

CMS Replaces Pain Management Questions on Patient Hospital Satisfaction Surveys

By Cindy Steinberg; adapted from an article that originally appeared in the US Pain Foundation's September 2017 Newsletter

Despite opposition from groups like the U.S. Pain Foundation (US Pain) and the Massachusetts Pain Initiative (MassPI), beginning in January of 2018, the Center for Medicare and Medicaid Services (CMS) will change the pain management questions on patient hospital satisfaction surveys from how well staff did controlling patients' pain to how often they "talked" to patients about their pain. The Hospital Consumer Assessment of Healthcare Providers and Systems, known as the HCAHPS survey, is a high-profile, publicly reported measure that allows consumers to compare the quality of care between different hospitals. Survey results are also used to determine a portion of hospital reimbursement rates.

The HCAHPS survey is sent to a large, random sample of hospital patients throughout the US post-discharge. For example, in the month of December of 2016, scores were based on more than 3.1 million completed surveys from patients at 4,193 hospitals. Pain management is one of the nine topics areas covered that are considered key measures of hospital quality.

The original pain-related questions asked: During this hospital stay, did you need medicine for pain? How often was your pain well controlled? And, how often did the hospital staff do everything they could to help you with your pain? The new questions will be: During this hospital stay, did you have any pain? If the answer is "yes", how often did hospital staff talk with you about how much pain you had? And, how often did hospital staff talk with you about how to treat your pain?

CMS had come under mounting political pressure from Congress members, doctor organizations such as Physicians for Responsible Opioid Prescribing and the American College of Emergency Physicians and others to eliminate the pain management questions on the survey. These groups argued that they give doctors an incentive to inappropriately over prescribe opioid pain medications.

Although CMS publicly stated that there was "no empirical evidence of this effect," they nevertheless decided to change the questions and remove pain management from the reimbursement incentive program.

Adequate pain control is at or near the top of the list of concerns for patients and their families during a hospital stay. With this change, regulators are saying to hospital staff that an important measure of hospital quality care is whether they **talk** to patients about treating their pain rather **than actually treating** their pain. There was nothing in the original questions that specified what types of medication or other treatments to give patients to help them manage their pain. US Pain and MassPI believe this change sends the wrong message to hospital healthcare providers and will lead to the unnecessary suffering of hospital patients.