



THE BASICS

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys: Assessing Patient Experience

DECEMBER 18, 2014

In efforts to make health care more patient-centered, one approach is to give the patient more of a voice in evaluating the care he or she has received. Though the value and the mechanics of patient surveys and consumer comments via social media remain controversial, one set of survey instruments has established itself as a standard across a variety of public and private health programs: the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. These were developed in response to a growing conviction that information about the patient's experience of care is an essential tool when judging the performance of a health plan, organization, or provider.

HISTORY

The CAHPS program was created under the auspices of the federal Agency for Healthcare Research and Quality (AHRQ). For nearly 20 years, the agency has contracted with other organizations to produce CAHPS-related products, including surveys, evaluations, research studies, quality reporting formats, and quality improvement tools. The Centers for Medicare & Medicaid Services (CMS) is a federal partner. External organizations joining AHRQ and CMS to comprise the CAHPS Consortium overseeing CAHPS activity are the RAND Corporation, the Yale School of Public Health, and Westat.¹

The initial CAHPS survey, released to the public in 1997 and fielded by CMS (then the Health Care Financing Administration, or HCFA) in 1998, focused on assessing the quality of health plans from their enrollees' perspective. (At that time, the HP in CAHPS stood for "health plan.") The scope has since broadened to include a range of health care settings and services.

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The role initially envisioned for CAHPS data was to help consumers choose a health plan and to help plans and providers identify and carry out quality improvement initiatives. Over time, the data have also been incorporated in various pay-for-performance models; CAHPS data collection and reporting are required under some federal programs.

SURVEY DESIGN

According to AHRQ, CAHPS program goals are twofold:

- To develop standardized surveys that organizations can use to collect comparable information on patients' experience of care
- To generate tools and resources to support the dissemination and use of comparative survey results to inform the public and improve health care quality

Design principles underlying the surveys are:

- Focus on topics for which consumers are the best or only source of information
- Ask patients to report on their experience of care, as opposed to "satisfaction"; emphasize elements that patients view as most important
- Base questions, protocols, and reports on scientific development and testing
- Standardize questions and processes to ensure that data collection, analyses, and reports are consistent across the users of a given survey
- Reflect input from a broad spectrum of stakeholders
- Make surveys available in the public domain

Nearly all surveys are available in Spanish as well as English; guidelines exist for translation into other languages. CMS offers translations in several languages of the surveys it requires.

SURVEYS AVAILABLE FOR USE

CAHPS surveys most regularly in use are the health plan survey, the hospital survey (HCAHPS), and the clinician & group

survey (CG-CAHPS). Core questions in each include substantive items reflecting critical aspects of care, along with screening questions that allow respondents to skip questions not relevant to their experience (for example, pain control if they were not in pain), and demographic characteristics. Where appropriate, the surveys have adult (18 and over) and child versions, the latter meant to be completed by a parent. Supplemental question sets, such as for children with chronic conditions or people with mobility impairment, are available for users (see below) to add at their option.

The **health plan survey** solicits enrollees' experience in obtaining health care under commercial, Medicaid, Children's Health Insurance Program (CHIP), and Medicare Advantage plans, with somewhat different versions for each. Questions in this survey are clustered in the following categories:

- Getting needed care
- Getting care quickly
- How well doctors communicate
- Health plan information and customer service
- Rating the health plan²

HCAHPS asks patients about their experience with care delivered during an inpatient hospital stay in an acute care facility. HCAHPS categories are:

- Care from nurses
- Care from doctors
- The hospital environment
- The patient's experience in this hospital [relates to getting help with using the bathroom or a bedpan, understanding medication, pain control]
- When the patient left the hospital [discharge process]
- The patient's understanding of their care after leaving the hospital³
- Overall rating of the hospital

CG-CAHPS asks about patient experience with ambulatory care delivered by primary care or specialty physicians and their staffs. This survey has been adapted in cooperation with NCQA (National Committee for Quality Assurance) for use in its Patient-Centered Medical Home (PCMH) Recognition Program. CMS also uses a version specially geared to Accountable Care Organizations (ACOs). CG-CAHPS categories are:

- Getting timely appointments, care, and information
- How well providers communicate with patients
- Whether office staff are helpful, courteous, and respectful
- The patient's rating of the provider⁴

The CG-CAHPS survey has two core formats. One solicits a patient's ambulatory care experiences over the course of the previous 12 months; another focuses on the patient's most recent visit. A survey may incorporate PCMH-related items in addition to the core questions.

