American Society of Anesthesiologists®

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March 26, 2013

Memuna Ifederah
Centers for Medicare and Medicaid Services
Mailstop C1-25-05
7500 Security Boulevard
Baltimore, MD
21244-1850

Re: Request for Information to Aid in the Design and Development of a Survey Regarding Patient Experiences with Hospital Outpatient Surgery Departments/Ambulatory Surgery Centers and Patient-Reported Outcomes from Surgeries and Procedures Performed in these Settings (CMS-4171-NC)

Dear Ms. Ifederah:

On behalf of the American Society of Anesthesiologists (ASA), an educational, research and scientific association representing over 50,000 members, I write in response to CMS' request for information to inform the development of a standardized Hospital Outpatient Surgical Department/Ambulatory Surgical Center (HOSD/ASC) Experience of Care Survey.

As perioperative physicians, anesthesiologists are vital members of the surgical or procedural team and our care is a key component of patient centered care. In order to achieve the National Quality Strategy of better care and the priorities of ensuring that each person and family are engaged as partners in their care (priority #2) and promoting effective communication and coordination of care (priority #3), the HOSD/ASC survey should include questions relating to anesthetic care.

As requested, ASA is submitting information related to topic areas and publicly available survey questions indicating level of patient satisfaction and other patient-related outcomes. These topic areas and questions were derived from a systematic review of the scientific literature and include the following:

Table 1. Topic areas and questions relating to patient satisfaction with anesthetic care.

Topic areas	**Questions (assessed with 5-point Likert scale)**
T1. Information sharing[1-5] T2. Involvement in Decision Making[2] T3. Pain/Symptom Management[2,3] T4. Anesthesia Related Sequelae[4] T5. Global satisfaction with anesthesia	Q1. During the visit with the anesthesia practitioner before the surgery, I was able to ask the questions I wanted.[3] Q2. The information given to me by the anesthesia practitioners was understandable.[5] Q3. How satisfied were you with treatment of nausea and vomiting after the operation? Q4. How satisfied were you with pain therapy after surgery? Q5. I was satisfied with my anesthetic care.[3] Q6. I would recommend the anesthesia team to others in my family.[6]

We developed this list of topics and questions in order to assess patient experience. **There are few validated surveys of patient satisfaction with anesthesia[2,3,7], and we know of no validated set of questions meant to be administered as part of a larger instrument to assess quality of an episode of surgical care.** As such, we searched the literature for questions that could be appended to a facility-level instrument, then used a modified Delphi technique to choose the six questions in Table 1:

> A systematic literature search of MEDLINE (from 1950 to February 1, 2013), EMBASE (from 1980 to February 1, 2013), CINAHL (from 1982 to February 1, 2013), HAPI (from 1985 to February 1, 2013), PsychINFO (from 1967 to February 1, 2013), and the Cochrane Library (from 1985 to February 1, 2013). The following terms were combined for the search: **surgery, surgical procedures, patient satisfaction, consumer satisfaction, questionnaires, surveys, and instruments**. The search was restricted to English publications only. Upon abstract review, articles were excluded if they were letters, abstracts, investigated parturients or pediatric patients, or only included unidimensional assessment of satisfaction. Studies were included for further analysis if they evaluated multiple items, were validated with at least 100 patients, included the questionnaire with the publication, and followed a rigorous methodology according to accepted psychometric questionnaire construction. Investigators utilized the psychometric questionnaire construction steps described by Fung to evaluate studies for inclusion or exclusion[8-10].
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> The dimensions of care evaluated and the actual survey questions used in the studies formed a core set of potential survey question candidates and dimensions. The initial set of questions was modified to remove duplicates. Questions were also modified as necessary to improve the translation of the meaning of the question to English or to reflect the anesthesia care team model of anesthesia delivery. Modifications were minimized in order to preserve the initial validation used to generate the question (e.g., cognitive and literacy testing). Responses to questions were standardized to a 5 point Likert scale.
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> Questions were grouped according to the source survey from which the questions or dimensions were generated. Using a modified Delphi technique to reach consensus, the initial set was reviewed by the ASA Committee on Performance and Outcomes Measurement, which includes both academic and community anesthesiologists. Panel members were given the goal of producing a "short form" with fewer than 10 questions, meant to be given in conjunction with surgeon- or facility-specific questions. After the first round of review, questions with fewer than 20% of members including the question on the survey were eliminated from the revised survey. The revised survey was resubmitted to the panel for a second round of review. The same criteria were used to revise the survey a second time. Questions with fewer than 40% of panel members voting to include the question were removed from the revised survey.

On the basis of the methods described above, we selected the topic areas and questions shown in Table 1. **It is our opinion that these questions, in combination with demographic information and surgery- and facility-specific questions, would more completely assess the patient experience than current CAHPS-family instruments. Currently there is no widely used instrument. Therefore, CMS and ASA endorsement of these questions after appropriate pilot testing would promote data driven patient centered care in ambulatory surgery.**

There are a number of health services researchers in our organization with expertise in survey research in general, and measurement of patient satisfaction in particular. ASA embraces the opportunity to partner with CMS to create an instrument to assess ambulatory surgical patient experience. Quality surgical care is dependent on all members of the team, and only with the valid assessment of all parts of the team can better care be achieved.

Sincerely,

John M. Zerwas M.D.
President, American Society of Anesthesiologists

Enclosure: "Patient Satisfaction and Experience with Anesthesia"

DISCLAIMER: *The enclosed "white paper" is a working document produced by the American Society of Anesthesiologists' Committee on Performance and Outcomes Measurement. It was last updated on March 20, 2013.*

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