



# IMPROVING HCAHPS:

BOOSTING PATIENT SATISFACTION  
THROUGH GREAT LANGUAGE SERVICES

*As US demographics continue to shift, hospital language services increasingly impact executive-level priorities. The struggle for great HCAHPS scores exemplifies the interaction between patient satisfaction - now a major factor affecting hospital reimbursements - and language services. This ongoing development may put language services leaders in a position to either help or hinder hospital goals. CyraCom created this whitepaper to provide an overview of HCAHPS's history, goals, and implications for hospitals, as well as to make the case that great language services can significantly impact HCAHPS results.*

I.



### Hospitals Consumer Assessment of Healthcare Providers and Systems (HCAHPS):

- Created by the Center for Medicare Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) and implemented in 2006.
- Compiles the results of a standardized 21-question patient survey to rate and compare patient satisfaction nationally between hospitals.
- Collects demographic information to determine the hospital's patient mix.
- Surveys a random sample of inpatients anywhere between 48 hours and 6 weeks post-discharge.
- Aims to allow objective and meaningful comparisons of hospitals, improve quality of care, and enhance public accountability in by increasing transparency.<sup>1</sup>

#### TIMELINE

- 2002 CMS partners with AHRQ to create HCAHPS.
- 2005 HCAHPS approved by the National Quality Forum and the federal Office of Management and Budget.
- 2006 CMS implements HCAHPS survey.
- 2007 HCAHPS mandated for hospitals subject to the Inpatient Prospective Patient System (IPPS).
- 2008 First public reporting of HCAHPS results.
- 2010 The Affordable Care Act (ACA) passes, tying Medicare/Medicaid reimbursements to HCAHPS results.
- 2012 The ACA provision tying HCAHPS to reimbursements goes into effect.
- 2013 CMS adds five questions to HCAHPS, covering transition to post-care, ER admissions, and patient mental and emotional health.

## II. HCAHPS Incentives and Consequences



### Growth, Retention, and Hospital Reputation Depend on HCAHPS Scores

Hospitals receive an HCAHPS Star Rating (from one to five stars) based on patient survey results, and Medicare.gov’s Hospital Compare website allows the public to review HCAHPS ratings for different hospitals side-by-side. HCAHPS scores also comprise 22% of a hospital’s overall CMS Hospital Quality Star Rating.

This increased visibility enables patients to “shop” for care as consumers rather than going to the nearest hospital by default. This creates patient growth and retention opportunities for hospitals that perform well but threatens the success of those that fall behind. Less than 5% of all hospitals evaluated received a five-star rating on the July 27th, 2016 evaluation.

### HCAHPS Scores Impact Medicare Reimbursement Rates

The Affordable Care Act (ACA) increased the importance of HCAHPS in 2012 by tying hospitals’ Medicare reimbursement to their HCAHPS results. By 2017, 2% of reimbursement will depend on hospital performance, and HCAHPS scores will determine 30% of that performance rating. Large systems stand to gain or lose millions of dollars in reimbursements based on how they score.

## III. How Limited-English Patients Affect HCAHPS Scores

Limited-English Proficient (LEP) patients represent an opportunity for hospitals to better their HCAHPS scores because they tend to rate hospitals worse than English-speaking patients. The cause? Negative experiences during treatment may contribute. The National Center for Biotechnology Information (NCBI) found that LEP patients are:

9x

more likely to have trouble understanding a medical scenario.

4x

more likely to misunderstand medication labels.

4x

more likely to have a bad reaction to medication.<sup>2</sup>

NCBI concluded that patients who spoke a different language than their providers reported worse interpersonal care and were more likely to rate providers poorly when surveyed.<sup>3</sup>

The HCAHPS Patient Experience Questionnaire includes many question on provider/patient communication, with a heavy focus on whether the patient felt listened to, understood, and respected; and whether the patient could understand their provider’s instructions. Despite the presence of some level of language services in most hospitals, HCAHPS results for LEP patients indicate they don’t feel these standards are always being met.

