



Delmarva Foundation

May 26, 2005

The Honorable Tom Coburn
Chairman, Subcommittee on Federal
Financial Management, Government
Information, and International Security
U.S. Senate
Washington, DC 20510

The Honorable Nathan Deal
Chairman, Subcommittee on Health
of the Energy and Commerce
Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Thomas R. Carper
Ranking Member, Subcommittee on
Federal Financial Management, Government
Information, and International Security
U.S. Senate
Washington, DC 20510

The Honorable Sherrod Brown
Ranking Member, Subcommittee on
Health of the Energy and Commerce
Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chairmen and Ranking Members:

Our organizations are involved in the Hospital Quality Alliance, a public-private partnership to develop and make available standardized measures of health care quality to the public, and we strongly support HCAHPS, the patient experience of care measure currently awaiting final approval by the Centers for Medicare & Medicaid Services (CMS). As you consider possible subcommittee hearings on this survey instrument, please consider our organizations as a resource.

Our organizations include health care providers, consumers, purchasers, quality experts, accreditors and regulators. We are united in a shared vision of a higher quality and lower cost health care environment that is driven by knowledgeable clinicians, patients and purchasers acting on objective, verified and reliable comparative data on quality of care.

We have worked together for the past three years to build a system of quality reporting for hospitals that serves the best interests of patients and our organizations. While still in the early stages of development, we are proud that we've overcome many technical and organizational problems in getting reliable information on standardized data to clinicians and the public. Our most recent milestone was last month's launch of "Hospital Compare" (www.hospitalcompare.hhs.gov), the Hospital Quality Alliance's consumer Web site with easily accessible comparative quality information.

Now we are focused on charting future quality measure implementation strategies – both short- and long-term – that will produce knowledgeable and empowered consumers. These individuals, in partnership with their clinicians, can become a major force in improving health quality and costs.

HCAHPS is crucial to reaching that goal. It represents a quantum leap towards the goal of consumer-directed health care decision-making.

HCAHPS is a standardized survey that will allow fair and useful comparisons among hospitals. The survey's three goals are providing consumers with information to make choices, providing hospitals with an incentive to improve, and providing for public accountability. Unlike the proprietary quality surveys used by the vast majority of hospitals, HCAHPS is standardized and resides in the public domain.

Consumers want comparative detailed information on the experiences of patients in hospitals, and they want it in a format that makes it easy to compare one facility to another. The academic literature is clear on this issue, and so is wide-spread anecdotal experience.

HCAHPS, developed in an exhaustive process led by the Agency for Healthcare Research and Quality (AHRQ) in conjunction with CMS, is based on the best research work available to the nation. The instrument has been tested and retested, and has been trimmed from a 66-question draft to the current 27-question format. HCAHPS research shows that this number of questions is needed to provide consumers with the range of information they want when choosing a hospital, and to allow hospitals to demonstrate how they perform on a range of topics of importance to patients.

HCAHPS designers were cognizant that many hospitals already collect experience of care and service information for internal quality improvement and public marketing purposes. The HCAHPS process for administering the survey, though, is flexible enough to fit into the existing hospital activities and minimize any "add-on" costs, and thus minimize costs to hospitals.

From the start, some commercial vendors who develop and conduct private quality surveys for hospitals have questioned the need for HCAHPS, and suggested that HCAHPS would be very costly for hospitals to implement. Based on the public comments of some vendors the cost of HCAHPS would appear to be modest – \$3000 per year for 300 completed surveys according to one vendor, and no additional cost to facilities that already conduct quality surveys according to a second vendor. Nevertheless, to ensure that the cost and other burdens of implementation are fully

understood and addressed, CMS has contracted with Abt Associates to conduct a study of opportunities to reduce the burden and increase the value of the HCAHPS survey. Those results are expected in a matter of weeks.

The vendors' concerns also have been given full consideration by the Hospital Quality Alliance, and the National Quality Forum (NQF) spent a significant amount of time reviewing and discussing the vendors' suggestions for shorter surveys during its official review of the survey instrument. Vendor representatives were full participants in the formal review process that ran from December 2004 through March 2005.

While recognizing that modest costs may be associated with conducting the HCAHPS survey, NQF members also were convinced of the significant benefits of broadly using the HCAHPS survey to make useful data available to consumers, insurers, employers, hospitals and clinicians. HCAHPS was overwhelmingly approved in the NQF membership consensus process, and the Board voted without opposition to give final approval to the survey instrument on May 11, 2005.

If your subcommittee chooses to hold a hearing on HCAHPS we would strongly recommend that the developers of the survey instrument – CMS, AHRQ and various academic researchers – be asked to testify. In addition, survey users such as consumer and purchaser representatives as well as hospitals should be included. Finally, the subcommittees would benefit from hearing from a broad range of individuals and organizations that have been involved in developing HCAHPS over the last three years.

We appreciate your consideration of our views and would be pleased to assist you and your staff in whatever ways you deem appropriate.

Sincerely,

American Hospital Association
AARP
AFL-CIO
Association of American Medical Colleges
Consumer – Purchaser Disclosure Project
Delmarva Foundation
Federation of American Hospitals
Joint Commission on Accreditation of Healthcare Organizations

cc: Dr. Mark McClellan
Dr. Carolyn Clancy