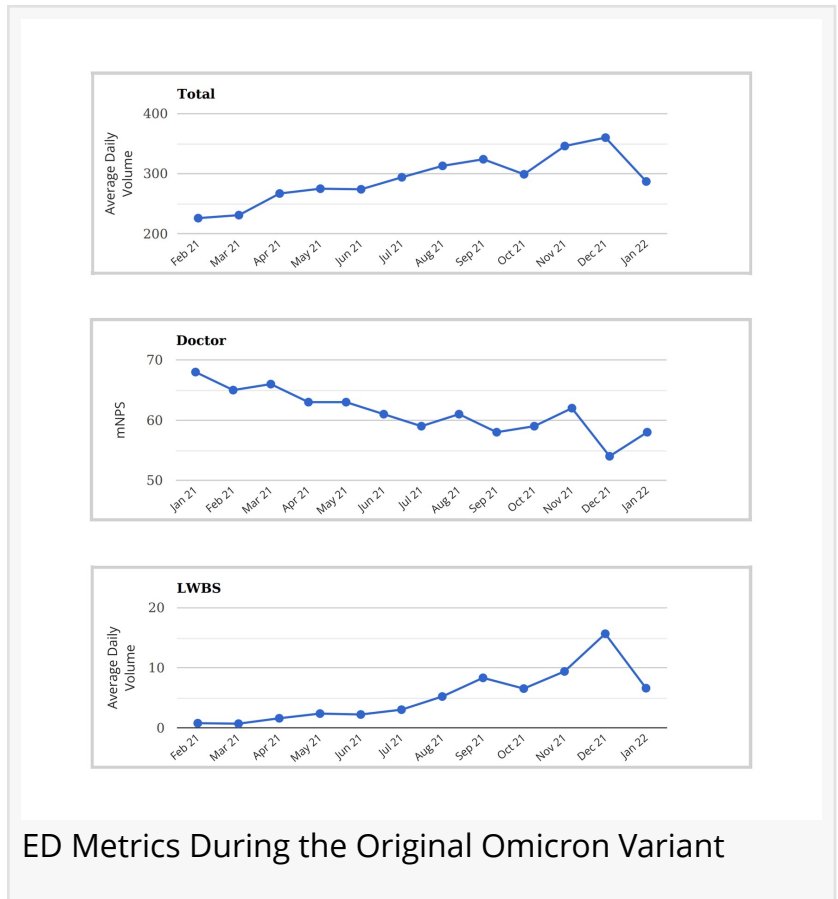


CAHPS Causes Unintentional Harm

CAHPS is an external benchmarking program that collects patient opinion data and publicly reports patient satisfaction with a provider or service area.

BURR RIDGE, IL, UNITED STATES, February 28, 2023 /EINPresswire.com/ -- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) was developed for hospital inpatient units, emergency departments, hemodialysis centers, primary care and specialty clinics, ambulatory surgery centers, and home health services to measure their ability to satisfy patients. The largest vendors that deliver the surveys are Press Ganey Associates and NRC Health. The intent of CAHPS is noble, as [research](#) demonstrates a positive association between patient satisfaction and medical care quality.



CAHPS scores are factored into value-based incentives from Medicare, with billions at risk for hospitals. Unfortunately, CAHPS is flawed since patients do not "comparison shop." CAHPS scores reflect a patient's expectations based on their prior experience with the same site or doctor or the shared opinion of others. Also, staffing levels, facility design, patient socioeconomics, and other attributes are confounding variables.

Uncontrollable circumstances affect CAHPS. In December 2021, due to the original Omicron variant of Covid, there was a dramatic spike in emergency department volume. This, unsurprisingly, caused many patients to leave without being seen and inversely correlated with emergency physician satisfaction as measured by a modified [net promoter score](#) (mNPS). The figure shown depicts near-perfect graphical symmetry.

CAHPS undermines efforts to improve patient satisfaction. Those ranked at the top can become complacent, and those at the bottom can become discouraged. With a mere 2% CAHPS survey response rate, scores often ping pong between high to low each quarter, so staff finds them



Using CAHPS to compare hospitals is like declaring that a Denver marathoner is a lesser athlete than a Chicago marathoner with a faster finish time despite the difference in course elevation”

*Dr. Tom Scaletta, CEO,
Auscure*

untrustworthy. Research demonstrated that it takes 15 months to determine if a physician’s performance is high, average, or low relative to their peers, which is useless.

Deming's plan-do-study-act change methodology is a great way to improve patient satisfaction. This entails creating an improvement plan, launching it, measuring its effect, and using the results to refine (or reject) the program. Ideas are validated by favorable trends in pertinent metrics – internal benchmarking. The 'study' component of PDSA has nothing to do with external benchmarking, such as competitor comparisons using CAHPS.

SmartContact is an automated communication platform developed by [Auscure](#) that reaches patients by SMS messaging and uncovers wellbeing and service issues. Patient concerns are mapped to the appropriate staff for resolution. The technology results in statistically-valid patient experience metrics for individual physicians every month, allowing high performers to be praised and poor performers to be coached. This type of internal benchmarking is how improvement happens.

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