

Use HCAHPS as a Motivator to Reenergize Your Five-Star Program, and Make It Personal

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For many reasons, HCAHPS, short for Hospital Consumer Assessment of Healthcare Providers and Systems, is quickly becoming the national standard on evaluating patient experience. This article shows the aligned incentives of hospitals and physicians to enhance patient perceptions of their care experience, provides an overview of the HCAHPS concept for physicians, and discusses using HCAHPS as an opportunity to further individual and group practice five-star goals. The current healthcare environment, with its focus on quality and outcomes and patient perception, provides an incentive for physicians and other healthcare professionals to make five-star service personal.

KEY WORDS: Five-star; HCAHPS; patient experience; patient perception; patient centeredness; patient satisfaction; healthcare environment; stressors.

In today's healthcare environment, you continually hear the acronym "HCAHPS" (pronounced H-caps), short for Hospital Consumer Assessment of Healthcare Providers and Systems. Often now, HCAHPS is becoming synonymous with other terms including:

- Patient experience;
- Patient perception;
- Patient satisfaction; and
- Patient centeredness.

Throughout this article, the terms are used interchangeably.

For many reasons, HCAHPS is quickly becoming the national standard for evaluating patient experience. This article discusses the importance of HCAHPS to both hospitals and physicians, provides introductory background information about HCAHPS for physicians, and suggests that HCAHPS and today's healthcare environment prompt a need for physicians to make five-star personal. The new environment also provides a motivation to reenergize the five-star concept.

HCAHPS BACKGROUND

In the mid 1990s, The Agency for Healthcare Research and Quality launched the Consumer Assessment of Healthcare Providers and Systems Program to develop standardized

surveys of patients' experiences with ambulatory and facility-level care to help assess the patient-centeredness of care, compare and report on performance, and improve quality of care.

Beginning in July 2007, hospitals subject to the Inpatient Prospective Payment System (IPPS) annual payment update provisions must collect and submit HCAHPS data in order to receive their full IPPS annual payment update.¹

The Patient Protection and Affordable Care Act includes HCAHPS among the measures to be used to calculate value-based incentive payments in the Hospital Value-Based Purchasing program, beginning with discharges after October 1, 2012 (fiscal year [FY] 2013).

UNDERSTANDING HOSPITAL AND PHYSICIAN PERSPECTIVES: ALIGNED INCENTIVES

Hospitals

Perhaps the most obvious benefit to hospitals is the financial incentive provided by HCAHPS. Hospitals subject to IPPS annual payment update provisions that request full payment for providing care to patients covered by Medicare and Medicaid may see their annual payment update reduced by up to 2% if they fail to properly report the required quality measures, including the HCAHPS survey.¹

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As part of the Hospital Value-Based Purchasing program, HCAHPS is among the measures that will be used to calculate incentive payments to acute care hospitals. HCAHPS Patient Experience of Care scores will account for 30% of a hospital's overall rating (the other 70% is based on 12 clinical measures).² The incentives will be based on hospital performance from July 1, 2011, to March 31, 2012.

To fund the incentive payments, hospitals participating in the value-based purchasing program will see their base operating Diagnosis-related Group payments for each patient discharge reduced (1% FY 2013; 1.25% FY 2014; 1.5% FY 2015; 1.75% FY 2016; and 2% FY 2017 and thereafter).³ The delta could be significant, although in FY 2013, no participating hospital will receive more than a 1% decrease in payments. The Centers for Medicare & Medicaid Services (CMS) is estimating that about half of participating hospitals will see a net increase in payments, while the other half will see a net decrease in payments.

However, finances aside, all hospitals do and will aspire to achieve high HCAHPS' scores as it is an indication of patient satisfaction generally and can have an impact on market share, enhance employee relations, and impact liability exposure.

Physicians

Hospitals are beginning to hold their staff and physicians accountable for service, communication, and behavior—all key elements of the “patient experience.” This is clearly relevant for employed physicians, which as a group is becoming more prevalent⁴ (a trend that is expected to continue), but also for nonemployed physicians as patient experience is becoming a part of credentialing and peer review. Below are some examples of how patient-centeredness is becoming part of the hospital-physician relationship:

- **Physician compacts.** Physician compacts are being used by hospitals to reengage physicians (medical staff) in a collaboration of providing care to the community with set values, which often include patient-centeredness concepts.
- **Interviewing.** The University of Washington Medical Center pairs patients with a clinical nurse specialist while interviewing prospective OB/GYN residents. The patients are provided with an evaluation tool that includes patient-centered interview questions.⁵ While this example deals with residents, it is a trend that can be expected to continue and to move into other evaluation and hiring settings in the hospital.
- **Education.** Hospitals are educating their physicians on HCAHPS, including providing background information on HCAHPS, reviewing the questions pertinent to physicians, and training in those specific HCAHPS' areas that reflect patient perceptions of physicians.⁶ Some are providing scripting as well.⁷ Other hospitals are concentrating on physician leadership training.⁷

- **Peer review.** NRC Picker has stated that hospitals are tying back the education and patient satisfaction to the peer-review process, citing a process in the Methodist Health System.⁸ Will patient satisfaction become part of your peer review and credentialing?

