



Patients' Experiences in Alaska CAHs: HCAHPS Results, 2017

Mariah Quick, MPH; Tongtan Chantarat, MPH; Ashleigh Norris, BA; Ira Moscovice, PhD
University of Minnesota

KEY FINDINGS: Alaska

- The HCAHPS reporting rate of 57.1 percent for Alaska CAHs in 2017 was less than the national reporting rate of 84.4 percent and ranked #42 among 45 states that participate in the Flex Program.
- Compared with all other CAHs nationally, Alaska CAHs scored significantly lower on 2 measures and did not have significantly different performance on the remaining 8 measures.

BACKGROUND

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national, standardized survey of patients' perspectives of hospital care. It was developed by the Agency for Healthcare Research and Quality and the Centers for Medicare & Medicaid Services (CMS) to complement other hospital tools designed to support quality improvement. The survey is administered to a random sample of adult patients following discharge from the hospital for inpatient medical, surgical, or maternity care.

Ten HCAHPS measures are publicly reported on Hospital Compare. Six are composite measures that address how well doctors and nurses communicate with patients, the responsiveness of hospital staff, communication about medicines, and patient understanding of their care when they left the hospital. The provision of discharge information is reported as "yes/no." The other five composite measures, along with two measures regarding the hospital environment, are reported in response categories of "always," "usually," and "sometimes/never." Additional measures address the overall rating of the hospital on a 1-10 scale ("high" = 9 or 10, "medium" = 7 or 8, "low" ≤ 6) and the patient's willingness to recommend the hospital ("definitely would," "probably would," and "probably/definitely would not"). CMS adjusts the publicly reported HCAHPS results for patient-mix, mode of data collection, and non-response bias.

Critical Access Hospitals (CAHs) may voluntarily report HCAHPS measures to Hospital Compare. HCAHPS measures are a core improvement activity in the Medicare Beneficiary Quality Improvement Project (MBQIP).

APPROACH

This study used data publicly reported to Hospital Compare by CAHs for discharges during calendar year 2017 as well as suppressed data from MBQIP. In 2016, CMS began suppressing HCAHPS results from Hospital Compare for hospitals with fewer than 25 completed surveys. The FMT national and state HCAHPS reports include MBQIP HCAHPS data from 163 CAHs that agreed to participate in Hospital Compare, but whose results were suppressed from Hospital Compare because of having fewer than 25 completed surveys. Although some CAHs had very few surveys, the results are reported in aggregate for all CAHs in each state, and no states had fewer than 25 surveys for all CAHs in the state.

The national and state HCAHPS reports exclude results from 47 CAHs that submitted HCAHPS data to



MBQIP but did not agree to publicly report to Hospital Compare. The reports include data from one CAH that reported HCAHPS data to Hospital Compare, but not to MBQIP.

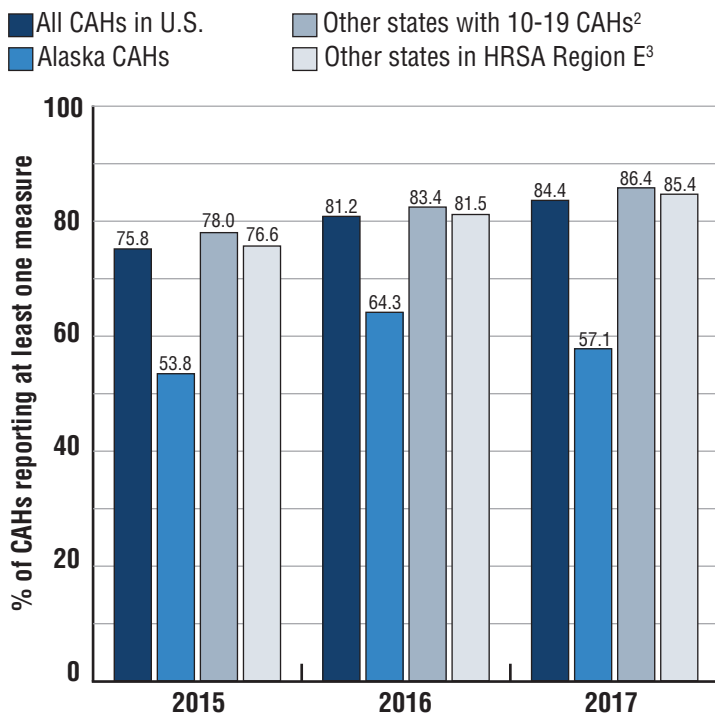
For each HCAHPS measure, the percentages of patients reporting the highest response (e.g., “always”) on each measure were summed and averaged across all reporting CAHs within a state and all other states. Two-sample t-tests were used to compare whether the mean scores on each measure are significantly different between CAHs in each state and all other CAHs. Weights were applied to all calculations.

RESULTS

Figure 1 compares participation rates in HCAHPS over time among four groups of CAHs: those in Alaska, all CAHs nationally, those located in other states with a similar number of CAHs, and those located in the same Health Resources and Services Administration (HRSA) geographic region as Alaska. The HCAHPS reporting rate of 57.1 percent for Alaska CAHs was less than the national reporting rate of 84.4 percent.

Table 1 ranks the states by their CAHs' respective HCAHPS reporting rate for 2017. Alaska's rate was ranked #42 of the 45 states that participate in the Flex program.

