Predictors of CAHPS performance change in home health and hospice agencies

Results of the National Patient and Family Satisfaction Quality Improvement Project

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BerryDunn

Introduction

The healthcare industry is undergoing a paradigm shift, driven in large part by the Centers for Medicare & Medicaid Services' (CMS) intensified focus on value-based care. In home health, the 2023 launch of Home Health Value-Based Purchasing (HHVBP) marked a significant milestone, tying 30% of an agency's financial outcomes to patient satisfaction scores. Agencies failing to demonstrate improvement risk a payment reduction of up to 5% by 2025—a critical concern given that approximately 30% of home health providers operate with margins under that threshold.

Simultaneously, the growing market share of Medicare Advantage (MA) plans is reshaping provider expectations. By 2025, more than half of Medicare-eligible individuals had opted for MA over traditional Medicare. As these plans are mandated to publicly report quality and patient satisfaction scores, many now avoid contracting with home health providers scoring below three stars, significantly narrowing the referral market for low-performing agencies.

Improving Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores remains a challenge. Industry response rates for CAHPS surveys hover around 25% – 27%, with feedback typically polarized between highly satisfied and highly dissatisfied respondents.

In response to these challenges, the National Patient and Family Satisfaction Quality Improvement Project aimed to support agencies in implementing structured, person-centered care models that promote accountability and service excellence. This initiative included a six-month blended learning program combining online modules, one-on-one consulting, and practical tools for sustained improvement.

Research conducted independently by BerryDunn and sponsored by Strategic Healthcare Programs and National Alliance for Care at Home.

Background and literature review

An extensive literature review was conducted prior to initiating the study to identify the primary factors influencing patient and family satisfaction scores. The findings were synthesized and categorized into three core domains: management, field staff, and office staff.

Management indicators associated with improved CAHPS performance

Findings from BerryDunn's *National Healthcare at Home Best Practices Study* revealed strong correlations between employee engagement and retention and higher patient and caregiver satisfaction scores. Additionally, the data indicated a notable decline in satisfaction star ratings among organizations with a high percentage of unfilled registered nurse (RN) positions. Also, hospices were less likely to report visits in the last days of life as a result of these unfilled positions, a key contributor to caregiver satisfaction scores.

Home health: What percentage of RN/LPM field positions are currently unfilled?

Hospice: What percentage of your RN positions are unfilled?

In further research, a positive correlation was identified between Glassdoor composite scores and CAHPS composite scores ($r = .469$, $p < .01$), suggesting a strong link between employee satisfaction and patient and caregiver experience. The findings support the value of strong leadership, with a recommendation that leadership gauge whether staff would recommend their organization to others.

Field staff indicators associated with improved CAHPS performance

A growing body of literature underscores the central role of patient-centered care (PCC) in enhancing satisfaction among patients and caregivers within home health and hospice agencies. Studies consistently highlight that when care is tailored to individual needs, preferences, and values, both clinical outcomes and satisfaction scores improve significantly. Key components such as effective communication, responsiveness to concerns, emotional support, and involvement in decision-making have been identified as critical drivers of positive experiences. In the context of hospice and home health, where care is often delivered in emotionally sensitive environments, the ability of providers to build trust and foster meaningful relationships further contributes to higher satisfaction levels. These findings emphasize that PCC is not only a best practice but also a strategic imperative for agencies seeking to improve CAHPS scores and overall care quality.

Dr. Mary Curry Narayan has made significant contributions to understanding how PCC and culture-sensitive care (CSC) are operationalized by home health nurses. In a qualitative descriptive study involving 20 US home health nurses, she identified the essential attitudes, knowledge, and skills needed to deliver PCC/CSC in assessment and care planning—including relationship-building, individualized assessment, and care plan adaptation to patient values—despite the lack of formal education in these domains.

