

Myth Busting: Using the CG-CAHPS 12-Month Survey for Quality Improvement

A Webcast Presented by the CAHPS User Network

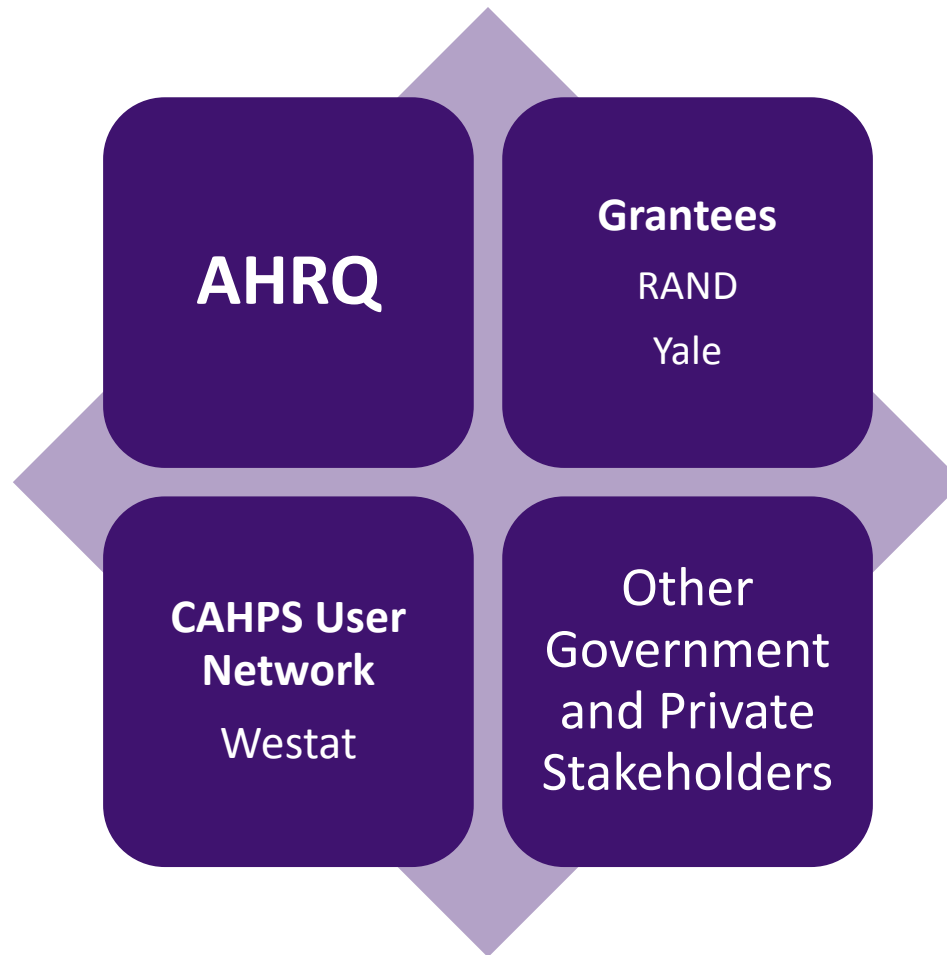
October 8, 2013

1:00 – 2:00 pm ET

- No sound from computer speakers?
 - Join us by phone: (855) 234-9976
 - Conference ID #: 58538864
- Trouble with your connection or slides not moving?
 - Select F5 to refresh your screen.
 - Log out and log back in.
- Other problems?
 - Use Q&A feature to ask for help.

