



JUL 23 2014

*Administrator*  
Washington, DC 20201

The Honorable Charles E. Grassley  
Co-Chairman  
Caucus on International Narcotics Control  
United States Senate  
Washington, DC 20510

Dear Senator Grassley:

Thank you for your letter requesting that the Centers for Medicare & Medicaid Services (CMS) explain the effects of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey of patient experience of hospital care on the improper prescribing of opioid pain relievers. I appreciate you bringing your concerns to our attention.

The HCAHPS Survey, implemented in 2006, asks a random sample of recently discharged adult inpatients about their experience while receiving critical aspects of hospital care. HCAHPS scores are publicly reported on CMS's Hospital Compare website to both inform consumers about hospital quality and encourage hospitals to improve their quality of care. HCAHPS scores are also used in the Hospital Value-Based Purchasing (Hospital VBP) program, specifically in the Patient Experience of Care Domain, which currently accounts for 30 percent of hospitals' Total Performance Score. "Pain Management" is one of eight equally-weighted dimensions that comprise this survey. As such, any single HCAHPS dimension in the Hospital VBP program has a very limited effect on a hospital's total score and reimbursement. This dimension would contribute less than 4 percent to a hospital's current Total Performance Score.

It is important to note that the HCAHPS Survey is designed to capture and report patient experience of care at the hospital level –not at the level of physician, hospital staff, or hospital sub-unit– and that only adult inpatients are eligible to take the HCAHPS Survey. The HCAHPS sampling does not support reliable measurement of performance at the physician level. CMS is currently developing a separate survey of emergency department patients, but no patient survey that captures the quality of care specifically in the emergency department has been implemented at this point by CMS. Any use of the HCAHPS survey to evaluate individual physicians contravenes CMS guidance.

We understand and share your concerns about the rising level of abuse of opioid pain relievers in the United States. The HCAHPS Survey includes three questions about pain control to measure and publicly report patient experience of this common yet critical aspect of hospitalization. Pain control is an important part of patient care in a hospital and should be evaluated at the hospital level. While opioids are sometimes appropriate, several non-opioid pain medications are also available to treat pain. We are aware that many hospitals and health systems take a multi-disciplinary approach to pain control that includes pharmacologic and non-pharmacologic treatments.

The CMS is not aware of documented evidence (other than anecdotes such as those referenced in the press article cited in your letter) or scientific research that establishes a connection between HCAHPS scores and hospital prescription practices. In particular, we are not aware of evidence that not prescribing unneeded pain medications lowers a hospital's HCAHPS scores.

There is evidence that, in general, good physician and nurse communication are the strongest predictors of better patient experience survey scores, including HCAHPS scores (e.g., Elliott Kanouse et al., Medical Care 2009). There is also evidence that physicians frequently err in thinking that patients or their representatives want treatments that are medically contraindicated. Some evidence suggests that patients who were denied a treatment but who were provided explanations often report higher satisfaction than those who were given inappropriate treatment.

In general, better patient experience scores (HCAHPS) are associated with better adherence to clinical guidelines (clinical quality measures) (e.g., Lehrman et al., 2010, Jha et al 2008, Meterko et al. 2010, and Glickman et al. 2010).

Thus, clear communication to patients and adherence to appropriate prescribing practice are likely to be complementary practices that result in strong performance for a hospital in both the clinical and patient experience measures of quality promoted by the Hospital VBP Program. We have also begun to conduct further research into this topic to strengthen the scientific evidence base.

Thank you for contacting CMS on this matter. We share your commitment to reducing abuse of opioids, and we will reach out to hospitals and physicians to help them more fully understand the capacities and limits of the HCAHPS Survey in this regard. Please do not hesitate to contact me with any further thoughts or concerns. I will also provide this response to Senator Dianne Feinstein.

Sincerely,

A handwritten signature in black ink, appearing to read "Marilyn Tavenner", with a large, sweeping loop at the end.

Marilyn Tavenner

## References

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Jha, A. K., Orav, E. J., et al. (2008). Patients' perception of hospital care in the United States. *New England Journal of Medicine*, 359, 1921-1931.

Meterko, M., Wright, S., et al. (2010). Mortality among patients with acute myocardial infarction: The influences of patient-centered care and evidence based medicine. *Health Services Research*, 45(5, Pt 1), 1188-1204.

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