What Constitutes Patient-Centered Care in Home Care? A Descriptive Study of Home Health Nurses' Attitudes, Knowledge, and Skills

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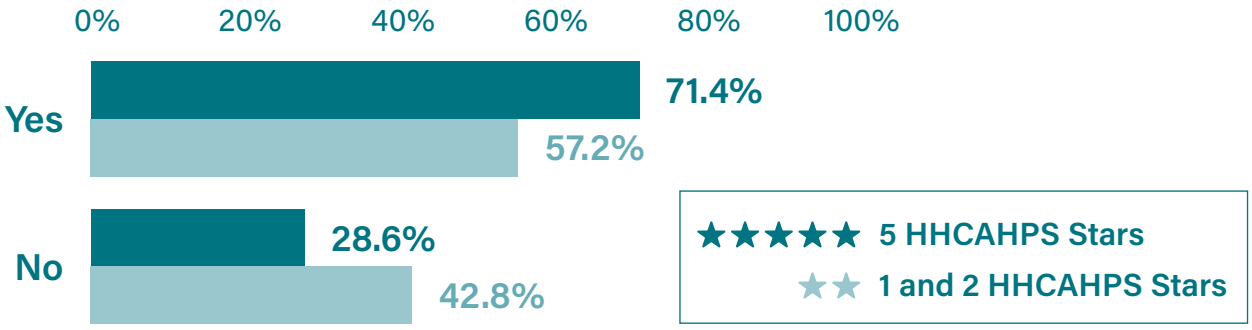
Office staff indicators associated with improved CAHPS performance

While much of the focus in home health and hospice settings is placed on clinical staff, emerging evidence suggests that office staff play a significant role in shaping patient and caregiver satisfaction. Despite often being overlooked in quality improvement efforts, administrative personnel frequently serve as the first point of contact for patients and families—setting the tone for the overall care experience. Responsiveness, clarity in communication, scheduling efficiency, and empathy during phone interactions all contribute to perceptions of organizational competence and compassion. Studies have shown that negative experiences with office staff can erode trust and satisfaction, even when clinical care is of high quality. However, many home health and hospice agencies do not traditionally include office staff in patient experience strategies or training initiatives, representing a critical gap in comprehensive PCC delivery.

Further supporting the importance of non-clinical roles, results from BerryDunn's *National Healthcare at Home Best Practices Study* identified customer service training as a key contributor to improved patient and caregiver satisfaction scores. Agencies that invested in formal training for office and support staff saw measurable gains in overall experience ratings, particularly in areas related to communication, responsiveness, and coordination of care. These findings highlight the value of equipping all staff—clinical and non-clinical alike—with the skills needed to interact effectively and compassionately with patients and families.

Home health: Have you performed customer service training in the past 12 months?



Hospice: Have you performed customer service training in the past 12 months?

Disqualified assumptions

Numerous assumptions exist regarding strategies to improve CAHPS outcomes for home health and hospice organizations; however, several of these commonly held beliefs were reviewed and ultimately disqualified through data analysis and literature review. Key assumptions found to be unsupported or only partially valid include:

Increased hospice length of stay improves CAHPS outcomes

It is commonly believed that longer lengths of stay lead to better CAHPS results. While very short stays (average <10 days) were associated with lower satisfaction scores, extended stays (average >60 days) also showed a decline in CAHPS outcomes. This may be due to caregiver fatigue over time. Agencies should not aim to reduce lengths of stay arbitrarily but rather investigate and address the factors contributing to declining satisfaction in long-stay patients.

Scripting improves CAHPS scores

An extensive literature review revealed no evidence supporting the use of scripting as an effective strategy for improving CAHPS outcomes. This assumption is not grounded in research and should be approached with caution.

Mixed-mode survey delivery enhances CAHPS performance

There has been significant discussion around the idea that using mixed-mode CAHPS delivery (mail and phone) improves results. However, research shows that mixed-mode delivery does not enhance outcomes and may actually result in lower CAHPS scores compared to mail-only surveys. Currently, there is no available data on the effectiveness of email-based CAHPS delivery.

