



**CAHPS**

## **PATIENT ENGAGEMENT SURVEYS:** A QUICK OVERVIEW



**SPEAKER**

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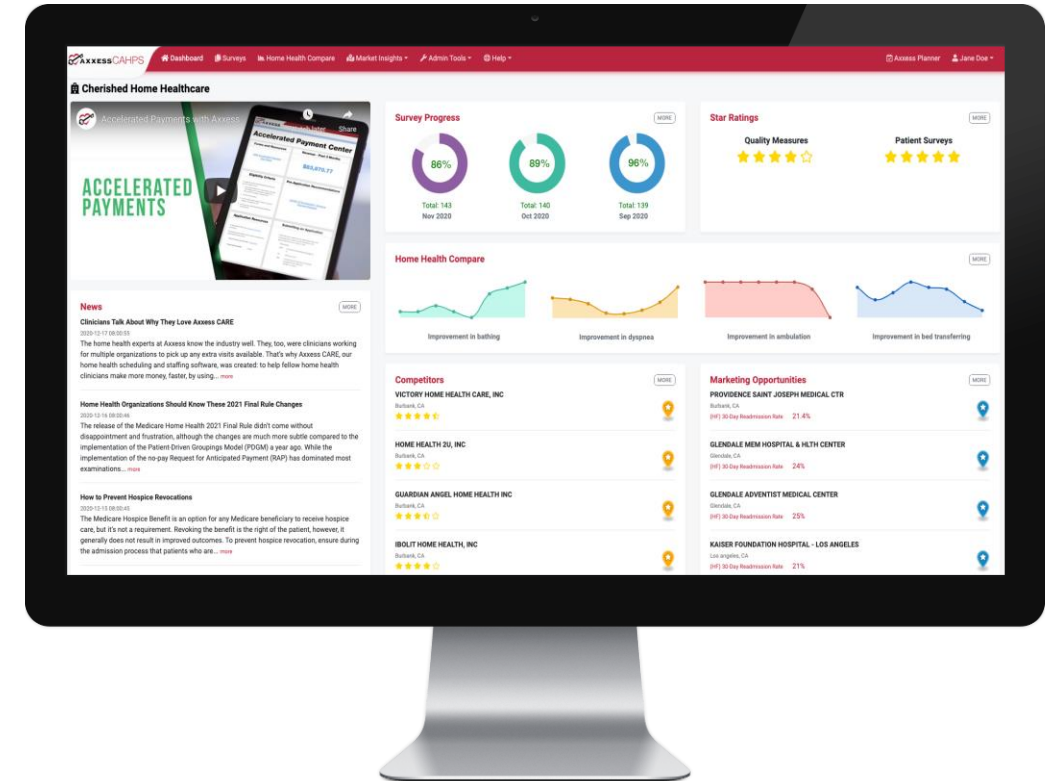
# Agenda