Other versions of CAHPS are tailored to home health care, in-center hemodialysis, nursing homes, surgical care, clinics delivering care to American Indians, dental plans, and mental and/or substance abuse services. CMS is testing versions for emergency departments and ambulatory surgical centers.

CAHPS USERS

Once released into the public domain by the CAHPS Consortium, CAHPS surveys may be used by any organization for its own purposes.⁵ CAHPS materials include instructions on how to construct an appropriate sample frame. For each survey, a random sample is drawn from the relevant population: health plan enrollees, those discharged from a hospital or patients who have had at least one visit to the selected provider in the appointed time frame. Survey contractors (who must be approved by CMS under federal plans) are permitted a variety of administration options: mail, telephone, email, internet, or a combination.

Health plans or delivery systems may choose to survey their commercial members as well as those enrolled in a public plan, using results for quality improvement, provider selection or compensation, or assisting consumers to make choices. AHRQ

maintains a CAHPS database of survey data voluntarily submitted by users, which they may then access to compare their results to regional and national averages and other benchmarks. AHRQ also offers guidelines on how to communicate results to consumers and other stakeholders.

CMS, NCQA, the Veterans Health Administration (VHA), and the American Board of Medical Specialties (ABMS) are key users of CAHPS.

CMS incorporates CAHPS items in data analyzed and reported in a variety of programs. The health plan survey has been administered to Medicare beneficiaries since 1998; in addition to the fee-for-service program instrument, versions exist for Medicare Advantage (MA) and Prescription Drug Plans (PDPs). Results from the Medicare CAHPS surveys are published in the Medicare & You handbook and on the Medicare Options Compare Web site. MA and PDP data are part of the star ratings calculations for these plans. Many state Medicaid programs also employ this survey.

Hospitals subject to the Inpatient Prospective Payment System (IPPS) must collect and submit HCAHPS data in order to receive their full annual payment updates. (Non-IPPS hospital participation is voluntary.) CAHPS data is incorporated in the calculation of value-based incentive payment under the Hospital Value-Based Purchasing Program, and also forms part of the Hospital Compare information made available online to consumers. CMS is preparing to go farther by constructing a separate HCAHPS star rating system to add to Hospital Compare.⁶

ACOs in both the Pioneer and Shared Savings programs must report CAHPS data in the ACO format. Physicians and other eligible professionals must report CAHPS data under the Physician Quality Reporting System (PQRS); the data are also being incorporated along with other quality data in Physician Compare. Penalties for failure to report begin in 2015.

NCQA makes CAHPS information part of its accreditation and performance recognition programs. The **VHA** uses HCAHPS and CG-CAHPS to solicit patient experiences in VHA and contracted hospitals and clinics. The **ABMS** requires submission of “doctor communications” data as part of the maintenance of certification process.

ONGOING REFINEMENTS

Some providers continue to express reservations about a growing reliance on CAHPS data. Physicians, for example, have observed that pressure to keep their “scores” up may cause some to respond to patient desires even when these conflict with clinical best practice, such as prescribing antibiotics for viral ailments or opiates for moderate pain. Others suggest improvements to methodology or changes in the weighting of CAHPS measures vis-à-vis clinical quality measures in pay-for-performance reimbursement formulas.

The CAHPS Consortium continues to seek stakeholder input and to try to align and update the various surveys. For example, the Consortium recently has recommended that the CG-CAHPS 12-month survey be recast as a 6-month look-back to achieve consistency with versions being implemented by CMS for ACOs and in the PQRS. As pay-for-performance and value-based reimbursement models continue to gain traction, it seems certain that patient experience will remain an important component.

ENDNOTES

1. Agency for Healthcare Research and Quality, “CAHPS Glossary,” <https://cahps.ahrq.gov/about-cahps/glossary/index.html>.
2. Full questionnaire available at https://cahps.ahrq.gov/surveys-guidance/survey5.0-docs/2151a_engadultcom_50.pdf.
3. Full questionnaire available at www.hcahponline.org/Files/Appendix%20D%20-%20CAHPS%20Hospital%20Survey%20%28English%29.pdf.
4. Full questionnaire available at <https://cahps.ahrq.gov/Surveys-Guidance/CG/index.html>.
5. Agency for Healthcare Research and Quality, “CAHPS: Assessing Health Care Quality from the Patient’s Perspective,” https://cahps.ahrq.gov/about-cahps/cahps-program/cahps_brief.html.
6. Centers for Medicare & Medicaid Services, “HCAHPS Star Ratings Technical Notes,” www.hcahponline.org/StarRatings.aspx.