HOSPITAL AND PHYSICIAN INTERESTS ARE ALIGNED

Despite the above, and setting aside the typical patient satisfaction benefits that have been well-analyzed (better outcomes,⁹⁻¹² enhanced employee satisfaction,¹³ patient compliance,^{14,15} patient loyalty,^{16,17} and profitability¹⁸), hospital and physician interests are aligned now more than ever in the patient experience realm.

Consider:

1. **Professional liability risk:** Patient satisfaction is tied to liability risk.¹⁹⁻²⁴ Experience shows that when a physician is named in a lawsuit, often the hospital is also named as a defendant, and vice-versa. So enhancing patient satisfaction in the hospital will serve to reduce the frequency and severity of lawsuits for both hospitals and doctors. It has been well-researched and documented that patient satisfaction is tied to reduced liability risk.¹⁹⁻²⁴ HCAHPS' queries of patient perception include areas of known liability risk:
 - Patient understanding of discharge instructions and post-hospital-stay care; and
 - Patient understanding of medication.
 These are both areas that involve issues with patient noncompliance, which ties back to the very question queried by HCAHPS—do patients understand the discharge instructions, post-discharge care needed, and medication? When they do not, it impacts patient outcomes and liability risk. Coordination and collaboration by hospitals and physicians in these areas can have a positive impact on liability risk. Therefore, interests are clearly aligned.
2. **Hospital competition:** Armed with the publicly available information from HCAHPS, patients (or consumers) will have more information on which to base their decisions on where to receive hospital care when a choice is available. It stands to reason that all else being equal, patients will choose the hospitals with the higher patient satisfaction scores. In that patients are attracted to a hospital, the same inures to the benefit of the physicians practicing at that hospital. Long-term care has already been experiencing this trend of the impact of patient satisfaction scores, publicly available, and impacting patient perceptions and choice of provider.²⁵
3. **Attractiveness of physicians:** Hospitals have a clear economic benefit to increasing patient satisfaction scores now, and this is expected to continue. Patients' perceptions of their experiences with the physicians at

Table 1. Sample Web Site Data

	Hospital	New York Average	National Average
Patients who reported that their nurses "Always" communicated well.	62%	72%	76%
Patients who reported that their doctors "Always" communicated well.	73%	76%	80%
Patients who reported that they "Always" received help as soon as they wanted.	46%	57%	64%
Patients who reported that their pain was "Always" well controlled.	56%	65%	70%
Patients who reported that staff "Always" explained about medicines before giving it to them.	47%	56%	61%
Patients who reported that their room and bathroom were "Always" clean.	55%	67%	72%
Patients who reported that the area around their room was "Always" quiet at night.	41%	49%	58%
Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.	80%	80%	82%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	53%	60%	68%
Patients who reported YES, they would definitely recommend the hospital.	60%	64%	70%

Source: Hospital Compare; www.hospitalcompare.hhs.gov.

hospitals are evaluated by HCAHPS; it is in a hospital's best interest to ensure that it credentials and/or hires physicians who exhibit the behaviors best suited to enhance HCAHPS scores. As noted above, hospitals are beginning to use patients in the interviewing processes, evaluating patient-centeredness behaviors. The more patient-centered a physician is, the more attractive he or she will be to a hospital. This concept is becoming more important in today's environment where Accountable Care Organizations (ACOs) or ACO-like organizations are being created as well as the Patient-Centered Medical Home. The concept of collaboration among and within specialties and across settings is part of the embedded neighborhood concept, which fosters shared accountability.²⁶

MORE ON HCAHPS: PROCESS AND QUESTIONS

What Is It and What Is the Process?

HCAHPS surveys a random selection of adult patients across medical conditions that have been discharged at least 48 hours but not more than six weeks earlier. The survey can be administered in one of four ways: mail, telephone, mail with telephone follow-up, or interactive voice

recognition. It is available in multiple languages: English, Spanish, Chinese, Russian, and Vietnamese.

