



From Measurement to Momentum: Using NPS to Improve HCAHPS

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Executive Summary

Healthcare leaders are often forced to choose between Net Promoter Score (NPS) and HCAHPS—treating immediate feedback and publicly reported outcomes as competing priorities. In this nSight, we discuss how they are not competing measures, but rather connected signals of the same underlying patient experience.

NRC Health analysis of millions of inpatient responses demonstrates a strong, consistent relationship between NPS and HCAHPS performance across all survey dimensions. Organizations that capture timely feedback broadly and consistently see faster, more sustained improvement in HCAHPS over time, while short-term variability fades when viewed through rolling, long-term trends.

This strategy provides early, actionable insight into experience performance, while HCAHPS remains essential due to its direct link to reputation and reimbursement. When used together, these measures reduce uncertainty, accelerate improvement, and protect revenue.

Key Takeaways for Executives

- **NPS and HCAHPS move together over time.** Hospitals that perform well on one consistently perform well on the other.
- **Timely patient feedback is an early signal, not a distraction.** It can anticipate future HCAHPS performance months before scores are reported.
- **Short-term noise can be misleading.** Rolling 12-month trends reveal the true relationship between experience measures.
- **Ignoring either metric carries risk.** HCAHPS underperformance threatens reimbursement, while lack of feedback delays service recovery and improvement.
- **Action matters more than alignment.** Organizations that close the loop quickly and focus on key experience drivers improve faster and more reliably.

The path forward is not choosing the “right” metric but using timely patient feedback and HCAHPS together, turning experience data into decisive action, sustained improvement, and financial impact.

When Experience Data Competes Instead of Converging

Healthcare organizations take different approaches to measuring and improving patient experience. Some focus their efforts on patient loyalty as the primary improvement driver, while others focus first on HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems), given its public and financial implications. This nSight makes two things clear: **Net Promoter Score (NPS) is strongly correlated with HCAHPS outcomes; and on average, organizations that leverage near real-time feedback broadly and consistently see stronger improvement in HCAHPS over time.** Regardless of approach, the relationship - between these measures (HCAHPS and NPS) because matters because patients experience care continuously and expect improvement over time.

Hospitals and health systems have vast amounts of experience data, most broadly from patient feedback platforms but also from a subset of discharged patients for HCAHPS. Too often these feel fragmented rather than complementary. Leaders struggle to reconcile what the data is telling them, creating uncertainty around improvement focus areas. They typically question which metrics matter most, whether patient feedback moves HCAHPS performance, and what teams should do when results don't align across sources. Over time, this confusion can erode confidence in experience measurement altogether, raising concerns about whether the effort is worth it.

Both measures play distinct and critical roles. HCAHPS remains essential, given its direct impact on reimbursement through value-based purchasing. Meanwhile, modern outreach methods capture the voice of patients almost immediately after a visit—including those who are never surveyed by HCAHPS. Each year, NRC Health collects patient feedback from more than 800,000 inpatients, compared to just over 300,000 patients surveyed through HCAHPS—providing a broader and more continuous view of the patient experience. This extends

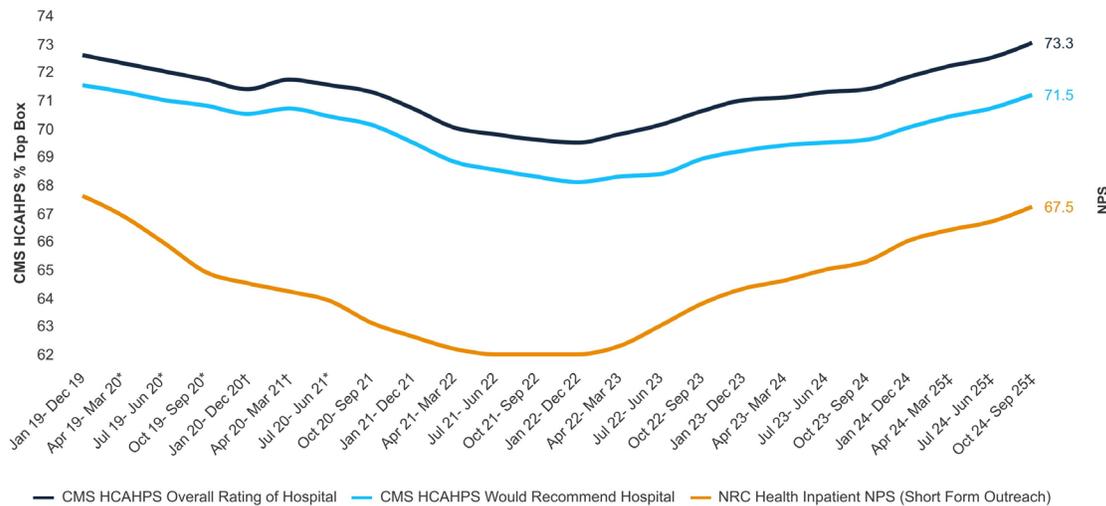
measurement across care settings where HCAHPS does not apply. The immediacy and breadth of our data make it a powerful tool for understanding experience as it happens, not months later. As a result, NRC Health evidence shows that when organizations improve experience for all patients in real-time, those efforts ultimately surface in HCAHPS performance as well.