These findings emphasize the importance of challenging assumptions and relying on data-driven strategies to improve patient and caregiver experience.

Project methodology

Insights gathered from the literature review were synthesized to develop a comprehensive program aimed at improving patient and caregiver satisfaction within home health and hospice organizations. Drawing on evidence related to PCC, the impact of office staff, customer service training, and the critical role of management, the model was designed to address clinical, administrative, and leadership factors that influence the care experience. A key component of the program focused on management development to enhance leadership skills in fostering employee engagement, retention, and a culture of patient-centeredness. Following its development, we actively recruited home health and hospice agencies to participate in the implementation of the model over a 12-month period, allowing for real-world application, evaluation, and refinement of its components.

The project involved 81 home health and hospice organizations (identified by CCNs) in the implementation of the model. Over the 12-month period, 63 organizations remained actively engaged and were considered program completers. Completion was defined by sustained participation throughout the project, rather than the fulfillment of all program materials.

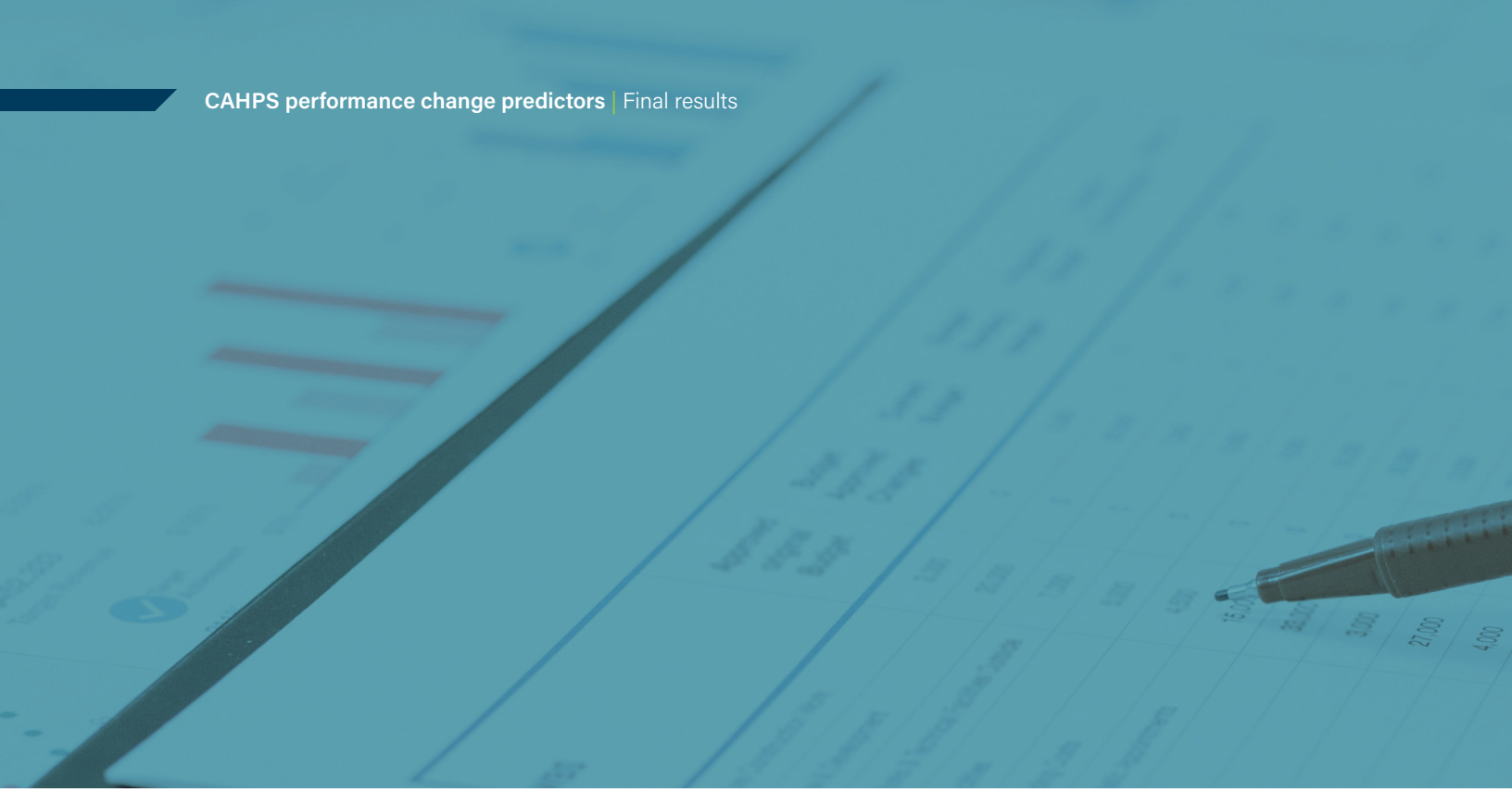
Participating agencies

Project timeline

The study was conducted over a defined timeline from October 2023 through June 2024. Throughout this interval, participating agencies followed a structured implementation schedule as outlined below:

Implementation timeline	
September – December 2023	Supervisory training and support
January – May 2024	Customer service and PCC training and support
June 2024	Patient-centered mentorship certification

Agencies also participated in bimonthly CAHPS review calls, focusing on performance metrics and best practices.



Outcomes assessed

Baseline CAHPS data were collected from June 1 to December 31, 2023, and compared to data gathered from June 1 to December 31, 2024, to assess the outcomes of the research project.

Hospice domains

- Roll-up CAHPS scores
- Communication
- Timely help
- Respectful treatment
- Emotional and spiritual support
- Pain and symptom management
- Family training
- Overall rating (9 or 10)
- Willingness to recommend

Home health domains

