HCAHPS Update Training

February 2020

HCAHPS Update Training

Welcome!

In the Update Training session, we will present:

- HCAHPS Program Updates
- Updates to HCAHPS *Quality Assurance Guidelines (QAG) V15.0*
- Best Practices for Survey Administration
- Changes to QualityNet Data File Submission
- New Administrative Data Element: Total Inpatient Discharges
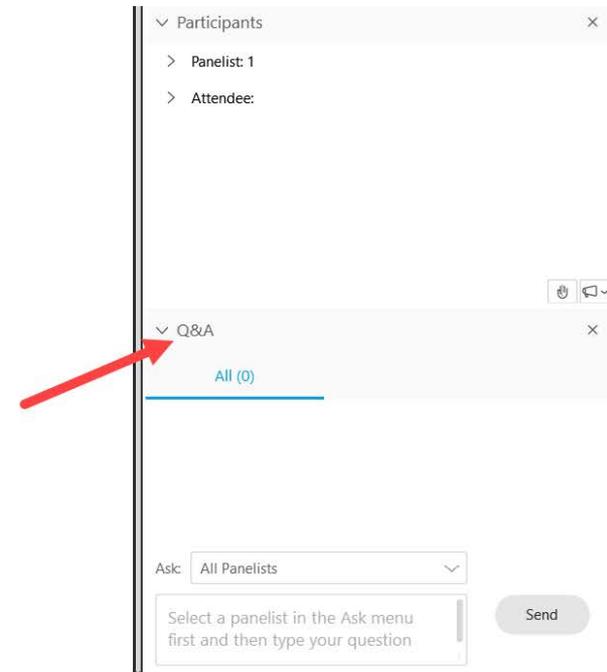- Research Updates: Use of Survey Translations and Electronic Survey Modes

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Online Question Submission Illustration 1
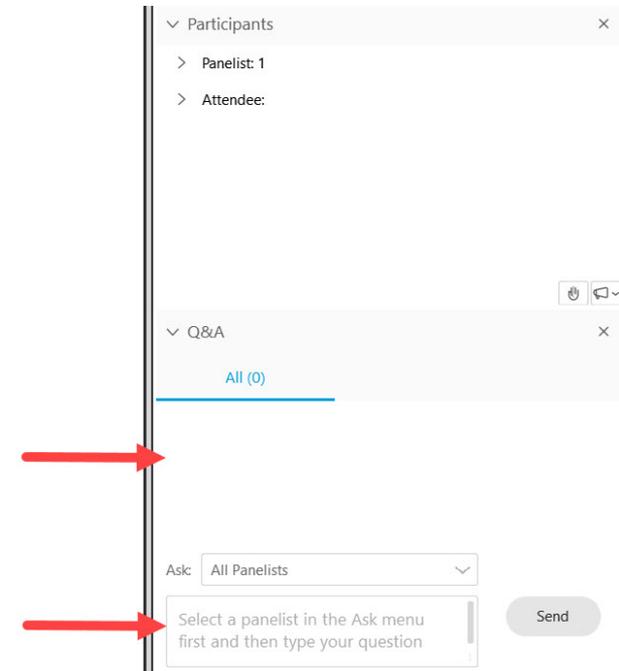
Online Question Submission *(cont'd)* Illustration 2

HCAHPS Update Training

February 2020

February 2020

HCAHPS Update Training

Online Question Submission *(cont'd)* Illustration 3

HCAHPS Program Updates
February 2020

HCAHPS Update Training

Overview

- Revising the HCAHPS Survey
- Collect Patient Email Address
- Collect Patient Preferred Language
- *"Improving Patient Experience"* on HCAHPS On-Line Web site
- Upcoming Changes to QualityNet Data Submission
- New Transition Statement for Supplemental Items
- New Data Element: Total Inpatient Discharges
- Optional Modified Cover Letter and Introduction Script
- HCAHPS Never Rests

Revising the HCAHPS Survey

- Review and evaluation are vital for HCAHPS to fulfill its mission of providing a national standard for collecting and publicly reporting information about patient experience for valid comparisons of hospitals

- CMS has initiated a multi-faceted review of HCAHPS Survey content and design
  - First step, talk to recent hospital patients about their experience of care and assessment of current and potential survey items
  - Next, gather input from stakeholders on potential changes to HCAHPS
  - No decisions on how to change HCAHPS have been made yet

Revising the HCAHPS Survey *(cont'd)*

- In 2021, CMS plans to conduct an HCAHPS mode experiment to test an email version of the survey in a mixed-mode format:

  - Email + Mail
  - Email + Telephone
  - Email + Mixed Mode

Collect Patient Email Address

- CMS **strongly encourages** hospitals to collect patient's email address and submit to their survey vendor as administrative data

- Doing so will facilitate potential use of an email survey mode in the future

Collect Patient Preferred Language

- CMS **strongly encourages** hospitals to collect patient's preferred language

- Submit to survey vendor as administrative data

- CMS is moving toward requiring that HCAHPS be administered in Spanish (if Spanish is the patient's preferred language)

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"Improving Patient Experience" on HCAHPS On-Line Web site

- CMS has added information about improving patient experience of care to the HCAHPS On-Line Web site

- Provides links to quality improvement information

- Does not imply endorsement of material in the links

Upcoming Changes to QualityNet Data Submission

- In 2020, the method for accessing QualityNet to submit XML files to the data warehouse will be changed

- Anticipated mid-April, all XML files must be submitted using the Simple File Submission (SFS) tool

- More information later in Training

New Transition Statement for Supplemental Items

- The transition statement that must be placed or read before any supplemental items added to the HCAHPS Survey has been changed:

  – "Questions 1-29 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. The following questions are from [NAME OF HOSPITAL] to gather additional feedback about your hospital stay and will not be shared with HHS."

- Revised transition statement **must be implemented** for July 1, 2020 patient discharges and forward

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New Data Element:
Total Inpatient Discharges

- Total Inpatient Discharges will be required for HCAHPS data submission

  - Beginning with July 1, 2020 discharges

- Definition of Total Inpatient Discharges remains unchanged

- Updates to file formats needed for data submission are contained in QAG V15.0 and file specifications V4.3

February 2020

15

New: Optional Modified Mail Cover Letter and Telephone Introduction Script

- HCAHPS will offer Optional Modified cover letter and telephone introduction script
  - Beginning with July 1, 2020 discharges, hospitals may use the new Optional Modified or the Standard cover letter and telephone introduction script
    - Modified versions available in English
    - Official language translations will be made available later

- Implement only at the beginning of a quarter

- Once implemented, the Optional Modified version must be used for all discharges of a hospital

HCAHPS Never Rests

- April 2020 publicly reported scores based on ~3.0 million completed surveys from patients at 4,509 hospitals

- Every day ~8,000 patients complete an HCAHPS Survey

- HCAHPS used in Hospital Value-Based Purchasing and Hospital Compare Overall Star Ratings

- HCAHPS scores are used in the Comprehensive Care for Joint Replacement Program

- 335 published research articles employ or reference HCAHPS survey data (*PubMed*, January 2020)

More Information on HCAHPS

- Registration, applications, background information, and reports:
  https://www.hcahpsonline.org

- Submitting HCAHPS data:
  https://www.qualitynet.org

- Publicly reported HCAHPS results:
  https://www.medicare.gov/hospitalcompare

- HCAHPS results in Downloadable Database (DDB):
  https://Data.Medicare.gov

- HCAHPS in Hospital Value-Based Purchasing:
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937

Updates to
HCAHPS *Quality Assurance Guidelines V15.0 (QAG)*

Updates to the HCAHPS Survey

Changes to HCAHPS Survey

- **Mandatory Transition Statement for Supplemental Questions**

  – Effective for July 1, 2020 patient discharges and forward

- **Optional Modified Versions of the Initial and Follow-up Cover Letters and Telephone/IVR Script Introduction**

  – Optional implementation beginning with July 1, 2020 discharges and forward (at the start of a quarter)

Mandatory Transition Statement: All Modes

- **Update:** Revised transition statement for supplemental questions **must be implemented** for July 1, 2020 patient discharges and forward
  - The transition statement below is **mandatory** and **must** be used before any supplemental questions that are added at the end of the HCAHPS Survey
    - "Questions 1-29 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. The following questions are from [NAME OF HOSPITAL] to gather additional feedback about your hospital stay and will not be shared with HHS."

