Revised HCAHPS Pain Management Questions: What You Need to Know

By Diana Mahoney

The announcement last year by the Centers for Medicare & Medicaid Services (CMS) that the Pain Management dimension would be removed from the scoring formula used in the Hospital Value-Based Purchasing (VBP) program was in no way meant to be the last word on pain as it relates to the patient experience. Rather, it was a launching point for efforts targeting improved communications with patients about their pain.

Toward this end, CMS recently released proposed alternative questions for the Pain Management dimension. Although they were eliminated from the scoring formula beginning with the FY2018 payment adjustments, questions on pain management remain on the HCAHPS survey and will continue to be publicly reported on Hospital Compare.

“We are proposing to refine the existing Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey by refining the current pain management questions to focus on the hospital’s communications with patients about the patients’ pain during the hospital stay,” according to the proposed rule, recorded in the Federal Register on April 28. “In accord with this new focus, we are proposing to update the name of the composite measure from ‘Pain Management’ to ‘Communication about Pain,’” the rule states.

Because patients’ pain experience, including their perceptions about how well their pain is addressed by caregivers, contributes to their overall experience of care, understanding the degree to which their needs in this area are being met is critical to understanding their experience overall, said Jodie Cunningham, vice president of Public Reporting & Policy at Press Ganey.

In this issue of Industry Edge, Ms. Cunningham answers questions about the pain management domain updates and discusses the implications for hospitals participating in HCAHPS.

Industry Edge: Which questions from the Pain Management domain have been replaced, and why?

Jodie Cunningham: CMS has proposed removing the current Pain Management composite, which consists of the following three questions.

- During this hospital stay, did you need medicine for pain?
- During this hospital stay, how often was your pain well controlled?
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

They are proposing replacing these questions with a new composite made up of the following three questions, which reflect communication about pain.

- During this hospital stay, did you have any pain?
- During this hospital stay, how often did hospital staff talk with you about how much pain you had?
- During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
The new questions were developed to address concerns expressed by hospitals and physicians that the wording of the current Pain Management composite encourages inappropriate prescribing of opioids. While the available evidence indicates that there is no relationship between opioid prescribing and patient experience scores, the revised pain composite shifts the focus to evaluations of pain and discussions about pain treatment options.

IE: What is the implementation timeline?

JC: CMS has proposed that the new questions be used beginning with January 1, 2018 discharges. Data would be collected for all of calendar year 2018 before the new questions would be publicly reported. That would mean the first public reporting of the new composite on Hospital Compare would be in October 2019. A final decision on the questions and implementation timing will be released this summer.

IE: What impact, if any, do you anticipate this will have on value-based purchasing and data trends?

JC: I anticipate that the new questions will eventually be included in the Hospital VBP program. The law requires that measures be publicly reported for one year prior to inclusion within VBP so that hospitals will have ample time to get used to the new wording before they are accountable for their performance on this metric.

IE: What is the most important thing health systems need to know about the change, and how will it influence their ability to understand and meet patients’ pain management needs?

JC: The new questions are focused on how frequently caregivers are communicating with their patients about pain. They do not measure whether caregivers are helping their patients manage their pain, although such information is also important. Press Ganey does not encourage that any financial incentives be tied to the pain management questions, but we do strongly recommend that hospitals utilize all of the pain information as part of the measurement process. Evaluating provider performance on the CMS pain communication composite in combination with the Press Ganey question that evaluates pain management will be helpful to obtain a complete picture of patients’ pain experience.

Additional information on the HCAHPS Pain Domain changes is available in this Press Ganey on-demand webinar.