## Patient-mix Coefficients for September 2010 Publicly Reported HCAHPS Results

As noted in the HCAHPS Quality Assurance Guidelines, V5.0, prior to public reporting, hospitals' HCAHPS results are adjusted for the effects of both mode of survey administration and patient-mix. Generally speaking, HCAHPS adjustments for survey mode are larger than adjustments for patient-mix. The survey mode adjustments that are used in publicly reported HCAHPS results are reported in the paper entitled, "Mode and Patient-mix Adjustment of the CAHPS ${ }^{\circledR}$ Hospital Survey (HCAHPS) April 30, 2008," which can be found on www.hcahpsonline.org.

In order to derive the mode adjustment coefficients, it was necessary to conduct a randomized mode experiment. The resulting mode adjustment coefficients will not change as a function of the data used in public reporting. For more information on how the HCAHPS mode experiment was conducted and the survey mode and patient-mix adjustments were derived, please see, "Effects of Survey Mode, Patient Mix, and Nonresponse on CAHPS Hospital Survey Scores." Elliott, M.N., A.M. Zaslavsky, E. Goldstein, W. Lehrman, K. Hambarsoomian, M.K. Beckett, and L. Giordano. Health Services Research. 2009. 44: 501-518.

The mode experiment data were also used to develop and validate the HCAHPS patient-mix model (which is referred to as "case-mix" elsewhere in the CAHPS literature), as described in the document referenced above. However, in the case of patient-mix adjustment, a randomized experiment is not necessary to accurately estimate the coefficients of the model.

In order to estimate the exact patient-mix coefficients as accurately as possible, we employ the large sample size of each quarterly national publicly reported data set. This approach allows us to detect changes in the association of patient-mix adjustors and HCAHPS measures over time and then adjust accordingly. This approach is consistent with recommended CAHPS practice for case-mix adjustment (www.cahps.ahrq.gov [http://www.cahps.ahrq.gov/](http://www.cahps.ahrq.gov/)).

Patient-mix adjustment is performed within each quarter of data after data cleaning and before mode adjustment. Coefficients obtained in linear regression models (not reported) estimate the tendency of patients to respond more positively or negatively. The adjustments needed to counter that tendency are obtained by multiplying the patient-mix coefficients by (-1.0). Tables 1 and 2 below report patient-mix adjustments for the "top" (most positive response) and "bottom" (least positive response) boxes, respectively, of the ten publicly reported HCAHPS measures (six composites, two individual items, and two global items), averaged across the four reported quarters.

As an example, patients aged $55-64$ were $5.03 \%$ more likely to provide the most positive response ("Always") for items in the Communication with Nurses composite when compared to the reference group of patients 85 and older. Thus, the corresponding adjustment for patients aged 55-64 relative to patients 85 and older for that composite is a subtraction of $5.03 \%$, reflected in the "5.03\%" entry in Table 1. Similarly, for each level of decreasing self-rated health status (where $5=$ poor, $4=$ fair, $3=$ good, $2=$ very good, and $1=$ excellent), the percentage of patients providing an "Always" response for Communication with Doctors decreased by $4.98 \%$. Thus, a patient in fair health (4) would have a (41 )* $4.98 \%=14.94 \%$ lower chance of an "Always" response than a patient in excellent health (1), and the corresponding adjustment for a patient in poor health relative to a patient in excellent health would be $+19.92 \%$.

Publicly reported HCAHPS scores are adjusted to the overall national mean of patient-mix variables across all hospitals reporting in a given quarter (as reported in Table 3). Thus, whether the scores of a given hospital are adjusted upward or downward for a given measure depends not only on these patient-mix adjustments, but also on the patient-mix of that hospital relative to the national average of these patient-mix characteristics. Specifically, the total patient mixadjustment for a given hospital is the sum of a series of products, where each product multiplies the adjustment in Table 1 (top box) or Table 2 (bottom box) by the deviation of the hospital's mean on the corresponding patient-mix variable from the national mean on that patient-mix variable (from Table 3).

Four sets of numbers are needed to calculate final patient-mix adjusted scores for a given hospital: (1) Means of HCAHPS outcomes (top box proportions or bottom box proportions) for the hospital in question that have been adjusted for survey mode; (2) individual-level patient-mix adjustments from Tables 1 and 2 of this document; (3) that hospital's means on patient-mix variables; and (4) national means on patient-mix variables from Table 3 of this document.

Below we provide additional detail regarding the calculation of the response percentile and service line by age interaction variables.

A hospital's patient-mix adjustment variable response percentile is calculated as follows: For a given hospital and a given month, all completed surveys are ranked based on their respective "lag times." Lag time is the number of days between a patient's discharge from the hospital and the return of the mail survey, or the final disposition of the telephone or IVR survey. Ranks are averaged in the case of ties. Response percentile is calculated by dividing lag time rank by monthly sample size.