Initial and Follow-up Cover Letters: Mail Only and Mixed Mode

- **Update: Optional Modified Cover Letters**
  - Two versions (Standard and Modified) of the English Cover letters are available beginning with July 1, 2020 patient discharges and forward
    - English Optional Modified (Mail Only and Mixed Mode) QAG V15.0 Appendix A-1
    - Note: Further HCAHPS translations will be made available
  - Optional to implement at the start of a quarter
    - **July**, August, and September 2020 (3Q20)
    - **October**, November, and December 2020 (4Q20)
  - Once implemented, the modified cover letters must be used for all patient discharges for the hospital

Telephone Only, Mixed, IVR Modes

- **Update: Telephone/IVR Script with Optional Modified Introduction**
  - Two versions (Standard and Modified) of the English Telephone/IVR Script Introduction are available beginning with July 1, 2020 patient discharges and forward
    - English Optional Modified Introduction (Telephone Only, Mixed Mode and Active IVR, QAG V15.0 Appendix H-1 and L-1)
    - Note: Further HCAHPS translation will be made available
  - Optional to implement at the start of a quarter
    - **July**, August, and September 2020 (3Q20)
    - **October**, November, and December 2020 (4Q20)
  - Once implemented, the modified script must be used for all patient discharges for the hospital

Key Changes to the QAG for V15.0

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Key Changes to the QAG for V15.0

- Updates to the transition statement for supplemental questions, cover letters and introduction telephone/IVR script
- Changes to the minimum business requirements
- New HCAHPS Information and Technical Assistance email address
- New fields for data submission – Total Inpatient Discharges, DSRS Inpatient
- Collecting Patient Email Addresses
- Updates to Data Preparation and Submission chapter
- Changes to the survey material review requirements
- Further guidance on implementation of approved Exception Requests and key updates to survey administration

Participation and Program Requirements

- <u>Reminder</u>: FY 2020 IPPS Final Rule incorporates Final Rules from previous years
  - Refer to the following for details on HCAHPS requirements
    - FY 2011 IPPS Final Rule (<u>75 FR 50220</u>)
    - FY 2012 IPPS Final Rule (<u>76 FR 51641 through 51643</u>)
    - FY 2013 IPPS Final Rule (<u>77 FR 53537 through 53538</u>)
    - FY 2014 IPPS Final Rule (<u>78 FR 50819 through 50820</u>)
    - FY 2015 IPPS Final Rule (<u>79 FR 50319 through 50449</u>)
    - FY 2016 IPPS Final Rule (<u>80 FR 49325 through 49843</u>)
    - FY 2017 IPPS Final Rule (<u>81 FR 56762 through 57345</u>)
    - FY 2018 IPPS Final Rule (<u>82 FR 35270 through 35393</u>)
    - FY 2019 IPPS Final Rule (<u>83 FR 41144 through 41784</u>)
    - FY 2020 IPPS Final Rule (<u>84 FR 42044 through 42701</u>)

Participation and Program Requirements *(cont'd)*

- Clarification: Primary and Secondary HCAHPS Contact Person

  – Strongly recommend that hospitals contracting with a survey vendor provide a primary and a secondary HCAHPS contact person to the HCAHPS approved survey vendor

  – Strongly recommend that survey vendors obtain a primary and a secondary HCAHPS contact person from their client hospitals

Participation and Program Requirements *(cont'd)*

- <u>Reminder</u>: Organization Back-up Coverage
  - Must have appropriate organizational back-up staff for coverage of primary staff to administer the HCAHPS Survey

Participation and Program Requirements *(cont'd)*

- Clarification: Minimum Business Requirements
  - Applicants must demonstrate **recent continuous** experience in fielding patient-specific surveys in the requested mode
  - Applicants must provide documentation of meeting survey experience requirements
    - Survey vendors must demonstrate a minimum of **three continuous** years
    - Self-administering hospitals must demonstrate a minimum of **two continuous** years
    - Prior experience in conducting surveys in both English and Spanish (preferred)

Participation and Program Requirements *(cont'd)*

- Reminder: Minimum Business Requirements
  - HCAHPS Minimum Business Requirements fully apply to all HCAHPS approved self-administering hospitals/survey vendors/multi-site hospitals for as long as the organization is approved to administer the HCAHPS Survey

Communications and Technical Support

- **Update: New HCAHPS Technical Assistance Email Address**
  - hcahps@hsag.com

Survey Management

- **Update: Data Retention and Storage**
  - Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files, in a secure and environmentally safe location
  - **Obtain a certificate of destruction of the data**

Survey Management *(cont'd)*

- Clarification: Location of Survey Operations
  - Mail survey administration activities **must not** be conducted from a **residence or non-business location**
  - Telephone interviews/monitoring **must not** be conducted from a **residence or non-business location**
    - Silent monitoring must be performed at the hospitals'/survey vendors' or their subcontractors' **business** locations

Survey Management *(cont'd)*

- Clarification: Customer Support Telephone Line Voice Mail

  – Voice mail recording must specify that the caller can leave a message regarding the "HCAHPS Survey" **or "hospital survey"**

Sampling

- **Update: Codes to Determine Service Line**
  - MS-DRG Codes updated
    - **V.37 MS-DRG Codes effective October 1, 2019**
    - **V.38 MS-DRG Codes effective October 1, 2020**
      - See HCAHPS Web site (https://www.hcahpsonline.org)

Sampling *(cont'd)*

- **Update: Codes to Determine Service Line** *(cont'd)*
1. **V. 38**, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26 or V.25 MS-DRG codes
2. CMS V.24 DRG codes
3. Mix of **V. 38**, V.37, V.36, V.35, V.34, V.33, V.32, V.31, V.30, V.29, V.28, V.27, V.26, V.25, or V.24 codes based on payer source or a mix of MS-DRG and APR-DRG codes
4. ICD-10 or ICD-9 codes
5. Hospital unit
6. **APR-DRGs codes**
7. Other—Approved Exceptions Request only

Regardless of the methodology used, hospital/survey vendor must maintain documentation that demonstrates how the codes are crosswalked to HCAHPS Service Lines

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Sampling *(cont'd)*

- Clarification: De-duplication by **Household and Multiple Discharges** within a Calendar Month
  - De-duplication must be performed using the **sample frame (eligible discharges)**, not the sample
    - For <u>continuous daily</u> sampling, use the <u>first</u> discharge encountered; compare to previous lists to exclude additional discharges
    - For <u>weekly</u> sampling, use the <u>first</u> discharge encountered; compare to previous lists to exclude additional discharges
      - In the event a patient is listed with two discharges in the same week (provided the patient had not been included in the sample frame in an earlier week within the same month), then include only the last discharge date during the week in the sample frame
    - For <u>end</u> of the month sampling, de-duplicate across all discharges in the month and use only the <u>last</u> discharge date

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Sampling *(cont'd)*

- **Update: New Sampling Data Elements**
  - **Total Inpatient Discharges** and **DSRS Inpatient**
  - See File Specifications V4.3

HEADER RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Total Inpatient Discharges <number-inpatient-discharge>	Total number of inpatient discharges in the month	N	10	Yes	
Eligible Discharges <number-eligible-discharge>	Number of eligible discharges in sample frame in the month	N	10	Yes	*Note: Patients found to be ineligible during the survey administration process must be subtracted from the Eligible Discharges count.*
Sample Size <sample-size>	Number of sampled discharges in the month	N	10	Yes	

New!