## IV. How Improving Language Services May Improve Your HCAHPS Rating

Offering better language access to LEP patients may succeed at improving HCAHPS scores where simply having something available has failed. NCBI analyzed over 19,000 HCAHPS surveys from 66 California hospitals and learned that:<sup>4</sup>



“Hospitals with greater cultural competency have better HCAHPS scores for doctor communication, hospital rating, and hospital recommendation. Furthermore, HCAHPS scores for minorities were higher at hospitals with greater cultural competency on four other dimensions: nurse communication, staff responsiveness, quiet room, and pain control.”



Additionally:

“Greater hospital cultural competency may improve overall patient experiences, but may particularly benefit minorities in their interactions with nurses and hospital staff. Such effort may not only serve longstanding goals of reducing racial/ethnic disparities in inpatient experience, but may also contribute to general quality improvement.”

With these potential benefits in mind, here are the three factors to consider when working to improve language access for LEP patients:

### High Quality Interpreters May Enhance Patient Experience and Impact HCAHPS Scores:

HCAHPS contains 11 questions on clear communication, asking whether the patient understood their provider and felt listened-to and respected. For LEP patients, these answers may depend in part on the quality of interpreter provided, including soft skills like:

#### *Cultural Awareness and Sensitivity*

Quality interpretation goes beyond conveying meaning. Attention to culturally and linguistically appropriate politeness markers - using the correct honorific or title, or changing verbs and sentence structure to apply a more respectful tone – may impact the patient’s experience as well.

#### *Cultural Brokering for Clearer Comprehension*

Skilled interpreters apply cultural brokering, clarifying phrases and expressions which make sense in English but may not be clear in the target language. Quality interpretation involves converting these phrases into something the LEP patient can understand, improving comprehension and displaying cultural sensitivity.

Collectively, politeness markers and cultural brokering can help create a more positive and professional experience for all parties involved in the conference. LEP patients may feel more comfortable expressing themselves once these best practices are put in place. Hospitals with leading language services programs train their interpreters in these essential skills and partner with language services providers who do the same.

## Ease of Use May Improve Staff Adoption, Ensuring Interpretation is Offered Consistently

Studies suggest that hospital staff sometimes forego using a qualified interpreter - relying instead on a patient's family or bilingual staff member - because they believe language services are difficult to access in a timely manner. Improving staff utilization rates may enhance the LEP patient experience and boost the HCAHPS scores that follow.

Whether hospitals choose to staff their own interpreters, partner with a language services provider, or both, they may improve staff adoption by making sure language access is:



### Convenient

Interpreter resources should be kept close-at-hand and accessible.



### Fast

Staff should not have to wait a significant amount of time for an interpreter – seconds, not minutes.

## 1-2-3

### Simple

The number of steps needed to reach an interpreter should be minimized.



### Effective

Interpretation quality should be consistent and high-performing.



### Taught

Staff should receive regular training on using interpreters.

Training plays a key role in improving staff adoption. Best practices for administering staff training include:

#### *Enlisting Executive Support*

Offering a high-quality language services program contributes to organizational values like diversity and inclusion. Case studies like CyraCom's recent Steward Healthcare piece demonstrate the value of executives understanding the importance of staff training to treating patients with diverse backgrounds and languages equitably.

We provide a lot of continuing education," explained Carla Fogaren, System Director of Diversity Initiatives and Interpreter Services for Steward. "In one year, we educated over 12,000 staff, in-person. With sufficient training, we can hold staff accountable for properly utilizing our interpreter staff, as well as CyraCom's dual handset blue phones that provide bedside interpreter access 24/7."

#### *Implementing Regular, Mandatory Training*

Health systems like Steward have found success in integrating language services into existing hospital trainings like new-hire training, nursing skills assessments, and annual compliance training. They focus on their communities' diverse populations and cultures and familiarizing staff with a set language access plan. This includes executive-approved formal policy on when, why, and how to use an interpreter.

Top hospitals often include a hands-on component in these trainings, demonstrating to the staff the process of accessing an interpreter and giving them the chance to try it themselves.