- Roll-up CAHPS scores
- Care of patients
- Communication with providers and patients
- Specific care issues
- Overall rating (9 or 10)
- Willingness to recommend

Each outcome was analyzed in relation to the following predictors:

- Completion rates for key training modules (PCC, supervision, customer service)
- Participation in the PCC mentorship program
- Reported organizational turnover
- Attendance at bimonthly consulting sessions

Agencies were categorized into three groups:

- **Group A:** Met all project requirements (≥75% training completion, 100% consulting attendance, turnover data reporting, mentor participation)
- **Group B:** Completed the project but missed ≥1 requirement
- **Group C:** Did not complete the project

Descriptive statistics and Pearson correlation coefficients were used to assess relationships between predictor variables and outcome domains.

Results summary

Descriptive trends by agency grouping

Metric	Hospice trend	Home health trend
Change overall	Strong positive trend in select agencies	Moderate improvement in some agencies
Top performers	Group A	Group A
Lowest performers	Group B	Group B

Performance by organizational grouping

Group A agencies (those who completed all program components) overwhelmingly demonstrated the most significant overall gains, with the largest gains noticed in CAHPS roll-up and willingness to recommend categories.

More notably, Group B agencies (those who completed the project but did not complete all project components) underperformed relative to Group C (those who dropped out of the program without completion), suggesting that partial engagement may be more detrimental than no engagement at all—possibly due to disorganization or fragmented implementation.

Group	Description	Highlights
Group A	Fully met project requirements	Strong positive correlations across most domains, especially in hospice agencies; home health improvements seen in overall change (.311), recommendation (.208), and specific care issues (.193)
Group B	Partially completed requirements	Weak or negative correlation with overall change (-.121); minimal improvements overall
Group C	Did not complete the project	Mixed results; some improvement, some decline

Best Practice

Prior to allocating resources to new or additional initiatives, organizations should first ensure internal readiness and operational stability to maximize the potential for successful implementation.

