

2024 Pre-Rulemaking Measure Review

Preliminary Assessment

MUC ID	Title
MUC2024-054b	CAHPS® Home Health Care Survey Communications Between Providers and Patients
Measure Steward & Developer	Proposed CMS Programs
Centers for Medicare & Medicaid Services (CMS)	Home Health Quality Reporting Program

Measure Overview
<p>Developer-provided rationale: One of the goals of the CMS National Quality Strategy is to foster engagement and to bring the voices of patients to the forefront. As part of fostering engagement, it is critical to hear the voice of individuals by obtaining feedback from them on home health agency performance and incorporating it as part of CMS’s comprehensive approach to quality. Patient-centeredness is a central goal of home health care and can be directly measured through surveys of home health patients. Agency for Healthcare Research and Quality (AHRQ) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) grantees developed the Home Health CAHPS® Survey, a component of the Home Health Quality Reporting Program (HHQRP), to ensure that an assessment of the patient-centeredness of care would be included to monitor home health agency performance, promote quality improvement, and inform consumer decision-making in the selection of a home health agency via public reporting of results.</p> <p>The HHCAHPS Survey Communications Between Providers and Patients measure assesses how often home health agency staff kept the patient informed about when they would arrive at their home, how often staff explained things in a way that was easy to understand, how often staff listened carefully to the patient, whether staff gave the patient’s family or friends information or instructions about their care as much as they wanted, and whether the patient got the help or advice they needed when they contacted the agency’s office.</p> <p>This measure reflects patient experiences with their home health agency across a variety of domains that were identified as important to patients and stakeholders based on focus groups and cognitive interviews during the questionnaire revision development phase.</p>
<p>CMS-provided program rationale: The HHCAHPS Survey provides an assessment of patient-centeredness of care to monitor home health agency performance, promotes quality improvement, and helps inform consumer decision-making through results.</p>
<p>Description: Communications Between Providers and Patients is a multi-item measure derived from the updated CAHPS® Home Health Care Survey, also referred as “HHCAHPS.”</p>

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Measure Overview	
<p>This is a standardized survey instrument and data collection methodology for measuring home health patients' perspectives on their home health care in Medicare-certified home health care agencies.</p>	
<p>Measure background: Measure currently used in a Medicare program, but the measure is undergoing substantive change.</p>	
<p>Numerator: CMS calculates HHCAHPS Survey measure scores using top-box scoring. The top-box score refers to the percentage of respondents who give the most positive response(s). The items in the HHCAHPS Care of Patients measure use a "Never/Sometimes/Usually/Always" response scale. The top-box numerator is the number of respondents who answer "Always."</p>	
<p>Denominator: HHCAHPS Survey respondents are the adult patients who received care from a home health agency in a given month. A survey is defined as completed when at least 50 percent of the questions applicable to all patients are answered. The denominator for the HHCAHPS Care of Patients measure is the number of respondents with completed surveys who answer at least one item within the multi-item measure.</p>	
<p>Exclusions: Patients under 18 years of age at any time during their stay are excluded. Patients who received fewer than 2 visits from home health agency personnel during a 2-month look-back period are excluded. The 2-month look-back period is defined as the 2-months prior to and including the last day in the sample month. Patients have been previously selected for an HHCAHPS sample during any month in the current quarter, or during the last 5 months, are excluded. Patients who are currently receiving hospice, or are discharged to hospice, are excluded. All routine maternity patients are excluded. All "No publicity" status patients are excluded. Patients receiving only non-skilled care are excluded. Patients who reside in a state where their health condition exclude them from surveys. Patients who are decedents at the time of the sample are excluded.</p>	
<p>Measure type: Patient-Reported Outcome Performance Measure (PRO-PM) or Patient Experience of Care</p>	<p>Measure has multiple scores: No</p> <p>Measure is a composite: No</p> <p>Measure is digital and/or an eCQM: No</p> <p>Measure is a paired or group measure: No</p>
<p>Level of analysis: Facility</p>	<p>Data source(s): Digital-Other (enter here): web-based survey was tested in the field test; Non-Digital-Patient-Reported Health Data or Survey Data (telephonic or paper-based)</p>
<p>Care setting(s): Home Health</p>	<p>Risk adjustment or stratification: Yes</p>
<p>CBE endorsement status: Endorsed in 2019; CBE 0517; next anticipated CBE endorsement review 2025.</p>	<p>CBE endorsement history: Since the HHCAHPS Care of Patients measure was last endorsed, changes to it include changes</p>