The risk is not in choosing one measurement strategy over the other—it’s failing to use both effectively. Not focusing on HCAHPS puts reimbursement at risk. But we also consistently see a 10 to 12% decrease in reutilization rates between patients reporting a zero and those reporting a 9 or 10 in response to an NPS question. Not leveraging this feedback means missing the voices of most patients, delaying service recovery, and allowing small issues to escalate into systemic problems. When experience data isn’t aligned, organizations don’t just lose insight—they also miss opportunities to measure loyalty, and risk losing revenue.

NPS and HCAHPS Are More Connected Than They Appear

NRC Health analysis shows that inpatient NPS can reliably anticipate CMS HCAHPS performance well before scores are publicly reported, revealing a strong, underlying relationship between the two measures.

CMS HCAHPS Score Trends Similar to NRC Health Short Form Inpatient NPS



*Data is imputed for CMS HCAHPS as data was not publicly reported

†CMS HCAHPS data does not include 12 months of data

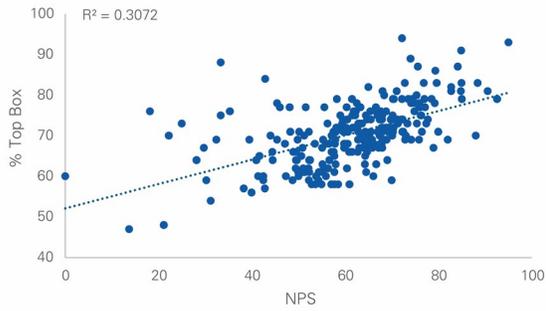
‡Data is predicted for CMS HCAHPS

CMS HCAHPS Data | January 2019–December 2024 | n=34,824,057

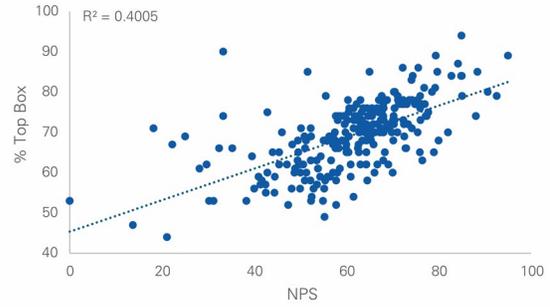
NRC Health Experience Data (Inpatient NPS) | January 2019–September 2025 | n=13,545,164

A clear pattern emerges when a full year of data at the individual customer level is examined. Hospitals that perform well on HCAHPS key questions also perform well on NPS, while lower-performing organizations tend to lag on both.

