

May 5, 2023

Caren Ginsberg
Director, CAHPS and SOPS Program
Center for Quality Improvement and Patient Safety
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

Submitted electronically via CAHPS1@westat.com

Re: Potential Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey on Prenatal and Childbirth Care Experiences in Ambulatory and Inpatient Settings: Request for Information

Dear Ms. Ginsberg:

Premier Inc. appreciates the opportunity to submit comments to the Agency for Healthcare Research and Quality (AHRQ) regarding survey characteristics, data collection approaches and strategies to optimize the meaningfulness of patient experience information from individuals receiving prenatal and childbirth healthcare.

Premier is eager to provide input regarding a potential Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to assess patients' prenatal care and childbirth care experiences in ambulatory and inpatient care settings. As indicated in the request for information, currently, no CAHPS instrument is available that is specifically designed to measure prenatal and childbirth care from the patient's perspective in these settings.

Premier's recommendations regarding methodologically sound approaches to assessing prenatal and childbirth care experiences in healthcare settings include suggested survey questions regarding communication with providers, access to services, and patients' perceptions of bias in receiving care. Premier believes that the highest priority and the underpinning of any survey design, should be a focus on the needs of the population being addressed. Since the birthing population is quite diverse, it will be essential to develop different delivery mechanisms for the survey tool, as well as various language versions and survey questions posed in a manner that is suitable for individuals with varying health literacy levels.

In addition, while Premier believes that creating a unique survey for maternity care should be the goal, if AHRQ does not pursue the creation of a unique survey, Premier urges that a path be explored for integrating questions into the existing inpatient CAHPS surveys that explicitly address prenatal and childbirth care experiences. Premier recognizes that CAHPS surveys are an integral part of efforts to improve healthcare in the U.S. and that the data collected from these surveys can be a powerful tool to better understand patient concerns and issues. Regardless of the nature of the survey, the questions should be crafted to assess aspects of the patient experience that will lead to better outcomes and improved care for every patient.

I. BACKGROUND ON PREMIER'S LEADERSHIP IN INFANT-MATERNAL HEALTH

Premier is a leading healthcare improvement company and national supply chain leader uniting an alliance of 4,400 hospitals and approximately 250,000 continuum of care providers to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, consulting and other services, Premier enables better care and outcomes at a lower cost. Premier's sophisticated technology systems contain robust standardized data gleaned from nearly half of U.S. hospital discharges, 812 million hospital outpatient and clinic encounters and 131 million physician office visits. Premier is focused on raising the bar on quality, safety and cost of care for mothers and babies across the United States regardless of personal characteristics such as gender, race, ethnicity, geographic location and socioeconomic status.

To address this problem head-on, the Department of Health and Human Services (HHS) [Office of Women's Health](#) (OWH) through the [Maternal Morbidity and Mortality Data and Analysis Initiative](#) has tapped into Premier's extensive data to understand why disparate maternal outcomes occur. The [HHS Perinatal Improvement Collaborative](#), a multi-year collaborative comprised of more than 225 hospitals from all 50 states and the District of Columbia, leverages standardized data and proven performance improvement methodology to scientifically identify root causes of maternal-infant mortality and morbidity. With these resources, the collaborative will implement and analyze evidence-based interventions to drive clinical quality improvement, advance health equity and help make America the safest place to have a baby.

In addition, in August of 2022, Premier responded to the Centers for Medicare & Medicaid Services (CMS) Maternity Care Action Plan with a [commitment](#) to collect population-specific data across the continuum of care to understand the scope of maternal and infant harm. Premier will conduct follow-up research to measure progress in maternal and infant social determinants of health (SDOH) data collection and publish outcomes to advance health equity and reduce healthcare-associated disparities.