Sampling *(cont'd)*

- **Update: New Data Elements Added to Sample Frame File Layout**
  - Required for data submission
    - Total Inpatient Discharges
    - DSRS Inpatient
  - Not required for data submission; however, we suggest collecting this information
    - Patient Indicator
    - Patient Email Address

Sampling *(cont'd)*

- <u>Reminder</u>: Sample Frame File Layout
  - Not required for data submission; however, strongly recommend this information be collected from client hospitals
    - Patient Preferred Language
    - Patient Telephone Number 2

Survey Administration

- **Update: All Modes - Changes to Survey Administration**
  - Key survey administration changes can occur only at the beginning of a quarter
    - Adding another survey language
    - Implementing an approved Exception Request

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Survey Administration *(cont'd)*

- <u>Reminder</u>: All Modes - Survey Languages
  - CMS strongly encourages hospitals to administer the HCAHPS Survey in **both English and Spanish**
    - *78 FR 50820 (August 19, 2013)*
  - CMS also encourages offering the official HCAHPS Survey translations (Chinese, Russian, Vietnamese, Portuguese, and German) for hospitals with significant patient populations speaking in these languages

Survey Administration *(cont'd)*

- Clarification: Mail/Mixed Modes - Monitoring and Quality Oversight
  - Perform interval checking of **at least 10 percent** (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces

Survey Administration *(cont'd)*

- **Update: Revised stated number of HCAHPS questions in mailing materials**
  - Cover letters:
    - Questions **1-29** in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals.
  - Survey:
    - Please note: Questions **1-29** in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires November 30, 2021)
  - OMB Language:
    - The time required to complete this information collected is estimated to average 7 minutes for questions **1-29** on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Survey Administration *(cont'd)*

- <u>Reminder</u>: Mail/Mixed Modes – Standard Cover Letters
  - Must be printed in a readable font with a font size of **10-point** at a minimum
  - Must include the signature of the hospital administrator or **hospital**/survey vendor project director

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Survey Administration *(cont'd)*

- **Update: Mail/Mixed Modes – Optional Modified Cover Letters**
  - Must be printed in a readable font with a font size of **12-point** at a minimum
  - Must include the signature of the hospital administrator or hospital/survey vendor project director
  - Verbiage must be printed verbatim
    - Optional Modified cover letters may not be altered other than to populate placeholders with the required information

Survey Administration *(cont'd)*

- **Update: Mail/Mixed Modes - Envelopes**
  - **Optional** to include the following **banner** on outgoing envelopes in at least 10-point font:
    - "Important – Open Immediately"
  - No other banners may be used

Survey Administration *(cont'd)*

- Clarification: Telephone/Mixed/IVR Modes - Patient Telephone Numbers
  - Strongly recommend that hospitals/survey vendors **collect and use both** the primary (Patient Telephone Number 1) and secondary (Patient Telephone Number 2) telephone numbers
    - When it is determined that primary telephone number does not connect to the patient utilize the secondary telephone number
    - It is up to the hospital's/survey vendor's discretion to determine the number of attempts made to each telephone number; however, no more than a total of five call attempts can be made to a sampled patient

Data Specifications & Coding

- **Update: File Specifications Change to Version 4.3**

  - Appendix Q – Data File Structure Version 4.3

  - Appendix R – XML File Layout Version 4.3

Version 4.2 applies to 4Q19–2Q20 patient discharges
Version 4.3 applies to 3Q20 patient discharges and forward

Data Specifications & Coding *(cont'd)*

- ## Update: Patient ID
  - Patient ID **must not** include any combination of letters, numbers or **dates** that can otherwise identify the patient
    - Number or dates such as the discharge date (**month, date and/or year**), the birth date (month, date and/or year) and hospital ID number (i.e., patient's hospital medical record number) must not be combined in any manner to generate the Patient ID
  - **Do not use symbols or special characters (^*@#&) of any kind; not valid for data submission**

Data Preparation and Submission

- **Update: Content in this chapter is subject to change upon the QualityNet rollout of the new Simple File Submission (SFS) process**
  - Updated information will be posted on HCAHPS Online (https://www.hcahpsonline.org); monitor the HCAHPS web site for updates on this important change

Data Preparation and Submission *(cont'd)*

- Reminder: HCAHPS Data Review and Correction **Report**
  - Hospitals/survey vendors are <u>strongly urged to access and review</u> the HCAHPS Data Review and Correction Report <u>every time</u> file is uploaded
  - Report shows eligible discharges, sample size and frequencies for all HCAHPS data elements
  - Available within 48 hours after data submission via QualityNet
    - Available after every data upload

- Reminder: HCAHPS Review and Correct **Period**
  - Review and Correct is the seven days immediately after the data submission deadline for a given quarter
  - If errors are identified <u>in the HCAHPS data in the warehouse</u> after the data submission deadline:
    - Hospitals/survey vendors have the opportunity to upload corrected files during the Review and Correct Period

Data Submission Timeline

Month of Patient Discharges	Data Submission Deadline	Review and Correct Period	File Specifications Version
October, November and December 2019 (4Q19)	April 1, 2020	April 2-8, 2020	Version 4.2
January, February and March 2020 (1Q20)	July 1, 2020	July 2-8, 2020	Version 4.2
April, May and June 2020 (2Q20)	October 7, 2020	October 8-14, 2020	Version 4.2
July, August and September 2020 (3Q20)	January 6, 2021	January 7-13, 2021	Version 4.3

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Oversight Activities

- **Update: Survey Materials Review**
  - Submit in all languages that are employed
    - Copies of questionnaires, cover letters, outgoing and **return envelopes** (Mail Only and Mixed Modes)
    - Copy of the telephone script (**ALL screen shots**) as viewed by the interviewers (Telephone Only and Mixed Modes)
    - Copy of the IVR script/program (Active IVR mode)

Oversight Activities *(cont'd)*

- <u>Reminder</u>: Survey Materials
  - Hospitals/Survey vendors must submit survey materials for review to HCAHPS Technical Assistance by **Friday, April 3, 2020**
    - *If using supplemental questions, submit the revised mandatory transition statement that is placed prior to the supplemental questions at the end of the survey*
  - Submit survey materials for the version, Standard or Optional Modified, that will be used for July 1, 2020 patient discharges and forward

Oversight Activities *(cont'd)*

- <u>Reminder</u>: HCAHPS Attestation Statement
  - Due by **Friday, April 3, 2020**
  - Includes attestation that the Quality Assurance Plan (QAP) has been updated
    - QAP should **not** be submitted at this time
  - Attestation Statement Form is available in Appendix Y of the QAG V15.0

Exception Requests/ Discrepancy Reports

- **Update: Exception Requests**
  - Survey administration activities of an approved Exception Request may be implemented **only** at the **beginning of a quarter**

Exception Requests/ Discrepancy Reports *(cont'd)*

- Clarification: Exception Requests
  - Approved Exception Requests are for internal hospital/survey vendor use only and must **not** be used for promotional or marketing purposes

