

# Moving to Digital Patient Experience Measurement

**Vision:** A more robust, rapid, and targeted patient experience measurement system that empowers individuals and enhances the effectiveness of value-based payment (VBP) arrangements in driving higher quality and better outcomes.

**The Problem.** Twenty-five years ago, the Agency for Healthcare Research and Quality (AHRQ) launched the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, which established a standardized approach for measuring patient experience of care. It was a revolutionary step, and since then, CAHPS surveys have become critical components in a myriad of federal, state, and private value-based programs. However, CAHPS has failed to keep pace with changes in the healthcare industry. Its shortcomings include:

- Surveys that are mostly paper-based mail or via telephone, which is costly and contributes to lagging feedback.
- Results that are difficult to act on because the survey goes to a random patient sample, which provides insights about typical health plan members but is poorly suited to identifying the concerns of specific patient groups, like racial and ethnic minorities or patients with multiple chronic illness and other negatively impacted by social determinants.
- A focus on clinician-level care which, in the many markets where insurers have largely the same clinicians in their networks, provides little differentiation between plans.

Unsurprisingly, response rates have steadily declined to below 40% in Medicare Advantage and below 20% for Medicaid and Commercial health plans. These issues also severely limit the ability to support the VBP arrangements that are becoming more widespread, sophisticated, and inclusive of greater shared financial risk.

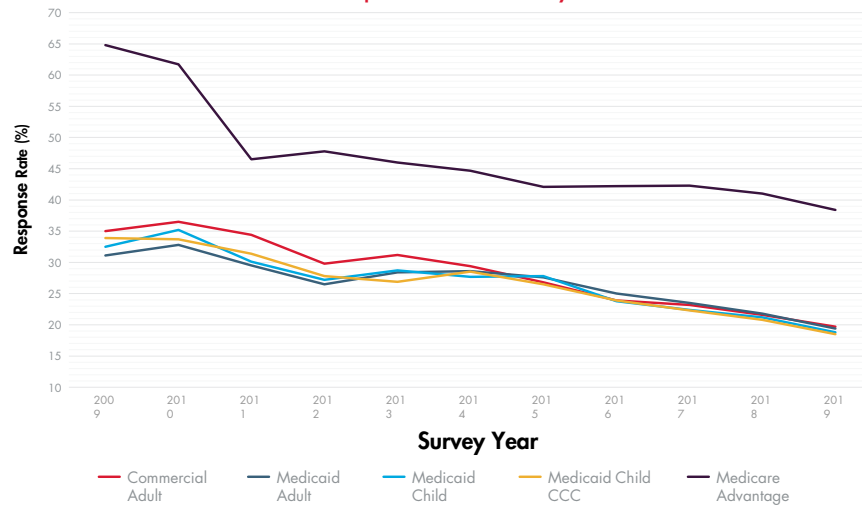
To their credit, CMS has already tested a more virtual version of the Outpatient and Ambulatory Surgery CAHPS survey, will be doing the same this spring for hospitals and hospices, with plans to extend the trial to all CAHPS surveys shortly thereafter.

With the recent announcement that Medicare Star ratings will rely more heavily on patient experience measures, it is more important than ever that CAHPS be fielded in a way that facilitates high response rates. Additionally, what is learned through the web-based fielding of CAHPS will create a strong foundation for developing new and more targeted patient experience collection approaches.

**Challenges.** CMS is essential to the development of a consensus on the best way to move to digital patient experience measurement, particularly if the new administration intends to maintain the inadvisable change in the weighting of CAHPS in the Stars methodology. There is broad and growing agreement on the need to develop better tools to measure patient experience and there is technology already available and widely used that could be employed to do so. Indeed, some health plans are already moving toward alternative survey modalities similar to those with which consumers are more familiar and comfortable, such as the ratings on Yelp and Amazon. Others are measuring net promoter scores like their counterparts throughout the private sector.

Without the Biden Administration's leadership in this area, we run the risk of either creating parallel patient experience enterprises that dilute the positive effects of measurement and distract plans from a focus on their members or clinging to a system outgrown by advances in technology and measurement.

### CAHPS Response Rates by Product Line



The Path Forward. As noted above, there is an array of digital survey tools, widely used across the economy, that make it easy to respond on a smartphone, tablet, laptop or other electronic device. CMS should take full advantage of these in redesigning the measurement of patient experience. They should also identify and learn from the experience of others who’ve made the leap. Convenience and accessibility will certainly improve response rates, but a digital approach can also provide more targeted and actionable results and allow surveys to ask the smallest set of questions needed to obtain meaningful data and to focus with greater precision on:

- Aspects of care for which the patient is the best or only source of information.
- Only the care patients have themselves experienced or observed.
- An explicit reference time frame, event and clinician, organization, or facility.

Technology can also improve the process of identifying populations from whom feedback is most needed, including high users, people with multiple chronic conditions, those negatively affected by social determinants of health, and those who have filed appeals and grievances. Targeted feedback can enable plans, practices, and health systems to focus improvement efforts where they most need it and to thrive in the value-based environment. And digital measurement allows faster cycles and linking surveys to a specific encounter rather than “over the last 6 months.” This may open a range of new quality improvement and measurement opportunities. For example, plans could use heat map-like tools to identify which practices in a network are generating specific types of patient concerns and which types of patients have the most concerns.

CMS Star Ratings for Medicare Advantage Plans Weights by Measure Category

	2020	2021 & 2022	2023
Patients’ Experience, Complaints, and Access Measures	1.5	2	4
Clinical Process	1	1	1
Outcome	3	3	3

In 2021, NCQA is planning to convene an expert panel of stakeholders from across the healthcare landscape to inform the plan for a bold, digitally-based reimagining of patient experience measurement. We would, of course, welcome the support and participation of the Biden Administration in this effort. The optimal new paradigm will combine the standardized approach that is essential for consistent, high-quality measurement with the adoption of leading-edge technology driving improvement in quality and consumer choice in other industries.