II. RESPONSE TO AHRQ QUESTIONS

Premier appreciates AHRQ's pursuit of developing a CAHPS survey specifically focused on patients' experiences with prenatal and childbirth healthcare. Premier supports efforts to extend the CAHPS to maternity care delivery and believes that a dedicated tool designed to measure prenatal and childbirth care from the patient's perspective could be helpful to gather key insights into this critical issue.

Premier's comments focus on the need to better assess if the care provided is respectful of patient-specific differences and unique challenges and provides opportunities for patient input. This includes focusing on the population most affected by significant differences in outcomes - black birthing people - and what matters to them.

i. What are the highest priority aspects of patient experiences with prenatal and childbirth healthcare that should be asked about in a survey?

Unfortunately, the maternal mortality rates in the United States continue to be of serious concern. In 2020, the Centers for Disease Control and Prevention (CDC) [reported](#) U.S. maternal mortality rates were [23.8 deaths per 100,000 live births](#), up from [20.1 deaths per 100,000 live births in 2019](#). Maternal mortality rates also increased in correlation with maternal age as individuals 40 years of age and older experienced [107.9 deaths per 100,000 live births](#) while individuals under age 25 experienced [13.8 deaths per 100,000 live births](#). It is important to note, however, that CDC data only captures mortality and does not account for morbidity following the birthing experience that can impact the health of mothers and babies.

While much needs to be done to address this crisis, measuring patient experiences – especially regarding perceived respect - with prenatal and birth healthcare is a good place to start.

Through our intensive maternal health focused work including the PINC AI™ Perinatal Improvement Collaborative (PPIC) Premier has identified key questions that should be considered in a survey tool focused on patient experience measurement. We also recommend that AHRQ use a Likert scale with “neutral” not as a choice if considering this as a measurement method.

- Did the patient receive pertinent information, answers to their questions and issues in a manner they could understand and evaluate?
- Did the provider and support staff ask the patient about their birthing needs, values and priorities?
- Did the provider sit at eye level with the patient in a room separate from the examination room, and where the patient was able to safely engage in a shared conversation?
- Did the provider share the information requested by the patient regarding their care in a way that they were able to understand?
- Did the patient receive screening opportunities to provide information on the social drivers of health including economic stability, social and community context, neighborhood and built environment, healthcare access and quality, and education access and quality? After completion of a screening tool, did the provider or support staff address opportunities to support the patient? Were these used to provide support after birth for mother and baby?
- Did someone ask about resources (either in person or virtually) available to the patient to support care for themselves and the new baby? If a patient shared that they needed help, how were resources provided? Were the resources easy to access? Did they meet the patient's needs? This would include mental/emotional health needs.
- Did the patient feel their birthing needs, values and priorities were part of the plan shared by all involved in their care? Did the patient receive mixed messages from various members of the care team?
- Did pain management meet the patient's needs? Was the patient's pain treated in a timely manner?
- Did the patient know when and with whom to make an appointment for herself and the baby after discharge from the hospital? Was the mother's and the baby's appointment made prior to discharge? Was assistance provided to schedule?

Premier suggests that all of these aspects be prioritized in creation of a unique survey for maternity care. If AHRQ does not pursue the creation of a unique survey, Premier urges that a path be explored for integrating questions into the existing inpatient CAHPS surveys that explicitly addresses prenatal and childbirth experiences as outlined above.

ii. For which prenatal and childbirth healthcare settings should measures and/or surveys be developed?

Currently, there are CAHPS surveys that assess patient experience with certain provider types, two conditions (cancer care and mental healthcare), facility-based care (emergency department, hospital, outpatient and ambulatory survey, among others), and various health plan coverage. Across all CAHPS survey tools, however, there are no questions that explicitly focus on maternity care.

Any survey developed should apply not only to the prenatal and birthing experience at clinical institutions (such as inpatient and ambulatory care) but to free-standing birth centers, and to birth centers situated within hospitals as well. In terms of provider-level questions, the tool should also include questions that relate to the care received from all obstetrical care providers.