Measure Overview	
	to item wording, deletion of one survey item, and inclusion of two new survey items.
<p>Is measure currently used in CMS programs? Measure currently used in the Home Health Quality Reporting Program, but the measure is undergoing substantive change.</p>	<p>Measure addresses statutorily required area? The reporting of quality data by HHAs is mandated by Section 1895(b)(3)(B)(v)(II) of the Social Security Act (“the Act”). HHCAHPS data are mandated in the Medicare regulations at 42 Code of Federal Regulations (CFR) 484.250(a), which requires HHAs to submit HHCAHPS data to meet the quality reporting requirements of section 1895(b)(3)(B)(v) of the Act and 42 CFR § 484.350 for Home Health Value-Based Purchasing (HH VBP).</p>

Meaningfulness

Importance	
Type of evidence:	Empirical data [Source(s): Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT) Submission Form]
<p>Importance: The developer cites previous work from 2016 on qualitative analysis and conceptual mapping of patient experiences (Lines, 2018) in home health care to demonstrate importance to persons. In the pilot testing of the measure from April through July 2022 with 100 entities and 6,150 patients, the measure demonstrated performance variation with a potential achievable improvement of 19.0%. The developer conducted a grey literature review, but their submission did not discuss results of that review in detail.</p> <p>In 2019, the prior CBE endorsement process found the importance of this measure to be sufficient. The committee should consider if changes (see Endorsement History on page 2 of this PA) since endorsement warrant additional review. .</p>	
Rating: Met, Prior CBE Endorsement	

Measure Performance

For Table 1, Battelle used the performance data provided and approximated decile averages by interpolation.

Table 1 (approximated from submission materials) shows deciles (i.e., the data sorted and broken into ten equal parts) by performance score based on the information provided for the performance score and calculated reliability for the 100 entities described in the testing submission.

Interpretation: The mean score for the 100 entities described in the testing submission for this measure was 86.6. For this proportion measure, a higher score indicates better quality of care.

Table 1. MUC2024-054b Performance Score Deciles

	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Mean Score (SD)	86.6 (6.0)	69.6	75.5	80.4	83.0	85.0	86.6	88.1	89.6	91.0	92.7	95.0	99.5
Number of Entities	100	1	10	10	10	10	10	10	10	10	10	10	1

Conformance

Measure alignment with conceptual intent: Communications Between Providers and Patients is a multi-item measure derived from the updated CAHPS® Home Health Care Survey that assesses how often health staff from the home health agency kept patients informed about when they would arrive, explained things in a way that was easy to understand, listened carefully, provided family or friends with information about the patient’s care, and provided advice as needed. Measure specification aligns with conceptual intent of the measure. Numerator and denominator populations are appropriate, and exclusions align with available evidence.

Rating: Met, Prior CBE Endorsement

Feasibility

eCQM feasibility testing conducted: No [Source: MERIT Submission Form]

Feasibility: The HHCAHPS survey has been in use since 2012 and is a standardized survey instrument and data collection methodology. The survey can be administered in six languages in one of three modes: Mail Only, Telephone Only, or Mixed Mode (mail plus telephone follow up). The measure developer tested a shortened version of the HHCAHPS Survey, which resulted in the removal of one item from the current multi-item measure and the inclusion of two new items.

Limitation: The submission does not provide any estimates of respondent burden.

In 2019, the prior endorsement process found the feasibility of this measure sufficient. The committee should consider if changes (see Endorsement History on page 2 of this PA) since endorsement warrant additional review.