- Welcome and Introduction
- Overview of CAHPS surveys
- Review of survey requirements and landscape
- Examples
 - Dean Health Clinic
 - Massachusetts General Hospital and Massachusetts General Physicians Organization

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Program
 - Primarily funded by the Agency for Healthcare Research and Quality (AHRQ)
 - Develops standardized surveys and related products according to established principles
- CAHPS Surveys
 - Assess patients' experiences with care



- Ambulatory Care Surveys
 - **CAHPS Clinician & Group (C&G) Survey**
 - CAHPS Health Plan Survey
 - CAHPS Surgical Care Survey
 - ECHO® Survey
 - CAHPS Dental Plan Survey
 - CAHPS American Indian Survey
 - CAHPS Home Health Care Survey
- Facility Surveys
 - CAHPS Hospital Survey (HCAHPS)
 - CAHPS In-Center Hemodialysis Survey
 - CAHPS Nursing Home Surveys

Clinician & Group Surveys (CG-CAHPS)

- Versions
 - 12-Month
 - Visit
 - Patient-Centered Medical Home (PCMH)
- Adult and Child versions
- All versions measure the same “core” concepts
 - Composite measures
 - Rating measure



* NQF endorsed

Getting Appointments and Health Care When Needed (“Access”)

- Getting appointments for urgent care
- Getting appointments for routine care or check-ups
- Getting an answer to a medical question during regular office hours
- Getting an answer to a medical question after regular office hours
- Wait time for appointment to start

Patients’ Rating of Provider

- 0-10 rating of provider

How Well Providers Communicate

- Provider explanations easy to understand
- Provider listens carefully
- Provider gives easy to understand instructions
- Provider knows important information about medical history
- Provider shows respect for what you have to say
- Provider spends enough time with you

Helpful, Courteous and Respectful Office Staff

- Clerks and receptionists were helpful
- Clerks and receptionists treat you with courtesy and respect

| | 12-Month | Visit | PCMH |
|-------------------------------------|---|--|--|
| Description | Asks about experiences with ambulatory care in the last 12 months | Some items ask about experiences in the last 12 months; others ask about the most recent visit | Same as the 12-Month version, plus additional items to measure medical home concepts not covered by the core items |
| Number of questions in adult survey | 34 items | 37 items | 52 items |
| Timeframe by domain: | | | |
| Access | 12 months | 12 months | 12 months |
| Provider communication | 12 months | Most recent visit | 12 months |
| Office staff | 12 months | Most recent visit | 12 months |
| Provider rating | Not time-specific | Not time-specific | Not time-specific |
| Additional domains: | | | |
| Recommend provider | Can be added | Included | Included |
| Attention to mental health | Can be added | Can be added | Included |
| Self-management support | Can be added | Can be added | Included |
| Shared decision-making | Can be added | Can be added | Included |

Factors to Consider in Selection

- Alignment with external reporting requirements
 - Medical home recognition
 - Pay-for-performance
 - Public reporting
 - Other State or Federal initiatives
- Characteristics of the survey itself
 - Content and reference period
 - Psychometric properties
 - Response rates
 - Cost considerations
- Suitability for internal improvement

cahps | Profile of Users

12-Month Version

- Public reporting initiatives in CA, MA, ME, WA, MI, and other markets
- CMS** for multiple programs
- NCQA
- Health plans and systems (CA, MI, WI, MA)
- Department of Defense
- VHA

Visit Version

- Public reporting initiatives in MN* and WI*
- Medical practices working with national survey vendors
- ABMS medical boards for Maintenance of Certification (doctor communication items)



Forces Driving CG-CAHPS Implementation

**Aligning Forces
for Quality**

Improving Health & Health Care
in Communities Across America



Robert Wood Johnson Foundation

PRIMER/BRIEF

Forces Driving Implementation of the CAHPS Clinician & Group Survey

March 2013

For many years, physician practices and affiliated organizations have fielded various surveys to find out whether their patients are satisfied with the care they receive. The past five years, however, have seen a slow but steady shift toward the CAHPS Clinician & Group (CG-CAHPS) Survey, which asks patients about their experiences with care rather than their satisfaction (see box at right). This survey also is different because it is standardized; in contrast to many homegrown surveys, the CG-CAHPS Survey asks patients in multiple physician practices to answer the same questions. This allows purchasers, payers, and consumers to assess and compare patients' experiences with health care

About Aligning Forces for Quality

Aligning Forces for Quality (AF4Q) is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real models for national reform. The Foundation's commitment to improve health care in 16 AF4Q communities is the largest effort of its kind ever undertaken by a U.S. philanthropy. AF4Q asks the people who get

