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Measuring the Patient Experience at the Physician Group and Doctor Levels: On the Ground in California

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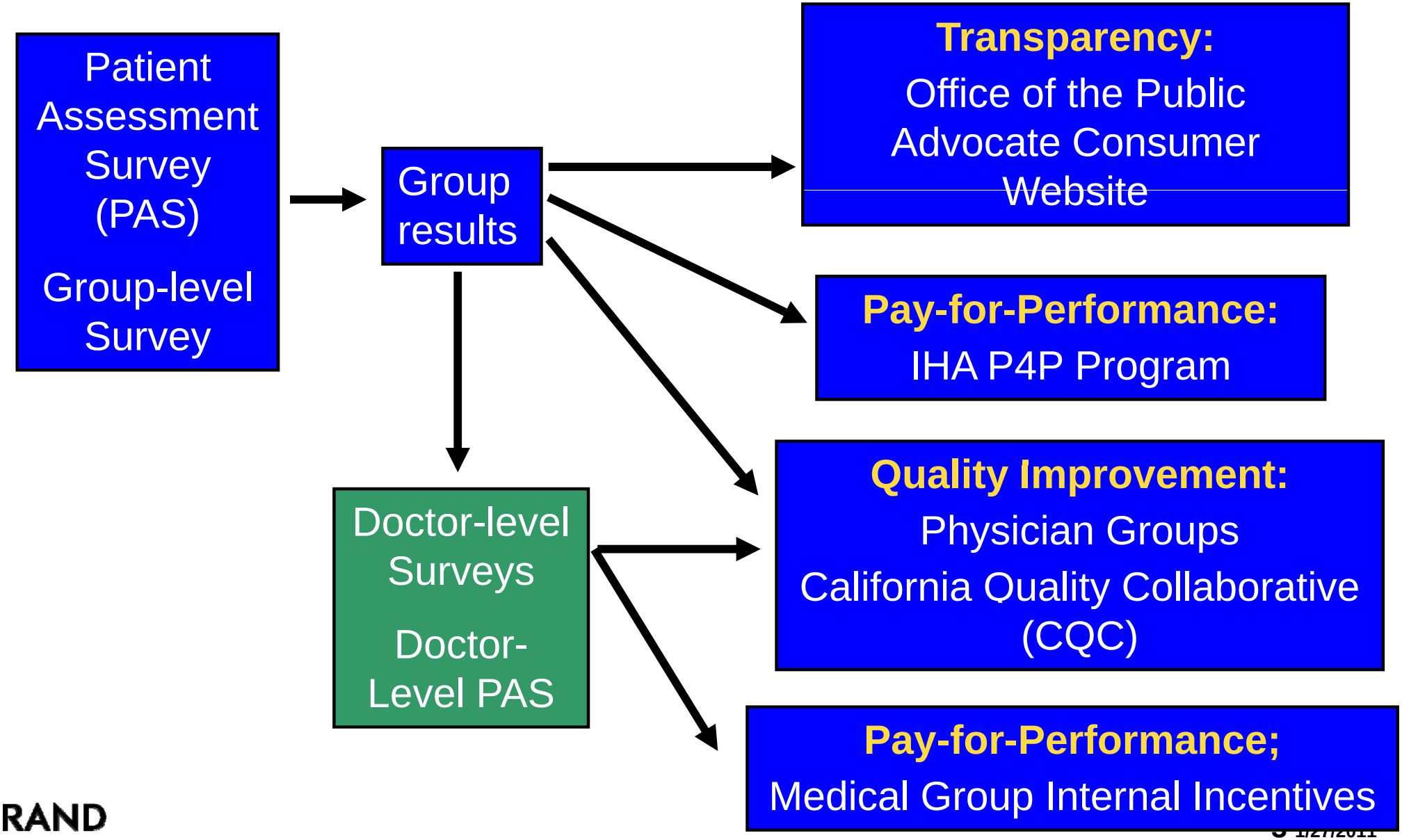
CHCF Conference: Transforming Healthcare Through the Patient Experience
"The Science of Measurement—Collecting Meaningful and Actionable Data"

Background on Patient Experience Surveying in California

- **1996 and 1998 Pacific Business Group on Health (PBGH) launched a patient experience survey in 58 medical groups in California**
  - **Also measured 2-year changes in patient functional status (SF-12)**
    - **Found better quality of care resulted in slower functional decline***
- **Redundant and conflicting survey efforts by the health plans led to consolidated effort to use common patient experience survey to assess medical group performance**

*KL Kahn, DM Tisnado, JL Adams, H Liu, W Chen, F Hu, CM Mangione, RD Hays, and Cheryl L. Damberg. Does Ambulatory Process of Care Predict Health-Related Quality of Life Outcomes for Patients with Chronic Disease? *Health Services Research* 42:1, Part I (February 2007)

Patient Experience Measurement Current Landscape in California



Surveying the Patient Experience at the Physician Group Level

- **Since 2001, the California Collaborative Healthcare Reporting Initiative (CCHRI) has been annually fielding a patient experience survey to assess the care in ~140 medical groups statewide**
  - **Results are publicly reported**
- **Use the Patient Assessment Survey (PAS)**
  - **A derivative of the Clinician-Group CAHPS survey**
- **<u>2010 Survey</u>:**
  - **Commercially-insured HMO/POS enrollees, ages >=18**
    - **Randomly sampled 900 adult patients per group**
      - **n=450 PCPs and n=450 specialists**
  - **139 medical groups (179 reporting units)**
  - **37.2% overall response rate**