## Background and Overview

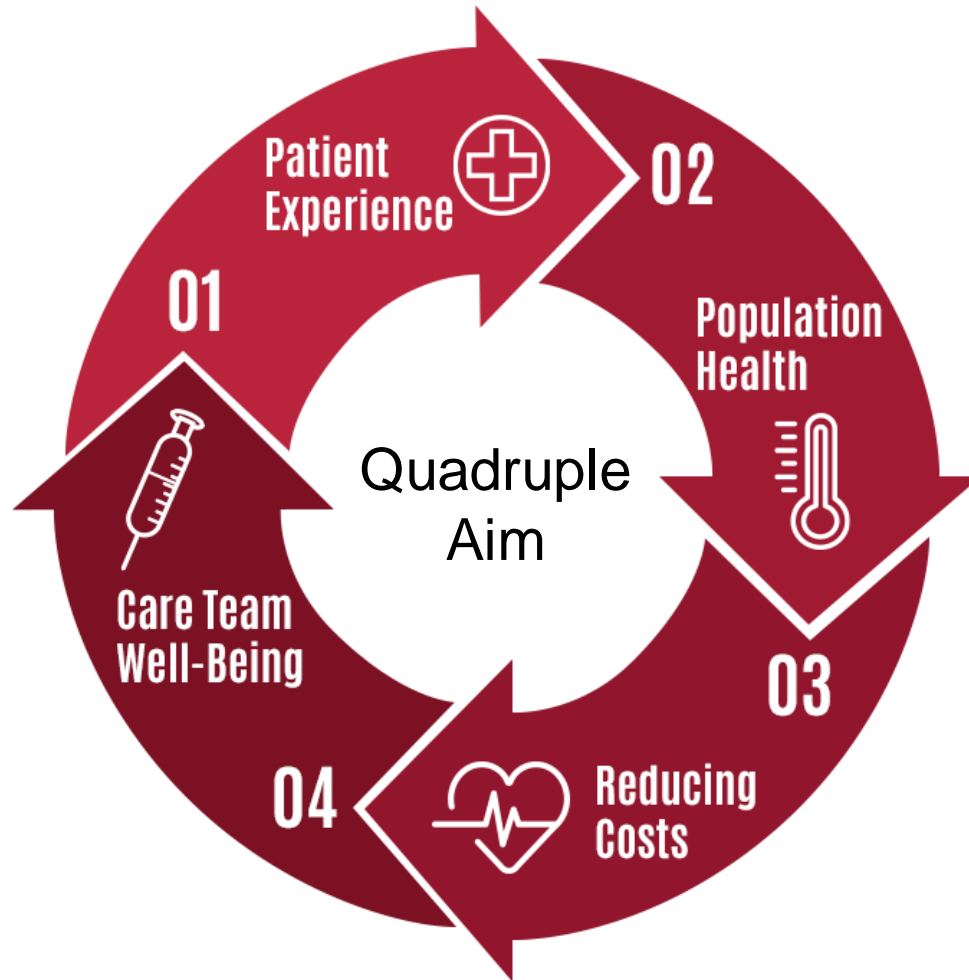
- What are home health and hospice CAHPS?
- What are the requirements?
- How does the survey process work?
- How is CMS CAHPS data used?

## Leveraging CAHPS for Growth

- Why are surveys and star ratings important?



# Background and Overview



## Goal

“Our goal is to activate the most powerful force in our healthcare system for creating value: **the patient.**”

“We will transform the individual patient into a consumer of healthcare – one that is **empowered to shop for the provider that delivers the best care at the lowest price.**”

- Seema Verma, Centers for Medicare and Medicaid Services (CMS) Administrator

Source: [Feeley, Derek, "The Triple Aim or the Quadruple Aim? Four Points to Help Set Your Strategy," 2017](#)  
Source: [CMS.gov, "Speech: Medicare Remarks by CMS Administrator Seema Verma at the Commonwealth Club of California," 2018](#)

# Background and Overview

## Patient Engagement **Improves Outcomes**



# What is CAHPS?

**C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems

Initiated and funded by the Agency for Healthcare Research and Quality (AHRQ) in 1995 in partnership with the Centers for Medicare and Medicaid Services (CMS).

## **Patient Protection and Affordable Care Act (ACA) of 2010**

- Improve quality of care through **outcome measurement**
- **Mandated** Hospice Quality Reporting Program (HQRP)
- Section 3004

