

diminish significantly the strong emphasis that hospitals place on the patient's experience during acute hospitalizations.

Comment: Some commenters opposed the proposed domain weighting, arguing that the Patient Experience of Care domain received too much weight as proposed. Commenters cited several studies and articles and argued that highly satisfied patients often have worse health outcomes, and that emphasizing patient satisfaction has contributed to narcotics abuse. These commenters recommended that CMS reconsider this domain's weighting. Commenters also expressed concern about the proposal to weight the Patient Experience of Care domain more heavily than the Clinical Process of Care domain, arguing that Patient Experience of Care measures do not necessarily correlate with medical outcomes, and suggested that CMS more evenly balance the domain weighting given to those two domains. Commenters also suggested that the HCAHPS measure lacks sufficient risk-adjustment, and that the survey systematically disadvantages hospitals that take on complex and sicker patients.

Response: We thank the commenters for their feedback. CMS and the HCAHPS Project Team are familiar with the studies cited. We are also aware of a number of studies published in peer-reviewed journals that have found that patient experience of care, as measured by the HCAHPS survey, is strongly and positively related to clinical process measures, outcomes, readmissions, and mortality. For brief reviews of these findings, we refer readers to: "The Patient Experience and Health Outcomes." Matthew Manary, William Boulding, Richard Staelin, and Seth Glickman. New England Journal

of Medicine, 368 (3): 201-203. 2013 and "What does the patient know about quality?"

Karen Luxford. International Journal for Quality in Health Care. 24 (5): 439-440. 2012.

With respect to the articles cited by the commenter, we note that other researchers have cited flaws in the approach, data and methodology employed in the Fenton, et al., study, which did not directly examine the HCAHPS Survey. The study by Lyu, et al. is premised upon the misunderstanding that CMS uses patient experience as the sole criterion for measuring and assessing hospital quality. In addition, their findings, based on examination of 31 hospitals, may insufficiently represent the over 3,000 hospitals that participate in the Hospital VBP Program and the approximately 4,000 hospitals that participate in the Hospital IQR Program.

The focus of the *Forbes* magazine article⁴² the commenter cited is surveys of physicians, not of the inpatient hospital experience. The HCAHPS Survey asks inpatients how often doctors treated them with courtesy and respect, listened carefully to the patient, and explained things in a way they could understand. HCAHPS does not identify or differentiate among the physicians who treated the patient. We are not aware of documented evidence or research that demonstrates that HCAHPS or other patient surveys have led hospitals or physicians to give patients "exactly what they want," including medically unnecessary pain medications, in order to influence patients' responses to such surveys.

We believe that patient experience of care is a fundamental and intrinsically important aspect of hospital quality which merits its proposed weighting in the Hospital VBP Program TPS.

⁴² Falkenberg, K., "Why rating your doctor is bad for your health." *Forbes*: January 21, 2013.

As we stated in the Hospital Inpatient VBP final rule (76 FR 26526), we believe that delivery of high-quality, patient-centered care requires us to carefully consider the patient's experience in the hospital inpatient setting. Moreover, as we stated in the FY 2013 IPPS/LTCH PPS final rule (77 FR 53606), we are aware of no data suggesting that patient characteristics result in bias in the HCAHPS patient-mix adjusted data used in the Hospital VBP Program.

We thoroughly tested the HCAHPS patient-mix adjustment model before the national implementation of the HCAHPS Survey in 2006 and have checked it regularly since. We use a patient-mix adjustment, also known as case-mix adjustment, in a transparent manner in our standard patient-mix adjustment of HCAHPS scores, as explained on the official HCAHPS On-Line Web site, <http://www.hcahponline.org>, in our research documents, in the patient-mix adjustment coefficients that are posted on this Web site, and in our published research.

The HCAHPS Survey includes an item that asks for patients' assessment of their overall health that we use in our standard patient-mix adjustment of HCAHPS scores to account for patient acuity.

While we continue to believe that this adjustment adequately captures patient acuity, in response to comments about HCAHPS in previous IPPS rules, we added an item to the HCAHPS Survey in January 2013 that asks patients to assess their overall mental or emotional health. At this time, we are analyzing the effect of patients' overall mental or emotional health on HCAHPS scores. Based on the results of this analysis, we

will determine whether we believe a further patient-mix adjustment for mental or emotional health may be warranted.

Therefore, we do not believe that the proposed weighting for the Patient Experience of Care domain is too high, and we believe that placing significant weighting on the Patient Experience of Care appropriately encourages hospitals to focus intently on this clinical area.

Comment: Some commenters fully supported the proposed increase in the Efficiency domain weight, and a few of those commenters expressed support for an aggressive increase in its weight over time. MedPAC also supported the proposed domain weights.

Response: We thank the commenters for their support, and we agree that shift in emphasis on efficiency is one important goal for the Hospital VBP Program.

Comment: Many commenters opposed the increased weight for the Efficiency domain from 20 percent in FY 2015 to 25 percent for FY 2016. The commenters' opposition was based on concerns related to the MSPB measure and the fact that the domain is comprised of only one measure.

Response: We responded to commenters' concerns with the MSPB measure in general in section V.H.7.d of the preamble to this final rule. With regard to the concern that the domain is comprised of only one measure, we acknowledge the potential for building a more robust efficiency measure set, as we stated in the FY 2013 IPPS/LTCH PPS final rule (77 FR 53585 through 53586), and we solicited and received public comments on how we might pursue that goal in this rule. We intend to ensure that any