Key Findings for 2010 PAS

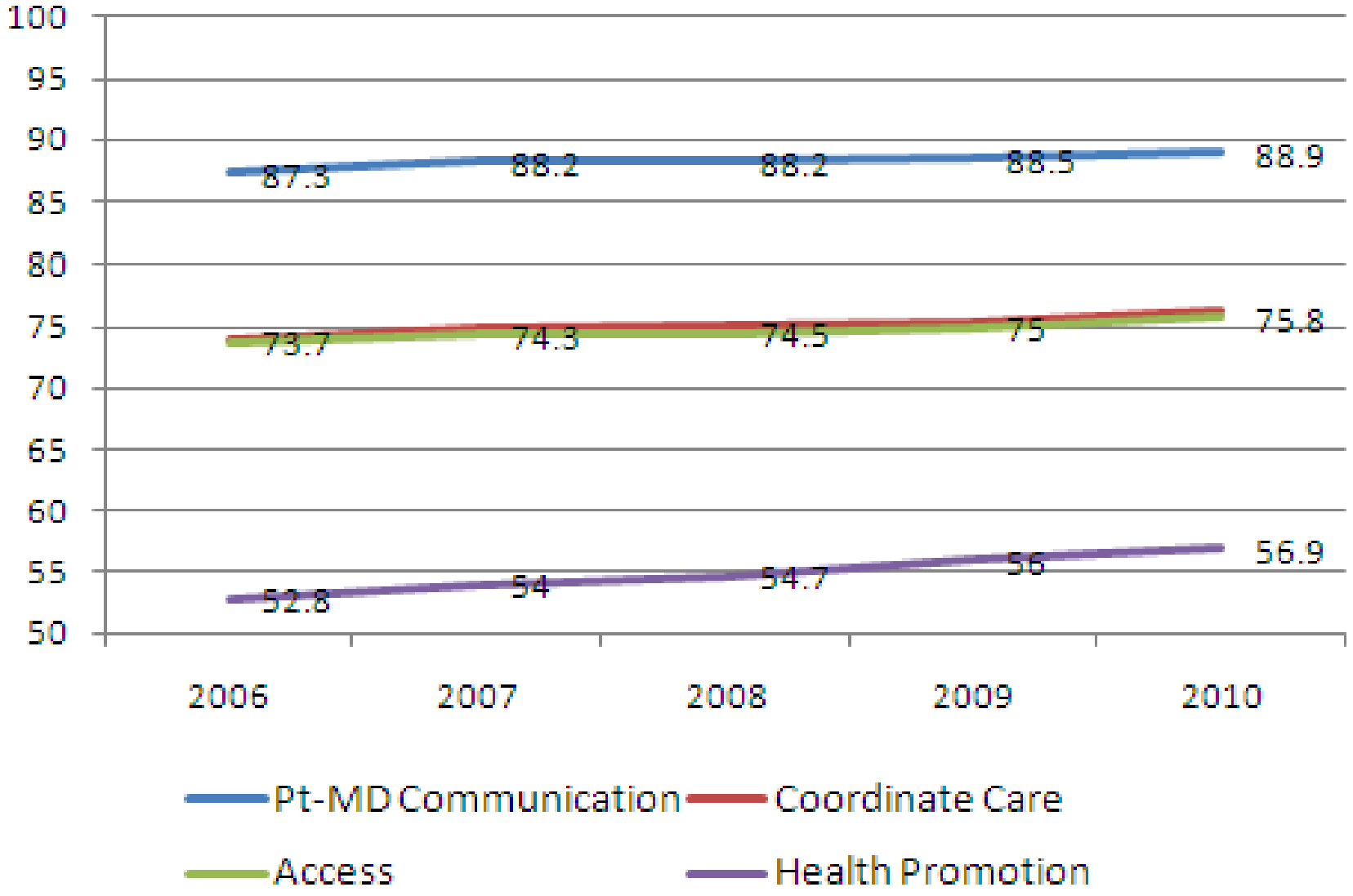
- **Performance gains**
  - **More groups highly rated by the Office of the Public Advocate (OPA) public report card**
  - **Steady, small score increases 5 yrs**
  - **Lowest quartile groups improve**
- **Performance variation**
  - **5-10 point score range across groups**
  - **Lowest scoring groups close gap**
  - **Variation at practice site and MD levels**
- **Performance gaps & opportunities**
  - **Access and chronic care self-mgm't**
  - **Higher performance outside CA**

Medical Group Performance Advances

Public Reporting: Office of Patient Advocate Ratings— 2010 vs. 2006

	Performance Ratings % Medical Groups 2010	Performance Ratings % Medical Groups 2006
Excellent	**15%**	**1%**
Good	66%	59%
Fair	19%	39%
Poor	0	1%

Steady Small Gains in Statewide Average Performance



+1.6 pts **+2.1 pts** **+2.5 pts** **+4.1 pts**

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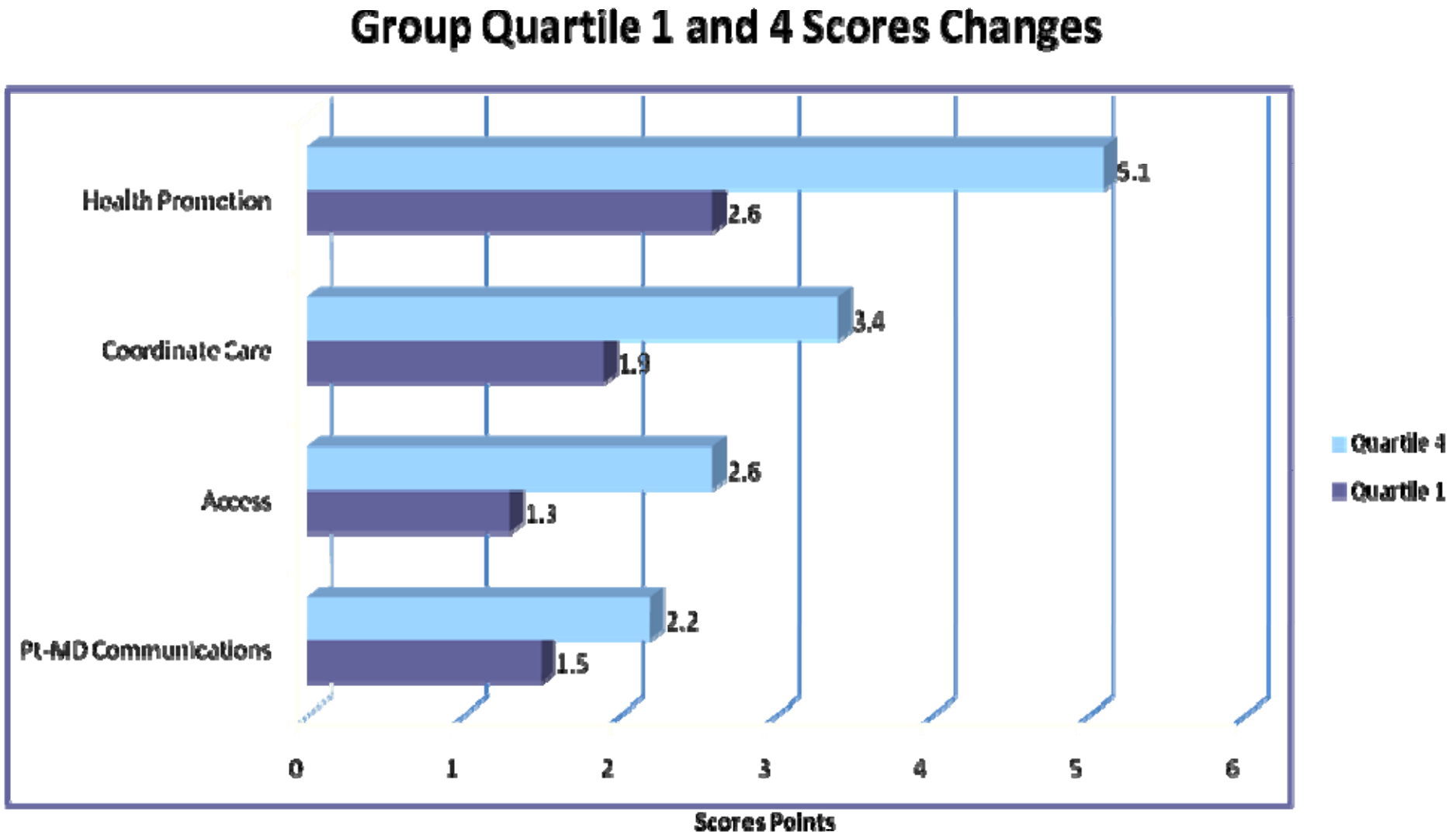
Lowest scoring groups see larger score gain compared to highest scoring groups over 5 years (2006 -2010)



Performance Variation Across Medical Groups 2010

	Mean	10th PCT	90th PCT
Patient-Doctor Interactions	89	86	91
Office Staff	86	83	89
Coordinated Care	76	71	81
Patient Access	76	70	80
Chronic Care	69	64	73
Health Promotion	57	53	60