## **Surveys Developed and Required for Different Health Settings**

- Home Health: April 1, 2010
- Hospice: January 1, 2015

# How is CMS CAHPS Data Used?

## Measure and Assess Experiences of:

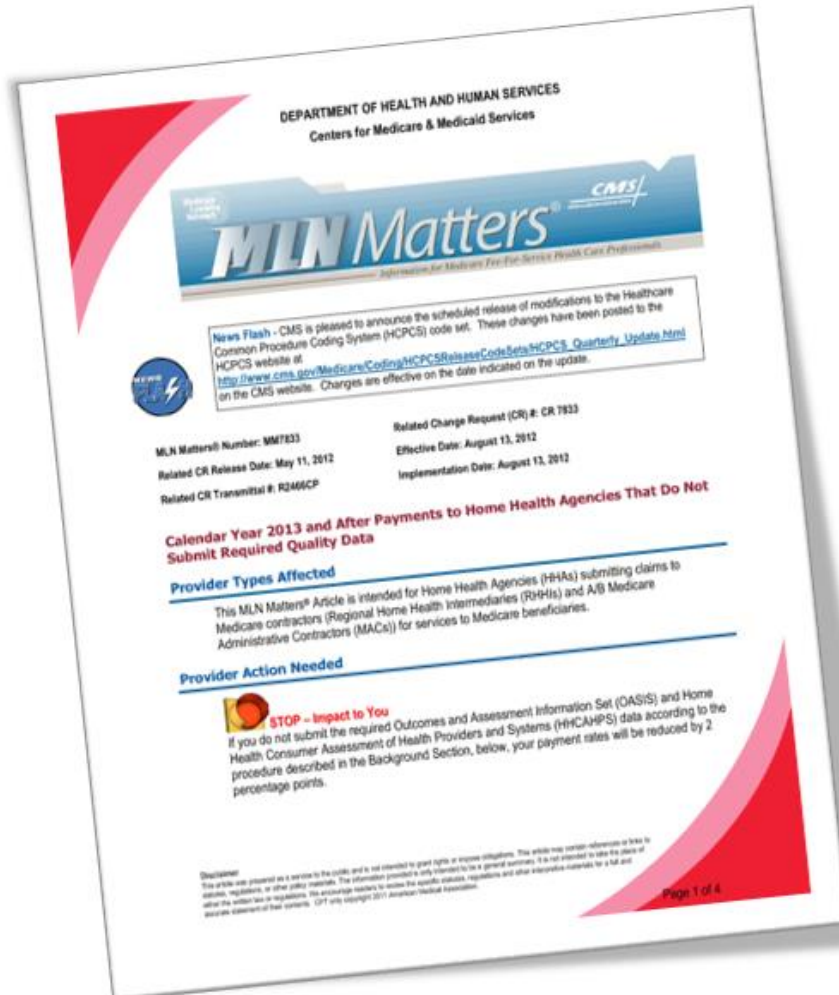
- Patients who received home healthcare
- Decedents who died while receiving hospice care
- Decedents' caregivers

## Goal and Purpose of Survey – **Care Compare**

- **Monitor quality measures** and **star ratings** quarterly
- Publicly report data to **aid patients in comparing and choosing providers**
- **Incentivize organizations to improve** their quality and outcomes
- **Certification and Survey Provider Enhanced Reports** (CASPER) system



