

December 13, 2012

Ms. Marilyn B. Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1590-P
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Support for the Inclusion of the S-CAHPS Survey in the PQRS GPRO Web Interface Program and on the Physician Compare Web site

Dear Ms. Tavenner:

The American College of Surgeons (ACS) and the below signatories request a meeting to further discuss our support for the inclusion of the Consumer Assessment of Healthcare Providers Surgical Care Survey (S-CAHPS) as a measure to be reported for PQRS GPRO Web interface and posted on Physician Compare. Our concerns are in response to the PQRS GPRO Web interface and Physician Compare provisions of the final rule entitled *Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013*, published in the Federal Register on November 16, 2012.

Inclusion of S-CAHPS in PQRS GPRO Web Interface and Physician Compare

The PQRS GPRO Web interface and the Physician Compare Web site provisions outlined in the Medicare Physician Fee Schedule CY 2013 final rule currently include the Consumer Assessment of Healthcare Providers Clinician and Group Survey (CG-CAHPS) as the sole patient experience of care survey measure. ACS strongly recommended the inclusion of the S-CAHPS measure in PQRS GRPO Web interface and Physician Compare in our comment to the proposed rule. CMS acknowledged our concern in their response to our comments in the Physician Compare section of the final rule by stating that commenters suggested “different surveys, such as the S-CAHPS for surgical settings should be used based on setting.” CMS responded by explaining that they “have closely evaluated the available data collection mechanisms, and are confident that CG-CAHPS is a well-tested collection mechanism with strong support from the healthcare community, and that it provides the best opportunity to collect useful and accurate data for the largest number of group practices.” CMS did not specifically comment on our concerns regarding the inclusion of S-CAHPS in the PQRS GPRO Web interface section of the final rule.

In response to the reasoning provided by CMS, we want to stress that the CG-CAHPS is not equally meaningful to all members of a multi-specialty group, such as the surgeons. The CMS approach would perhaps appear more rational if the use of the PQRS GPRO Web interface was purely voluntary. However, in CY 2013 the PQRS GPRO Web interface is the only option for physician

groups of 25 or more who want to qualify for the PQRS incentive bonus and who cannot report through the Registry-Based Reporting Option. Because the PQRS Web interface will be the only legitimate option for these groups, CMS has created the risk of applying an inappropriate patient experience of care survey to surgical practice groups. The risk of applying an inappropriate survey could have an even larger impact for groups of 100 or more because 2013 data from the GPRO Web interface will be publicly reported on Physician Compare and could affect groups' value-based modifier amount in 2015 if such groups elect the quality tiering approach under the value-based payment modifier policy.

Although CMS notes that the CG-CAHPS is the best opportunity to collect data from the largest group of practices, the CG-CAHPS will not accurately reflect the care provided by single- or multi-specialty surgical or anesthesia groups. It is also critical to note that the S-CAHPS has been tested by the same standards as the CG-CAHPS, follows the same collection mechanism as the CG-CAHPS and is just as accurate. The S-CAHPS expands on the CG-CAHPS by focusing on aspects of surgical quality which are important from the patient's perspective and for which the patient is the best source of information. The survey asks patients to provide feedback on surgical care, surgeons, their staff, and anesthesia care. It assesses patients' experiences with surgical care in both the inpatient and outpatient settings by asking respondents about their experience before, during and after surgery.

The ACS, in partnership with other surgical and anesthesia organizations and the Agency for Healthcare Research and Quality's (AHRQ) CAHPS Consortium, developed the survey to assess surgical patients' experiences before, during, and after surgical procedures to adequately identify opportunities to improve quality of care, surgical outcomes, public reporting, and patient experience. The S-CAHPS survey was developed using the same methodology and scientific rigor applied when developing all CAHPS surveys. Nine surgical specialties participated in the main field test conducted during the development of the survey, which included colon and rectal, ophthalmology, general surgery, orthopaedic, plastic surgery, otolaryngology, thoracic, urology, and vascular. The S-CAHPS Technical Advisory Panel (TAP) included 21 members from various specialty societies. The S-CAHPS is the only National Quality Forum (NQF)-endorsed measure designed to assess surgical quality from the patient's perspective. NQF endorsement confirms that the survey meets the "gold standard" in quality measurement. Therefore, to better meet the needs of the surgical patient, ACS and the below signatories strongly recommend that CMS reconsider the inclusion of the S-CAHPS in addition to the CG-CAHPS for the PQRS GPRO Web interface and Physician Compare. Physicians could then select the patient experience of care survey that is most appropriate to their group practice and patients could receive information on Physician Compare which better reflects the care provided by a surgical group.

CG-CAHPS Survey Administration

In the final rule, CMS explains that they will administer the CG-CAHPS survey on behalf of the group practices participating in the 2013 and 2014 PQRS GPRO reporting periods because reporting is mandatory and the cost to administer the survey can be high. We seek clarification on whether CMS will administer the survey for all groups of 25 or more participating in GRPO Web interface, or

just a sample of groups. If CMS will not be administering the survey for groups of 25-99 providers, we have additional questions about the impact this will have on smaller surgical groups.

CMS also explains that because the CG-CAHPS is currently part of the PQRS GPRO Web interface, they are developing a process to standardize the administration of the survey to help lower the cost of administration. We have two major concerns with this proposal. First, we seek clarification on how CMS will standardize the administration of the survey. The current CG-CAHPS and S-CAHPS administration methods have been tested and validated by a team of experts at AHRQ. The validated administration modes include: mail only, telephone only, and mixed mode (mail and telephone; e-mail and mail; or e-mail and telephone). We strongly urge CMS to adhere to the AHRQ recommended modes of administration to ensure the survey's validity and reliability.

Second, we seek clarification on whether the process to standardize survey administration can be applied to other patient experience of care surveys, including other CAHPS surveys. We are concerned that if CMS does not incorporate S-CAHPS into the PQRS GPRO Web interface and standardizes a low cost way to implement CG-CAHPS, that surveys which are more meaningful to a patient and provider population, such as S-CAHPS, could be cost-prohibitive to implement in comparison to the CG-CAHPS.

We appreciate the opportunity to comment on this final rule. To ensure that the appropriate patient experience of care surveys are available for patients receiving surgical care, we request a meeting with CMS to continue dialogue on these important issues. Please contact Bob Jasak, Deputy Director for Regulatory and Quality Affairs in our Division of Advocacy and Health Policy. He may be reached at bjasak@facs.org or at (202) 672-1508.

Sincerely,

American Academy of Ophthalmology
American Academy of Otolaryngology—Head and Neck Surgery
American Congress of Obstetricians and Gynecologists
American College of Surgeons
American Pediatric Surgical Association
American Society of Cataract and Refractive Surgery
American Society of Colon and Rectal Surgeons
American Society for Metabolic and Bariatric Surgery
American Society of Anesthesiologists
American Society of Plastic Surgeons
American Society of Transplant Surgeons
American Urological Association
The Society of Thoracic Surgeons