Why focus on Doctor Level? Variation at Group, Practice Site and Physician Levels

One medical group example: patient access

Medical Group "A" Access Mean Score	Practice Sites Access Mean Score	Physicians Access Mean Score
Medical Group 70	**PED Site 1 80** **Spec Site 2 73** **PCP Site 3 72** **PCP Site 4 71** **PCP Site 5 67** **PCP Site 6 67** **PED Site 7 65** **OBG Site 8 64**	**Top 5 MDs** **MD1 93** **MD2 88** **MD3 88** **MD4 88** **MD 5 88** **Low 5 MDs** **MD6 53** **MD7 52** **MD8 50** **MD9 48** **MD10 42**

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Desire to Close the Gap Between CA and Other CG-CAHPS Sites (Mean Scores)

	US National '05/06	NY '06	Med Center	Mass '07	CA '10
Needed care soon enough	**88.1**	**83.9**	**73.9**	**85.0**	79.8
Regular appt. soon enough	**92.2**	**87.5**	**84.6**	**83.1**	83.4
Wait less than 15 minutes	**74.1**	**64.2**	**66.9**	**71.3**	64.6
Regular hrs call-back	**86.8**	**79.9**	**71.8**	**82.3**	77.8
After hrs care met needs	**84.1**	**80.4**	**70.2**	**82.0**	73.4
Doctor explains things	**94.6**	**92.4**	**95.4**	**92.9**	90.2
Doctor listens carefully	**95.2**	**93.5**	**96.1**	**92.3**	90.0
Instructions for symptoms	**94.9**	**91.1**	**94.4**	**92.1**	89.6
Doctor knows medical hist		**87.7**	**91.7**	**87.8**	86.0
Doctor spends enough time	**92.2**	**90.5**	**92.2**	**88.7**	86.7
Doctor shows respect	**96.3**	**94.6**	**96.8**	**93.2**	91.1

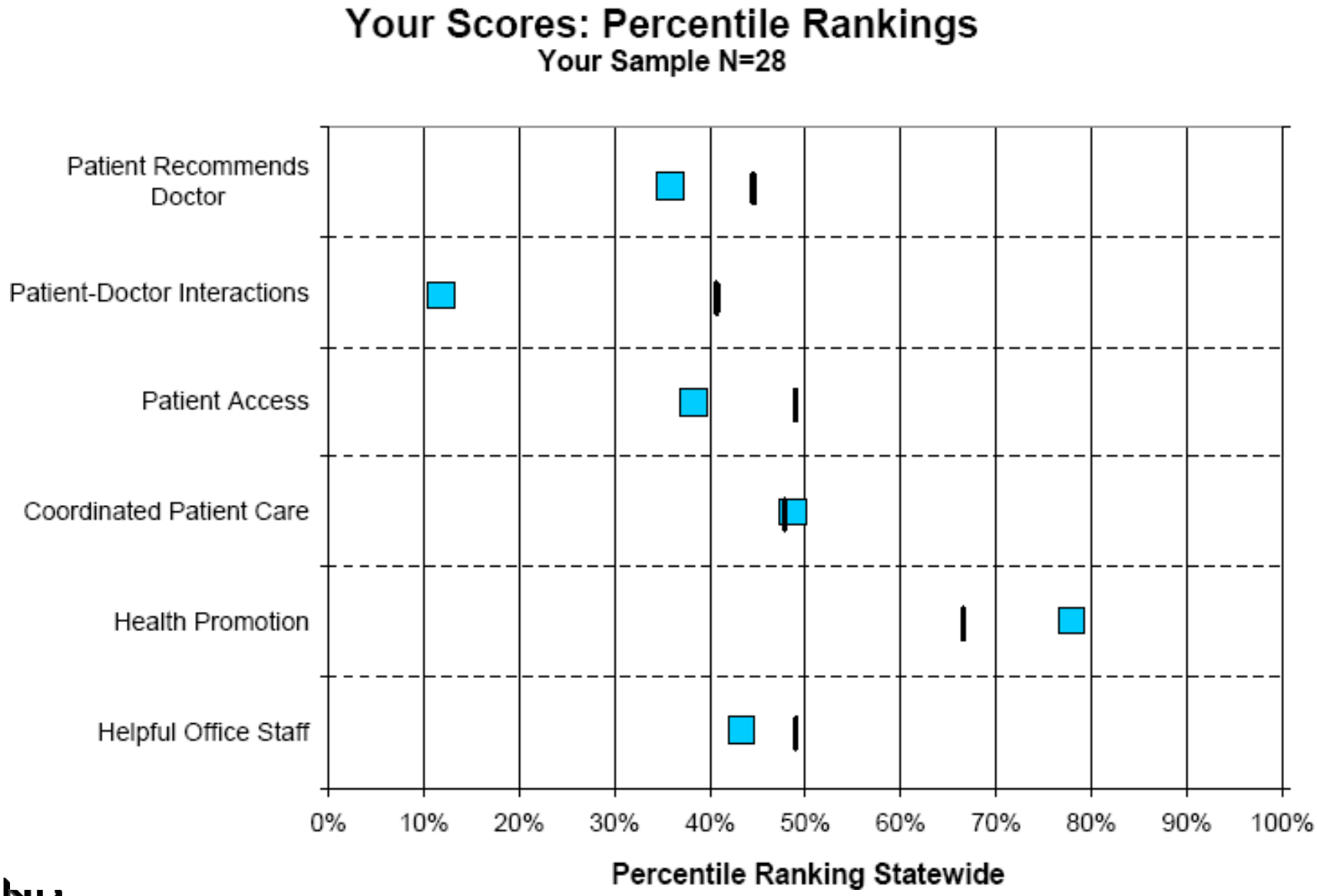
Adjustment is limited to what was common among these datasets, age, sex, race, general health, but not chronic conditions.

2010 Doctor-Level Survey

- **Sponsored by CCHRI, as an extension of the group-level Patient Assessment Survey (PAS)**
  - Designed to help groups reduce variation and improve scores on statewide P4P measures
- **29 physician groups participated**
  - Survey was mailed to 158,000 patients
    - Response rate: 35% (over 56,000 patients)
    - ~35 or more patients of each physician completed the survey
- **Survey modes: 2 mailings (or could complete on-line through web link)**
- **Results were confidential (used internally by the medical groups and their physicians)**

Sample Report Card to Doctors

The blue square represents your percentile ranking compared to all PCPs statewide
The vertical bar indicates where your medical group/IPA's average score falls in this ranking



Sample Physician Report Card

▲ Statistically significantly above (better than) the medical group/IPA average
▼ Statistically significantly below (worse than) the medical group/IPA average
● Statistically equivalent to the medical group/IPA average

The table also provides the average score of your medical group/IPA, the percentile ranking of your scores compared to all other PCPs in your group, the 90th percentile score of all PCP doctors statewide and the change in each score from the 2009 Doctor Survey (if applicable).