Impact of multiple requirements: an illustration



- Visit Survey's 3-point Yes-No response scale has large ceiling effects
 - Items are too easy to “endorse,” which leads to a high percentage of “top box” responses
- 12-Month Survey's 4-point Never-to-Always response scale has greater discrimination
 - Useful for both external assessment and internal improvement

Visit Survey

Percentile Distributions

| Composite/Item | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 95% |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| <i>Getting Timely Appointments, Care, and Information</i> | 51% | 55% | 58% | 60% | 63% | 66% | 68% | 71% | 76% | 80% |
| Got <u>appt</u> for urgent care as soon as needed | 53% | 59% | 63% | 66% | 69% | 72% | 75% | 79% | 84% | 88% |
| Got <u>appt</u> for check-up or routine care as soon as needed | 61% | 66% | 69% | 71% | 74% | 77% | 79% | 82% | 85% | 89% |
| Got answer to phone question during regular <u>ofc hrs</u> same day | 48% | 54% | 58% | 61% | 64% | 67% | 70% | 74% | 80% | 84% |
| Got answer to phone question after hours as soon as needed | 43% | 50% | 56% | 59% | 63% | 67% | 70% | 75% | 82% | 88% |
| Wait time to be seen within 15 minutes of appointment time | 26% | 33% | 39% | 43% | 47% | 51% | 56% | 61% | 68% | 74% |
| <i>How Well Providers Communicate With Patients</i> | 85% | 88% | 89% | 90% | 91% | 92% | 93% | 94% | 95% | 96% |
| Provider explained things clearly | 86% | 89% | 90% | 91% | 92% | 93% | 94% | 95% | 96% | 98% |
| Provider listened carefully | 88% | 90% | 91% | 92% | 93% | 94% | 95% | 96% | 97% | 98% |
| Provider gave easy to understand instructions | 84% | 87% | 89% | 90% | 91% | 92% | 93% | 94% | 95% | 97% |
| Provider knew important info about medical history | 75% | 79% | 81% | 83% | 85% | 86% | 88% | 90% | 92% | 94% |
| Provider showed respect | 90% | 92% | 93% | 94% | 95% | 96% | 96% | 97% | 98% | 99% |
| Provider spent enough time | 85% | 88% | 89% | 91% | 92% | 93% | 94% | 95% | 96% | 98% |
| <i>Helpful, Courteous, and Respectful Office Staff</i> | 85% | 88% | 90% | 91% | 92% | 93% | 94% | 95% | 97% | 98% |
| Office staff was helpful | 82% | 85% | 87% | 89% | 90% | 91% | 93% | 94% | 95% | 97% |
| Office staff showed courtesy and respect | 88% | 91% | 92% | 93% | 94% | 95% | 96% | 97% | 98% | 99% |
| <i>Patients' Rating of the Provider</i> | 70% | 75% | 77% | 79% | 81% | 82% | 84% | 86% | 89% | 91% |

