

▶ The Age of HCAHPS: Four Reasons Why Those 27 Survey Questions Will Change Healthcare Forever

HCAHPS is a game changer. It will transform the way hospitals do business.

Yes, this is a bold statement, especially in light of the questions raised by healthcare reform, the conflicting information we hear, and the tough challenges we face. But it's also an accurate one—and it's one that leaders struggling to find their bearings in a change-wracked industry would do well to heed.

Everyone is looking for a silver bullet, and HCAHPS is the closest thing we have to one. Raise HCAHPS scores and many other problems will fix themselves. This includes readmissions and hospital-acquired infections, both of which are extremely costly to healthcare organizations.

If ever there was a time to hardwire a culture of excellent patient care—to ensure that your organization is meeting its mission, protecting its bottom line, and enhancing its reputation—that time has clearly arrived.

HCAHPS, or Hospital Consumer Assessment of Healthcare Providers and Systems, is a national standardized survey tool used to measure adult inpatient perception of the quality of care they receive at a given acute care hospital.

The 27-question survey was created in 2002 by the combined efforts of The Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ). Scores are publicly posted four times a year at www.hospitalcompare.hhs.gov using a “top box” format. (This means the website reports the percentage of patients who responded in the most positive manner to each question—answering, for instance, that hospital staff *always* described possible side effects in an understandable way.)

Any hospital wanting an accurate snapshot of how well it's performing need only look at its HCAHPS results—and any hospital wishing to move the patient experience upward need only implement strategies that are proven to move those results upward. It really is that simple.

As I speak and consult with hospitals across the country, I find that more and more CEOs are focused on moving these results. Certainly, some use this survey in conjunction with products from vendors, but more and more are starting to rely solely on HCAHPS.

So what makes HCAHPS so significant? I see four critical factors:

- **HCAHPS provides accurate “apples to apples” metrics.** Traditionally, healthcare organizations have relied on a variety of patient satisfaction measurement tools. The drawback to all this choice has always been that a particular hospital could compare its ranking only with those of other hospitals that use the same measurement company. Since each vendor asks different questions—and may word similar questions differently—accurate comparisons between their databases is difficult.

Essentially, HCAHPS creates a level playing field. It allows hospitals to see how they really stack up against the competition in the eyes of patients. And because strict guidelines must be followed in administering the survey, the comparisons are as fair and accurate as possible.

- **Results are tied to quality and clinical outcomes.** In the past, critics of measuring patient satisfaction have deemed the concept too subjective and “soft.” The rise of HCAHPS eliminates these concerns. The survey zeroes in on issues that directly impact core clinical quality. For instance, there are questions addressing pain management, medication instructions, and discharge information.

Plus, HCAHPS measures frequency. It determines *how often* something happened. Questions are structured to elicit an *always, usually, sometimes, or never* response. It's easy to see why *how often* is such a critical question in healthcare; after all, a single misstep can potentially kill a patient.

This method of measurement helps hospitals identify gaps in their own processes and procedures so they can work to improve in these areas. Remember, a wealth of *always* responses gets organizations ranked highly on the HCAHPS reporting website. Since quality care is what everyone in healthcare will be ultimately judged by—and compensated for—the fact that HCAHPS drives organizations to strive for a “culture of always” can't be underestimated.

- **It gives consumers an easy way to compare hospitals.** In the past, if an organization received unfavorable patient satisfaction results, it simply didn't publicize them. Problem solved. With HCAHPS, however, it's a different story. Consumers need only to log on to www.hospitalcompare.hhs.gov to see how a hospital measures up to its competitors—locally, regionally, and nationally.

As the public becomes more aware of HCAHPS reporting, consumers may gravitate toward hospitals with the highest scores. And while it's true that many people are unlikely to visit the website themselves, they won't have to: the local media is almost certain to do the legwork for them.

- **HCAHPS pay-for-performance is coming.** Since 2007 most hospitals have been required to submit HCAHPS results in order to receive full Medicare payment. And in the future HCAHPS will play an even larger role in reimbursement. The Patient Protection and Affordable Care Act, which was signed into law last March, establishes a Value-Based Purchasing (VBP) plan beginning in FY2013 (based on hospitals' performance in 2012 on measures that are part of the hospital quality reporting program). This will transition providers from HCAHPS pay-for-reporting to HCAHPS pay-for-performance.

Also beginning in 2013: the Centers for Medicare and Medicaid Services (CMS) will impose financial penalties on what it deems “excess admissions” compared to expected levels for 30-day readmissions for heart attack, heart failure, and pneumonia patients.

While there is currently no penalty for negative HCAHPS results, the writing is on the wall. There is a clear movement to tie reimbursement to performance on quality metrics, including *patient* perception of quality. And that means there's no time to waste—hospitals must take steps now to ensure that they are delivering exceptional quality care right now.

The great news is that HCAHPS results, when used effectively, can help all hospitals improve their quality and clinical outcomes. Why? The survey shines a spotlight on who is getting it right. Because the public reporting component clearly reveals which hospitals' patients have the most favorable perceptions of their care, it becomes much easier for other organizations to harvest and implement best practices.

The good news: if you've been using Studer Group's evidence-based leadership tools and tactics and the EBL framework to hardwire them, you will be well positioned for success in the future operating environment.

In fact, based on the information posted on the Hospital Compare website, Studer Group partner hospitals outperform their peer organizations by an average of 20 percentile points across HCAHPS measures. *We know through years of firsthand study that hospitals can move the patient experience.*

I'm not saying hospitals should set out to improve their HCAHPS scores. Merely getting good scores should *never* be the first goal. I'm saying they must set out to make the quality of care they provide the absolute best it can be—*always*. Do that and the scores will take care of themselves.

As always, I welcome your feedback and insights on this important topic. Please feel free to reprint this newsletter and distribute it throughout your organization. It is also available electronically.

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Quint Studer*