Your Patients' Experiences (N = 28)		Comparison			Trending	
Summary Measure and Questions	**Your Mean Score**	**Your Medical Group Mean Score**	**Your Percentile* (Within Group)**	**Statewide 90th Percentile**	**Your 2009 Score**	**Change**
Overall Ratings of Care						
Patient Recommends Doctor	86 ●	85	61%	96	85	1
Patient Rates Doctor (0-10 Scale)	84 ●	85	47%	94	88	-3
Patient Rates All Health Care (0-10 Scale)	84 ●	83	58%	91	84	0
Patient-Doctor Interactions						
Summary Measure	**82 ●**	**85**	**29%**	**95**	**86**	**-4**
Doctor Explanations Understandable	85 ●	87	34%	96	88	-2
Doctor Listens Carefully	83 ●	87	29%	96	90	-6
Doctor Instructions Understandable	81 ●	86	16%	96	85	-3
Doctor Knows Medical History	81 ●	83	37%	93	87	-5
Doctor Spends Enough Time	79 ●	82	37%	94	79	0
Doctor Shows Respect	80 ▼	87	16%	97	87	-8
Patient Access To Care						

The 21st Century: Sites Displaying Doctor Ratings Continue to Grow and Evolve

Methods Issues to Consider

Psychometric properties of Measures
Reliability
Validity
Risk of Misclassification

Psychometric Properties: 2010 Doctor Survey

	Range of Item-Scale Correlations	% Ceiling	Estimated MD-level reliability (n=35)	Minimum N required to achieve 0.70 MD-level reliability	25th – 75th range of means across MDs
Adult PCP **N_{PT}= 44,519** **N_{MD}=1,111**					
Quality of MD-Patient Interactions (n=6 items)	0.77-0.88	46.3	**0.77**	**25**	85.3-93.1
Health Promotion (n=2 items)	0.71-0.71	40.0	**0.72**	**33**	59.8-73.8
Access (n=5 items)	0.50-0.70	14.8	**0.87**	**12**	69.3-82.8
Coordination of Care (n=2 items)	0.50-0.50	46.1	**0.77**	**25**	72.0-85.3
Chronic Care (n=5 items)	0.46-0.63	22.9	**0.62**	**51**	64.6-76.4
Office Staff (n=2 items)	0.81-0.81	53.2	**0.78**	**23**	80.8-90.8

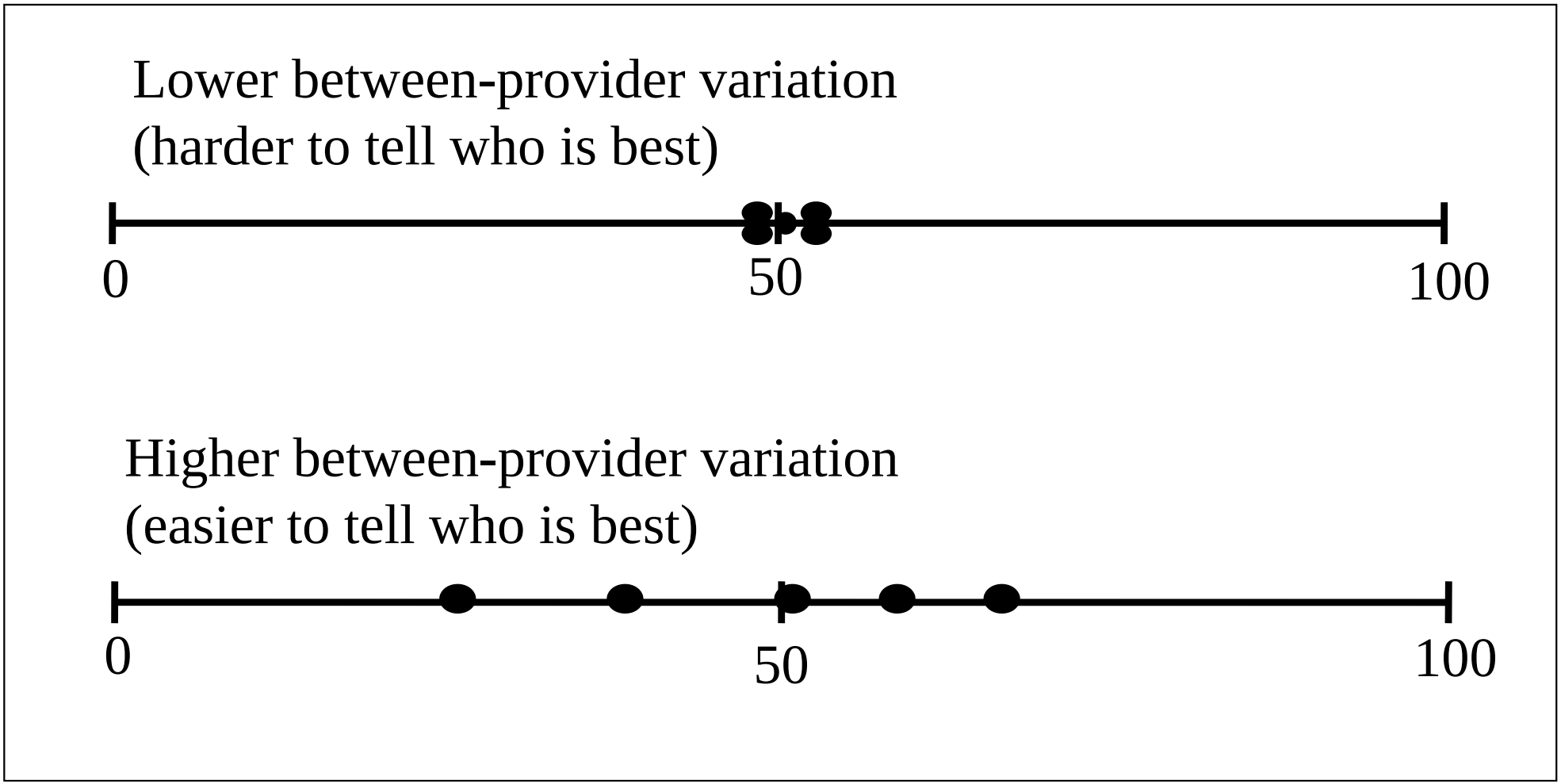
*Methods Issue: Reliability**

- **A statistical concept that describes how well one can confidently distinguish the performance of one provider from another**

- **Measured as the ratio of the "signal" to the "noise"**
  - **The between-provider variation in performance is the "signal"**
  - **The within-provider measurement error is the "noise"**
  - **Measured on a 0.0 to 1.0 scale**
    - **Zero = all variability is due to noise or measurement error**
    - **1.0 = all the variability is due to real differences in performance**