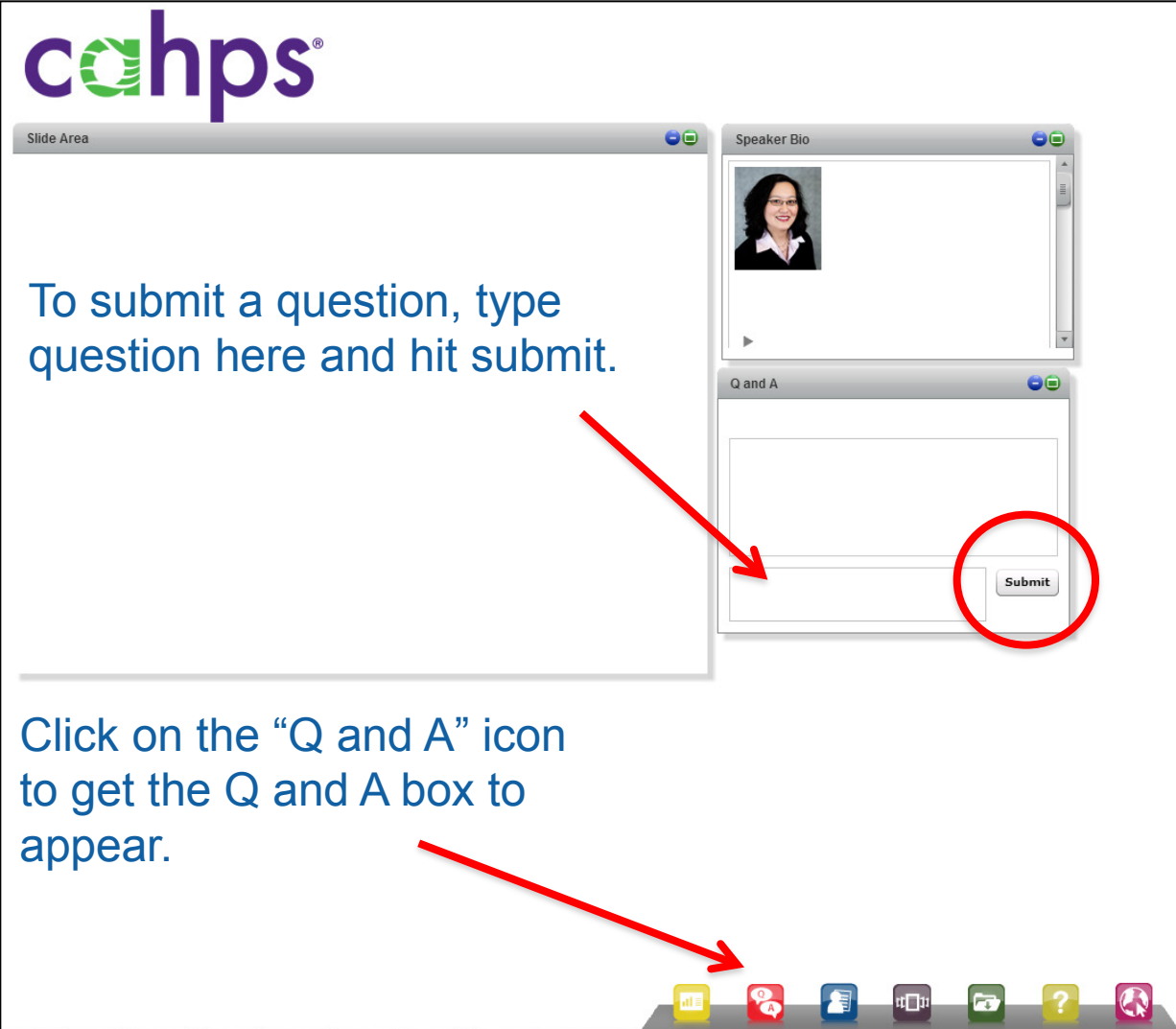
- National, state, and regional reporting initiatives are converging around use of 12-month version at the practice site level
- Greater alignment of survey requirements is needed to:
 - Reduce burden on respondents
 - Reduce burden on health care organizations
 - Improve comparability of survey results for reporting and improvement
- Further research and testing are needed to develop lower cost methods of data collection

cahps | Factors to Consider in Selection

- Alignment with external reporting requirements
 - Medical home recognition
 - Pay-for-performance
 - Public reporting
 - Other State or Federal initiatives
- Characteristics of the survey itself
 - Content and reference period
 - Psychometric properties
 - Response rates
 - Cost considerations
- **Suitability for internal improvement**

- **Linda Sparks, MBA**, Manager of Service Excellence and Interim Director of Process Improvement for Dean Clinic in Wisconsin
- **Rick Evans, MA**, Senior Director of Service Excellence for Massachusetts General Hospital and Massachusetts General Physicians Organization in Boston
- **Liza Nyeko, MS**, Program Manager for the Center for Quality and Safety of Massachusetts General Hospital and Massachusetts General Physicians Organization in Boston

To Ask a Question



cahps®

Slide Area

To submit a question, type question here and hit submit.

Speaker Bio

Q and A

Submit

Click on the “Q and A” icon to get the Q and A box to appear.

