

CMS testimony to patient reported data hearing

CMS is committed to improving care for Medicare beneficiaries through its quality measurement programs. The Affordable Care Act has significantly expanded CMS reporting programs to additional settings, and has authorized the implementation of value-based purchasing programs as one lever to improve care. The ACA also required the development of a National Quality Strategy which was first published in March of 2011. The second version was just released in April of this year. CMS is committed to implementation of the National Quality Strategy which identifies three high level aims - better care, better health and lower costs – and six priorities. One of these priorities is “ensuring that each person and family member are engaged as partners in their care.” CMS has long invested in the development and use of patient reported metrics which can measure not only patient engagement in care but also patient – reported outcomes.

The HCAHPS program – Consumer Assessment of Healthcare Providers and Systems was created in conjunction with the Agency for Health Research and Quality. Three broad goals have shaped HCAHPS. First, the survey is designed to produce data about patients’ perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers. Second, public reporting of the survey results creates new incentives for hospitals to improve quality of care. Third, public reporting serves to enhance accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the Centers for Medicare & Medicaid Services (CMS) and the HCAHPS Project Team have taken substantial steps to assure that the survey is credible, useful, and practical.

The HCAHPS survey is composed of 18 substantive items that encompass critical aspects of the hospital experience (communication with doctors, communication with nurses, responsiveness of hospital staff, cleanliness and quietness of hospital environment, pain management, communication about medicines, discharge information, overall rating of the hospital, and recommendation of the hospital. On average, it takes respondents about seven minutes to complete the HCAHPS survey items.

In May 2005, the HCAHPS survey was endorsed by the National Quality Forum (NQF.) Beginning in July 2007, these measures were used in CMS’ Inpatient Quality Reporting program. The 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 in October 2012. CMS has also supported the development and implementation of other CAHPS surveys, such as clinician group CAHPS (which is used in the Medicare Shared Savings Program), In-Center Hemodialysis CAHPS and Home Health CAHPS. The CAHPS surveys are also used in the Medicare Advantage programs.

To further address the priority of patient and family engagement and to foster the use of patient reported outcomes, CMS is developing clinical quality measures that incorporate patient reported information. For example, in the meaningful use stage 2 proposed rule, there are a number of measures with patient reported outcomes. These include measures of change in functional status, remission of depression and quality of life for people with depression. CMS plans to further incorporate patient reported outcome measures in our ambulatory care, post-acute care, hospice and other reporting and payment programs.

We expect that over time patient reported outcomes measures will grow in these Medicare programs as well as in the CHIP and Adult Medicaid programs, and in particular will be used in quality improvement programs and demonstrations for patients with dual eligibility for Medicare and Medicaid. Examples include measures of functional status, measures of symptom improvement, such as pain control, and quality of life measures. CMS is actively working to align these and other measures across programs as well as across all of HHS and the private sector.

CMS investment in these measures has been to convene national experts in the field of patient reported outcomes to understand best practices and medical evidence. We have then invested in the creation of specific measures if measures did not previously exist. This includes feasibility testing, reliability and validity testing as well as sponsorship for endorsement with national endorsing bodies like the National Quality Forum.

We are learning a number of lessons from the development of these patient reported outcome measures. Our feasibility testing has shown that measures of functional status change are currently easier to do within a continuity of care practice- such as primary care. Measures of care that cross organizational boundaries, such as an outpatient practice, a hospital and a surgical care center- require interoperability between systems. Our field analysis has shown that these interoperability requirements face larger feasibility hurdles. We have also identified issues of how best to use data standards to attribute the responses to the appropriate person. Most EHRs and their audit logs store system user information to attribute a response- such a nurse who is logged in. Responses that nurse enters would be attributed to him or her. Attributing a response to a patient or family member who may not have signed into the system needs further development from a data standards and EHR system perspective. Finally, how patients input information- paper survey, computer forms, medical devices and phone response systems are all being used. There is not yet consensus about the ideal methods for patients to record their preferences that providers can integrate into their systems. Data standards need further development to best represent these concepts and to encourage interoperability of systems for patient input and EHRs.

CMS will continue to work toward ensuring that each person and family are engaged as partners in their care. Use of patient – reported measures is a strong priority within CMS and across HHS. We will continue to support the development of patient reported measures and to expand their use in our programs across the agency.