

Consumer-Purchaser DISCLOSURE PROJECT

Better information. Better decisions. Better health.

March 26, 2013

Marilyn Tavenner
Acting Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore MD, 21244

RE: CMS-4171-NC: Request for Information to Aid in the Design and Development of a Survey Regarding Patient Experiences with Hospital Outpatient Surgery Departments/Ambulatory Surgery Centers and Patient-Reported Outcomes from Surgeries and Procedures Performed in These Settings

Dear Ms. Tavenner:

The 29 undersigned organizations represent a collaboration of leading consumer, labor, and employer organizations committed to improving the quality and affordability of health care through the use of performance information to inform consumer choice, payment, and quality improvement. We appreciate the opportunity to respond to the Request for Information (RFI), the goal of which is development of a patient experience survey tool and patient-reported outcomes measures for assessing the quality of care provided in the hospital outpatient (HOPD) and Ambulatory Surgical Center (ASC) settings.

Consumers and purchasers have long applauded the use of the HCAHPS patient experience survey – and more recently, the addition of the Care Transition Measure 3-Question Survey (CTM-3) – in the Medicare Inpatient Quality Reporting Program. At the same time, we have highlighted the enormous gap that exists in the collection of similar data at the HOPD and ASC levels, particularly given the exponentially increasing volume of care delivered in these settings. We wholeheartedly support CMS' efforts to now create both a patient experience tool and Patient-Reported Outcome (PRO) measures that will address the unique mix of patients and type of care delivered in these two settings.

In response to CMS' request for information on topics, questions, and specific surveys that may already exist to fill the aforementioned gap in measurement, we offer comments on the following:

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Pacific Business Group on Health
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- The importance of **expanding the patient experience survey beyond surgical procedures, to include patients that receive ambulatory care in the HOPD;**
- The importance of creating methods for quickly and efficiently collecting PRO data (including patient experience data) **that leverage innovative Health IT tools**, thus allowing for greater patient response rates and more rapid-cycle improvements; and
- Suggestions for specific topics and questions that will **best achieve the goals of a HOPD/ASC patient experience survey** and PRO measures, including topics that will provide more granular information on patients' experiences with their doctors and surgeons at the individual provider level.

We strongly support CMS' efforts to close the patient experience and PRO data collection gaps, and we look forward to working with you as this development work continues.

Collect Patient Experience and Outcomes Data in Ambulatory Care in the HOPD

We are witnessing a significant shift in the volume of patients receiving ambulatory care in the HOPD setting. This requires hospitals to focus on prevention and chronic care delivery in a way that is challenging, but at the same time offers enormous opportunity to develop new and innovative patient- and family-centered care methods. In order to capitalize on this burgeoning shift, it is critical that patient experience and PRO data from ambulatory care patients be measured and the data be fed back into the system. Simply building new spaces for hospital-based ambulatory care and shifting services out of the in-patient setting will not be enough to ensure the highest quality, most effective care is provided to patients. Rather than focusing solely on the surgical patient subset of the HOPD population, we urge CMS to develop a patient experience survey and PROs that are relevant – and, most importantly, can be tested – on ambulatory care HOPD patients. We recommend CMS begin by focusing on those patient populations who are receiving the highest volume of ambulatory care in the HOPD, such as chemotherapy and diabetes patients, and then expand to broader ambulatory care populations.

Using Innovative Health IT to Collect Patient-Generated Data

In this age of Electronic Health Records (EHRs), Meaningful Use, and other efforts to align measurement and data collection across public and private sector payers, we urge CMS to develop a HOPD/ASC Patient Experience Tool and patient-generated outcome measures in tandem with new models of electronic data capture.

Research on Health IT adoption has shown that facilities are more likely to successfully use health IT when they are strategic and proactive about integrating data collection processes into workflows during initial implementation. Doing so improves both clinical efficiency and patient experience. The same is

true of measurement: it should be done in a way that is strategic and proactive in terms of integrating the electronic data capture to allow for the most efficient use by both patients (in supplying the data) and providers and payers (in rapid-cycle use of the data). We know that patient experience and PRO data are critical to improving care quality and promoting system redesign that promotes patient- and family-centered care. Imagine the progress that could occur at the HOPD and ASC settings if providers had real-time actionable patient generated data from which to make rapid-cycle improvements.

A study in the American Journal of Managed Care looked at the effects of installing patient experience survey kiosks in primary care provider group practices. Two key findings from this research include the following: 1) The availability of in-office kiosks led to a 50 percent response rate, which points to how data collection can be improved when administrators consider not just the providers' workflow but also the *patients'* workflow; and 2) patients gave higher ratings to their physicians, compared to attending residents.