The goal of HCAHPS is to be a more objective evaluation than the traditional patient satisfaction tool. Its questions ask how often something was done as opposed to how well it was done. HCAHPS rates three aspects of care:

1. Processes of care
2. Outcomes of care
3. Patient perceptions

It is the area of patient perceptions that is the focus of this article.

CMS publishes participating hospitals' HCAHPS results on the Hospital Compare Web site.

HCAHPS results are based on four consecutive quarters of patient surveys. CMS publishes participating hospitals' HCAHPS results on the Hospital Compare Web site four times a year.

The results of HCAHPS are published for public review and are available at: www.hospitalcompare.hhs.gov (Table 1). Charts and diagrams are available for review as well (Figure 1).

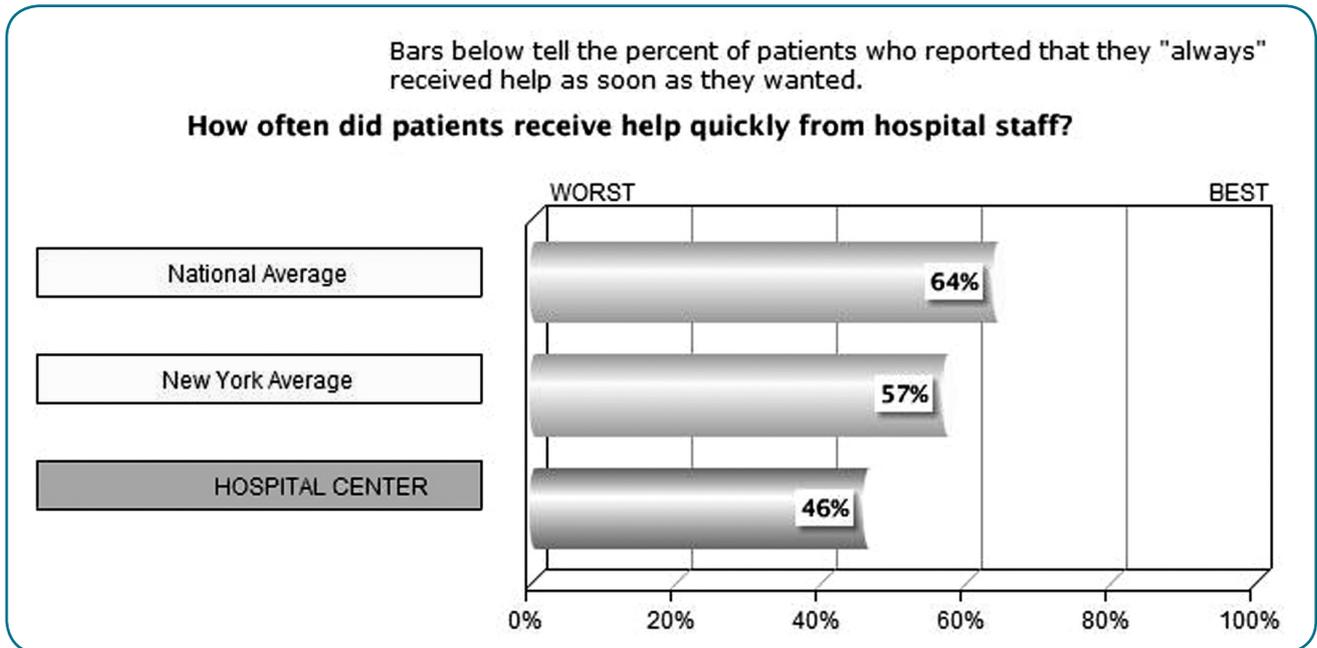


Figure 1. Sample Web site data. Source: Hospital Compare; www.hospitalcompare.hhs.gov.

The Survey Questions

According to CMS, the HCAHPS patient perceptions survey comprises 27 questions for discharged patients about a recent hospital stay. Within those 27 questions are 18 core questions in the areas of:

1. Communication—with nurses and doctors
2. Responsiveness—of hospital staff
3. Environment—cleanliness and quietness of hospital
4. Pain management—appropriate and attentive
5. Communication—about medications and discharge information

The survey questions are in the public domain, so doctors and hospitals already know what they need to focus on regarding HCAHPS scores. Many of the questions focus specifically on nurses or hospital staff, including respectfulness, listening skills, communication, and responsiveness to call buttons. Others concern the hospital directly, including room and bathroom cleanliness and noise levels during the evening.