Figure 1. CAH Participation in HCAHPS¹, 2015 - 2017



1. Percentage of CAHs in each state or group of states reporting HCAHPS data.
 2. Group includes states with 10-19 CAHs: AZ(14), FL(12), ME(16), NH(13), NM(10), NV(13), NY(18), PA(15), TN(14), UT(13), WY(16)
 3. HRSA Region E includes CO(32), ID(27), MT(48), ND(36), OR(25), SD(38), UT(13), WA(39), WY(16)

Table 1. State Rankings of HCAHPS Participation Rates for CAHs, 2017

Rank	State	CAHs participating	% of CAHs
	Illinois	51	
	Indiana	35	
	Idaho	27	
	Oregon	25	
	Maine	16	
1	Pennsylvania	15	100.0
	New Hampshire	13	
	Utah	13	
	Vermont	8	
	Virginia	7	
	Alabama	4	
	Massachusetts	3	
13	Nebraska	63	98.4
14	Wisconsin	57	98.3
15	Ohio	32	97.0
16	Georgia	29	96.7
17	West Virginia	19	95.0
18	New York	17	94.4
19	Minnesota	72	92.3
20	Michigan	33	91.7
21	Iowa	75	91.5
22	New Mexico	9	90.0
23	Mississippi	27	87.1
24	Arkansas	25	86.2
25	California	29	85.3
26	Kentucky	23	85.2
27	Kansas	71	84.5
	All CAHs	1,138	84.4
28	South Dakota	32	84.2
29	North Dakota	30	83.3
30	Washington	32	82.1
31	Montana	39	81.3
	Wyoming	13	
33	Arizona	11	78.6
	Tennessee	11	
35	Colorado	23	71.9
36	Nevada	9	69.2
37	Missouri	24	66.7
	North Carolina	14	
39	Louisiana	17	63.0
40	South Carolina	3	60.0
41	Texas	49	57.6
42	Alaska	8	57.1
43	Florida	6	50.0
44	Oklahoma	16	42.1
45	Hawaii	3	33.3

Patients' Experiences in Alaska CAHs: HCAHPS Results, 2017

Table 2 shows the number of completed HCAHPS surveys per CAH in Alaska and nationally in the five survey completion and three survey response rate categories reported by CMS. CMS recommends that each hospital obtain 300 completed HCAHPS surveys annually, in order to be more confident that the survey results are reliable for assessing the hospital's performance. However, some smaller hospitals may sample all of their HCAHPS-eligible discharges and still have fewer than 300 completed surveys. Caution should be exercised in comparing HCAHPS results for states that have few CAHs reporting results and/or CAHs whose results are based on fewer than 100 completed surveys.

Compared to all other CAHs nationally, Alaska's CAHs scored significantly better on 0 of 10 HCAHPS measures and significantly worse on 2 measures (Table 3).

Table 2. Number of Completed HCAHPS Surveys and Response Rates for CAHs Nationally and in Alaska, 2017

	Total CAHs reporting	Number of completed HCAHPS surveys					HCAHPS survey response rates		
		< 25	25-49	50-99	100-299	≥ 300	< 25%	25-50%	> 50%
US	1,138	163	216	303	395	61	274	829	35
AK	8	3	1	2	2	0	6	2	0

Table 3. HCAHPS Results for CAHs in Alaska and All Other Flex States, 2017

■ Significantly better than rate for all other CAHs nationally ($p < .05$)

■ Significantly worse than rate for all other CAHs nationally ($p < .05$)

HCAHPS Measure	Average percentage of patients that gave the highest level of response (e.g., "always")	
	Alaska (n=8) ¹	All Other Flex States (n=1,130)
Nurses always communicated well	81.7	83.3
Doctors always communicated well	80.6	84.4
Patient always received help as soon as wanted	76.7	76.6
Staff always explained medications before giving them to patient	67.1	69.4
Staff always provided information about what to do during recovery at home	88.7	88.5
Patient understood their care when they left the hospital	54.2	55.7
Patient's room and bathroom were always clean	74.3	80.0
Area around patient's room was always quiet at night	60.4	65.2
Patient gave a rating of 9 or 10 [high] on a 1-10 scale	75.1	76.4
Patient would definitely recommend the hospital to friends and family	74.4	74.5

1. Rates without highlights were not significantly different from comparable rates among all other reporting CAHs nationally.



Links to All State-Specific HCAHPS Reports

[National Report](#)

- [Alabama](#)
- [Alaska](#)
- [Arizona](#)
- [Arkansas](#)
- [California](#)
- [Colorado](#)
- [Florida](#)
- [Georgia](#)
- [Hawaii](#)
- [Idaho](#)
- [Illinois](#)
- [Indiana](#)
- [Iowa](#)
- [Kansas](#)
- [Kentucky](#)

- [Louisiana](#)
- [Maine](#)
- [Massachusetts](#)
- [Michigan](#)
- [Minnesota](#)
- [Mississippi](#)
- [Missouri](#)
- [Montana](#)
- [Nebraska](#)
- [Nevada](#)
- [New Hampshire](#)
- [New Mexico](#)
- [New York](#)
- [North Carolina](#)
- [North Dakota](#)

- [Ohio](#)
- [Oklahoma](#)
- [Oregon](#)
- [Pennsylvania](#)
- [South Carolina](#)
- [South Dakota](#)
- [Tennessee](#)
- [Texas](#)
- [Utah](#)
- [Vermont](#)
- [Virginia](#)
- [Washington](#)
- [West Virginia](#)
- [Wisconsin](#)
- [Wyoming](#)

For more information on this study,
please contact Mariah Quick at
quick078@umn.edu



Flex Monitoring Team | University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

This study was conducted by the Flex Monitoring Team with funding from the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS), under PHS Grant No. U27RH01080. The information, conclusions, and opinions expressed in this document are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.