CMS HCAHPS Overall Rating of Hospital by NRC Health NPS

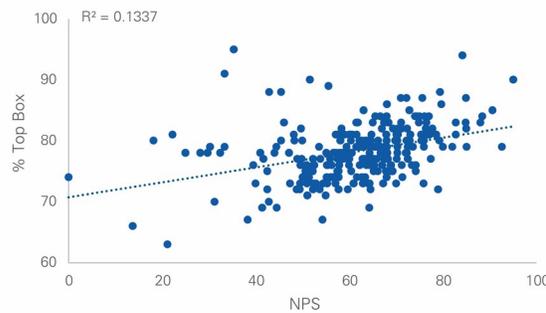


CMS HCAHPS Would Recommend Hospital by NRC Health NPS

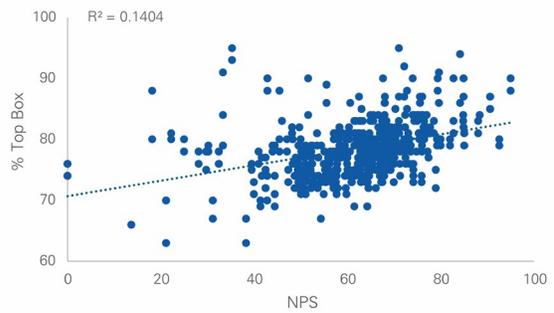


This relationship holds across the experience spectrum: correlations are not limited to HCAHPS key metrics, but extend across every question in the survey. In other words, the behaviors that drive strong HCAHPS performance are the same behaviors that patients reward via NPS.

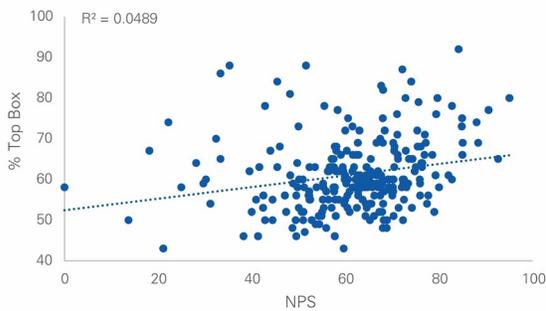
CMS HCAHPS Communication with Nurses by NRC Health NPS



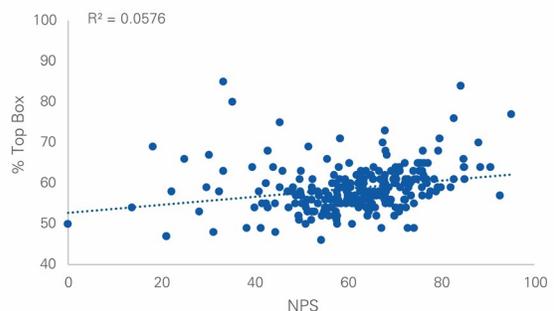
CMS HCAHPS Communication with Doctors by NRC Health NPS



CMS HCAHPS Responsiveness of Staff by NRC Health NPS

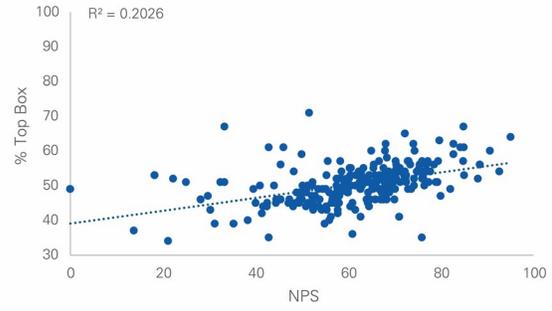
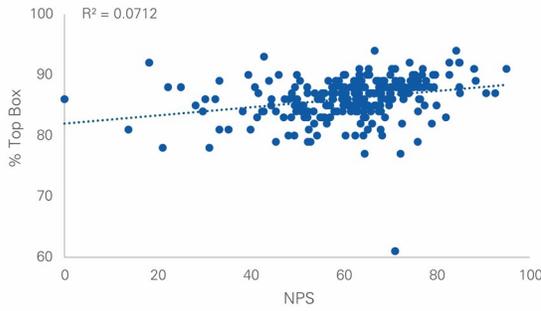


CMS HCAHPS Communication About Meds by NRC Health NPS



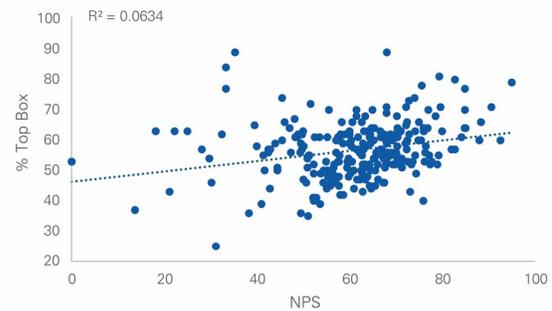
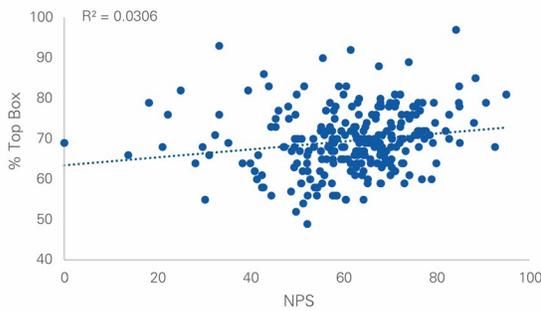
CMS HCAHPS Discharge Information by NRC Health NPS

