

## **HCAHPS and Patient Satisfaction: A Case Management Perspective**

When it began penalizing hospitals for high readmission rates, the Centers for Medicare & Medicaid Services (CMS) rather effectively communicated that it expects inpatient facilities to do a much better job at discharge planning. Now it's going one step further, by measuring patient satisfaction with the discharge process and adjusting reimbursement rates for hospitals with low scores. You've probably already heard of this expansive initiative with a long name: the Hospital Consumer Assessment of Healthcare Providers and Systems, abbreviated as HCAHPS and often pronounced as "H-Caps." If you're still unsure exactly how the HCAHPS survey will affect you as a case manager, here's a rundown.

### **How does HCAHPS work?**

HCAHPS is part of Medicare's new value-based purchasing program, which is an effort to shift to reimbursement models that pay for high-quality care, rather than a high quantity of care. HCAHPS itself is a survey instrument that aims to measure patient satisfaction with the entire hospital experience. Recently discharged patients are asked to answer roughly 30 questions, in seven key topic areas that include responsiveness of hospital staff, nursing communication skills, physician communication skills, pain management, quietness and cleanliness, explanations about medications, and discharge instructions. Essentially, then, the patients are rating not only the frontline staff that provided care but also the housekeeper that cleaned their room and the case manager that supported their discharge.

The survey is designed to allow objective and meaningful comparisons between hospitals, in areas that are important to consumers. Results are published online and can be viewed by the public. But perhaps most significantly, the data will be used to determine reimbursement – and hospitals can gain or lose up to two percent of their Medicare reimbursement fees, depending on how well they score. (A hospital that chooses not to participate in HCAHPS is automatically docked two percent.)

HCAHPS survey data is already being collected and tallied, and the Centers for Medicare and Medicaid Services (CMS) will begin implementing value-based incentive payments for hospitals in 2013.

### **It's patient *perception* that matters**

Some caregivers have already expressed their unease about being held accountable for overall patient satisfaction. The most oft-cited concern has to do with the way patient responses are weighted for reimbursement purposes. For example, where the survey asks questions about how often nurses communicate well or respond quickly to a request, consumers can respond with Always, Usually, Sometimes, or Never – but hospitals only receive credit for the "Always" responses. Additionally, the survey responses reflect the patients' *perceptions* of effective communication, response times, pain levels, hospital cleanliness, etc. – not necessarily the reality of a situation. (We all know that time can

seem to move more slowly when you're hungry, uncomfortable, or waiting for something, for example.)

As hospitals gather HCAHPS survey data and identify problem areas, case managers can use their interpersonal and liaison skills to help various departments improve and maintain overall patient safety, care, and satisfaction. You can collaborate with members of the interdisciplinary team to coordinate services and support continuity of care across facilities. And you can help caregivers in other disciplines learn to positively influence a patient's perception through not only through courtesy and respect, but through dialogue – for example, “I'm washing my hands for your safety,” or “I want you to know why you're taking this medicine, so let me explain it to you and make you sure you understand the side effects.”

### **Discharge planning is a key focus area**

CMS has recently expanded the section of the survey that asks questions related to discharge planning, raising the bar for how well hospitals must perform to qualify for maximum reimbursement. The good news is, as these questions provide more visibility and insights into the discharge process, they could also spotlight problems that are leading to unnecessary readmissions, which can also effect reimbursement.

Two of the discharge-related survey questions can only be answered with Yes or No (in other words, pass/fail). These are:

- 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?
- 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?

Three other survey questions are in the form of statements that consumers are asked to respond to with a four-point Likert scale, with responses ranging from Strongly Agree to Strongly Disagree. These are:

- During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
- When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
- When I left the hospital, I clearly understood the purpose for taking each of my medications.

Clearly, the discharge process must become more personalized, with an emphasis on clear communication as it affects patient perception and comprehension. One useful tool that case managers can use – or teach to nursing staff – is called “repetition and teach back.” During discharge instructions, caregivers ask patients to repeat the information they were provided and “teach” the care team what they understand their responsibilities to be – including medication schedules, nutritional issues, wound or surgical site care,

etc. It can also be helpful to have a family member or friend become part of the discharge process by listening to the instructions and participating in repetition and teach-back, so they can help the patient at home.

### **How you can make a difference**

Every patient interaction you're involved with now has the ability to affect your hospital's HCAHPS scores, and ultimately revenue. Take a look at the actual HCAHPS questionnaire (it's available online) and become familiar with the topics patients will be asked about. When your hospital HCAHPS scores are released, examine the data and compare it to other hospitals in your area, as well as to national averages. If you have specific ideas for changes that might improve any problem areas, be sure to voice them.

We can view the HCAHPS initiative as a positive and unexpected opportunity to advance the interests of both floor nurses and case managers. For example, studies have shown that patient satisfaction is higher when nurses have a better work environment and greater collaboration with physicians. Hospitals haven't always taken note of this data, but now they may have to – and nurses and case managers are poised to benefit when they do.

The power of HCAHPS is that it has forced institutions to take the patient's perspective into serious consideration. We now have a tool focused on patient-centered care, and a way to measure it that was not in place before. This is our chance to demonstrate that what we do not only makes a difference, but that we are revenue-producing departments.