Communication with Physicians

Some questions concern the doctors specifically:

1. *During this hospital stay, how often did doctors treat you with courtesy and respect?*
2. *During this hospital stay, how often did doctors listen carefully to you?*
3. *During this hospital stay, how often did doctors explain things in a way you could understand?*

Hospitals are able to coordinate these questions directly to a physician, and do.

Further, some questions address areas where collaboration and coordination among healthcare providers (doctors, nurses, hospital, and other staff) are required (e.g., pain management, medication administration, discharge instructions, and post-discharge care).

Pain Management

1. *During this hospital stay, how often was your pain well controlled?*
2. *During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?*

Communication About Medication

1. *Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?*
2. *Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?*

Communication about Discharge Instructions

1. *During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?*
2. *During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?*

NEW STRESSORS

As noted, it is becoming more important for physicians to excel in the area of five-star service and patient satisfaction,

not only for their own practice efforts, but also in their role as leaders in the hospital setting. It is a culture shift that will continue. And this is all at a time when it will be even harder to be “five-star.”

Patients are evaluating you, and hospitals are holding you accountable.

New stressors are making it more difficult for physicians and their staff to be five-star. Change produces stress, and there are a number of significant changes occurring in the healthcare environment, including:

- Greater emphasis on physician collaboration across specialties;
- Introduction of the ACO and Patient-Centered Medical Home;
- Broadened scope of work for medical professionals;
- Increased use of additional medical professionals;
- New mandated preventive care requirements along financial impact;
- Other changes in healthcare insurance coverage (who and what);
- New payment methodologies changing the focus of reimbursement from volume to outcomes;
- Emphasis on electronic medical records and related communication strategies;
- Increased requirements for data collection and therefore resources to do so;
- Increased use of data by health insurers and others; and
- The focus of this article: the need to reenergize five-star service.

One of these areas by itself is stressful enough, but many of these changes are happening simultaneously.

What Can You Do?

First, make it personal—because it is! This statement is perhaps more true than ever before. Patients are evaluating you, hospitals are holding you accountable, and payors are going to be using patient perceptions and satisfaction to determine what to pay you! For example, at the Cleveland Clinic, individual physicians are given their own HCAHPS ratings and comparisons to their colleagues at the hospital.⁷

Take a step back and look at your behavior, your demeanor, your interactions, your body language, and your communication. Get your scores! Get help in the areas where you need it. Options include:

- One-on-one training with experts in the field of communication and physician leadership;
- Communication education and seminars; and
- Leadership training schools.

Really understand the HCAHPS patient perception questions that relate to you. You cannot ask patients the specific questions posed by HCAHPS at discharge, but you can be mindful of what the questions are and which ones apply to you. At the outset, drill down into the additional HCAHPS core areas that involve you. The core of most of the areas is communication, respectfulness, and ensuring patient understanding.

When you are treating patients, their care and safety is the first priority, but you can also be mindful of addressing the HCAHPS areas in the appropriate ways:

- *Are you explaining the medication administration and related information to the patient in a way that the patient understands?*
- *Are you communicating with the patient in a respectful and courteous way?*
- *Are you really listening to the patient's questions and concerns or comments?*

The more you recognize the areas and the need, and actually do them, the more they will become habit.

Physician leadership plays an important role in the patient experience. Understand your role in not only the questions that pertain directly to you but also those that involve you or those working under your direction—pain management, discharge, post-discharge care, and discharge instructions, for example:

1. Is your pain management process and procedure efficient and effective?
2. Are post-discharge educational materials and resources provided to patients, and if so, are they appropriate?
3. Can you effectively communicate the clinical protocols and guidelines for pain management and is that understanding consistent with that of your nursing staff?
4. Do you and your nursing staff understand the medication administration policies and procedures and effectively work to ensure patient understanding? Do you and the nursing staff understand your roles in this area?
5. Do your written discharge instructions accurately and adequately address the conditions you treat? Do they meet the HCAHPS' query on including what symptoms or conditions patients should watch for after discharge, and include what patients should do if they experience those symptoms or conditions?

MAKE HCAHPS PART OF YOUR FIVE-STAR REENERGIZATION!

Patient perception and experience is more than the HCAHPS questions. Use the HCAHPS momentum to reenergize your five-star program:

1. Bring in a speaker to reenergize your physician leadership.

2. Educate your staff members on HCAHPS and on any roles they may have in HCAHPS, and use it as an opportunity to remind them about the additional benefits of five-star service.
3. Provide your staff with new tools and strategies.
4. Reevaluate your five-star culture (new stressors and issues have arisen since your last assessment).
5. Focus on communication and behavior strategies consistent with HCAHPS. ■■

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