The service line by age interaction variables used in patient-mix adjustment can be calculated by following the steps below for all completed surveys:

1) Create an age variable that can take values from 1 through 8 , depending on the age range of the patient. Denote this variable as AGE.
2) Create an indicator variable for whether a survey was from the surgical service line. Let this variable equal 1 if surgical and equal to 0 if not surgical. Denote this variable as SURG.
3) Create an indicator variable for whether a survey was from the maternity service line. Let this variable equal 1 if maternity and equal to 0 if not maternity. Denote this variable as MAT.
4) At this point, every completed survey should have a value from 1 to 8 for AGE, a value of 0 or 1 for SURG, and a value of 0 or 1 for MAT.

The surgical by age interaction variable (Surgical*Age) is equal to the product of SURG and AGE. Similarly, the maternity by age interaction variable (Maternity*Age) is calculated as the product of MAT and AGE. To obtain hospital-level values for these two interaction variables, simply average all the survey-level values just calculated for Surgical*Age and Maternity*Age.

The formula for applying patient mix adjustment is as follows:
If y is the mode-adjusted hospital mean of an HCAHPS outcome (top box or bottom box)
a1-a16 are the individual-level adjustments from Table 1 or Table 2 for the 16 rows other than reference categories (in proportion rather than percentage form)
$\mathrm{m} 1-\mathrm{m} 16$ are the national means for the PMA variables in the same rows in Table 3
h1-h16 are the PMA means for the hospital in question in the same form as in Table 3,
then $y^{\prime}=y+a 1(h 1-m 1)+a 2(h 2-m 2)+\ldots+a 16(h 16-m 16)$ is the patient-mix and mode-adjusted hospital score for that outcome.

For public reporting purposes, HCAHPS scores are rounded to integer percentages. Rounding occurs within top, middle, and bottom box scores only after patient-mix and mode adjustments have been applied. If the sum of the three scores is not $100 \%$, a further adjustment is made to the middle box score.

Please note: The information presented here will permit a hospital to closely approximate the effect of patient-mix adjustment on its HCAHPS results. However, exact replication of published HCAHPS results may not be possible because of (1) the effects of data cleaning and (2) small differences between the effects of quarterly patient-mix adjustments and the 4-quarter averages presented here.

For each future public reporting period, Tables 1,2 and 3 will be updated and will be posted on www.hcahpsonline.org.

## Table 1: "Top-Box" HCAHPS Patient-mix Adjustments (Four Quarter Average for September 2010 Public Reporting)

|  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

${ }^{1}$ Age takes on the values of 1 to 8 as follows: (1: 18 to 24); (2: 25 to 34 ); (3: 35 to 44 ); (4: 45 to 54); (5: 55 to 64); (6: 65 to 74 ); (7: 75 to 84 ); and (8: 85+).

## Table 2: "Bottom-Box" HCAHPS Patient-mix Adjustments (Four Quarter Average for September 2010 Public Reporting)

|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

${ }^{1}$ Age takes on the values of 1 to 8 as follows: (1: 18 to 24); (2: 25 to 34); (3: 35 to 44); (4: 45 to 54); (5: 55 to 64); (6: 65 to 74 ); (7: 75 to 84 ); and (8: 85+).

## Table 3: National Means of PMA Variables <br> (Four Quarter Average for September 2010 Public Reporting)

| Patient-Mix Adjustment <br> (PMA) | National Mean |
| :---: | :---: |
| Education (per level) <br> (1=8th grade or less and <br> 6=More than 4-year college <br> degree) |  |
| Self-Rated Health (per level) <br> (1=Excellent and 5=Poor) | 3.638 |
| ER Admission | 2.819 |
| Response Percentile <br> (per 1\% of response percentile) | 0.434 |
| Non-English Primary Language | $16.4 \%$ |
| AGE | 0.056 |
| Age 18-24 | 0.045 |
| Age 25-34 | 0.105 |
| Age 35-44 | 0.076 |
| Age 45-54 | 0.117 |
| Age 55-64 | 0.174 |
| Age 65-74 | 0.212 |
| Age 75-84 | 0.190 |
| Age 85+ (REFERENCE) | 0.081 |
| SERVICE LINE |  |
| Maternity |  |
| Surgical |  |
| Medical (REFERENCE) |  |
| INTERACTIONS |  |
| Surgical Line * Age ${ }^{1}$ |  |
| Maternity Line * Age ${ }^{1}$ |  |
| 2 |  |

${ }^{1}$ Age takes on the values of 1 to 8 as follows: (1: 18 to 24); (2: 25 to 34 ); (3: 35 to 44); (4: 45 to 54); (5: 55 to 64 ); (6: 65 to 74 ); ( $7: 75$ to 84 ); and ( $8: 85+$ ).