Exception Requests/ Discrepancy Reports *(cont'd)*

- Clarification: Submission of Exception Request/Discrepancy Report
  - Do not use symbols or special characters (^*@#&) of any kind in any field when submitting an Exception Request or a Discrepancy Report Form

Summary

- Based on the *HCAHPS Quality Assurance Guidelines (QAG) V15.0*
  - QAG V15.0 will take effect July 1, 2020, applying to all patient discharges July 1, 2020 and forward
- Hospitals and survey vendors are responsible for reviewing and familiarizing themselves with all of the content in the QAG

Best Practices for Survey Administration

Overview

- Strategies for Improving Survey Response Rates
  – All Modes
  – Mail
  – Telephone
  – Mixed Mode (Mail with Telephone Follow-up)
- Quality Control Activities

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Best Practices: All Modes

- Inform patients about the HCAHPS Survey
- Administer HCAHPS Survey first
- Obtain accurate and updated contact information
- Limit supplemental questions
- Offer official survey translations in patient's preferred language

Inform Patients About the HCAHPS Survey

- During the patient's hospital stay:
  - Let **all** patients know that they **may** receive a survey about their hospital experience
  - Encourage patients to complete the survey honestly
    - Help consumers choose a hospital and help hospitals improve the care they provide

- Use posters or other written communications to notify patients that they may receive a survey

- Certain types of communications are not permitted because may introduce bias in survey results
  - See *Communicating with Patients about the HCAHPS Survey* in the QAG V15.0

Administer HCAHPS Survey First

- HCAHPS should be the first survey patients receive about their experience of hospital care
  - Increase the likelihood that patients will respond to the HCAHPS Survey
- Encourage hospitals to submit patient discharge lists in a timely manner
  - Administering the survey as soon as possible adds relevance and enhances accuracy

Obtain Accurate and Updated Contact Information

- Work with client hospitals to obtain the most current patient contact information

  – Educate hospital staff to collect accurate information during patient registration

- Must use commercial software or other means to update patient contact information

  – Strongly recommend updating patient information prior to **and** during fielding

- Re-contact client hospitals for updates

  – Hospitals should keep their patient contact information as current as possible and communicate any updated contact information to their survey vendor

Limit Supplemental Questions

- A higher number of supplemental questions reduces response rates

- Limit the use of supplemental questions, especially for hospitals using Telephone Only, Mixed and Active IVR modes of survey administration

  - Increase stated number of minutes to complete the survey accordingly with the addition of supplemental questions

Offer Official Survey Translations in Patient's Preferred Language

- Increases response rates and representativeness of patient population

- Strongly recommend administering the survey in both **English and Spanish**

- Offer the survey in all official HCAHPS languages relevant to the hospital population

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HCAHPS Official Survey Translations

	Mail Only	Telephone Only	Mixed Mode	Active IVR
English	X	X	X	X
Spanish	X	X	X	X
Chinese	X	X	X	
Russian	X	X	X	
Vietnamese	X			
Portuguese	X			
German	X			

HCAHPS Update Training

Best Practices: Mail

Survey Status, 2018 Hospital Mean Distributions – Mail (N=3,236)	Bottom 5%	Mean	Top 5%
Completed Survey	11.5%	**25.1%**	44.3%
Non-response: Maximum Attempts	80.4%	**67.7%**	49.7%
Non-response: Bad Address	9.3%	**4.1%**	1.1%

Best Practices: Mail *(cont'd)*

- Questionnaire
  - Include hospital logo; however, other images and tag lines are not permitted
  - Visual layout and design attractiveness
    - Two-column format
    - Wide margins (at least 3/4 inch) with sufficient white space to enhance its readability
    - Limit the number of pages (i.e., limit supplemental questions)
    - Color may be incorporated

Best Practices: Mail *(cont'd)*

- Cover Letters
  - Recommend printed on the hospital's letterhead and include the signature of the hospital administrator
    - Include survey vendor as independent contractor
  - Follow the HCAHPS cover letters template as closely as possible
  - Add information indicating the patient may request a mail survey in another HCAHPS approved survey translation

Best Practices: Mail *(cont'd)*

- Outgoing Envelopes
  - Include hospital logo; however, other images and tag lines are not permitted
  - May be printed with banner, "Important - Open Immediately"
    - No other banners may be used

Best Practices: Mail *(cont'd)*

- Mailing of Materials
  - First class postage; indicia or postal stamp
    - Ensures delivery in a timely manner
    - Increases likelihood of completion
  - Return service requested
  - Follow-up on undeliverables

Best Practices: Telephone

Survey Status, 2018 Hospital Mean Distributions – Telephone (N=1,172)	Bottom 5%	Mean	Top 5%
Completed Survey	14.4%	**23.1%**	34.7%
Non-response: Refusal	20.7%	**12.6%**	4.3%
Non-response: Maximum Attempts	58.2%	**47.0%**	32.7%
Non-response: Bad or No Phone Number	20.4%	**10.0%**	3.9%

Best Practices: Telephone *(cont'd)*

- Use the entire data collection time period to schedule telephone calls
  - Begin telephone attempts as soon as possible
  - Attempt calls on various times of the day, on different days of the week and in different weeks
    - Strongly recommend that call attempts are also made on weekends
  - Schedule callback at patients' preferred time
    - When requested, hospitals/survey vendors **must** schedule a telephone callback that accommodates a patient's request for a specific day and time

Best Practices: Telephone *(cont'd)*

- Strongly recommend to collect and use primary and secondary telephone numbers
- If primary telephone number doesn't work, strongly recommend switching to secondary telephone number
  - Hospital's/survey vendor's discretion to determine the number of attempts made to each telephone number
  - However, no more than a total of five call attempts can be made to the patient
- If patient's telephone number is incorrect, make every effort to update and use the corrected telephone number

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Best Practices: Telephone *(cont'd)*

- Thorough Interviewer Training
  - Use role-play to familiarize interviewers with the study's purpose to encourage patient's participation
  - Carefully monitor interviewers and provide feedback
    - Positive feedback is as important as identifying areas that need improvement
    - Track the dispositions of calls to identify the reasons for non-response
  - Retrain interviewers who are having difficulty enlisting cooperation
    - Consider using experienced interviewers to provide tips and coaching
  - Recontact reluctant respondents with different interviewers at different times of the day

Best Practices: Telephone *(cont'd)*

- Introduction and Refusal Avoidance
  - Introduction and initial moments are critical
    - Practice pronouncing the patient's name
    - Use good pace - avoid rushing through the introduction
    - Speak clearly and politely to establish rapport
    - Avoid long pauses and hesitation
  - Try to convert a soft refusal into a completed survey
    - Emphasize the importance of participation
    - Emphasize survey only takes 7 minutes
    - Offer to callback a convenient time
  - Be prepared to answer questions
    - Have FAQs readily available
  - Dedicate a portion of role-play training to introduction and refusal avoidance

Best Practices: Telephone *(cont'd)*

- Call Center Environment
  - Monitor and minimize background noise level
  - Minimize gap between patient answering the call and the interviewer's greeting
  - Ensure easy access to supervisors and/or floor monitors
  - Maintain adequate supervisor to interviewer ratio

Best Practices: Mixed Mode (Mail with Telephone Follow-up)

- Consistently produces the highest response rates
  - As shown in several HCAHPS Mode Experiments
- Provides best population representativeness
  - Especially for hard-to-reach populations and for hospitals with low Mail Only response rates
- Addresses patient preferences for communication mode

Response Rate by Survey Mode

Response Rate, 2018			
	Bottom 5%	Mean	Top 5%
Mail	12%	**26%**	45%
Telephone	16%	**25%**	38%
Mixed*	34%	**53%**	69%
IVR*	16%	**23%**	30%