Premier suggests that any survey should apply to all birthing centers where care was provided, and questions should relate to all providers delivering care to the individual.

iii. What challenges are there to collecting information about patient experiences with prenatal and childbirth healthcare?

There are several challenges that impact the ability to collect accurate, person-level data about a patient's experience with prenatal and childbirth healthcare. A tool, such as a survey, that meaningfully captures the patient's experience will also likely include open-ended questions, which the patient may be less likely to answer. Further, the type of information that should be collected to truly assess the patient's experience could be of a sensitive nature and patients may be reticent to answer such questions. Tailoring surveys to reflect the patient demographics including race and ethnicity also supports the ability to receive accurate responses.

Language barriers can also contribute to the challenges of collecting this data. A lack of translation services or surveys that are not translated into a person's spoken language, can result in an inability to collect information about the patient's experience. It is important to offer the survey in multiple languages. A health literacy component is also key in designing an effective data collection tool. If the individuals answering the questions do not fully understand the questions being asked the data collected will be inaccurate which defeats the purpose of the survey tool. Cultural differences should also be considered when designing the tool and delivery of the survey questions. Individuals may perceive the questions asked in a different manner than the original intent; this is an essential consideration when crafting the survey language and mechanisms for the survey delivery.

Timing of such surveys could also be considered, as it might not be appropriate or useful to collect data from patients after every appointment. Instead, an appropriate cadence could be instituted, for example, three touch bases during the prenatal period (after the first, second and third trimesters), after discharge and then after a postpartum visit.

At a broader level, while CAHPS surveys collect data about the patient's experience, there is no standardized infrastructure in place to ensure that an organization follows up and acts upon any negative experiences reported by the patient. If an individual reports an experience of discrimination or mistreatment, there should be a protocol for the organization to follow to mitigate the occurrence of a similar experience in the future, and to ensure that the patient who experienced the event has needed support services. This is another area for AHRQ to consider in future work, in collaboration with CMS.

Premier encourages AHRQ to consider tailoring surveys to an individual's need, translating the survey into as many languages as possible and limiting repetitive survey instances. Also, Premier suggests that future work explores a mechanism for follow up on negative experience responses.

iv. What actions or approaches would facilitate the collection of information about the experience of patients with prenatal and childbirth healthcare?

Currently, CAHPS surveys are administered through four approved modes: 1) mail only; 2) telephone only; 3) mixed (mail followed by telephone); and 4) active interactive voice response. These are effective methods of collecting information from patients; however, more can be done to ensure all patients are reached in a way that does not create additional burden on new parents.

The use of SMS texting technology should be employed as a viable medium for administering a link to the survey. This should be used in tandem with the other methods, as some individuals may not have access to a smartphone that would allow them to click on and follow the link.

Another option could be to conduct the survey in person, using a trusted member of the community to discuss the individual's experience. This should be used in tandem with the other modes of survey administration, and only used when this is the patient's preference. Given that some aspects of the care experience (such as experiencing discrimination or bias) can be sensitive and difficult to discuss, it is important a trusted and respected member of the care team is available to hear the responses. Utilizing certified patient advocates with a "lived experience" creates this opportunity. This could be a community health worker, doula or a third-party community organization that is brought in for the sole purpose of administering the surveys in person.

Premier does not believe there is one exclusive manner or mechanism to best capture this information. However, we encourage AHRQ to consider various manners of collecting this data, including use of SMS texting technology and in person discussions.

III. CONCLUSION

In closing, Premier appreciates the opportunity to submit comments regarding survey characteristics, data collection approaches and strategies for prenatal and childbirth healthcare. We look forward to continuing our work in this space and collaborating with AHRQ in addressing the critical issue of maternal health.

If you have any questions regarding our comments, or if Premier can further serve as a resource to the Agency, please do not hesitate to reach out.

Sincerely,



Soumi Saha, PharmD, JD
Senior Vice President, Government Affairs
Premier Inc.