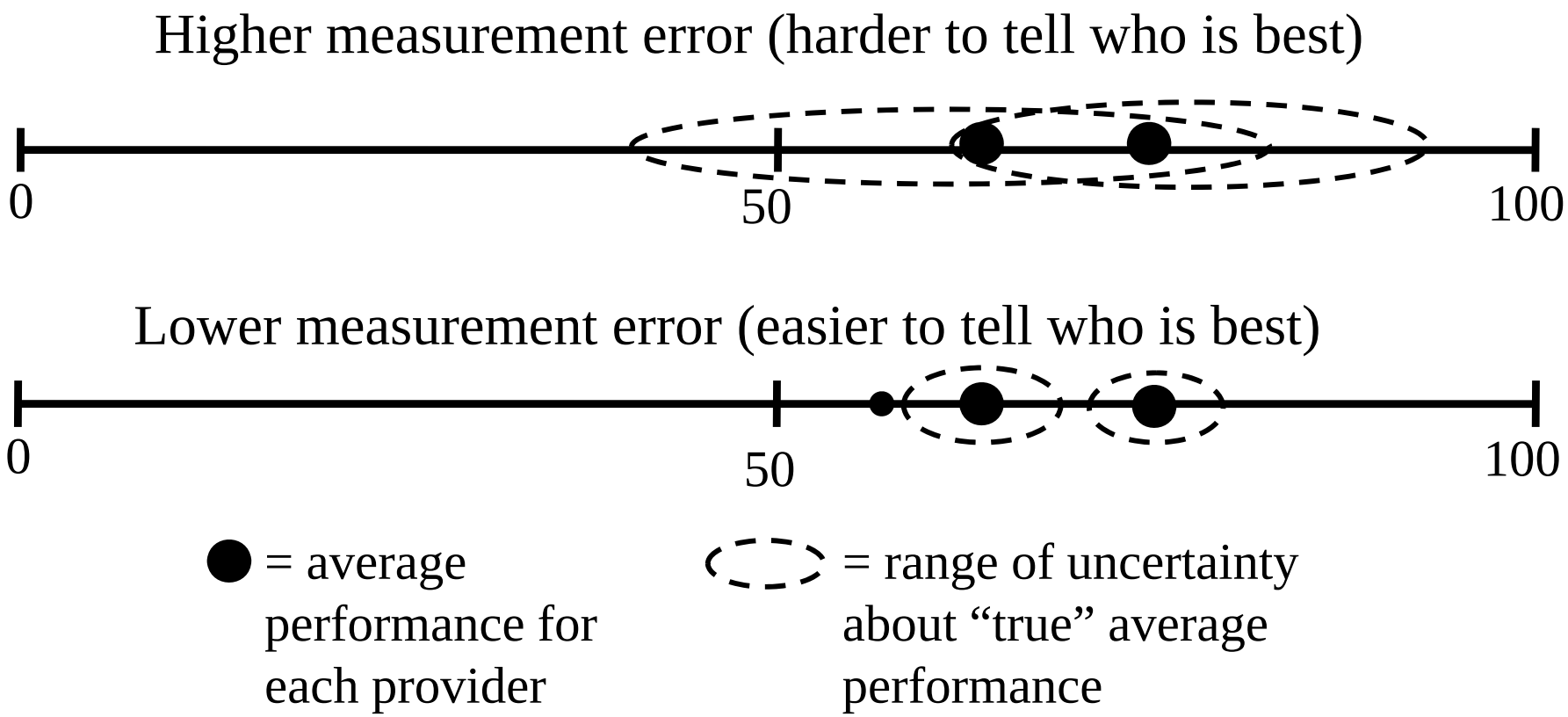
*Source: Adams JL, *The Reliability of Provider Profiling: A Tutorial*, Santa Monica, Calif.: RAND Corporation,TR-653-NCQA, 2009. As of June 8, 2010: http://www.rand.org/pubs/technical_reports/TR653/

Between-Provider Performance Variation



● = average performance for each provider

Different Levels of Measurement Error (Uncertainty about the "true" average performance)



Link between Reliability and Risk of Misclassification*

- **Higher reliability in a measure:**
  - **Means more signal, less noise**
  - **Reduces likelihood that you will classify provider in "wrong" category**
- **Reliability is function of:**
  - **Provider-to-provider variation**
  - **Sample size**
- **Per Adams*: "Reliability ASSUMES validity"**

*Adams JL, *The Reliability of Provider Profiling: A Tutorial*, Santa Monica, Calif.: RAND Corporation,TR-653-NCQA, 2009. As of June 8, 2010: http://www.rand.org/pubs/technical_reports/TR653/

Validity

- **Validity –the extent to which the performance information means what it is supposed to mean, rather than meaning something else**
  - **Ask yourself: *Does the measurement measure what it claims to measure?***
- **Consider whether these threats to validity exist:**
  - **Is the measure controllable by the provider?**
  - **Does patient behavior affects the measure?**
  - **Is the measure affected by differences in the patients being treated (case mix)?**
  - **Is the measure controlled by other factors than the provider?**

Good Resource for Provider Measurement and Reporting

- **AHRQ Report:**
  - Friedberg MW, Damberg CL. **Methodological Considerations in Generating Provider Performance Scores for Use in Public Reporting by Chartered Value Exchanges.** Rockville, MD: Agency for Healthcare Research and Quality; 2010.

- **To obtain a copy of the White Paper, please email peggy.mcnamara@ahrq.hhs.gov and she will put you on the distribution list**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RAND SURVEY RESEARCH GROUP

Measuring the Patient Experience: Collecting Standardized Data

Julie Brown
Director, Survey Research Group
January 27, 2011

What is Standardized Data Collection?

- **Scientific sample of patients**
  - **No systematic bias in inclusion or exclusion of patients**
  - **Census or random sample**
- **The same data collection procedures are employed each time a clinic collects patient experience data**
  - **Allows for trending of data**
  - **Promotes comparison of data across clinics***

*** When all the clinics use the same data collection procedures, same experience of care measures**

Challenges in Collecting Data

- **Availability of survey tools**
  - **Homegrown survey vs. standardized measures**
- **Availability of data collection tools**
  - **"How to" help in implementing an experience of care survey**
- **Cost**
  - **Traditional approach of a vendor-conducted survey is perceived as too costly**

Common Approaches to Data Collection

- **In-office distribution of paper survey**
  - **Pros: Use existing staff (convenient), minimal burden on daily work flow, get results quickly, minimal cost**
  - **Cons: Confidentiality issues when patient care staff deliver survey, errors in survey delivery (who/when), burden on work flow (competing demands), cost is not minimal**

- **Vendored mail survey**
  - **Pros: No burden to clinic staff, standardization, benchmarking reports**
  - **Cons: Clinic population may have unstable housing, takes too long to get results, cost**

Improving In-Office Distribution of Survey

- **Staff with no role in care delivery dedicated to survey distribution**
- **Focus on delivering survey invitation to every eligible patient**
- **Visit-focused survey delivered after visit (staff stationed at exit point)**
- **Locked ballot box or mail return of survey**

We conducted an experiment in 6 California clinics

Lessons Learned: In-Office Survey Distribution

- **Even with dedicated staff, it is a challenge to implement a scientific approach to sampling when surveys are distributed at the clinic**
  - **Multiple exit points**
  - **Errors in timing of survey delivery**
  - **Trending and comparisons across clinics are at risk**
- **Cost of distributing surveys in the clinic is not minimal and not less than a vendored survey**
- **Percentage of patients who return a completed survey ranges from 21%-48% of those who accept a survey (how does that compare to mailed survey?)**

Costs of Data Collection (Per Clinic)

Mode of Data Collection	Three Weeks of Patient Visits	One Week of Patient Visits
In clinic distribution of paper survey	$9,050	$4,019
In clinic distribution of web survey URL (paper back-up)	$8,760	$3,729
Vendor conducts mailed survey	$5,777	$5,777

SURVEY RESEARCH GROUP

The Landscape of Patient Experience Measurement

Dale Shaller, MPA
Shaller Consulting Group
January 27, 2011

Forces Driving Measurement

- Public reporting
  - AF4Q and CVE initiatives
  - State mandates
  - CMS Hospital and PhysicianCompare
- Pay-for-performance
- Patient-Centered Medical Home
- HRSA Bureau of Primary Health Care
- American Board of Medical Specialties
- Rising consumer and patient expectations