Fewer than 10 hospitals use Mixed Mode and IVR Mode

Best Practices: Summary

- Following best practices can help improve response rates

- Low response rates have important implications
  - Jeopardizes hospital's eligibility for CMS Hospital Value-Based Purchasing (VBP) Program
    - Requires 100 survey completes annually
  - Reduces HCAHPS measure reliability
    - Best reliability requires 300+ completes

Quality Control Activities

- Sampling
  - Ensure timely receipt of patient discharge list
  - Examine hospital-level counts (e.g., eligible discharges and sample size)
  - Review accuracy and completeness of patient administrative data
    - Obtain updated patient discharge files

Quality Control Activities *(cont'd)*

- Mail
  - Perform ongoing checking of printed mailing pieces
  - Review data processing procedures
  - Review timeliness of delivery and accuracy of address

- Telephone
  - Conduct ongoing telephone monitoring to include live calls and "floor rounding"
  - Review script programming
  - Review accuracy of telephone numbers

Quality Control Activities *(cont'd)*

- Data Processing
  - Review unusual or unexpected changes in data elements (high missingness, inconsistent patterns)
  - Evaluate frequency of break-off surveys and/or unanswered questions
  - Monitor response rates

Changes to QualityNet Data File Submission

Overview

- New Login to QualityNet Using HARP Account
- New QualityNet XML Submission Process: Simple File Submission (SFS)
- Timeline of Important Dates
- Example of SFS Tool
- Resources

New Login to QualityNet Using HARP Account

- Health Care Quality Information Systems Access Roles and Profile (HARP) accounts will be the new login for QualityNet

  – QualityNet users will no longer need multiple login IDs to perform tasks

  – Designated transition period (anticipated 4/6/2020 through 6/15/2020) where all QualityNet users will be prompted to enable their HARP account after logging into QualityNet

Enable HARP Account

- After logging into QualityNet and selecting "Hospital Quality Reporting" destination, the My Tasks page will include a banner with the important message requesting users to register for a HARP account
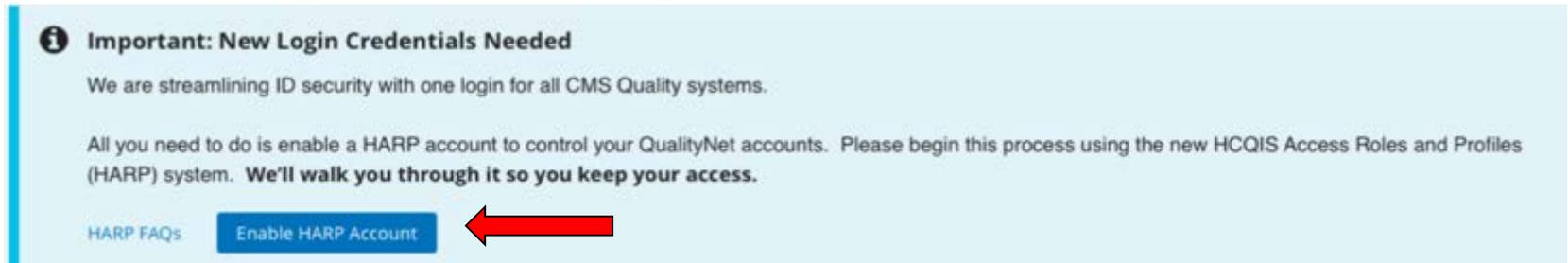
Important: New Login Credentials Needed

We are streamlining ID security with one login for all CMS Quality systems.

All you need to do is enable a HARP account to control your QualityNet accounts. Please begin this process using the new HCQIS Access Roles and Profiles (HARP) system. **We'll walk you through it so you keep your access.**

HARP FAQs   [Enable HARP Account]

  - Click on "Enable HARP Account" as soon as the banner shows up for you
  - Once registered, send email to HCAHPS technical assistance at hcahps@hsag.com to confirm successful HARP registration

Don't Wait to Enable HARP Account

- After HARP transition period ends, HARP will be the only login available to access QualityNet

- If HARP account is not enabled in time, user will not be able to access QualityNet or submit files until contact is made with the QualityNet Help Desk

  - Will have to talk to Help Desk personnel to link all existing accounts to a new HARP ID

New QualityNet XML Submission Process: Simple File Submission *(Survey Vendors Only)*

- As part of the Next Generation of Hospital Quality Reporting, CMS is developing a new and improved process for submitting XML files through QualityNet called Simple File Submission (SFS)
  - SFS will replace the current Secure File Transfer (SFT) submission process
  - Does not affect the use of XML for data submission or the HCAHPS XML format

HCAHPS Update Training

Timeline of Important Dates

- Remember to Enable HARP account as soon as the banner appears on your My Task page in QualityNet (anticipated April 6, 2020)
  - More details forthcoming
- SFS expected to go live for HCAHPS April 15, 2020
  - **Use current SFT process to submit HCAHPS files for the April 1, 2020 data submission deadline and for the Review and Correction Period (4/2/2020 - 4/8/2020)**
  - SFT will be decommissioned (anticipated end of April 2020)
- Once SFS becomes active, submit XML file as soon as possible to ensure submission errors are not encountered

Example of SFS Tool *(Survey Vendors Only)*

- Once logged into the new Hospital Quality Reporting home page, select "File Upload" and you will be taken to the Simple File Submission page

Example of SFS Tool *(cont'd)*

- Next, on the SFS page select the "HCAHPS" tab

- You can then drag and drop or upload the appropriate HCAHPS XML files

Example of SFS Tool *(cont'd)*

- Once HCAHPS XML files are uploaded, you will see them listed with a green "Received" status or error codes in red

- Must run HCAHPS Data Submission and HCAHPS Warehouse Feedback Reports to confirm files were accepted or rejected into the HCAHPS Data Warehouse

HCAHPS Update Training

Key Points

- Enable HARP account on QualityNet

- SFS will replace SFT on QualityNet
  - Other aspects of XML file submission will not change
    - Re-submitting XML for same month will overwrite data
    - Re-submit monthly files during Review and Correct Period to update administrative and survey records
    - HCAHPS data submission deadlines will not change

February 2020

98

HCAHPS Update Training

Resources

- HCAHPS Project Team will post additional resources on HCAHPS online as more information becomes available

- Any issues related to HARP or SFS, please contact the QualityNet Help Desk
    - (866) 288-8912
    - qnetsupport@hcqis.org

- HCAHPS Technical Support
    - Mail: hcahps@hsag.com
    - Telephone: 1-888-884-4007
    - HCAHPS Web site: https://www.hcahpsonline.org

Questions?