Rating: Met, Prior CBE Endorsement

Validity	
Validity testing:	Convergent Validity [Source: MERIT Submission Form]
Testing level(s):	Agency
<p>Validity: The Communications Between Providers and Patients measure is derived from an updated version of the Home Health Care CAHPS® Survey. The developer tested this updated version of the HHCAHPS Survey in a 2022 field test. Convergent validity testing revealed correlations of the expected magnitude and in the expected direction between the top-box score for Care of Patients and the top box scores for the global measures of Overall Rating of Care from the Agency's Home Health Staff ($r=0.68$, $p < 0.001$) and Willingness to Recommend the Agency ($r=0.66$, $p < 0.001$). These results indicate strong, statistically significant correlations between the current measure and the Home Health Care CAPHS survey.</p> <p>Among the 100 HHAs in the field experiment the score ranged from 69.6 to 99.5 with an interquartile range of 7.5. Previous analyses of CAHPS scores have suggested that statistically significant differences of 1, 3, and 5 points on a 0-100 scale are considered small, medium, and large, respectively, indicating that the differences observed across home health agencies on this measure may be considered large. The committee should consider implications of these differences for validity of the measure.</p> <p>In 2019, the prior CBE endorsement process found the validity of this measure sufficient.</p>	
<p>Threats to validity: The measure developer could strengthen this measure submission through the interpretation of those correlations with a logic model or concept model that specifies the mechanisms in common among the measures that could be responsible for that correlation. The submission also does not include performance metrics for the entity-level risk-adjustment model.</p>	
<p>Rating: Met, Prior CBE Endorsement</p>	

Reliability	
Reliability testing method(s):	Signal-to-Noise [Source: MERIT Submission Form]
Testing level:	Facility
<p>Reliability discussion: The numerator and denominator for the Communications Between Providers and Patients measure are well defined. The developer calculated the reliability results from data consisting of 100 agencies with more than 100 respondents to the survey. The measure exhibits inter-unit reliability of 0.75. Among those agencies, the average number of completed surveys per agency is 315. Cronbach's alpha for the multi-item measure is 0.78. Both values exceed 0.6, indicating that this measure can effectively distinguish between high- and low-quality care across settings.</p> <p>In 2019, the prior CBE endorsement process found the reliability of this measure sufficient. The committee should consider if changes (see Endorsement History on page 2 of this PA) since endorsement warrant additional review.</p>	
<p>Additional reliability analyses: Only a single estimate for reliability is required, therefore interpolated decile averages of the reliability data were not generated.</p>	
<p>Rating: Met, Prior CBE Endorsement</p>	

Usability	
Usability considered in application:	Yes
<p>Usability discussion: Based on discussion of the measure in the MUC List submission documents, there is an opportunity for improvement on the measure target among clinician and clinician groups participating in the CMS program. No external program-level factors that may present barriers to measure use were identified during review. One unintended consequence mentioned in the submission materials is that this measure could lead to a facility placing greater emphasis on aspects of patient experience that are captured by this measure over those aspects not recognized in this measure.</p> <p>In 2019, the prior CBE endorsement process found the usability of this measure sufficient. The committee should consider if changes (see Endorsement History on page 2 of this PA) since endorsement warrant additional review.</p>	
<p>Rating: Met</p>	

External Validity	
Was this measure tested in the same target population as the CMS program?	Yes
<p>External validity discussion: The measure developer conducted a pilot study on 100 home health agencies and 6,150 persons, representative of the program population.</p>	
<p>Rating: Met</p>	

Appropriateness of Scale

Similar or related measures in program(s):	
Similar or related measures in program(s):	No
<p>Measure appropriateness, equity, and value across target populations/measured entities: This measure reflects patient experiences with their home health agency across a variety of domains that were identified as important to patients and stakeholders based on focus groups and cognitive interviews during the questionnaire revision development phase.</p> <p>This measure may lead to an emphasis on certain aspects of patient experience over those aspects not specifically named. However, because this aspect of patient experience has been deemed important by patients, caregivers, and provider stakeholders, the adverse consequences of such an emphasis are likely minimal. The proposed measure will increase transparency of the home health patient care experience to the public. The committee should consider if, based on their professional and patient experience, there is a chance for variation in terms of the distribution of benefit or burden across provider and patient populations.</p>	

Time to Value Realization

Plan for near- and long-term impacts after implementation:	
Plan for near- and long-term impacts after implementation:	No
<p>Measure implementation impacts over time: The measure developer does not articulate a relationship between the measure and patient benefits or harm over time.</p> <p>There is a need for further examination of near- and long-term impacts of this measure after implementation across provider and patient populations.</p> <p>Questions for the committee to consider:</p> <ul style="list-style-type: none"> • What are the potential near- and long-term impacts of this measure on measured entities, the Home Health Quality Reporting Program, and patient populations? • Will benefits and burdens associated with this measure be realized within an appropriate implementation time frame? • How will this measure mature through revisions in the future if added to the Home Health Quality Reporting Program measure set? 	