



Hospital Value-Based Purchasing Updates



Jan Gnida, CPXP
Senior Vice President of Research Operations
JGnida@PRCCustomResearch.com



Erin Godden
CAHPS Communications Manager
EGodden@PRCCustomResearch.com

June 2019



- FFY 2019
 - Nearing the end of the 2nd quarter of payments with our VBP incentive rate
- FFY 2020
 - Learning about our new VBP incentive rate
- FFY 2021
 - Evaluating our VBP results at the midway point of the Performance Period data collection
- FFY 2022
 - Considering proposed rule specifications

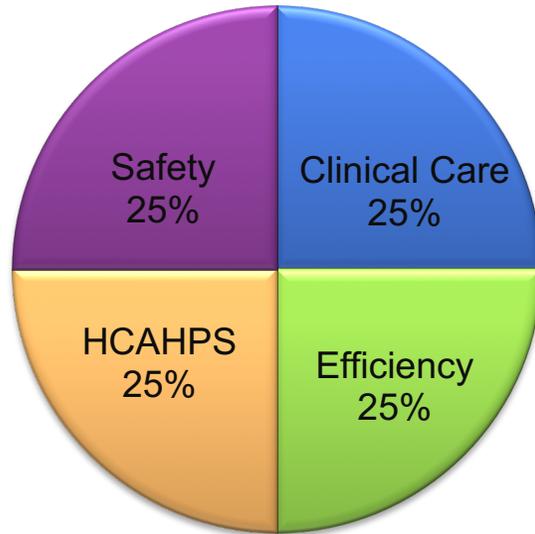


FFY 2022 Proposed Rule

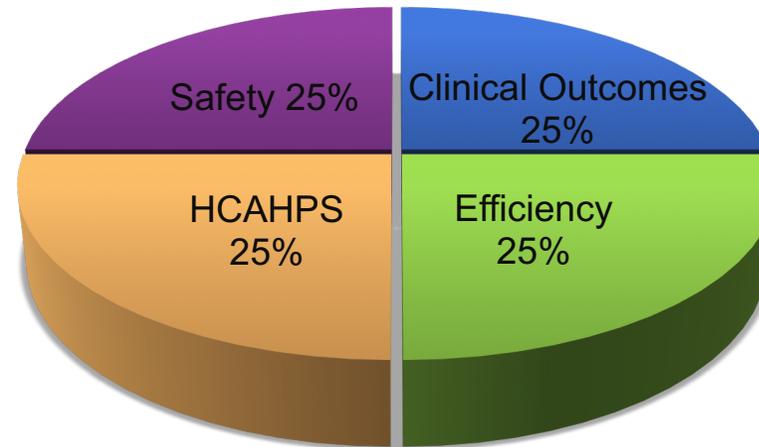


VBP Domains & Weights

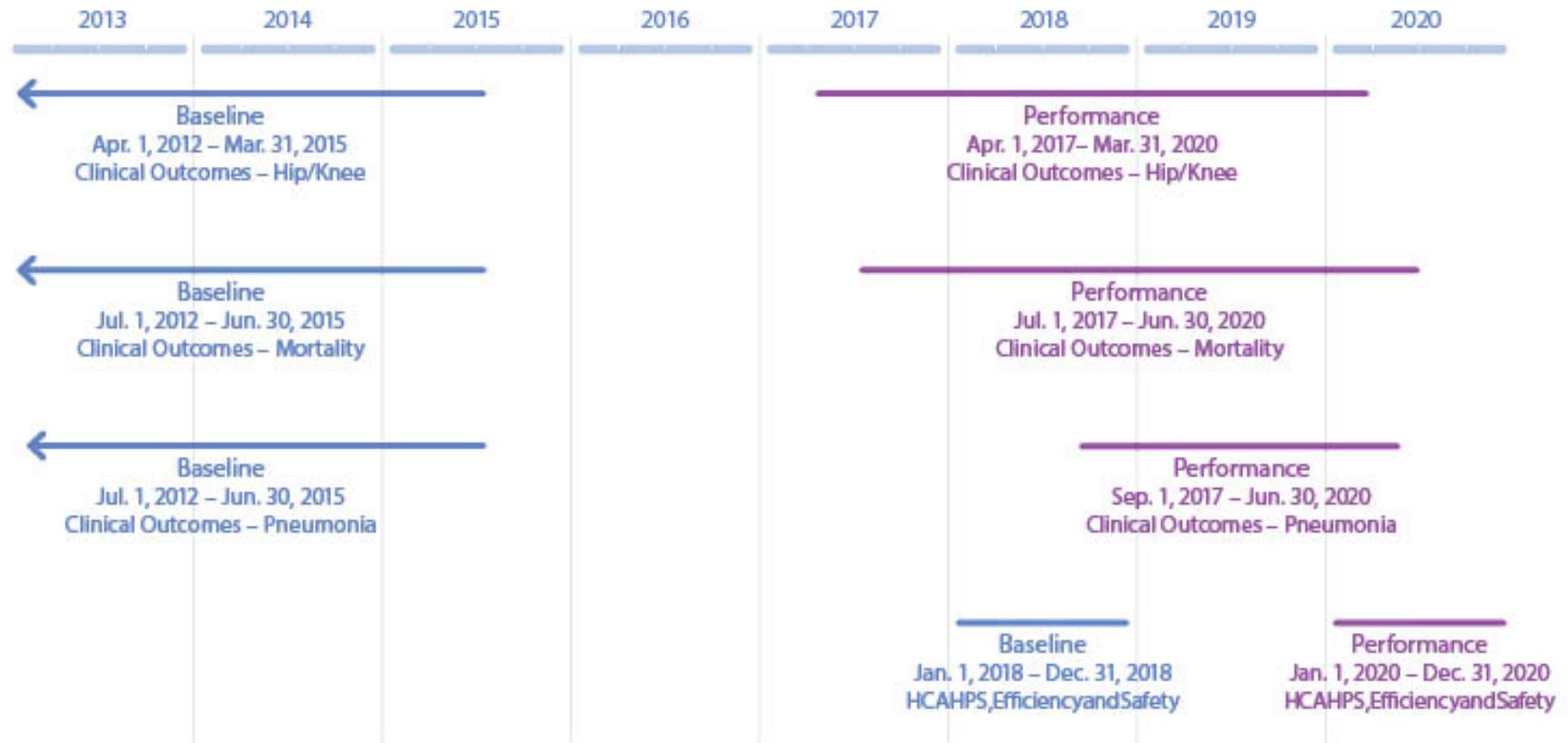
FFY2021 Weights



Proposed FFY2022 Weights



FFY 2022 Proposed Time Periods



Official source: <https://www.govinfo.gov/content/pkg/FR-2019-05-03/pdf/2019-08330.pdf>