### Improved Communication May Boost Patient Outcomes, Bettering Survey Results:

Patient health and safety outcomes are critical pieces of the patient experience and may impact how they rate that experience when surveyed. Research confirms that LEP patients continue to suffer worse health outcomes overall than their English-speaking peers:

- The Journal of Healthcare Quality learned that LEP patients suffer medication errors and lack of informed consent.<sup>5</sup>
- The American Academy of Pediatrics found that non-English-speakers experience more adverse events and longer hospital stays.<sup>6</sup>
- A review of 10.7 million Medicare records identified medical misunderstanding and miscommunication as the main driver of unnecessary readmissions.<sup>7</sup>

Fewer interpreter errors and provider/patient misunderstandings may lead to fewer adverse events and a better patient experience overall - an experience which may be reflected in the HCAHPS scores the patients then give the hospital.

## V. Results of Taking the “Customer Service” Approach to LEP Patients

CMS states that their goals for HCAHPS are to:

- Allow consumers to compare hospitals objectively.
- Incentivize hospitals to improve.
- Increase hospital transparency and accountability.

Today’s patients take advantage of increased access to information, “shopping” for healthcare in ways they previously couldn’t. American Hospital Association President Rick Pollack recently explained that today’s patients approach healthcare with an increasingly “consumer” mindset and that hospitals must adapt to meet those expectations.

Businesses who embrace quality language services have seen their satisfaction scores improve dramatically. Hospitals who take a “customer service” approach to their LEP patients may achieve similar results:

The International Customer Management Institute (ICMI) studied the impact of businesses adding language services support to their customer service channels. The results were impressive, and likely mirror the impact hospitals might see on their HCAHPS scores.

ICMI found that adding language services:



Hospitals that improve their LEP interactions – making patients feel heard, understood, and respected – will likely see their HCAHPS scores improve with LEP patients. Experts predict the US foreign-born population to increase from 40 to 80 million people by 2050, so the [percentage of non-English-speaking patients continues to grow](#). Hospitals that focus on satisfying this demographic may benefit for decades to come.



### *About CyraCom*

CyraCom is the leading provider of language interpreting services to healthcare. CyraCom services thousands of healthcare clients throughout the US, including many Fortune 500 healthcare providers – hospitals, systems, and insurers. We support hundreds of languages and operates 24/7.

CyraCom's employee interpreters work in the most extensive network of large-scale interpreter contact centers: all HIPAA-compliant and located in the continental US. Our interpreters receive 120 hours of initial, in-person training in the centers – three times longer than is typical in the language service industry. In training, interpreters learn medical terminology, anatomy and physiology, and other topics essential for healthcare interpreting. Upon completion of training and testing, they become certified interpreters.

### *Contact CyraCom*

Contact CyraCom today to discuss how we can improve your language services program.

Phone: (800) 713-4950 | [info@cyracom.com](mailto:info@cyracom.com) | [www.cyracom.com](http://www.cyracom.com)

CyraCom | 5780 N. Swan Road | Tucson, AZ 85718

### *Citations*

1. [http://www.hcahponline.org/Files/HCAHPS\\_Fact\\_Sheet\\_June\\_2015.pdf](http://www.hcahponline.org/Files/HCAHPS_Fact_Sheet_June_2015.pdf)
2. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490205/>
3. <http://www.ncbi.nlm.nih.gov/pubmed/25940305>
4. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3726251/>
5. <http://onlinelibrary.wiley.com/doi/10.1111/jhq.12065/full>
6. <http://hosppeds.aappublications.org/content/hosppeds/3/3/219.full.pdf>
7. [http://www.dartmouthatlas.org/downloads/reports/Atlas\\_CAYC\\_092811.pdf](http://www.dartmouthatlas.org/downloads/reports/Atlas_CAYC_092811.pdf)
8. <http://www.icmi.com/~media/Files/Resources/Whitepapers/Press-one-for-English-Voiance-WP.ashx>