CMS HCAHPS Care Transitions by NRC Health NPS



CMS HCAHPS Cleanliness of Hospital by NRC Health NPS

CMS HCAHPS Quietness of Hospital by NRC Health NPS

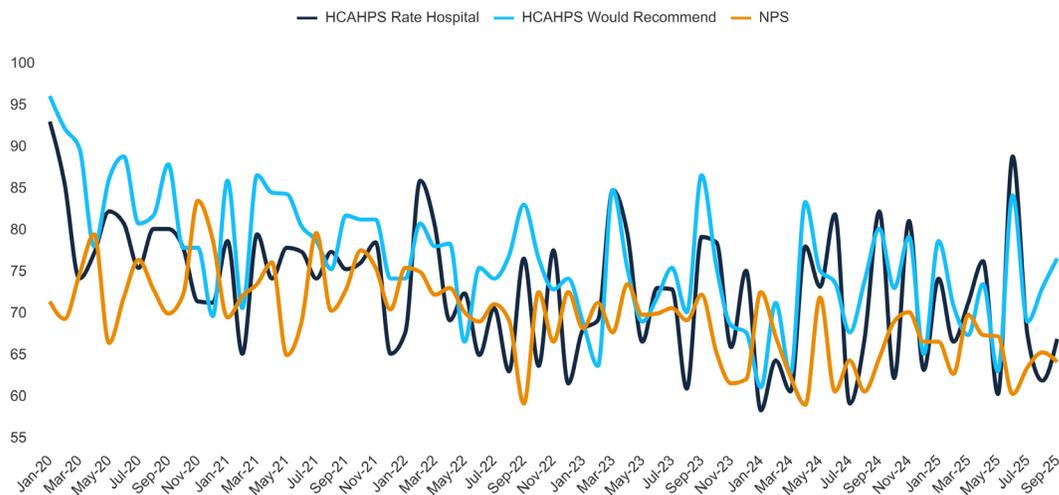


CMS HCAHPS Data | January 2024–December 2024 | n=175,168

NRC Health Experience Data (Inpatient NPS) | January 2024–December 2024 | n=387,474

Where the connection becomes harder to see is in short-term trend analysis. Month-to-month and even quarter-to-quarter views often appear noisy and inconsistent, driven largely by small sample sizes and natural variation. These fluctuations can obscure the relationship between NPS and HCAHPS, making it difficult to draw conclusions from any single reporting period.