HCAHPS® & Efficiency Measures

Person and Community Engagement

Communication with Nurses

Communication with Doctors

Responsiveness of Hospital Staff

Communication about Medication

Hospital Cleanliness & Quietness

Discharge Information

Care Transition

Overall Rating of Hospital

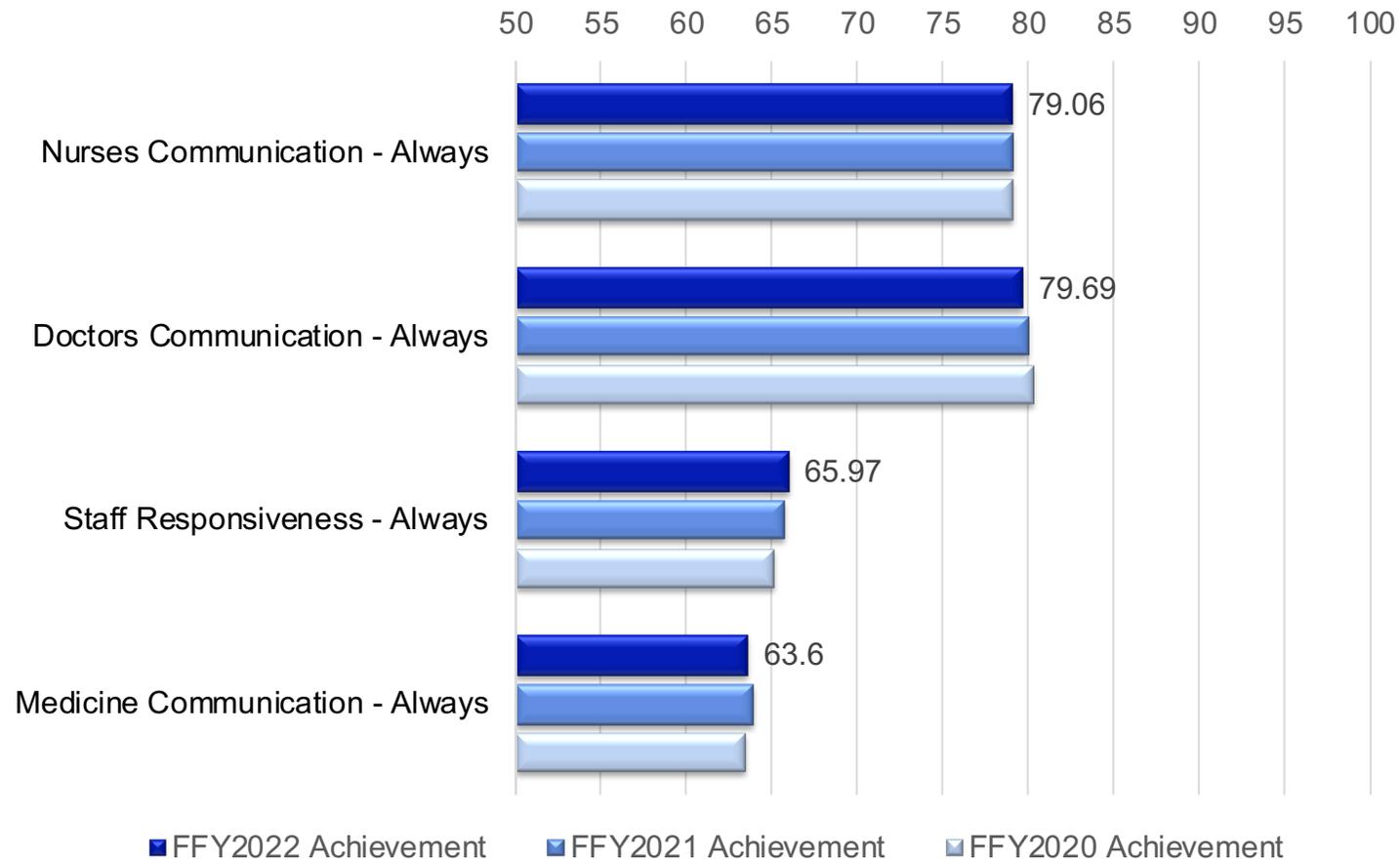
Efficiency and Cost Reduction

Medicare Spending Per Beneficiary

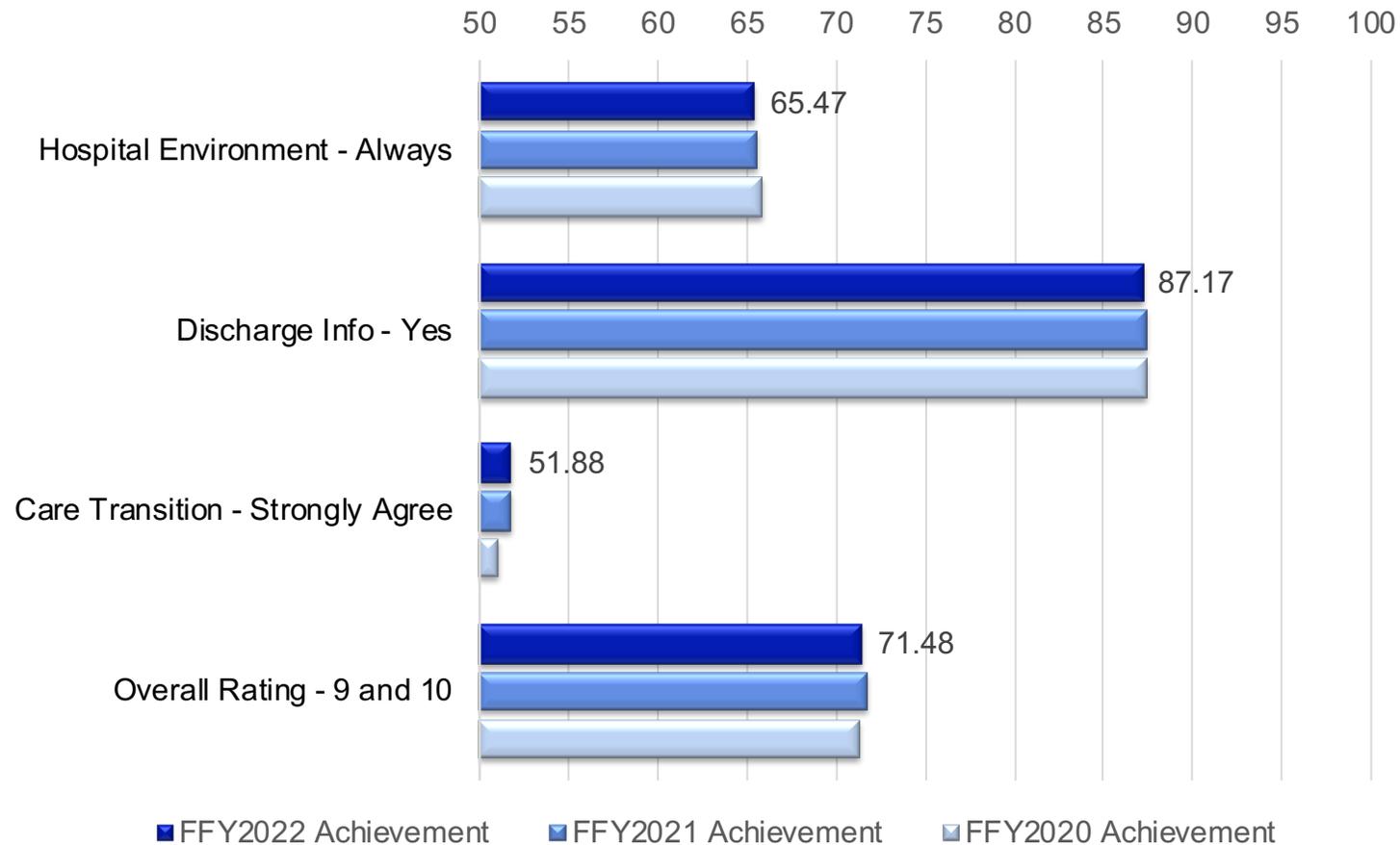
Clinical Outcomes & Safety Measures

Safety	
	CAUTI (Catheter-Associated Urinary Tract Infection)
	CLABSI (Central Line-Associated Bloodstream Infection)
	SSI – Colon & Ab. Hysterectomy (Surgical Site Infection)
	MRSA bacteremia
	CDI (Clostridium difficile Infection)
Clinical Outcomes	
	MORT-30-AMI (Acute Myocardial Infarction)
	MORT-30-HF (Heart Failure)
	MORT-30-PN (Pneumonia)
	MORT-30-COPD (Chronic Obstructive Pulmonary Disease)
	MORT-30-CABG (Coronary Artery Bypass Graft)
	THA/TKA (Complication Rate After Hip/Knee Replacement)