Break

New Administrative Data Element: Total Inpatient Discharges

HCAHPS Update Training

Overview

- Definition of Total Inpatient Discharges
  - Refresher on Sampling Protocol Illustration flowchart from the HCAHPS QAG

- Example of Calculating Patient Counts

- Data Submission of New Variable
  - Timeline and file format updates
  - Submit beginning with Q3 2020 discharges

Motivation for Update

- To better understand <u>total</u> ineligibility and exclusion changes between quarters

- To improve CMS oversight of patient counts during site visits (survey vendors) and teleconferences (self-administering hospitals)

- Alignment with other CMS CAHPS projects

Definition: Total Inpatient Discharges

- All <u>inpatient</u> hospital discharges prior to removal due to HCAHPS ineligibility or exclusion reasons

- For example, Total Inpatient Discharges will include patients:

  – <18 years old

  – Without an overnight stay

  – Admitted via Court/Law Enforcement means

  – Discharged to nursing home

  – Expired at time of discharge

  – *Etc.*

Refresher: Sampling Protocol Illustration Flowchart (QAG 15.0)

All Inpatient Discharges **=**

Eligible Patients Not Selected in Sample

Ineligible Patients

Exclusions

De-Duplication

Sampled Patients

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
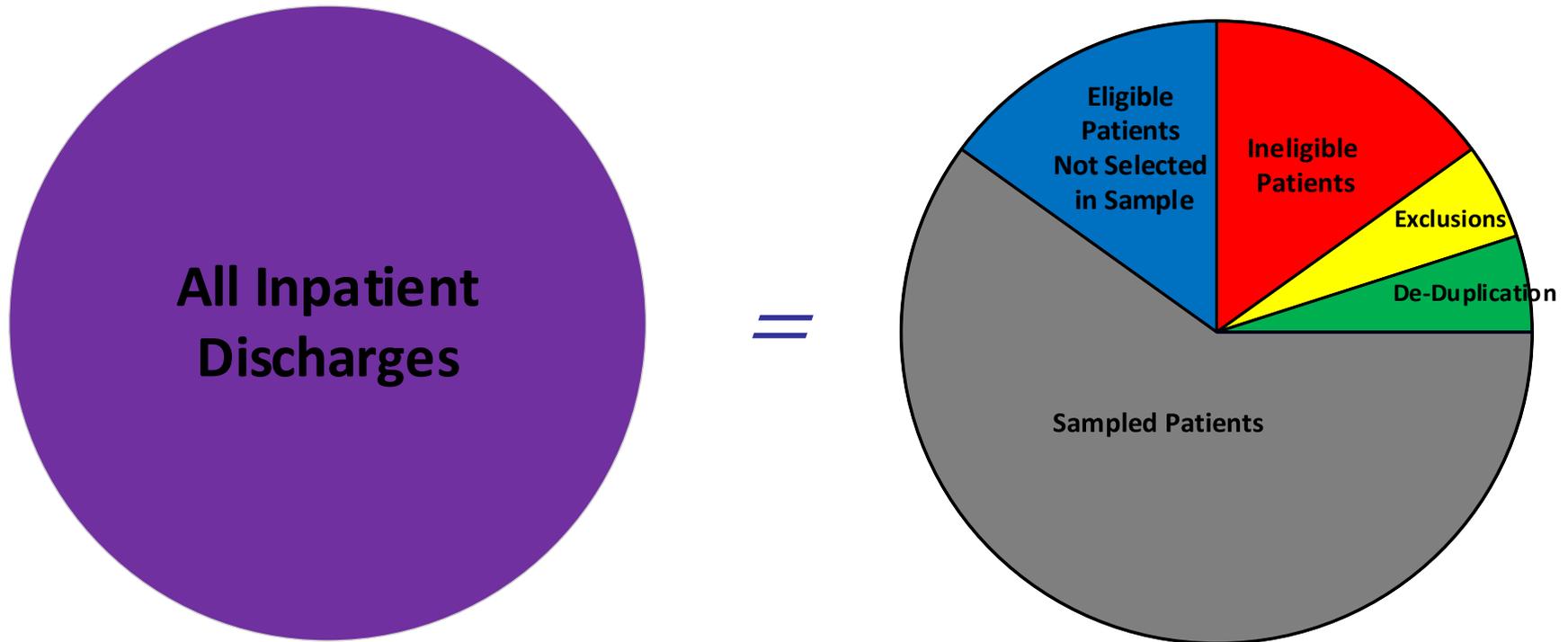
Example: Total Inpatient Discharges

Patient counts for Hospital X for a given Discharge Month:

	Number of Patients	Included in HCAHPS Data Submission?	
Total Inpatient Discharges	500	(YES)	← *New!*
Ineligibles (before sampling)	100	No	
Exclusions	15	No	
De-Duplications	5	No	
Eligible Discharges (Sample Frame)	380	YES	
Sampled Patients	300	YES	

Example in Sampling Protocol Illustration Flowchart

Same example shown in sampling pie chart:
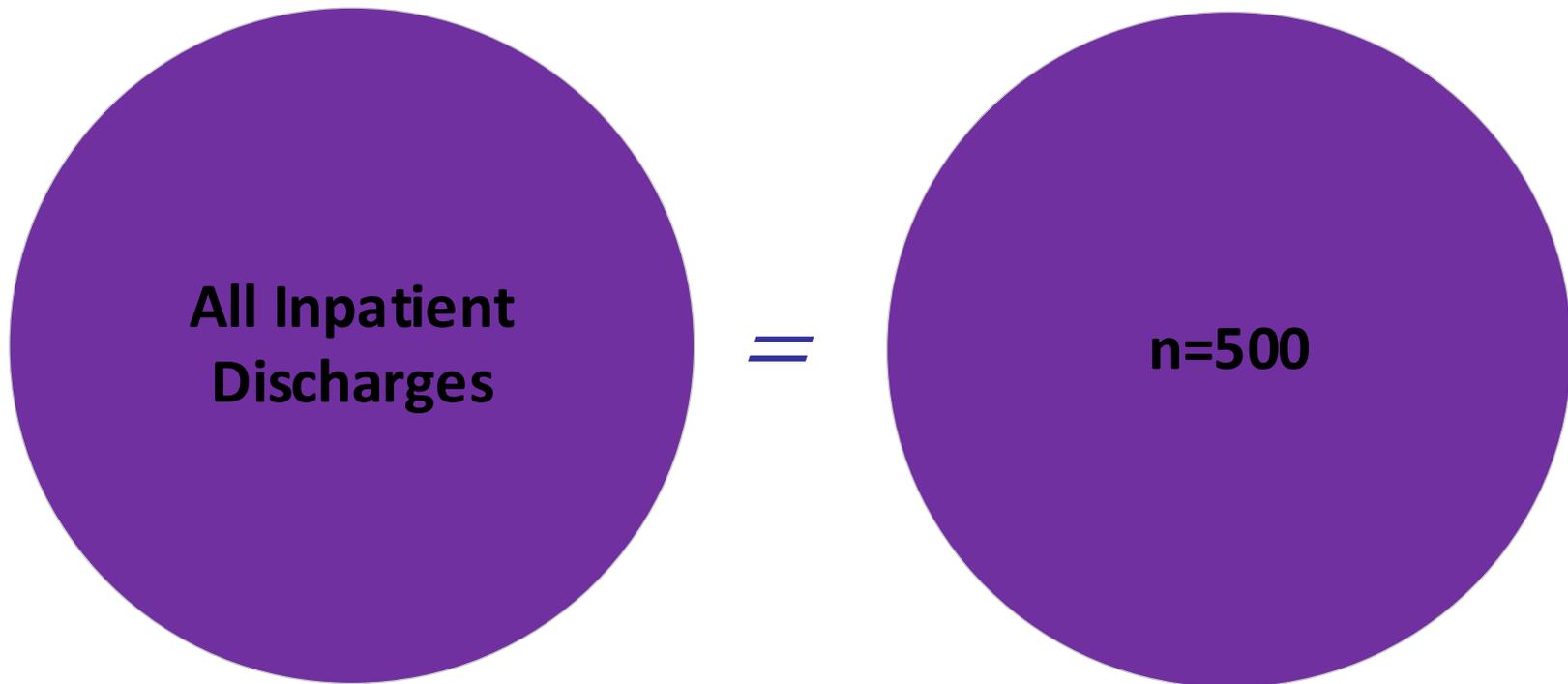
All Inpatient Discharges = **n=500**