Example Hospital – Monthly View

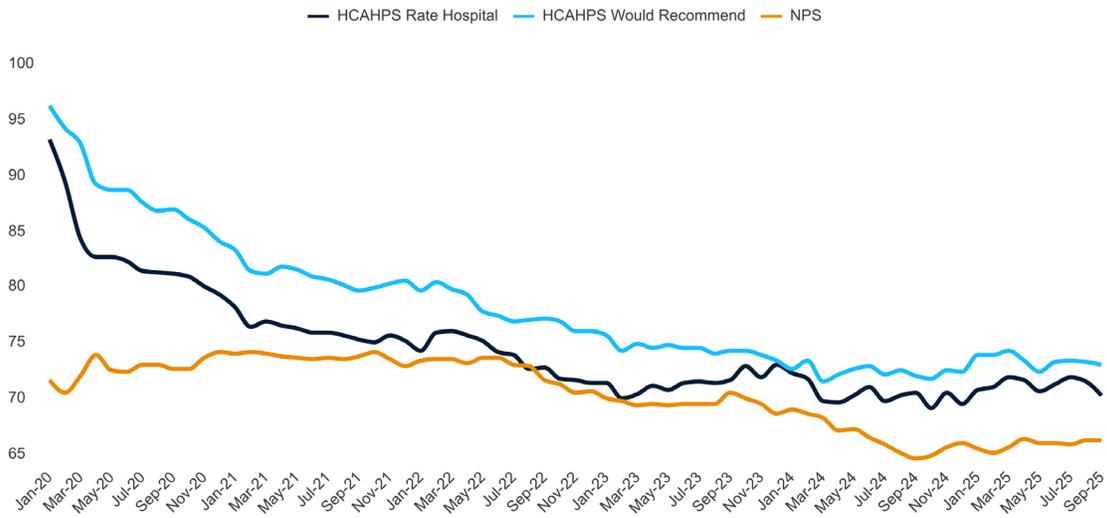


NRC Health HCAHPS Data | January 2021–September 2025 | n=2,396

NRC Health Experience Data (Inpatient NPS) | January 2021–September 2025 | n=17,893

A rolling 12-month view brings the signal into focus. By smoothing short-term variability while also incorporating the most recent data, longer-term trends reveal the consistency of the relationship between NPS and HCAHPS performance.

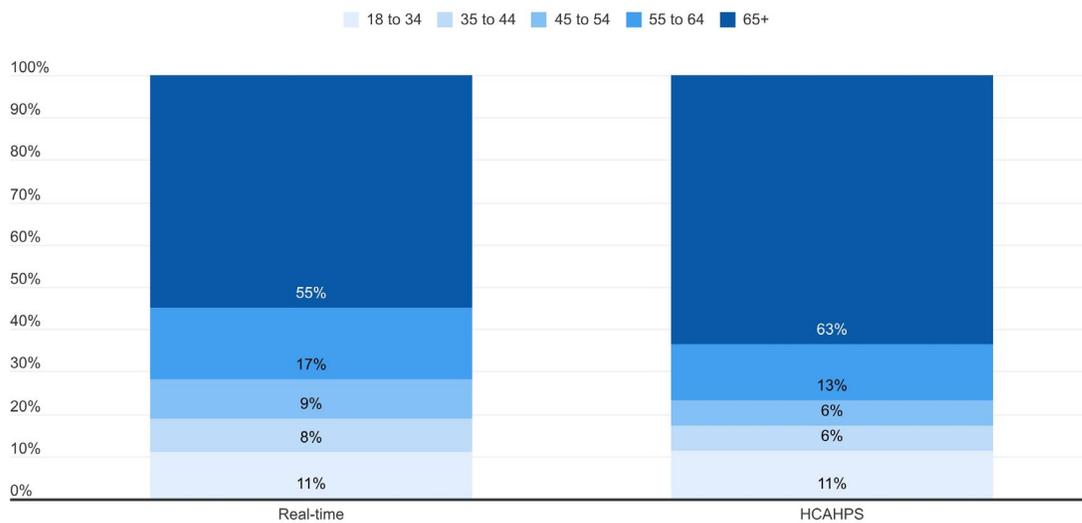
Example Hospital – Rolling 12-month View



NRC Health HCAHPS Data | January 2021–September 2025 | n=2, 954
 NRC Health Experience Data (Inpatient NPS) | January 2021–September 2025 | n= 20,881

Some differences between the two measures are expected. Mode of administration influences who responds, with age being the most significant factor. Modern outreach methods capture younger patient voices more effectively, while HCAHPS response patterns skew older, even with the introduction of email methodology.

Age Distribution for NRC Health's Patient Feedback and HCAHPS



NRC Health HCAHPS Data | January 2025–December 2025 | n=321,871
 NRC Health Experience Data (Inpatient NPS) | January 2025–December 2025 | n=391,474

Other factors, such as the spoken language or race and/or ethnicity of the patient or the timing of survey delivery, also contribute to variation between data sources.

Taken together, the evidence is clear: at scale and over time, NPS and HCAHPS move together. Improvement efforts that elevate experience for *all* patients ultimately flow through to HCAHPS results. The challenge for healthcare organizations is not whether data is connected, but how they make sense of it and use it with confidence.

Clarity Drives Confidence and Revenue

Getting clear on data matters because many organizations get stuck in the proverbial “analysis paralysis.” With multiple experience data sources telling slightly different stories, teams can struggle to determine whether their improvement efforts are actually working. Leaders are busy, capacity is limited, and few have the time, or appetite to reconcile NPS and HCAHPS manually. The result is hesitation, delayed action, and missed opportunities to improve.