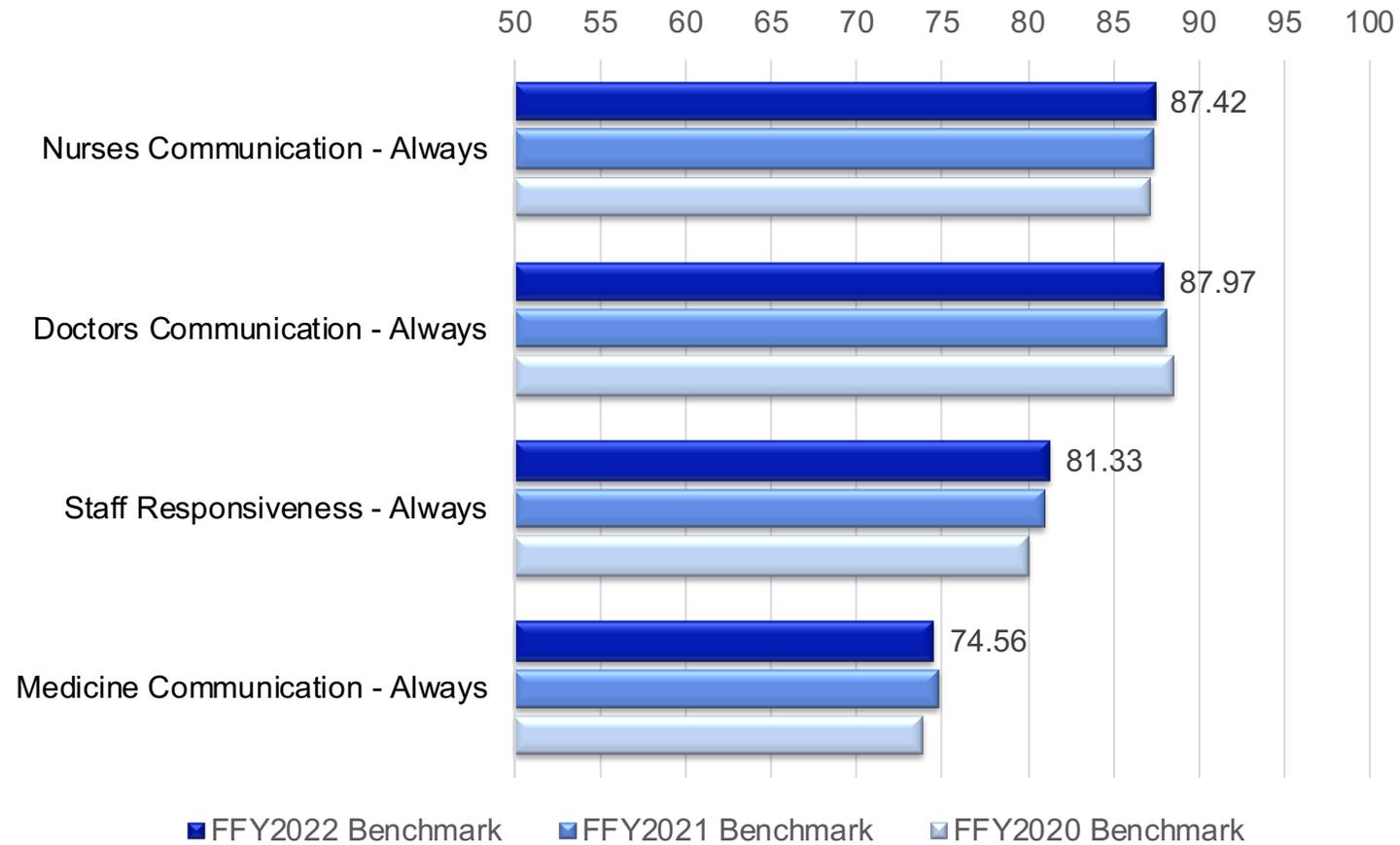
Proposed FFY2022 Achievement Thresholds



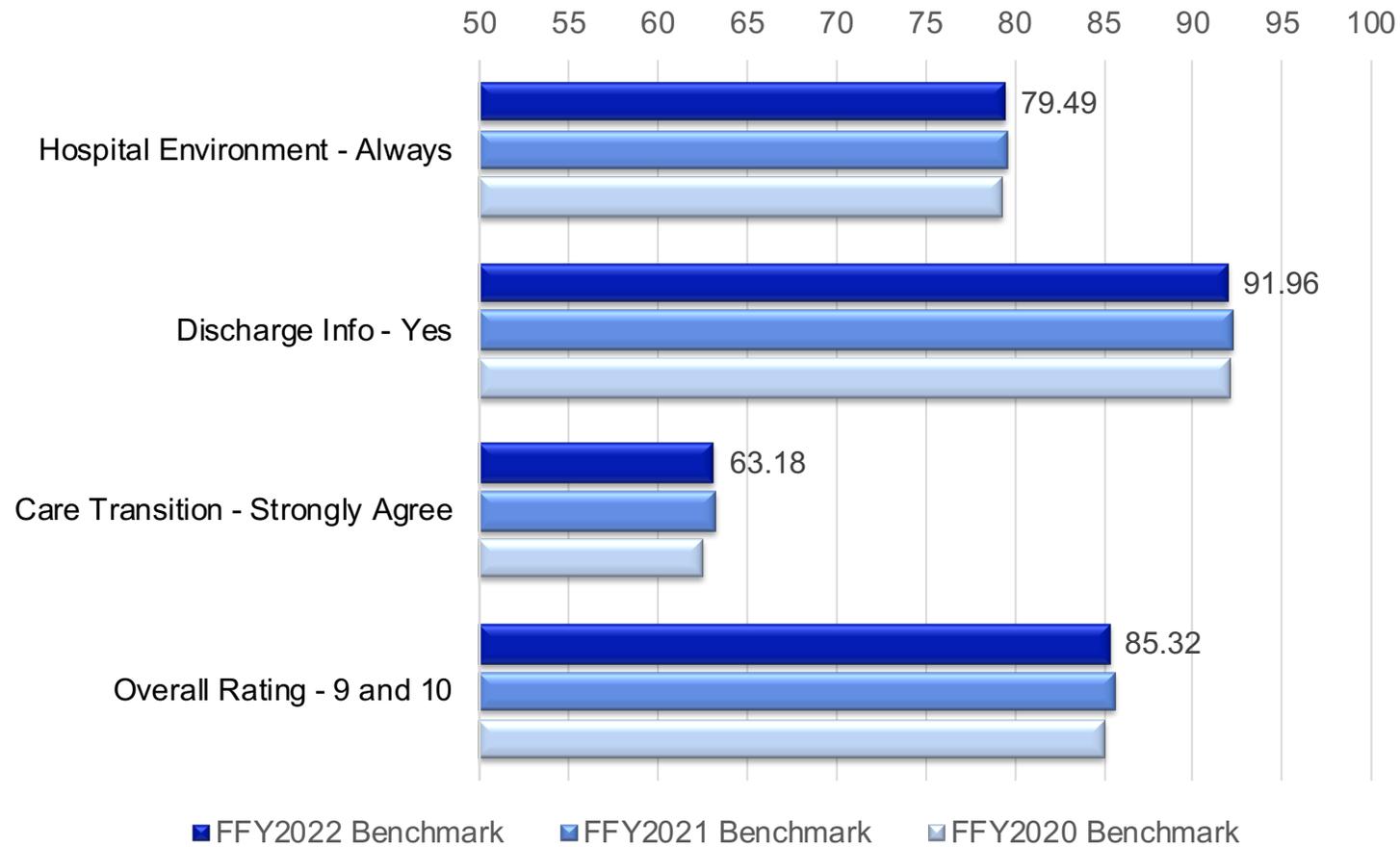
Proposed FFY2022 Achievement Thresholds



Proposed FFY2022 Benchmarks



Proposed FFY2022 Benchmarks



Proposed FFY2022 Performance Standards

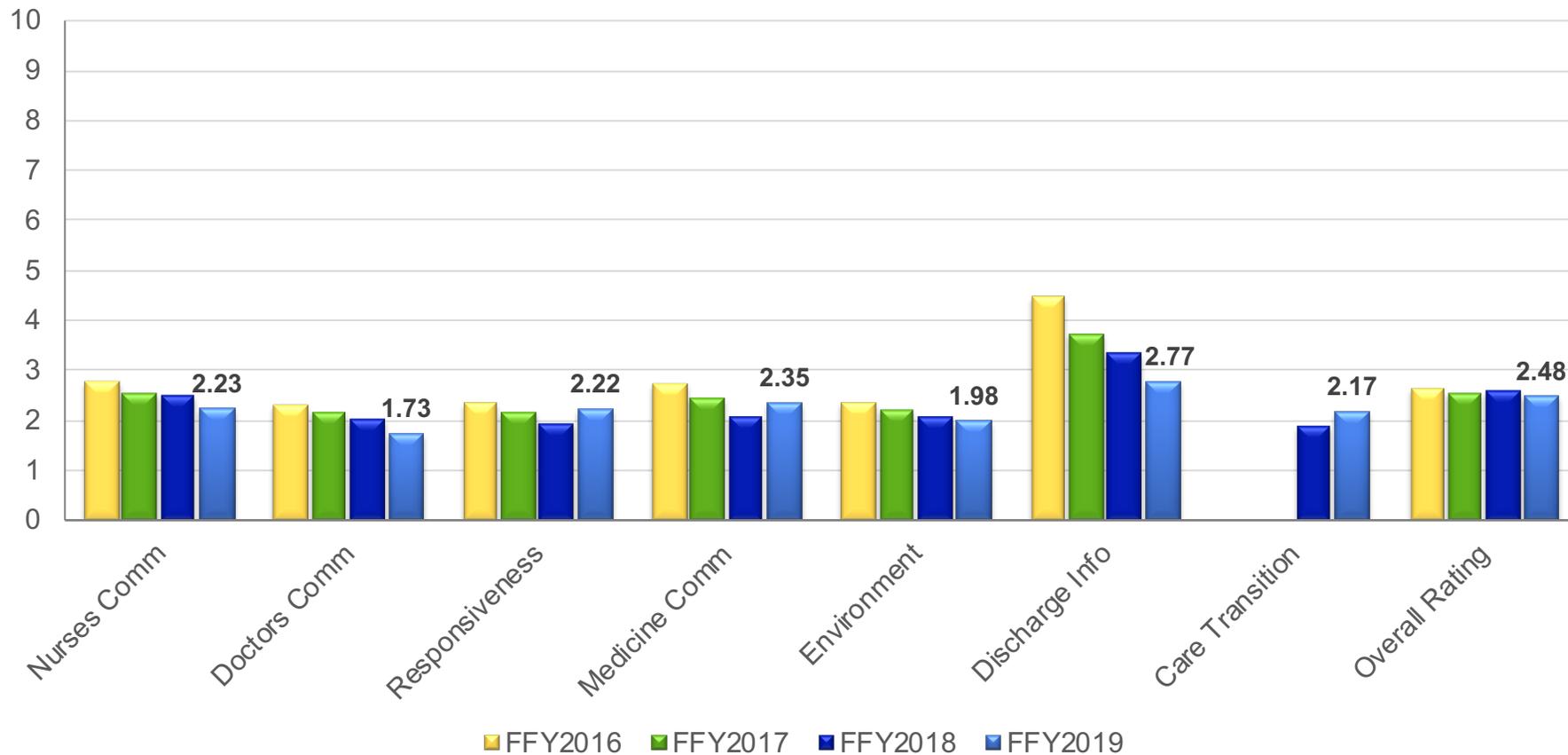
HCAHPS® Dimension	Achievement Threshold	Benchmark
Nurses Communicate – Always	79.06	87.42
Doctors Communicate – Always	79.69	87.97
Staff Responsiveness – Always	65.97	81.33
Medicine Communication – Always	63.60	74.56
Hospital Environment – Always	65.47	79.49
Discharge Info – Yes	87.17	91.96
Care Transition – Strongly Agree	51.88	63.18
Overall Rating – 9 and 10	71.48	85.32