# Policy Requirements – Home Health



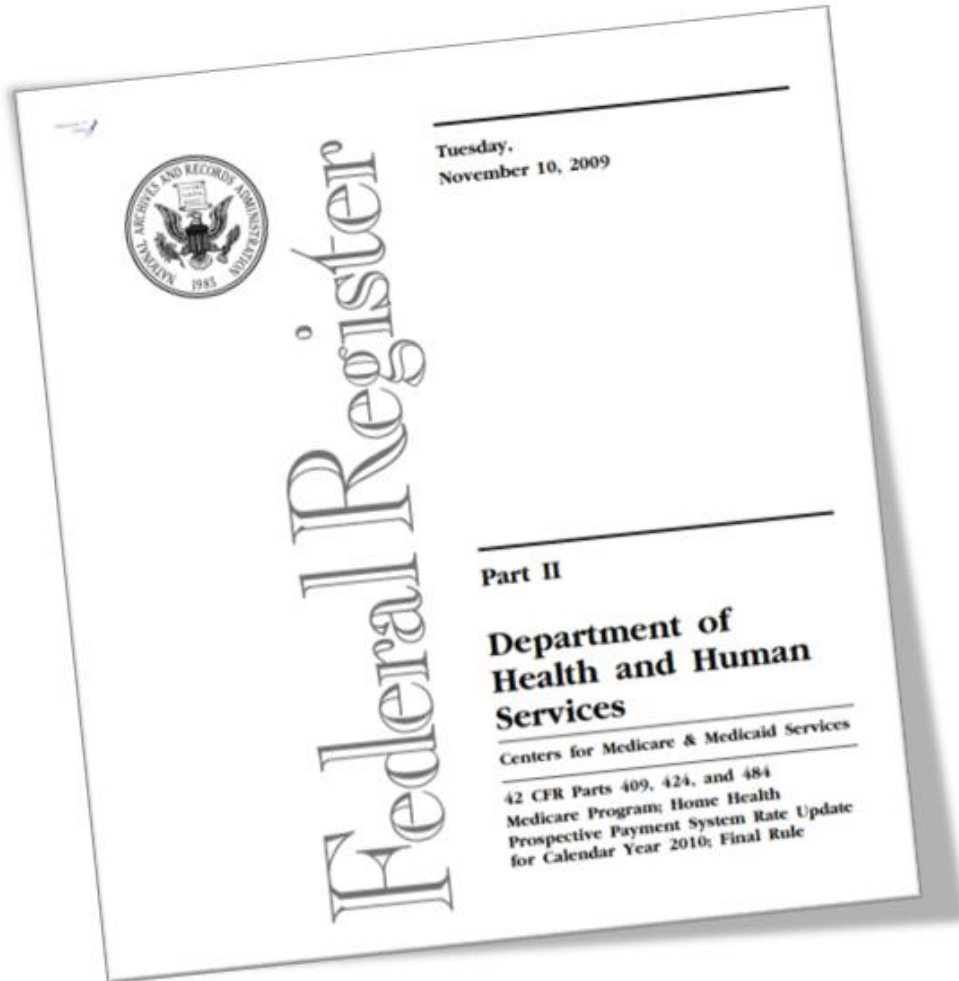
## Federal Register/Vol. 74, No. 216

- Released November 10, 2009
- **Medicare-certified** home health organizations
- Serving **60 or more patients** in previous period of April 1, 2009 to March 31, 2010

## MM7833 Adds **Pay-for-Performance** (HH P4P)

- Patient survey-eligible criteria in Chapter IV of the HHCAHPS Protocols and Guidelines Manual
- **Monthly** data collection
- **OASIS data** submission
- **2% penalty** for non-participation

# Policy Requirements – Hospice



## Federal Register/Vol. 81, No. 151

- Released August 5, 2016
- **Medicare-certified** hospices
- Serving **50 or more patients** in previous calendar year of January 1, 2016 to December 31, 2016
- **Monthly** data collection
- **All caregivers of decedents**
- **HIS data** submission
- **2% penalty** for non-participation
- **4% penalty (2024)** for non-participation

# Patient-Survey Eligibility – Home Health

- **18 years or older** by the end of the sample month
- Care **covered by Medicare or Medicaid** (including Medicare/Medicaid Advantage plans)
- **At least two home health visits** for skilled nursing care, physical therapy, occupational therapy or speech therapy during the lookback period (in the sample month and preceding month)
- **Services other than routine maternity care** in the sample month
- **Not currently receiving hospice** care
- **Not deceased**
- **“No Publicity” status**

# Patient-Survey Eligibility – Hospice

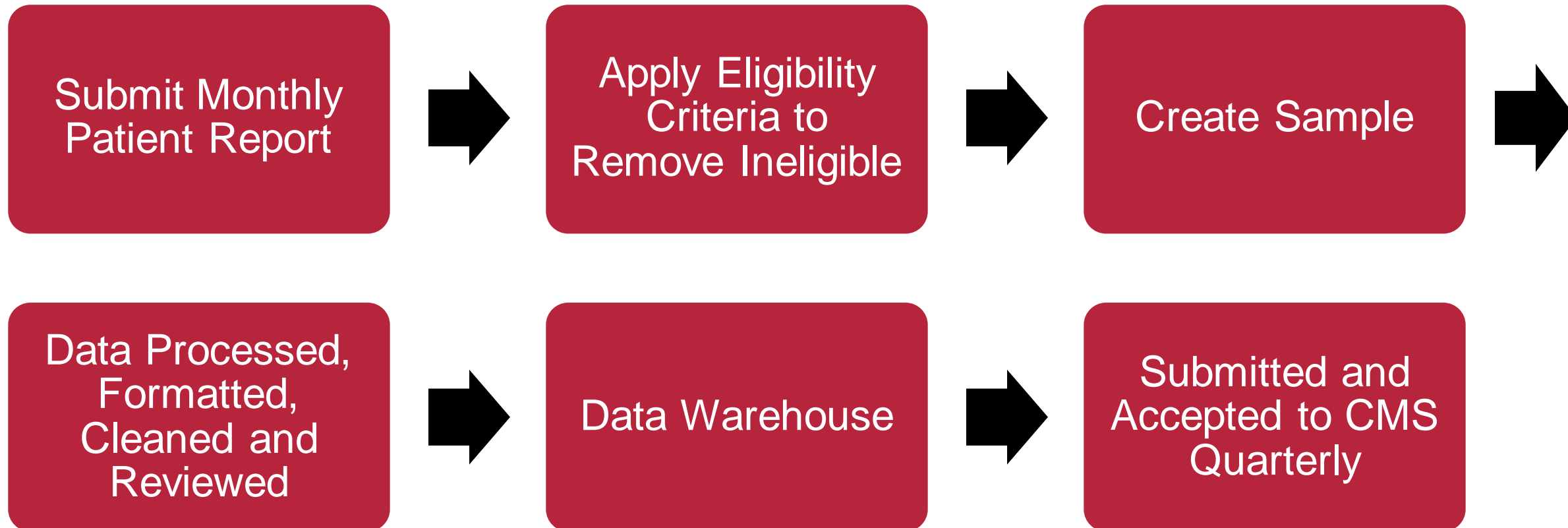
- Decedents **age 18 and over** at time of death
- **Death at least 48 hours after last admission to hospice** care
- **Has a caregiver of record** (unless it is a non-familial legal guardian)
- **Caregiver has a U.S. or U.S. territory home address**
- **“No Publicity” status**