Executives in particular remain focused on HCAHPS. These scores are publicly reported, closely watched by boards and communities, and directly tied to reimbursement. Under the CMS Hospital Value-Based Purchasing (VBP) program, up to 2% of Medicare inpatient payments are withheld each year and redistributed based on performance. Patient experience, as measured by HCAHPS, accounts for approximately 25 to 30% of a hospital’s Total Performance Score.

Hospitals that underperform on HCAHPS, or fail to participate meaningfully, limit their ability to earn back these withheld dollars and may experience a net reduction in reimbursement. Nationally, billions of dollars flow through the VBP incentive pool each year, with organizations that demonstrate stronger HCAHPS performance capturing a disproportionate share. Those unclear on improvement drivers don’t just lose insight; they also leave real revenue on the table.

Simplify, Signal, and Act

Stop chasing perfect alignment across every metric. Hospitals collect a wide range of experience data, and it’s easy to become overwhelmed trying to reconcile every score. Instead of forcing every number to match, focus on the data that most directly informs action and improves patient experience.

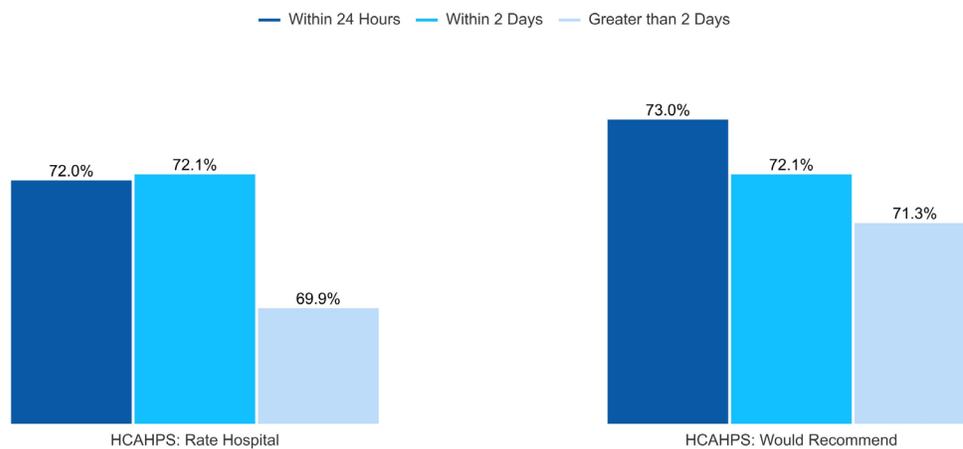
Use timely patient feedback as an early signal. NPS is closely linked to HCAHPS performance and provides immediate insight into how patients are experiencing care. When used consistently, it helps teams identify issues quickly, prioritize improvement needs, and intervene before problems escalate—while still meeting HCAHPS requirements.

Use timely patient feedback to more quickly test what’s working. Beyond identifying issues, it is an early indicator of whether improvement initiatives are working. Rather than waiting months for HCAHPS results, teams can see directional movement within days or weeks,

allowing them to adjust quickly. This significantly shortens the Plan-Do-Study-Act (PDSA) cycle, enabling organizations to double down when things are working, course-correct when they're not, and sustain overall momentum. Rapid improvement validation remains one of the most powerful advantages.

Close the loop through service recovery. Simply collecting patient feedback is not enough. One of the most impactful levers for improvement is Feedback Management—enabling staff to address concerns quickly and consistently. NRC Health analysis shows that faster service recovery is associated with higher HCAHPS performance, even though patients receiving outreach are not the same patients surveyed by HCAHPS. The behaviors and processes put in place to resolve issues extend to all patients.

Service Recovery vs. HCAHPS



NRC Health HCAHPS Data | January 2025–September 2025 | n=119,618

Focus improvement where it matters most. Target specific drivers of experience—such as nurse communication or responsiveness of staff—by using focused questions and regular performance checks. Patient feedback collected after discharge can also support efforts to reduce readmissions and recognize staff who deliver exceptional care.

