-based purchasing, hospitals have to have at least 100 completes to participate. So, that's another reason that the number of completes is important.

But regardless of the number of completes you have, they should be submitted to the warehouse. And we do report results even if they're based on fewer than 50 completes, but we'll use a footnote on public reporting to notify everybody that these are based on a small number of completes, so be careful on how you interpret them.

Henrietta Hight: This is a quick question, I hope, and it's – I do recognize the person with the question is coming from a cancer hospital. The question is: we set quality goals and linked incentive plans to them. I saw that incentives for HCAHPS

Inpatient Quality Reporting Program

Support Contractor

are not allowed. Would a hospital-wide incentive plan with quality goals have to exclude HCAHPS?

William Lehrman: I guess I should qualify what I said a bit earlier. Incentives definitely cannot be used for patients. That is, you can't promise them something for doing the survey or answering the survey a certain way.

If hospitals use – okay, I would say we're a bit agnostic about what hospitals do internally with their staff or personnel. There have been a lot of repercussions lately about hospitals that base physician or nurse compensation or bonuses upon survey scores. We discourage hospitals from doing that because – at least, using the HCAHPS Survey for doing that, because it's not designed for comparisons of individuals to each other, or even of wards.

We can't prevent hospitals from doing that. But the survey really is meant to be – to reflect experience of the hospital as a whole. We don't ask, you know, who your nurse was or who your doctor was, or anything like that; we just say doctors or nurses. And it's unlikely hospitals are getting enough survey results for a particular doctor or nurse to make valid comparisons. But that's really up to them.

Question: Are there any future plans for an e-survey mode of HCAHPS Survey administration?

William Lehrman: CMS has tested the viability of a web-based HCAHPS Survey and found that, at this time, it does not meet the standards required for use in our public reporting and pay-for-performance programs. Please see the article linked here: [A Randomized Experiment Investigating the Suitability of Speech-Enabled IVR and Web Modes for Publicly Reported Surveys of Patients' Experience of Hospital Care.](#)

Henrietta Hight: I think that's it. We've run out of time.

There are a couple, like, two or three questions still left in the queue. Those people who have asked those questions, and all of you who have attended, we will be providing answers to all the questions and they will be – the – all the questions and answers, both ones that have been answered on the call,

Inpatient Quality Reporting Program

Support Contractor

and the ones we didn't have time for, will be posted to the QualityNet website. [Note: The questions from WebEx not answered during the call have been interspersed with the live questions in this transcript.]

Thank you very, very much, Bill, and thank you all for attending our webinar.

William Lehrman: Thank you.

Henrietta Hight: Thank you.

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