It is possible to make a correlation between the availability of the kiosks, the fact that they allowed patients to submit information anonymously, and the higher response rates. The upside was that, according to this study, the kiosks created no statistically significant effect on office flow in terms of wait times, checkout procedures, or visits with providers. Regarding the differences in ratings between physicians and attending residents, the results of this study further underscores the importance of having individual-level provider questions as well as facility-level questions. Finally, the study found that the sample of patients who used the kiosks were a representative sample of the practice's patient population overall. While this is just one study, based in a primary care setting and not a HOPD or ASC, it does provide some meaningful insight into the ways that IT-enabled data collection can and must be leveraged if the field truly wants to implement patient-generated data measures and use the information for rapid-cycle improvements.

There are concerns and challenges associated with this point-of-service collection of patient experience data. Some argue that patients – when asked about their experience during the point of care and/or immediately following discharge – may rate their experience as being better than it was, out of concern that they do not want to jeopardize their relationship with a provider in whose treatment the patient may still remain. There are no definitive answers to this challenge. We believe that pursuing these data collection methods in tandem with the development of the measures and survey tools themselves, however, will lead to the kind of testing and validation that will both shed more light on this issue, and ultimately amass the kind of patient-generated data so needed by the field. One example of how CMS can promote this is by facilitating – through Meaningful Use and other programs – the development of an electronic infrastructure with the capacity to collect PROs from patients electronically.

HOPD/ASC Patient-Generated Data: Topics, Questions, and Data Sources

As discussed in the RFI, we support CMS’ consideration of a number of existing CAHPS survey tools. However, unlike the RFI, we suggest CMS look beyond HCAHPS and include non-facility level topics and questions, specifically related to communications between the doctor and the patient. In Table 1 below, we offer the following suggestions organized by general topic area, specific questions, and the existing CAHPS tool in which these questions can now be accessed. In general, we believe that in many cases, the questions already exist. It is a question of testing and validating them in the HOPD/ASC setting, and integrating them in existing HIT methods.

Table 1: Patient Experience Topics/Issues, Questions, and Associated CAHPS Tool

Topic/Issue	Specific Questions	Existing CAHPS Tool From Which These Questions May Originate
<i>Communication and information sharing</i>	<ul style="list-style-type: none"> • How well do nurses communicate with patients • How well do doctors communicate with patients <ul style="list-style-type: none"> – Did the patient receiving information to help prepare with surgery/treatment? – Did the patient receive information to help recover from surgery/treatment? • How responsive were the HOPD/ASC staff to patients’ needs • How well did HOPD/ASC staff help patients manage pain? • How well did the staff communicate with patients about medicines? • Was key information provided at discharge? 	<ul style="list-style-type: none"> • HCAHPS • Surgical Care CAHPS
<i>Comfort</i>	<ul style="list-style-type: none"> • Cleanliness of facility 	<ul style="list-style-type: none"> • HCAHPS
<i>Ease of Access to Ambulatory Care in the HOPD Setting</i>	<ul style="list-style-type: none"> • Ease of scheduling appointments • Access to providers 	<ul style="list-style-type: none"> • Clinician/Group CAHPS • PCMH CAHPS
<i>Experience Receiving Ambulatory Care in the HOPD Setting</i>	<ul style="list-style-type: none"> • Communication during clinical visit • Office staff and customer service • Cultural competency 	<ul style="list-style-type: none"> • Clinician/Group CAHPS
<i>Shared Decision-Making</i>	<ul style="list-style-type: none"> • Providers discuss medication decisions 	<ul style="list-style-type: none"> • PCMH CAHPS

The CAHPS suite of tools provides a strong foundation upon which to build a HOPD/ASC patient experience tool, and the PCMH tool is particularly important. However, CAHPS instruments should not

be the only sources of questions. In particular, there are gaps in the areas of care coordination (e.g. ensuring that communications occur between surgical, specialty, and primary care/PCMH providers), shared decision-making, and assessment of functional status (assuming the survey is not administered at the point of care). Thus, Table 2 offers a number of additional questions for consideration when developing this tool.

Table 2: Additional Questions for Patient Experience Survey Tool

Topic	Questions
<i>Care Coordination</i>	<ul style="list-style-type: none"> • Did the provider/facility provide key information about your procedure to your primary care provider in a timely manner? • Did the provider/facility facilitate your needs in terms of accessing support services in the community post-discharge? • Did you receive/were you able to easily access information from the provider/facility post-discharge?
<i>Shared Decision-Making</i>	<ul style="list-style-type: none"> • Did your surgeon/provider share information and help you come to a decision about preferred treatment? • Were you given the opportunity to understand the materials and ask questions of your provider in a way that honored your preferences?