Impact of project components on overall CAHPS outcomes

Program impact and successes

Customer service training emerged as the most influential predictor of improved CAHPS outcomes across both settings, especially in the following domains:

- Communication
- Willingness to recommend

This finding suggests that patient experience can be significantly influenced by non-clinical interactions, such as scheduling, billing, and customer support.

Supervisory training also yielded positive results, notably improving:

- Roll-up scores (hospice)
- Specific care issues and willingness to recommend (home health)

The mentorship program showed strong benefits for hospice agencies—particularly in boosting the overall rating—but had limited impact in home health settings.

Predictor	Hospice	Home health
Customer service training	High positive impact on communication & willingness to recommend	Same
Supervisory training	Positive effect on communication & roll-up	Positive effect on specific care issues & willingness to recommend
Mentorship	Improved overall rating & recommendation	No significant impact

Best Practice

Findings suggest that home health agencies may benefit by implementing hospice structured processes—such as mandated interdisciplinary team (IDT) meetings—that facilitate mentorship, peer connection, and ongoing staff education.

Program unsuccessful components and lessons learned

Turnover: A complex indicator

Contrary to expectations, higher turnover correlated with improved scores in the specific care issues domain (r = 0.249) but had a negative correlation with care of patients (r = -0.231). Qualitative feedback suggested that intentional staff changes—removing underperforming personnel—may temporarily improve care delivery. However, high turnover can disrupt continuity, and long-term success depends on stabilizing the workforce.

PCC and industry barriers

Two components showed inconsistent associations with outcomes. This included the PCC and bimonthly consultation sessions:

Predictor	Hospice	Home health
PCC training	Mixed/neutral	Mixed/neutral
Consulting session attendance	Mixed/neutral	Mixed/neutral

The bimonthly consulting sessions were designed to promote sustained engagement among participating agencies. While their direct impact on outcomes may have been limited, they contributed meaningfully to increasing the number of agencies that ultimately qualified as Group A participants.

While the PCC program did display strong improvement in some participating organizations, the overall impact was varied. Hospices displayed more success with the program than home health agencies. To determine barriers to PCC impact, post-project qualitative interviews were conducted. These interviews indicated that many organizations continue to face significant barriers to implementation of true PCC. Participants cited organizational mergers, productivity pressures, and regulatory burdens as the biggest obstacles to real-world application.

Participant feedback highlights obstacles to real-world application.

Organizational merger

We were going through a merger... I barely remember the key takeaways.

Productivity pressures

It was a good reminder... but the productivity and documentation requirements make it hard to implement.

Regulatory burdens

I'll deliver patient-centered care when we reduce regulatory demands enough to prioritize the patient.

These sentiments echo broader research highlighting systemic challenges in achieving true PCC.

Summary

Cross-setting takeaways

- **Group A participation** and **customer service/supervisory training** are strong levers for performance improvement.
- **Mentorship** plays a more critical role in hospice settings, potentially due to cultural or leadership dynamics.
- **PCC training** requires deeper infrastructure and workflow changes to achieve measurable impact.

Conclusion

Performance improvement in home health and hospice settings is closely tied to organizational alignment, targeted training, and thoughtful workforce management. Agencies in Group A—those demonstrating strong internal accountability and full program participation—experienced the most meaningful gains.

Future quality improvement initiatives should prioritize:

- Agency-wide training completion
- Strategic investment in customer service and supervisory development
- Culture-driven mentorship programs
- Structural solutions to alleviate barriers to PCC

Tailoring these strategies to agency type and internal dynamics will be key to sustainable improvement in CAHPS outcomes.

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Learn more >>

Lindsay Doak is the Director of Research and Education at BerryDunn, bringing over 18 years of expertise in leading organizational change within the home health and hospice industry. At BerryDunn, she has chaired both the groundbreaking National Healthcare at Home Best Practices Study and the National Patient and Caregiver Satisfaction Quality Improvement Project and created SupervisionMax, a comprehensive research-based supervisory program designed to empower home health and hospice leaders to develop strong, effective supervisory teams.

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