The Patient Experience Policy Forum (PXPF) is a broad-based coalition of health care organizations and patient and family advisors engaged in advocacy and action to give a greater voice in health care policy to those working to improve the patient and family experience. We appreciate the opportunity to offer the following comments on the proposed rule updates to the CMS Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System, as posted in the Federal Register, Vol. 84, No. 157 published on August 9, 2019. Our comments pertain specifically to the CMS request for feedback regarding the following possible future additions to the HCAHPS Survey:

“Should CMS develop Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) questions to assess how well hospitals and other providers and suppliers communicate and discuss the cost of care with their patients? Example questions could be:

- ‘How well did your doctor communicate the expected out-of-pocket cost for your health care services in advance?’
- ‘Were you surprised by the amount of out-of-pocket costs you had for a given procedure or hospital stay?’”

We thank CMS for recognizing the importance of considering revisions to the HCAHPS survey that would include aspects of the patient experience with inpatient care not currently included. We believe such potential future additions should always be based on sound research evidence regarding the importance of the topic to patients and families. The relevance of questions related to how well hospitals, providers, and suppliers communicate and discuss the cost of care with their patients must first be explored directly with patients and families in order to establish the experiential constructs and practical issues that are most salient, meaningful, and important to them.

Based on our substantial collective knowledge of the patient and family experience with hospital care, we believe that asking patients to assess how well doctors communicate expected out-of-pocket costs for health care services in advance of their care is not a good idea. The complexity of health insurance coverage is difficult enough for expert financial counselors to navigate and explain, let alone physicians who generally have no training in or extensive knowledge of these issues. Placing the burden on doctors to be held accountable for communicating this information could also potentially create a backlash against patient experience surveys from providers and hospitals more generally.

Notwithstanding our concerns about the example cost questions provided by CMS, we do believe that CMS should explore strategies for addressing the very real concerns that patients and families face related to their experiences with cost, payment, and financial issues. It is not
clear how such issues can best be addressed through additional HCAHPS questions or additions to other CAHPS surveys. As noted above, careful research should be conducted to probe these issues directly with patients and families to identify the topics most relevant and meaningful to them. In this regard, PXPF strongly supports a periodic review of all HCAHPS measures in order to update and refine the survey as needed to reflect current patient and family experiences in the rapidly evolving health care environment. To this end, PXPF would welcome the opportunity to partner with CMS in exploring these issues through our unique balance of patient/family and health care professional perspectives.