FFY 2019 Results



FFY 2019 VBP Results

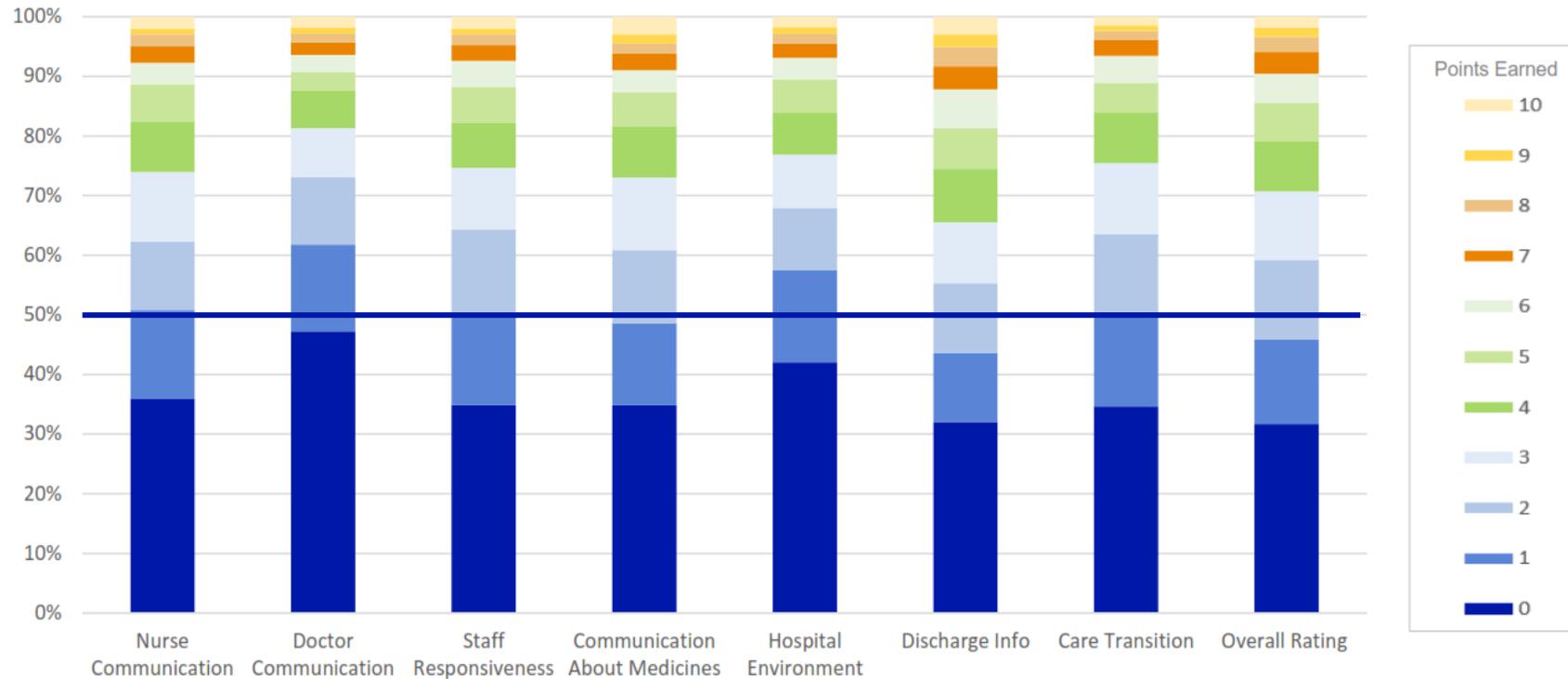
Average Number of VBP Points Earned



FFY 2019 VBP Results

Total n = 2776 hospitals

Percentage of Hospitals Earning Each Point Value for FFY 2019



Amount Available for Value-Based Incentive Payments

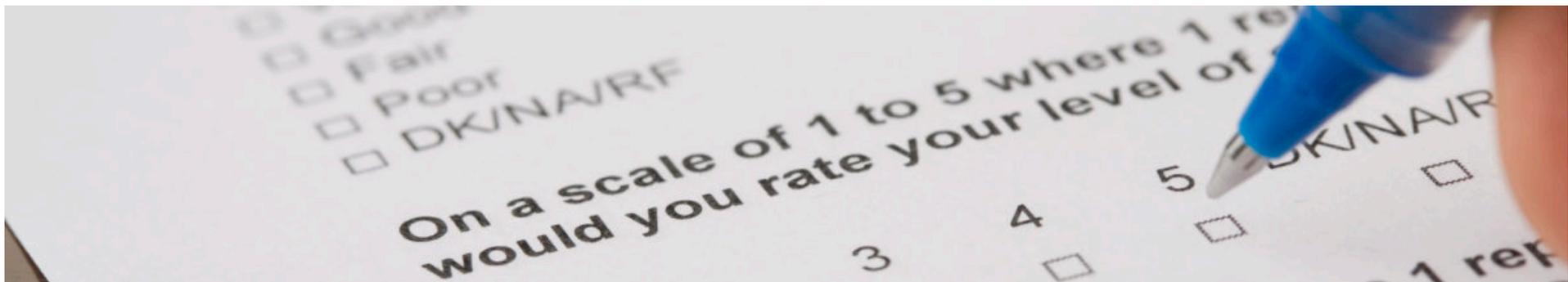
Payment Year	Withhold Percentage	Estimated Value
FFY2013	1.00%	\$917 million
FFY2014	1.25%	\$1.1 billion
FFY2015	1.50%	\$1.4 billion
FFY2016	1.75%	\$1.49 billion
FFY2017	2.00%	\$1.7 billion
FFY2018	2.00%	\$1.9 billion
FFY2019	2.00%	\$1.9 billion
FFY2020	2.00%	\$1.9 billion

HCAHPS Developments



Recent HCAHPS Updates

- Communication about Pain
- Supplemental Question Placement
- Self-Rated Mental Health
- Individual Question Scores



What's the buzz about star ratings?

Jul 2016

Overall Hospital Quality Star Ratings launch

- Comprised of several quality indicators, including HCAHPS

Jul 2018

Overall Hospital Quality Star Ratings suspended

- Industry leaders express concern about the methodology and the message being conveyed to consumers

Feb 2019

Overall Hospital Quality Star Ratings refreshed

- Minor changes to the scoring methodology are made

Feb 2019

Public Input Request is issued

- Change the measure groups?
- Publish annually instead of biannually?
- Create peer groups for calculations AND reporting?
- Develop an alternative methodology for scoring, weighting, and clustering?

Compare Hospitals