Strategies for Measurement

- Patient surveys
  - Home-grown surveys
  - Proprietary tools (most focus on "satisfaction")
  - Public domain instruments (CAHPS)
- Focus groups and interviews
- Walkthroughs
- Shadowing
- "Mystery shopping"
- User-posted online ratings and reviews

CAHPS Family of Surveys

- Ambulatory Care Surveys
  - ***CAHPS Clinician & Group Survey***
  - CAHPS Health Plan Survey
  - CAHPS Surgical Care Survey
  - CAHPS Home Health Care Survey
- Facility Surveys
  - CAHPS Hospital Survey (HCAHPS)
  - CAHPS In-Center Hemodialysis Survey
  - CAHPS Nursing Home Survey

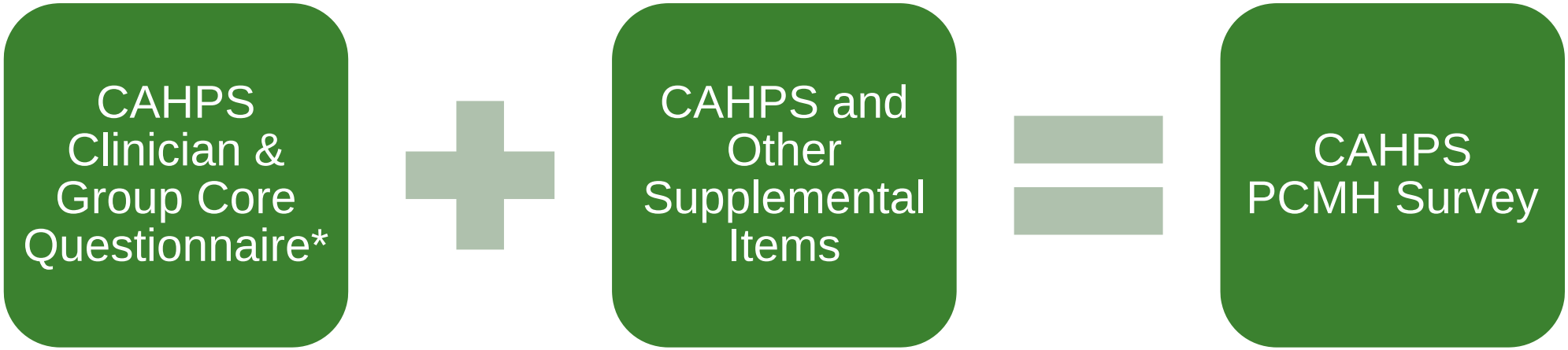
Core CAHPS Design Principles

- Focus on topics for which consumers are the best or only source of information
- Include patient reports and ratings of experiences – not "satisfaction"
- Base question items and survey protocols on rigorous scientific development and testing, as well as extensive stakeholder input
- All surveys and services are in the public domain

CAHPS Clinician & Group Survey

- Multiple versions to meet user needs
  - Visit version
  - 12-month version
  - Patient-centered medical home (PCMH) version
  - Adult and child versions
- Core questions are the same across versions
- Supplemental questions can be added for specific topics

CG-CAHPS PCMH Survey



* NQF endorsed

PCMH Survey Domains

- Access to care
- Communication
  - About care from other providers (e.g., specialists)
  - Among others at the provider's office (e.g., care team)
- Coordination
- Comprehensiveness
- Shared decision-making
- Whole person orientation
- Self-management support

CAHPS User Network Resources

- Survey and Reporting Kits
- CAHPS Database
- Technical assistance
  - cahps1@ahrq.gov
  - 1-800-492-9261
- Conferences and webcasts
- CAHPS Improvement Guide
  - www.cahps.ahrq.gov

Overview of the CAHPS® Clinician & Group Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys are free, nonproprietary instruments designed to support standardized measurement of the experiences of patients and health plan enrollees with care in a variety of settings. They have been developed by prominent research organizations under the auspices of the U.S. Agency for Healthcare Research and Quality. Learn more at www.cahps.ahrq.gov.

One of the newest additions to the CAHPS suite of instruments is the CAHPS Clinician & Group Survey, which was endorsed by the National Quality Forum in July 2007.

Instruments Included in the Clinician & Group Survey

The survey includes several instruments designed to enable users to assess and report on the experiences of adults and children in primary and specialty care settings:

- Adult Primary Care Questionnaire 1.0
- Adult Specialty Care Questionnaire 1.0
- Adult Visit Questionnaire for Primary and Specialty Care (beta)
- Child Primary Care Questionnaire 1.0
- Child Primary Care Questionnaire 2.0 (beta)

Core and Supplemental Items in the Clinician & Group Survey

Every CAHPS survey is composed of core items and supplemental items.

- The purpose of the required core items is to have a single set of questions that is consistent across all versions of the survey and lends itself to comparisons of validated composite measures across entities. For example, the Adult Primary Care Questionnaire 1.0 and Adult Specialty Care Questionnaire 1.0 consist of the same core items.
- The supplemental items offer users a variety of questions that can be added to the core items in order to address specific topics of interest. A combination of core and supplemental items will provide a customized CAHPS Clinician & Group Survey to meet your needs.

The table below shows the reporting measures and their items from the core instrument. Comparative data for these measures will be available through the CAHPS Database.

CAHPS Clinician & Group Survey Core Reporting Measures: Composites and Rating
Getting appointments and health care when needed
Got appointment for urgent care as soon as needed
Got appointment for check-up or routine care as soon as needed
Got answer to medical question the same day you phoned doctor's office
Got answer to medical question as soon as you needed when phoned doctor's office after hours
Saw doctor within 15 minutes of appointment time
How well doctors communicate
Doctor explained things in a way that was easy to understand
Doctor listened carefully
Doctor gave easy to understand instructions about taking care of health problems or concerns
Doctor knew important information about medical history
Doctor respected what you had to say
Doctor spent enough time with you
Courteous and helpful office staff
Clerks and receptionists at this doctor's office were as helpful as you thought they should be
Clerks and receptionists at this doctor's office treated you with courtesy and respect
Global rating
Doctor rating from 0 to 10

The table below shows the topics that are addressed by the supplemental items. Each topic includes several individual question items that are all related to the same theme.

Topics Addressed by CAHPS Clinician & Group Survey Supplemental Items
Adult Primary Care Questionnaire 1.0
• Addressing health literacy • After hours email • Being kept informed about appointment start • Cost of care (prescriptions) • Cost of care (tests) • Doctor role • Doctor thoroughness • Health improvement • Health promotion and education • Help with problems or concerns • Other doctors and providers at your doctor's office • Provider communication • Provider knowledge of specialist care • Recommend doctor • Shared decisionmaking • Wait time for urgent care • Your care from specialists in the last 12 months • Your most recent visit

Topics Addressed by CAHPS Clinician & Group Survey Supplemental Items
Adult Specialty Care Questionnaire 1.0
• Care you got from this doctor • Coordinating your care • Cost of care (prescriptions) • Doctor role • Shared decisionmaking • Surgery or procedures done by this doctor
Child Primary Care Questionnaire 1.0 and 2.0 (beta)
• After hours care • Behavioral health • Screening items for children with chronic conditions • Doctor communication • Doctor communication with child • Doctor thoroughness • Health improvement • Identification of site of visit • Prescription medicines • Provider knowledge of specialist care • Shared decisionmaking

Additional Supplemental Items In Development

In addition to the topics listed above, there are other CAHPS supplemental items in development that may be of interest to users.