Example in Sampling Protocol Illustration Flowchart *(cont'd)*
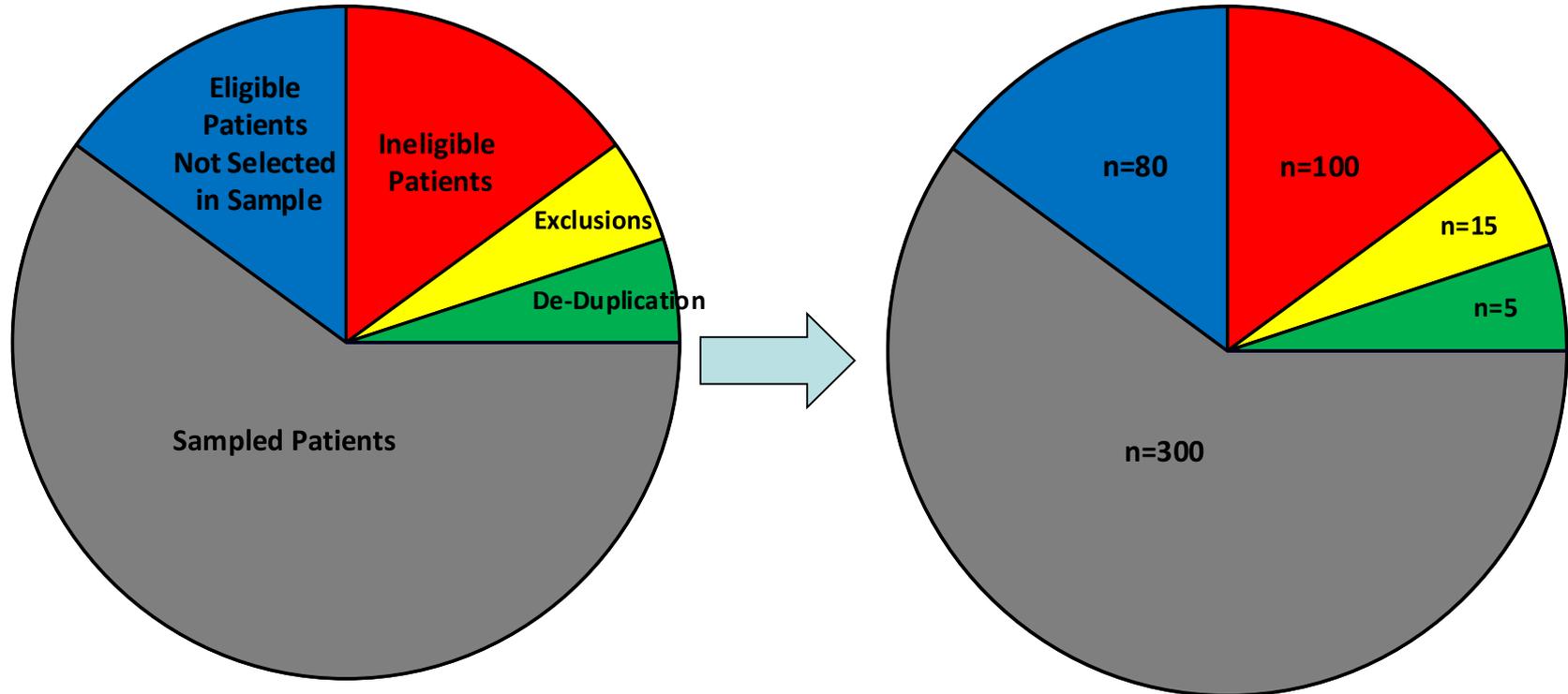
Total Inpatient Discharges = WHOLE PIE = 300+80+100+15+5 = 500

Data File Structure (V4.3) Update for Total Inpatient Discharges

HEADER RECORD

Field Name <XML Element>	Description	Data Type	Length	Data Element Required	Valid Values
Total Inpatient Discharges <number-inpatient-discharge>	Total number of inpatient discharges in the month	N	10	Yes	*New!*
Eligible Discharges <number-eligible-discharge>	Number of eligible discharges in sample frame in the month	N	10	Yes	*Note: Patients found to be ineligible during the survey administration process must be subtracted from the Eligible Discharges count.*
Sample Size <sample-size>	Number of sampled discharges in the month	N	10	Yes	

XML File Format Update for Total Inpatient Discharges

Sample HEADER XML File Layout without DSRS (V4.3)

```
<header>
        <provider-name>Some Hospital</provider-name>
        <provider-id>160035</provider-id>
        <npi>1234567893</npi>
        <discharge-yr>2020</discharge-yr>
        <discharge-month>7</discharge-month>
        <survey-mode>1/survey-mode>
        <determination-of-service-line>1</determination-of-service-line>
        <number-inpatient-discharge>500</number-inpatient-discharge>
        <number-eligible-discharge>100</number-eligible-discharge>
        <sample-size>35</sample-size>
        <sample-type>2</sample-type>
</header>
```

New!

Additional File Updates for Total Inpatient Discharges

- Hospitals using DSRS must submit Total Inpatient Discharges <u>per stratum</u> (similar to Eligible Discharge Size)

- See QAG V15.0 for additional file format updates to Sample Frame Layout and File Specifications
  - Appendices P and Q in QAG V15.0

- Online Tool data submission for self-administering hospitals will be updated to include the following "tag" or field: **<number-inpatient-discharge>**

Summary

- Total Inpatient Discharges will be required for HCAHPS data submission

    – Beginning with July 1, 2020 discharges

- Updates to file formats needed for data submission are contained in QAG V15.0 and file specifications V4.3

Research Updates: Use of Survey Translations and Electronic Survey Modes

Use of HCAHPS Survey Translations

Language Translations: Background

- The proportion of hospitals offering at least one official translation increased from 41% in 2013 to 46% in 2016 and 47% in 2018

- In 2018, ~4% of all surveys were fielded in a language other than English

  - **Spanish accounts for 97% of all translations used**, followed by Chinese (1%), Russian (1%), and Vietnamese and Portuguese (<1% each)

- Use of translation when needed may increase response rates overall

Language Translations: 2018 Variation by Mode and Vendor

- Overall, 31% of HCAHPS surveys use Telephone Only mode and 68% use Mail Only mode

  – For surveys in languages other than English, 58% use Telephone Only and 38% use Mail Only mode

- Vendors differed in how often they administered translations

  – 45% of all hospitals used at least one translation

  – Vendors ranged from using no translations to using translations in nearly all client hospitals (99%)

Characteristics of Hospitals Offering Language Translations

- Larger hospitals, teaching hospitals, for-profit hospitals, and hospitals in the Pacific region were most likely to offer translations

- Among translation-offering hospitals, for-profit hospitals and hospitals with higher proportions of patients who were Hispanic or who did not attend high school offered higher proportions of translated surveys

Offering Spanish Translations May Increase Response Rates

- When comparing response rates for patients who were offered Spanish translations to otherwise similar patients who were not offered Spanish translations, we found that offering Spanish translations was associated with higher response rates

Language Translations: Summary and Recommendations

- Uniform use of appropriate language surveys is critical to measuring and representing the healthcare experiences of all patients

- Most hospitals offer translations at levels consistent with predicted need, but some hospitals still underuse translations

- CMS strongly recommends collecting information during the hospital stay on patient language preference
  - Permits targeted Spanish mail translations and efficient allocation of Spanish speaking telephone interviewers

- When Spanish preference is uncertain
  - Bilingual telephone interviewers increase flexibility of survey administration
  - "Double stuffing" is a permitted option for mail survey administration

Research on Electronic Survey Modes

Research on Electronic Survey Modes: Data Sources

- Information in this section comes from three sources:

  – 2009 HCAHPS Mode Experiment

  – Mode and feasibility experiments from the Emergency Department Patient Experience of Care Survey (EDPEC)

  – A mode experiment from the Child HCAHPS Survey

Key Research Questions

- How do response rates for electronic modes (alone and in combination with other modes) compare to traditional modes?