[Back to Results](#)

General information	Survey of patients' experiences	Timely & effective care	Complications & deaths	Unplanned hospital visits	Use of medical imaging	Payment & value of care
	CHI HEALTH MIDLANDS 11111 SOUTH 84TH ST PAPILLION, NE 68046 (402) 593-3000 	METHODIST HOSPITAL 8303 DODGE ST OMAHA, NE 68114 (402) 354-4000 	CHI HEALTH LAKESIDE 16901 LAKESIDE HILLS CT OMAHA, NE 68130 (402) 717-8000 			
	Overall rating ⓘ ★★★★● Learn more	Overall rating ⓘ ★★★★● Learn more	Overall rating ⓘ ★★★★● Learn more			
	Distance ⓘ: 4.1 miles Add to My Favorites Maps and directions	Distance ⓘ: 7.4 miles Add to My Favorites Maps and directions	Distance ⓘ: 8.8 miles Add to My Favorites Maps and directions			

What's the buzz about HCAHPS?



Advances in Survey Methodology: Maximizing Response Rates and the Representativeness of CAHPS® Survey Data

Meeting Summary

Introduction

The U.S. Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is aware of concerns about the impact of declining response rates for surveys, including CAHPS surveys, and questions about the representativeness of the data from such surveys. A related issue is the burden of obtaining adequate samples of respondents.

These concerns have led to calls for the assessment of alternative survey formats and methods of survey administration that might improve the efficiency of data collection, increase response rates, and/or yield more accurately represent the experiences of the target population.