- CAHPS Item Set for Addressing Cultural Competency
- CAHPS Item Set for Health Information Technology

More Information

A Survey and Reporting Kit for the CAHPS Clinician & Group Survey explains how to prepare and field a questionnaire, analyze the results, and produce consumer-friendly reports.

The Kit includes:

- Survey instruments
- Protocols and related guidance
- Sample documents to help administer the survey
- Analysis programs
- Instructions for using analysis programs
- Reporting measures

The Kit can be downloaded from the CAHPS Web site at https://www.cahps.ahrq.gov/cahpskit/CG/CGChooseQX.asp.

In addition to the Kit, free technical assistance and other resources are available from the CAHPS User Network, which is sponsored by the U.S. Agency for Healthcare Research and Quality.

- Contact the Help Line at cahps1@ahrq.gov or 1-800-492-9261.
- Visit the CAHPS Web site at www.cahps.ahrq.gov.

Appendix A: Mapping CAHPS Survey Items to the Domains of the Medical Home

Core and supplemental CAHPS survey items can be combined into a questionnaire that measures the medical home domains as identified in the Joint Statement on Medical Home issued by the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA). The Joint Statement can be found at http://www.medicalhomeinfo.org/joint%20Statement.pdf.

The table below lists the supplemental items that could be added to the core items in the Clinician & Group Survey to address the domains of the medical home.

CAHPS Adult Primary Care Questionnaire
Domains and Supplemental Items*
Doctor communication
Doctor interrupted when you were talking
Doctor talked too fast when talking with you
Doctor used medical words you did not understand
Doctor answered all your questions to your satisfaction
Doctor gave you complete and accurate information about tests
Doctor gave you complete and accurate information about treatment
Doctor gave you complete and accurate information about medications
Doctor explained what to do if illness/health condition got worse or came back
Doctor gave easy to understand instructions about how to take medicines
Whole person orientation
Doctor really cared about you as a person
Doctor understood how health problems affect your day-to-day life
Coordination of care
Doctor's office followed up to give you results of blood test, x-ray, or other test (core survey item)
Doctor seemed informed and up-to-date about care you received from specialists
Health plan, doctor's office, or clinic helped you to coordinate your care among these doctors or other health providers
Shared decisionmaking
Doctor talked with you about the pros and cons of each choice for treatment or health care
Doctor asked which choice you thought was best for you
Involved as much as you wanted in health care decisions
Ease of getting doctor to agree with you on the best way to manage your health conditions or problems
Your preference for your doctor asking your opinion about the choices you have
Your preference for leaving decisions about your treatment or medical care to your doctor
Doctor gave your complete and accurate information about choices for your care
Chronic disease management
Doctor gave you complete and accurate information about plans for your care
Doctor gave you complete and accurate information about plans for your follow-up care
Doctor asked you to describe how you were going to follow instructions
Doctor asked whether you would have problems taking care of this illness or health condition

CAHPS Adult Primary Care Questionnaire
Domains and Supplemental Items*
Health promotion
You and doctor talked about specific things you could do to prevent illness
You and doctor talked about a healthy diet and healthy eating habits
You and doctor talked about the exercise and physical activity you get
You and doctor talked about things in your life that worry you or cause you stress
Doctor asked you whether there was a period of time when you felt sad, empty or depressed
Doctor gave you all the information you wanted about your health

* Includes supplemental items from the Clinician & Group Questionnaire, Health Plan Questionnaire (adapted), and items sets in development.

Appendix B: Variations Within the CAHPS Clinician & Group Survey

In addition to accounting for differences in age (adult and child) and setting (primary care and specialty care), the Clinician & Group Survey instruments vary in two other ways:

Timeframe: 12-Month Versus Visit

The CAHPS Clinician & Group Survey was initially developed to ask patients about their experiences in the last 12 months. Based on feedback from users of the surveys, the CAHPS Team has developed a questionnaire that measures the experiences of patients **during a single visit** rather than over a period of time. The **Visit Questionnaire** combines questions about communication and office staff interactions at the most recent visit with questions about access over the last 12 months.

Clinician & Group Survey Instruments	Timeframe for Measurement
Adult Primary Care Questionnaire 1.0	• Experiences in the last 12 months
Adult Specialty Care Questionnaire 1.0	• Experiences in the last 12 months
Adult Visit Questionnaire (beta)	• Access to care in the last 12 months • Communication during the most recent visit • Office staff interactions during the most recent visit
Child Primary Care Questionnaire 1.0	• Experiences in the last 12 months
Child Primary Care Questionnaire 2.0 (beta)	• Experiences in the last 12 months

Response Scales: 4-Point Versus 6-Point

For many of the survey items, the response scales measure the frequency of various experiences. Survey users can choose between two response scales:

- A four-point response scale (Never, Sometimes, Usually, Always) or
- A six-point response scale (adds Almost Never and Almost Always to the four-point scale).

The response options for the items about the most recent visit are an expanded Yes/No scale (Yes, Definitely; Yes, Somewhat; No).

cahps®

Consumer Assessment of Healthcare Providers and Systems

Developing a CAHPS® Clinician & Group Survey to Measure the Medical Home

The patient-centered medical home (PCMH) is a model for delivering primary care that is patient–centered, comprehensive, coordinated, accessible, and continuously improved through a systems-based approach to quality and safety. The PCMH applies to care for adults, children, and adolescents. Learn more about PCMH at http://www.pcmh.ahrq.gov.

As this model is adopted across the country, many health care organizations are investigating its impact on the effectiveness, efficiency, and patient-centeredness of care. To that end, there is a growing interest in administering a standardized survey that could be used to assess patients' experiences in practices serving as medical homes. This brief discusses the development of the CAHPS Clinician & Group PCMH Survey to meet this need.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys are free, non-proprietary instruments designed to support standardized measurement of the experiences of patients with care in a variety of settings. These survey instruments are developed and maintained by a team of prominent research organizations under the auspices of the U.S. Agency for Healthcare Research and Quality (AHRQ). Learn more at https://www.cahps.ahrq.gov.

The CAHPS Clinician & Group Survey, endorsed by the National Quality Forum in July 2007, is comprised of several instruments that enable users to assess and report on the experiences of adults and children in primary and specialty care settings.

As the medical home model is adopted, many health care organizations are investigating its impact.

Development Process for the CAHPS PCMH Survey

The CAHPS Team has been working with the National Committee for Quality Assurance (NCQA) to develop both adult and child versions of the PCMH Survey. This survey will be used to assess performance related to the NCQA standards for the Physician Practice Connections® - Patient-Centered Medical Home™ (PPC-PCMH) program. Many of the current PCMH demonstrations and implementations use the PPC-PCMH program standards. Information on the PPC-PCMH program is available at http://www.ncqa.org/tabid/631/Default.aspx.

As with all other CAHPS surveys, the PCMH Survey is undergoing a rigorous development process that includes:

- **Literature review:** The CAHPS Team conducted a literature review to ensure that the survey captured the best research in this area.
- **Technical Expert Panel input:** The CAHPS Team assembled a panel of PCMH experts representing various stakeholders, including providers, health plans, payers,

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professional organizations, and regional collaboratives, to provide input on the development and use of a CAHPS survey to assess patient experience with the medical home. Panel members were interviewed in late 2009 and early 2010; an in-person meeting was held in April 2010.