- Which electronic modes achieve the highest response rates?

- Which methods of web survey invitation are most effective?

- How do respondents to electronic and traditional modes differ?

2009 HCAHPS Mode Experiment

- CMS' 2009 HCAHPS Mode Experiment
- To test the feasibility of Web/Mail mode
- To determine the effects of this mode on response rate

Design of 2009 HCAHPS Mode Experiment

- Patients randomized to mode within hospitals
- Both modes administered by a single vendor for uniformity
- Web mode
  - Letter contact
  - With user-initiated mail response option

Discharge Dates	July 2008 – September 2008
Participating Hospitals	29
Modes (No. of Patients)	Mail Only (6,558) Web/Mail (11,018)

Results: Response Rates (RR)

- Web/Mail RR (12%) lower than Mail Only RR (32%)
- Almost half of Web mode respondents used Mail
  - 7% RR by Web
  - 5% RR in Mail phase of Web/Mail
- The literature similarly finds low RR for web surveys initiated by mail
  - Different modes for initiation and response reduce RR
  - Initiation by email yields higher RR, but most hospitals don't collect email addresses at high rates

Results: Web/Mail Mode Respondents Differed from Mail Only Mode Respondents

- Compared to Mail Only respondents in the same hospital, Web/Mail mode reached:
  – Respondents with higher educational attainment
  – More White, fewer Black respondent
- May relate to internet use; Web/Mail may underrepresent some groups

HCAHPS Update Training

Emergency Department Patient Experience of Care Survey (EDPEC)

- Development of EDPEC Survey began in 2012
- Patient experience survey for those seen in a hospital-based emergency department, but not admitted to the hospital
- Population is younger than the HCAHPS population
- Contact information for ED patients is less accurate and less complete than for HCAHPS patients
- Feasibility Tests I (2016) and II (2018) explored electronic modes

EDPEC Survey: Feasibility Test I (2016)

- Tested novel approaches to improve RR in 8 hospitals
  - Onsite distribution mode was problematic
    - Response rate 9.3%
    - Possible bias in distribution
  - Web-only survey administrations had very low response
    - Response rate < 5%
- Sampled ~4,000 emergency department patients

EDPEC Survey: Feasibility Test II (2018)

- Tested novel approaches to improve RR in 16 hospitals

- Examined different push-to-web strategies:
  - Email, text, paper invitation with URL, QR code

- Explored challenges of collecting contact information for a web-first approach

- Sampled ~27,000 emergency department patients

Feasibility Test II Design

- Patients randomized within hospital-based ED to 1 of 9 study arms
  - All arms involved sequential mixed modes
  - Reference arm was standard mixed mode: mail with telephone follow-up
- The other 8 arms involved some form of invitation to the web survey:
  - Email invitations and reminders
  - Text message invitations and reminders
  - Mailed survey invitations with login URL + PIN code and scannable QR code
- All 8 web arms:
  - Included 3 or 4 web survey invitations and reminders at defined intervals
  - Had mail and/or telephone follow-up after web survey invitations

Feasibility Test II Response Rates

- Overall response rate across all 9 arms: 18.6%

- Two highest overall response rates (not significantly different):
  - Email + Mail + Telephone: 27.3%
  - Mail + Telephone: 25.5%

- Only arms with telephone follow-up had a response rate >20%

Feasibility Test II Completion Mode

- Completion by web (8 arms): 4.8-7.5% of sampled patients
  - Arms with text invitation had highest percentage by web
- For web arms, paper invitation and QR codes were rarely used to access web codes and did not improve response rates
- Email invitations beyond the second add little value
- In arms that included telephone, the majority of responses were by telephone
- Email + Mail + Telephone arm: fewer mail and telephone respondents than Mail + Telephone

Feasibility Test II Respondent Characteristics

- Web mode by itself underrepresented respondents who were
  - Younger
  - Racial/ethnic minorities
  - Less healthy
  - Frequent emergency department visitors
  - Without a usual source of care

Lessons from Feasibility Test II: Web Survey

- Electronic modes in combination with telephone and mail modes can equal the RR of traditional mixed mode
  - Telephone and/or mail are needed for both RR and representativeness
  - Web modes replace some responses from telephone and/or mail
- Text invitations were most effective for web modes
  - Little value to paper invitations and QR codes
- Two email invitations may be sufficient

Child HCAHPS® Mode Experiment

- Parents, usually young adults, evaluate the inpatient care received by their children
  - Created by AHRQ; modeled after HCAHPS
- 3,873 parents of pediatric inpatients sampled
  - Discharged from 6 large children's hospitals with high email capture rates
  - April through July 2013
- Randomized equally to 3 survey modes

3 Mixed Survey Modes Evaluated

- USPS mail, then telephone (like HCAHPS standard mixed mode)

- Overnight delivery service, then telephone

- Email survey, then overnight delivery service, then telephone

Email Did Not Increase RR of a Modified Mixed Mode

- USPS mail, then telephone (like HCAHPS standard mixed mode): **29% RR**

- Overnight delivery service, then telephone: **42% RR**

- Email survey, then overnight delivery service, then telephone: **39% RR**
  - **15% RR** by email

Child HCAHPS Summary

- Effect of preceding overnight delivery service/phone with email
  - Similar response rates with and without email stage
- Email alone is inadequate
- Findings may generalize beyond this setting to younger patients in adult HCAHPS

Conclusion: Surveying in Today's Environment

- Response rates to all types of surveys have been declining for years
- Response rates are important, but representativeness is equally important, and less often assessed
- While increasing numbers of people use electronic methods (e.g., email, patient portals, SMS) to communicate, low response rates and poor representativeness are serious limitations to using electronic surveys for accountability purposes
- Different populations respond to different contact and survey modes, so mixed protocols often yield best response rates and representativeness

Electronic Contact Methods

- Using only email or text to contact patients typically yields low RR

- Respondents to electronic contacts often differ from other respondents, so caution is required

- Using email or web in combination with other modes can equal the response rates of standard mixed mode

- A web mode should be combined with mail, telephone, or both to improve RR and to include those who do not use email

HCAHPS Update Training

References

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- Mathews M, Parast L, Tolpadi A, Elliott MN, Flow-Delwiche E, Becker K. (2019) "Methods for Improving Response Rates in an Emergency Department Setting – A Randomized Feasibility Study" *Survey Practice* 12(1): 1-14.

- Elliott MN, Brown J, Lehrman WG, Beckett MK , Hambarsoomian K, Giordano L, Goldstein E. (2013) "A Randomized Experiment Investigating the Suitability of Speech-Enabled IVR and Web Modes for Publicly Reported Surveys of Patient' Experience of Hospital Care." *Medical Care Research and Review* 70(2):165-184.

Questions?

Next Steps

- Hospitals/Survey vendors:
  - Update QAP
  - Submit HCAHPS Attestation Statement
    - Due by April 3, 2020
    - Monitor the HCAHPS Web site for this document
  - Submit HCAHPS Survey materials
    - Due by April 3, 2020
  - Monitor the HCAHPS Web site:

    https://www.hcahpsonline.org

More Information and Resources

- Registration, applications, background information, and reports:
  https://www.hcahpsonline.org

- Submitting HCAHPS data:
  https://www.qualitynet.org

- Publicly reported HCAHPS results:
  https://www.medicare.gov/hospitalcompare

- HCAHPS results DDB:
  https://Data.Medicare.gov

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- Web site: https://www.hcahpsonline.org

- Email: hcahps@hsag.com

- Telephone: 1-888-884-4007

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