# Participation Requirements

- Must have **CMS Certification Number** (CCN)
- **Contract with CMS-approved CAHPS survey vendor** like Axxess
- **Quarterly public reporting** on Care Compare
- Exemptions:
  - Newness: If organization CCN received on or after January 1 of the performance year
  - Size:
    - Less than 60 survey-eligible home health patients during the previous period (i.e., April – March)
    - Less than 50 survey-eligible hospice patients during the previous calendar year (i.e., January – December)

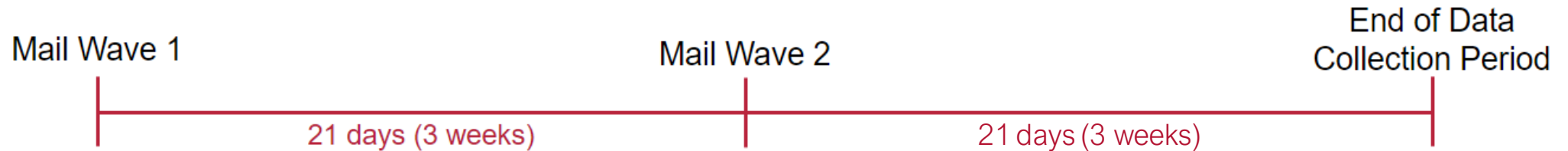
# How Does the Survey Process Work?

Authorize the contracted vendor to collect and submit survey data.

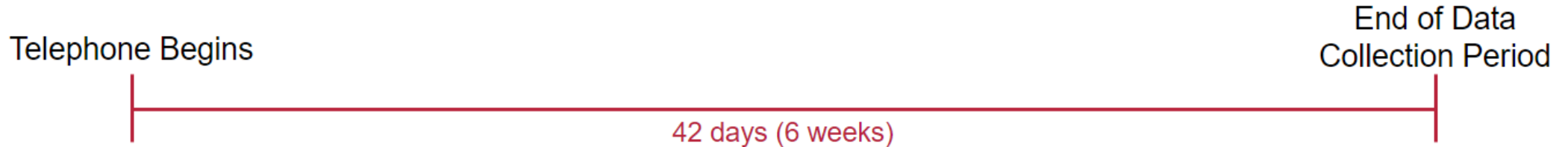


# CMS Survey Modes and Timelines

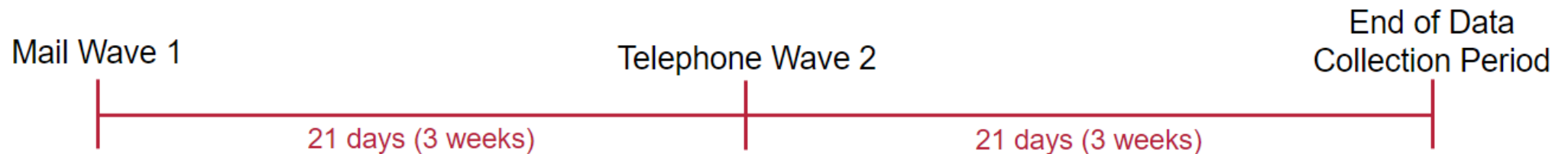
## Mail-Only



## Telephone-Only



## Mixed Mode



# Survey Questions – Home Health

**34 Questions**

## Composite Measures

- Care of patients
- Communication between providers and patients
- Specific care issues

## Global Measures

- Overall rating of care
- Patient willingness to recommend organization

# Survey Questions – Hospice

**47 Questions**

## Composite Measures

- Communication with family
- Getting timely help
- Treating patient with respect
- Emotional and spiritual support
- Help for pain and symptoms
- Training family to care for patient