- **Stakeholder input:** Stakeholder input is critical to the CAHPS survey development process. NCQA has gathered extensive feedback from stakeholders on the development of a patient experience survey that will be part of the PPC-PCMH program standards.
- **Focus group input:** Adult patients and parents of children receiving care in medical home practices provided input in summer 2010 to:
  - ♦ Confirm the domains of interest identified by the Technical Expert Panel and other stakeholders;
  - ♦ Identify additional domains, if any; and
  - ♦ Convey how they describe the care they receive in their medical homes.
- **Cognitive testing (English and Spanish):** In August 2010, the CAHPS Team conducted cognitive testing of draft PCMH questionnaires for adults and children in both English and Spanish. The draft PCMH questionnaires will be revised as needed based on the findings from the cognitive interviews.This testing version will be available in Fall 2010.
- **Field testing:** NCQA will conduct a field test of the instrument in late 2010. The CAHPS Team is planning to do further field testing to inform implementation issues.

The PCMH Survey is undergoing a rigorous development process.

- **Psychometric analysis:** The data collected during field testing will be analyzed to determine the psychometric properties of the survey items. This analysis will inform the final version of the survey instruments.
- **Public release:** A final version of the survey will be released in 2011. It will be available on the CAHPS Web site and as part of the NCQA's updated specifications for the PCMH recognition program.

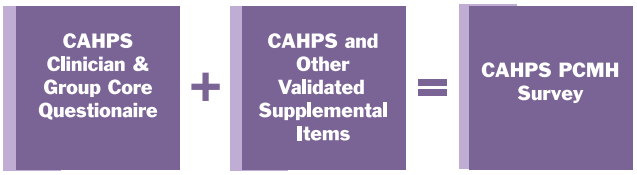
Organizations interested in testing the PCMH Survey may contact the CAHPS User Network at cahps1@ahrq.gov for more information.

Key Characteristics of the PCMH Survey

The PCMH Survey builds on the core items in the CAHPS Clinician & Group Survey.

Every CAHPS survey is composed of core items and supplemental items. The purpose of the required core items is to allow comparisons across provider entities of interest (e.g., medical groups or physicians). Supplemental items offer users a variety of questions that they can add to the core items in order to address specific topics of interest.

The PCMH Survey begins with the CAHPS Clinician & Group Survey core questionnaire then adds supplemental items to address the PCMH domains. The supplemental items derive from both existing CAHPS surveys as well as other surveys that were identified through the literature review or by the Technical Expert Panel and other stakeholders. Supplemental items drawn from other surveys are often amended to ensure that they are consistent with the design principles for CAHPS surveys.



The PCMH Survey asks about experiences with providers and staff in the office.

Unlike other Clinician & Group Surveys that ask about "this doctor," the CAHPS PCMH Survey asks patients about their experiences interacting with three different accountable entities in the practice:

- "This provider" (an individual clinician defined in the first question)
- "Care team" (all the people who work with your provider to give you health care)
- Clerks and receptionists at this provider's office

The PCMH Survey asks about experiences over the last 12 months.

The CAHPS PCMH Survey asks about care received in the last 12 months rather than just a single visit. The majority of stakeholders providing input into the development process felt that a 12-month timeframe was more appropriate than focusing on a particular visit because the medical home concepts do not necessarily occur at specific visits but represent care that is received over time and between visits.

The PCMH Survey covers many aspects of patient-centered care.

The PCMH Survey focuses on the following domains:

- Access
- Communication
- Coordination
  - ♦ Care from other providers
  - ♦ Care from others on the care team
- Comprehensiveness
- Shared decisionmaking
- Whole person orientation
- Self-management support
  - ♦ Chronic disease management
  - ♦ Health promotion

The final number of survey items needed to cover all of these topics has not yet been determined. However, the length of the survey is not expected to pose a problem. The CAHPS Team is aware that providers accustomed to obtaining patient input through just a few questions or a brief comment card are concerned that patients may not complete a survey that seems lengthy. However, research has confirmed that survey length does not negatively affect response rates even for surveys with over 75 questions.

The PCMH Survey can be administered by mail, telephone, or both.

CAHPS surveys are typically administered through mail, telephone, or a mixed mode of mail with telephone follow-up. These modes are recommended by the CAHPS Team because they have been proven to achieve comparable survey results. The CAHPS Team is currently investigating the feasibility and impact of using the Web to administer the survey.

Some providers currently administer their patient surveys by handing the survey to the patient during an office visit. Survey researchers have found that data obtained through in-office administration is not comparable to that collected by mail and telephone administration.

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Additional CAHPS Survey Resources

Several free resources to support CAHPS surveys are available from the CAHPS User Network, which is sponsored by the U.S. Agency for Healthcare Research and Quality.

CAHPS Clinician & Group Survey and Reporting Kit

The CAHPS Clinician & Group Survey is part of a Survey and Reporting Kit that explains how to prepare and field a CAHPS questionnaire, analyze the results, and produce consumer-friendly reports. Many of the resources in the current Kit can be used for the PCMH Survey. Once the PCMH Survey is finalized, it will also be integrated into the Kit.The Kit includes:

- Final survey instruments
- Data collection protocols and related guidance
- Sample documents to help administer the survey, such as examples of notification and reminder letters
- Analysis programs
- Instructions for using analysis programs
- Reporting measures

The Kit can be downloaded from the CAHPS Web site at https://www.cahps.ahrq.gov/cahpskit/CG/CGChooseQX.asp.

CAHPS Database

The CAHPS Database is the national repository for data from the CAHPS Health Plan and Clinician & Group Surveys. The CAHPS Clinician & Group portion of the Comparative Database is currently under development. Comparative data for the CAHPS Clinician & Group Survey will be made available as survey sponsors implement the CAHPS Clinician & Group Surveys and submit data to the CAHPS Database. Current plans include integrating the PCMH Survey into the CAHPS Database once the survey is finalized and implemented.

More information on the CAHPS Database can be found at https://www.cahps.ahrq.gov/content/ncbd/ncbd_Intro.asp.

To remain up-to-date about the CAHPS Patient-Centered Medical Home Survey, visit https://www.cahps.ahrq.gov/content/products/CG/PROD_CG_PCMH.asp

For free technical assistance and other resources:

- Contact the Help Line at cahps1@ahrq.gov or 1-800-492-9261.
- Visit the CAHPS Web site at https://www.cahps.ahrq.gov.

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Health Affairs

May 2010

"Measuring Patient Experience As A Strategy For Improving Primary Care"

Katherine Browne, Deborah Roseman, Dale Shaller and Susan Edgman-Levitan

Abstract:

Patients value the interpersonal aspects of their health care experiences. However, faced with multiple resource demands, primary care practices may question the value of collecting and acting upon survey data that measure patients' experiences of care. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) suite of surveys and quality improvement tools supports the systematic collection of data on patient experience. Collecting and reporting CAHPS data can improve patients' experiences, along with producing tangible benefits to primary care practices and the health care system. We also argue that the use of patient experience information can be an important strategy for transforming practices as well as to drive overall system transformation.

http://content.healthaffairs.org/content/29/5/921.abstract