


# The Difference Between HCAHPS and the Patient Experience and its Implications for Physicians, Experience Leaders, and Health Executives

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Patrick Oben, MD<sup>1</sup> , and Mandy Corliss, RD, CPXP<sup>1</sup>

## Keywords

HCAHPS, patient perspectives/narratives, measurement, survey data, physician engagement

In October of 2006, the US Centers for Medicare and Medicaid Services (CMS) introduced the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey as an “instrument and data collection methodology for measuring patients’ perceptions of their hospital experience.”(1)

HCAHPS introduced the health care system to the concept of the patient experience as we know it today, catalyzing monumental changes in a move toward making health care more patient-centered, as recommended by the Institute of Medicine (2). The patient experience is not new and did not begin with HCAHPS (3). However, our current conceptual and empirical understanding of the patient experience was standardized and codified by CMS through HCAHPS.

Unfortunately, there are unintended consequences of this close association between HCAHPS and the patient experience. The difference between the 2 is often blurred, unappreciated, misunderstood, or ignored—to the detriment of both.

## The Difference Between HCAHPS and Patient Experience: Tool Versus Metric

The Centers for Medicare and Medicaid Services introduced HCAHPS as an instrument of measurement. This tool is designed to measure the patient experience. HCAHPS is the tool, and the valuable metric it seeks to capture is the patient experience. The value of HCAHPS is not in HCAHPS itself, but rather in the information it aims to gauge. It may seem simplistic, but this difference has practical implications for all stakeholders—especially physicians, experience leaders, and health executives.

## When Physicians Mistake HCAHPS for Patient Experience

For many US clinical physicians, the patient experience is almost synonymous with HCAHPS. Although many physicians still question the validity of the patient experience measure as an indicator of the quality of care, a significant proportion of their objections are not directed toward the patient experience per se, but toward HCAHPS, which is merely the measuring instrument (4).

Additionally, the stigma of HCAHPS performance measurement and comparison, as well as financial motivations for health executives, has compromised many physicians’ understanding of the patient experience concept.

Physicians need to understand HCAHPS and the patient experience as distinct but related entities. The goal of patient experience improvement efforts is to improve the quality of care and the human experience of the patients who use health care services (5), not to “ace HCAHPS.”(3)

If the well-being of the patient is our ultimate purpose in health care, then the voice of the patient reporting the impact of health care services on their welfare is one the most valuable pieces of information any health care service provider, including physicians, can receive. Physicians cannot obtain this information from their peers, mentors, or even training faculty. They cannot glean that feedback from medical textbooks or journals. It can only come from the person they

<sup>1</sup> MercyOne Des Moines, Des Moines, IA, USA

### Corresponding Author:

Patrick Oben, MercyOne Des Moines, 1111 the Ave, Des Moines, IA 50314, USA.  
 Email: [patrickoben@gmail.com](mailto:patrickoben@gmail.com)



have cared for. HCAHPS scores and methodology are important for physicians to understand, but even more important is for them to recognize that improving the patient experience goes far beyond HCAHPS.

### *When Administrators Conflate HCAHPS and Patient Experience*

The pressure on health executives to improve the patient experience is palpable across the nation and is escalating by the minute. They transmit that pressure to patient experience leaders and other clinical and nonclinical staff. Here again, the subtle but significant differentiation between HCAHPS and the patient experience is critical.

Here are 3 reasons why stakeholders should attend to the difference between tool and metric:

1. The stress surrounding HCAHPS scores can distract from the true purpose of the exercise. However, high scores should be a by-product of improving the actual health care experiences of patients, not the primary goal.
2. There is more to the patient experience than the domains captured by HCAHPS. HCAHPS cannot capture every interaction that impacts the experience of the patient; it would lose its clinical utility and become cumbersome for patients and health care organizations. Therefore, improving the patient experience also requires attending to non-HCAHPS-reported elements. This feedback can be found as patients express their experiences, both positive and negative, to families, friends, online review sites, social media, as well as direct comments on HCAHPS surveys.
3. HCAHPS is a robust and rigorous instrument that requires adherence to the science of survey methodology. If hospitals neglect this aspect, they may not generate clean and effective data leading to a waste of time and resources. Recognizing this risk, CMS has developed quality assurance standards for HCAHPS, especially for sampling and response rates.

HCAHPS is an important tool, but it is merely one part of an efficacious patient experience program. The difference

between these 2 entities may appear unsophisticated, but its practical implications are paramount.

When physicians neglect to distinguish the tool and the metric, they risk ignoring a critical source of information—their patients—and obstructing the progress of the patient experience movement through their lack of participation and leadership. When health care organizations blur the difference between HCAHPS and the patient experience, they can become distracted from the true aim of the activity and fail to collect all the types of information required to improve patient experience. Distinguishing between HCAHPS and the experience it was designed to measure is essential to the success of either pursuit.


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### **ORCID iD**

Patrick Oben, MD  <https://orcid.org/0000-0003-0098-257X>

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