## Global Measures

- Overall rating of care
- Willingness to recommend organization

# Survey Questions – Hospice

## Example:

Training family to care for patient

**23. Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?**

- ☐ <sup>1</sup> Yes, definitely
- ☐ <sup>2</sup> Yes, somewhat
- ☐ <sup>3</sup> No
- ☐ <sup>4</sup> I did not need to help my family member with trouble breathing



# Why Are Surveys and Star Ratings Important?

## Quality Reporting Program

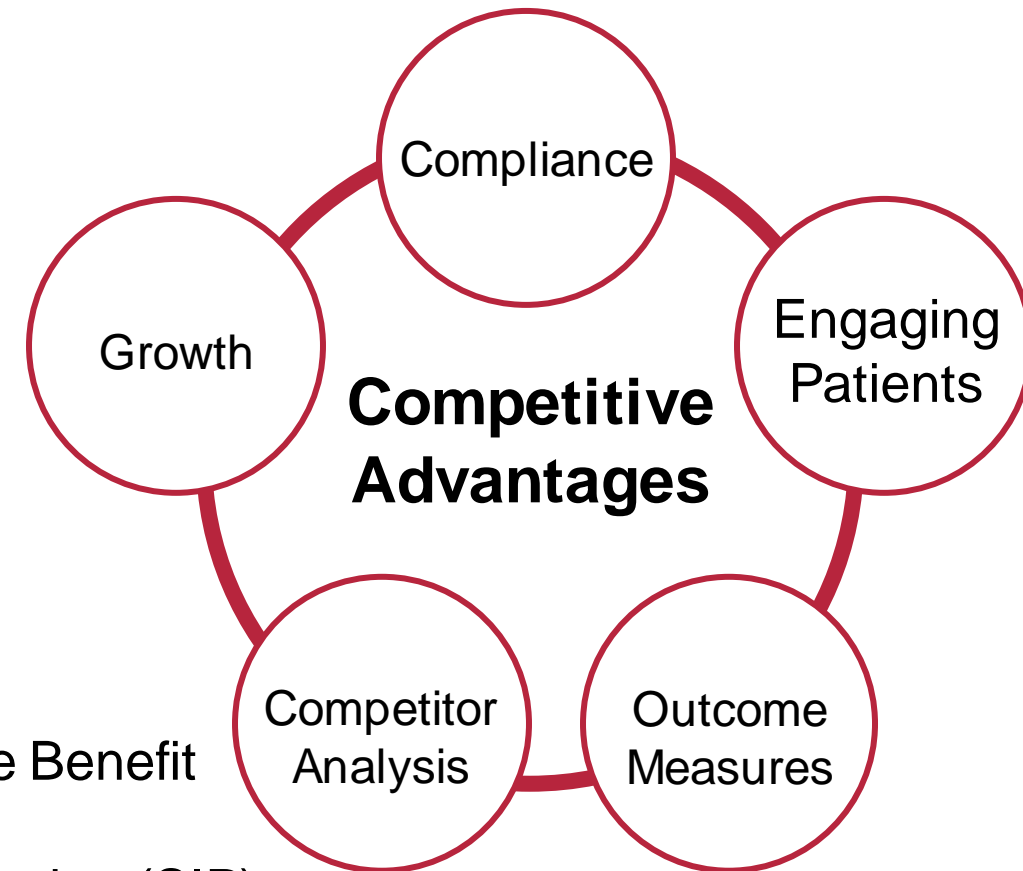
- Penalty for non-participation

## Star Ratings

- **Competitive advantages**
- **Marketing to referrals**

## Future Trends

- **Value-based care and purchasing models**
  - Value-Based Insurance Design Model: Hospice Benefit Component
  - Primary Care First Program: Seriously Ill Population (SIP)
- Partnerships
  - National Hospice and Palliative Care Organization (NHPCO) We Honor Veterans Program



# Key Takeaways

- **Patient-centered care is crucial** to achieving quality patient outcomes, improving efficiency and **reducing costs**
- Patient experience (CAHPS) surveys are a **CMS reporting requirement**
- Quality of patient care services and patient experience **star ratings are publicly reported**
- Quality measures are key metrics for **value-based reimbursement** programs
- High-performing organizations **attract referrals, partnerships and growth**



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