Proof Point: NRC Health Customers Improve More Quickly and Consistently

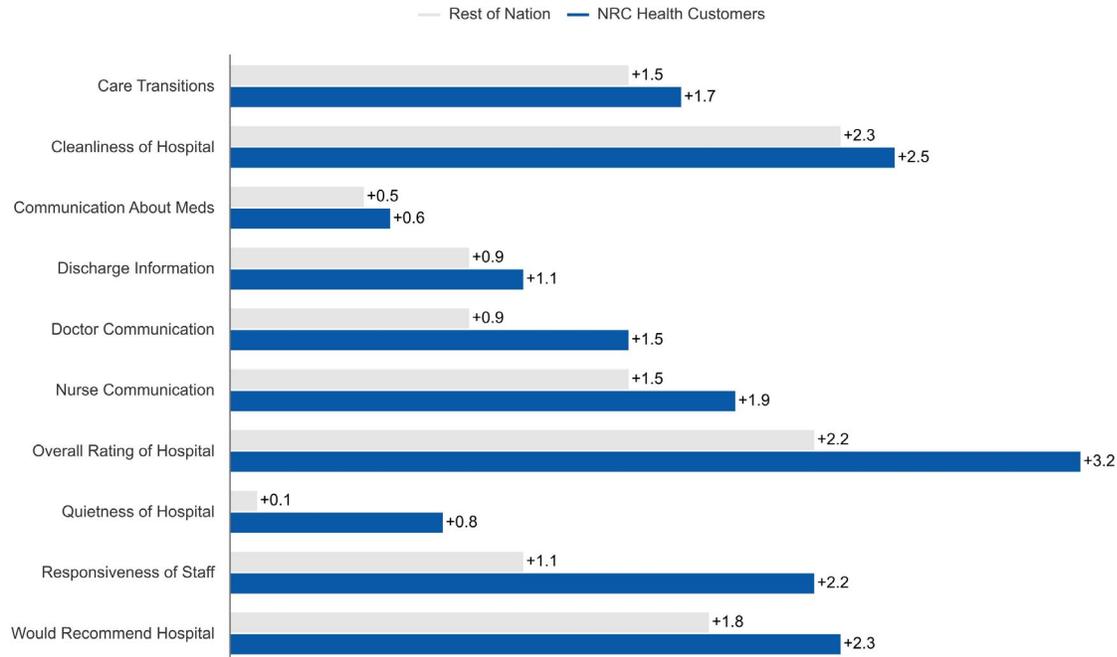
Hospitals and health systems that use NRC Health's Experience platform show stronger improvement in HCAHPS performance compared to organizations using other vendors, demonstrating that this approach works in practice, not just in theory.

An analysis of the CMS HCAHPS database shows that NRC Health customers outperformed their peers across all 10 HCAHPS dimensions when performance is compared from January through December 2024 to the lowest-scoring period of the pandemic (January through December 2022). The largest gains were seen in Responsiveness of Staff, where NRC Health

customers improved 1.1 percentage points more than others (percentage top box). This was followed by Overall Rating of Hospital (+1.0 percentage point advantage) and Quietness of Hospital (+0.7 percentage point advantage).

These results suggest that organizations leveraging patient feedback, closed-loop workflows, and targeted improvement strategies are better positioned to recover, sustain, and accelerate experience performance over time.

HCAHPS Improvement for NRC Health Customers versus the Rest of the Nation



CMS HCAHPS Data | January 2022–December 2022 and January 2024–December 2024 | n=4,431,187

From Data Overload to Decisive Action

Hospitals don't suffer from a lack of experience data—they suffer from uncertainty about how to use it. When NPS and HCAHPS are viewed as competing measures, organizations lose focus, momentum, and confidence. But when they are understood as connected signals—one immediate and actionable, the other standardized and consequential—they become powerful together.

The evidence is clear: timely patient feedback reflects the same underlying behaviors that drive HCAHPS performance, and improvement efforts aimed at all patients ultimately flow through to publicly reported outcomes and reimbursement. Organizations that simplify their approach act on real-time insights, and those that consistently close the loop are better positioned to improve experience, strengthen performance, and capture the full value of their efforts.

The path forward is not about choosing the “right” metric. It’s about using the right data, at the right time, to drive the right actions—turning experience measurement into experience improvement.



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