Finally, in response to CMS’ request for information on sources of patient-reported outcome measures, we offer Table 3, which provides examples of PROs that are already in use; we urge CMS to consider these when developing PROs for the HOPD/ASC settings.

Table 3: Examples of Patient-Reported Outcome Measures Already in Use

Topic/Condition	Measurement Source/Sponsor
<i>Physical, mental, and social well-being related to pain, fatigue, physical function, depression, anxiety and social function.</i>	<ul style="list-style-type: none"> • The Patient Reported Outcomes Measurement Information System (PROMIS). Data collected via PROMIS can be used to improve communication between physician and patient, manage chronic disease, and design treatment plans
<i>Functional Status</i>	<ul style="list-style-type: none"> • VR-12 Tool, which includes questions such as “Does your health interfere with normal social activities;” “Do you have problems with work or daily activities xx-days post-surgery;” and “Does your health limit functions you do during a typical day?”
<i>All Conditions</i>	<ul style="list-style-type: none"> • CMS Health Outcomes Study

<i>Asthma</i>	<ul style="list-style-type: none"> • Geisinger Health System • Minnesota Community Measurement
<i>Back/Neck Pain; Spine Surgery</i>	<ul style="list-style-type: none"> • Dartmouth-Hitchcock Medical Center • Minnesota Community Measurement (currently under development)
<i>Total Hip Replacement/ Total Knee Replacement</i>	<ul style="list-style-type: none"> • Minnesota Community Measurement (currently under development) • UK National Health Service
<i>Hernia surgery</i>	<ul style="list-style-type: none"> • UK National Health Service
<i>Varicose Vein Surgery</i>	<ul style="list-style-type: none"> • UK National Health Service

Collecting Patient Experience and PROs at the Individual Physician Level

There is broad agreement and recognition across all stakeholder groups – payers, providers, purchasers, consumers, and patients – that one of the best methods for identifying ways that care delivery and system design are, and are not, working is by asking patients. This is true for both assessing experience and determining health outcomes. There is also broad agreement across many stakeholders that patients’ experiences and outcomes are a function of multiple factors, including the quality of care provided by their physician/provider, the level of quality and patient-centeredness afforded by the facility in which care was delivered, and the shared accountability between the provider, the facility, and the community in supporting the transition of the patient beyond the clinical setting. Therefore, as reflected by the topics and questions in the Tables above, and by the findings of the American Journal of Managed Care study, we recommend that CMS explore the possibility of collecting not just facility-level data, but also data on patients’ experiences with their treating physicians.

Additional Sources to Pursue

In addition to these topics and their associated CAHPS tools, we recommend CMS look to the Agency for Health Care Research’s Innovations Exchange program, which funded a comprehensive orthopedic surgical program to improve patient experience. In this innovative program, Hallmark Health System created an initiative – the Bone and Joint Program – to provide clinical support and education to elective orthopedic surgical patients. The program included provision of education on the surgery and recovery process; preoperative screening and counseling; and proactive, coordinated planning for discharge and follow-up care. We believe that the kinds of activities undertaken through this program could create the foundation for the types of questions that make up a patient experience tool, for all patients. We urge CMS to view the development of this tool –and others like it – as a way to promote the development of new and innovative programs such as the Bone and Joint Program, as well leverage those innovative programs to ensure the creation of a survey that takes into account the burgeoning field of patient experience improvement efforts.

On behalf of the millions of Americans represented by the undersigned organizations, we appreciate the opportunity to respond to this RFI and look forward to continuing this critical work to develop patient experience and patient-generated outcome measures for the HOPD and ASC. If you have any questions, please contact either of the Consumer-Purchaser Disclosure Project's co-chairs, Debra L. Ness, President of the National Partnership for Women & Families, or Bill Kramer, Executive Director for National Health Policy at the Pacific Business Group on Health.

Sincerely,

The Alliance
American Hospice Foundation
Caregiver Action Network
Caring from a Distance
Center for Medicare Advocacy
Childbirth Connection
Citizen Advocacy Center
Employers' Health Coalition
Employers Health Purchasing Corporation
The Empowered Patient Coalition
Equity Healthcare
Families USA
Greater Detroit Area Health Council
The Greenbrier Companies, Inc.
Health Policy Corporation of Iowa
HealthCare 21 Business Coalition
Iowa Health Buyer's Alliance
The Leapfrog Group
Maine Health Management Coalition
National Business Coalition on Health
National Health Law Program
National Partnership for Women & Families
New Jersey Health Care Quality Institute
Pacific Business Group on Health
PULSE of America
St. Louis Area Business Health Coalition
Virginia Business Coalition on Health
Well Spouse Association
Wyoming Business Coalition on Health