On September 17, 2018, AHRQ hosted a research meeting in Rockville, Maryland, to discuss what is known about survey methods that have the potential to improve the survey response rates and representativeness and identify promising areas for future research. Specific goals of this meeting included:

- To share findings of AHRQ-funded researchers and other researchers working with CAHPS surveys,
- To hear fresh perspectives from survey experts about issues related to survey design and administration,
- To provide stakeholders an opportunity to discuss their questions and concerns with AHRQ staff and researchers from the CAHPS Consortium, and
- To identify research questions for future investigation.

These meeting goals reflect AHRQ's emphasis on attending to methodological issues, particularly in the context of competing priorities, to ensure that AHRQ's measures of quality and safety are as accurate and useful as possible.

Meeting Structure and Presentations

The meeting consisted of two panels, one addressing declining response rates and the other focused on the representativeness of CAHPS survey data. Each panel included researchers involved in the government-funded CAHPS research enterprise, some of whom described recent experiments designed to test data collection methods, and external researchers who shared their expertise in survey science. The speakers addressed the benefits, challenges, and trade-offs of various approaches to data collection modes, responses, and analysis. The meeting was followed by a patient-centered discussion.

"...a growing concern that CAHPS surveys with lower response rates may yield less accurate estimates of patients' experiences than surveys with higher response rates."

<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/survey-methods-research/summary-research-meeting.pdf>

The impact of response rate on Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) dimension scores

Erin Godden, *PRC*, egodden@prcx.com
Andrea Paseka, *PRC*, apaseka@prcx.com
Jan Grada, *PRC*, jgrada@prcx.com
Joe Inguanzo, *PRC*, jinguanzo@prcx.com

Abstract

Patient experience measurement is receiving considerable attention from hospital executives, healthcare leaders, purchasers such as the Centers for Medicare and Medicaid Services (CMS), and patients. It is therefore appropriate and necessary to examine the methods of survey administration, and the analysis presented here seeks to understand the impact of one particular aspect of the measurement: response rate. Utilizing publicly reported HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) data from Hospital Compare, a positive correlation between response rate and HCAHPS scores nationwide was identified and replicated. This correlation, which was most recently published by the Hospital Quality Institute (HQI) for California facilities, implies that increasing response rates can return higher HCAHPS dimension scores. Accurate patient perceptions of the inpatient experience may be hidden by insufficient representativeness of the data. In other words, publicly-reported scores may be lower than they should be, and hospitals may be mistakenly devaluing their efforts to improve the patient experience. Responses from a more representative sample of the patient population are key to capturing more accurate HCAHPS scores.

Keywords

HCAHPS, response rate, dimension scores, overall rating, patient experience, measurement, quality of care, quantitative methods

Introduction

Patient experience has been elevated in the priorities of healthcare leaders in recent years as organizations have come to understand the rationale for and benefits of improving patient experience.^{1,2} Not only has a patient experience focus been shown to yield better financial outcomes in terms of both CMS reimbursements and increased patient loyalty and market share,³ it is also increasingly regarded as a crucial quality measure.^{4,5}

Healthcare organizations are making greater investments toward improving patient experience than ever before: in time, training, the appointment of executive positions, and most importantly, the day-to-day interactions that are occurring between caregivers and patients. At all levels of the organization, efforts are being made, and patient survey scores are being monitored. Healthcare organizations need to understand the return they are getting from their investments in patient experience, and they need to feel confident that the measurement accurately reflects the perceptions of their entire patient population; therefore, the methods and standards for evaluating patient experience performance are worthy of regular examination.

Understandably, a completely objective measure of how human beings perceive the care they received is impossible to create, which sets patient experience apart from the many other quality metrics used to evaluate the overall performance of a hospital. The HCAHPS Survey was developed as the first national standard for collecting patient perceptions of inpatient care, and it remains an important tool for assessing patient experience.⁶ As hospitals use it to both measure overall patient experience and maximize returns in the Hospital Value-Based Purchasing (VBP) program, they continue to place a strong focus on their HCAHPS scores. Additionally, these scores and other measures of the patient experience have become increasingly valuable and visible to the public.⁷ Just as consumers look to online reviews before making major purchases, increasing numbers of patients now review websites for ratings when selecting a healthcare provider. It is imperative that hospitals accurately capture their patient experience performance to maintain favorable scores and remain relevant in the quickly-changing healthcare marketplace.

Of late, survey response rates are receiving more and more attention from CMS. During the 2017 HCAHPS Vendor Update Training, CMS articulated a concern about low



What's the buzz about HCAHPS?

Hospital leaders argue that an electronic version would increase response rates and the timeliness of results.



The low response rates for HCAHPS likely mean hospitals are only getting a limited understanding of their patient experience.



Questions?



Professional Research Consultants, Inc.

Jan Gnida, CPXP

Senior Vice President of Research Operations

JGnida@PRCCustomResearch.com

Erin Godden

CAHPS Communications Manager

EGodden@PRCCustomResearch.com

11326 P Street, Omaha, NE 68137

(800) 360-6378

www.PRCCustomResearch.com