Accessing Presentations

cahps®

Slide Area

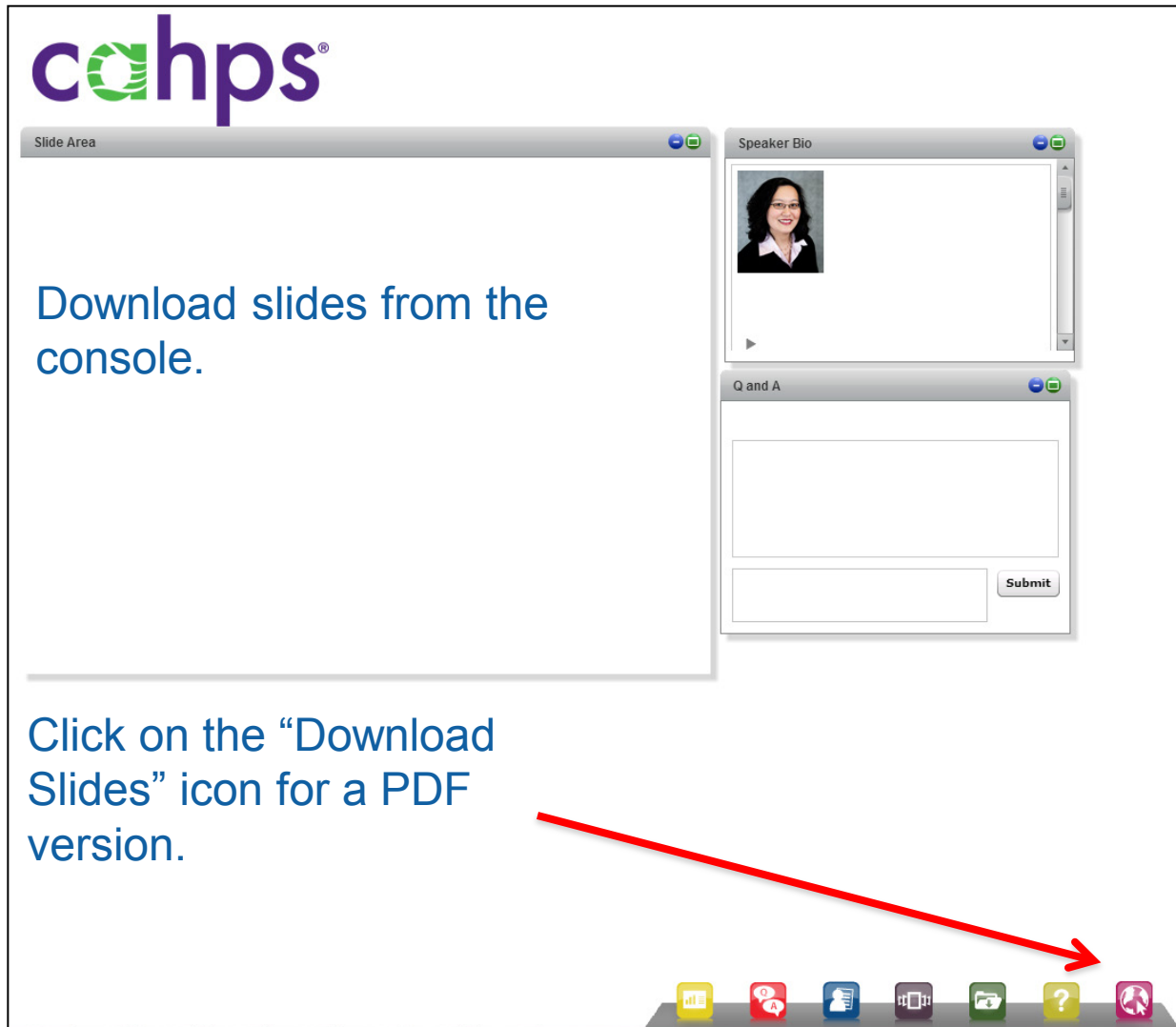
Download slides from the console.

Speaker Bio

Q and A

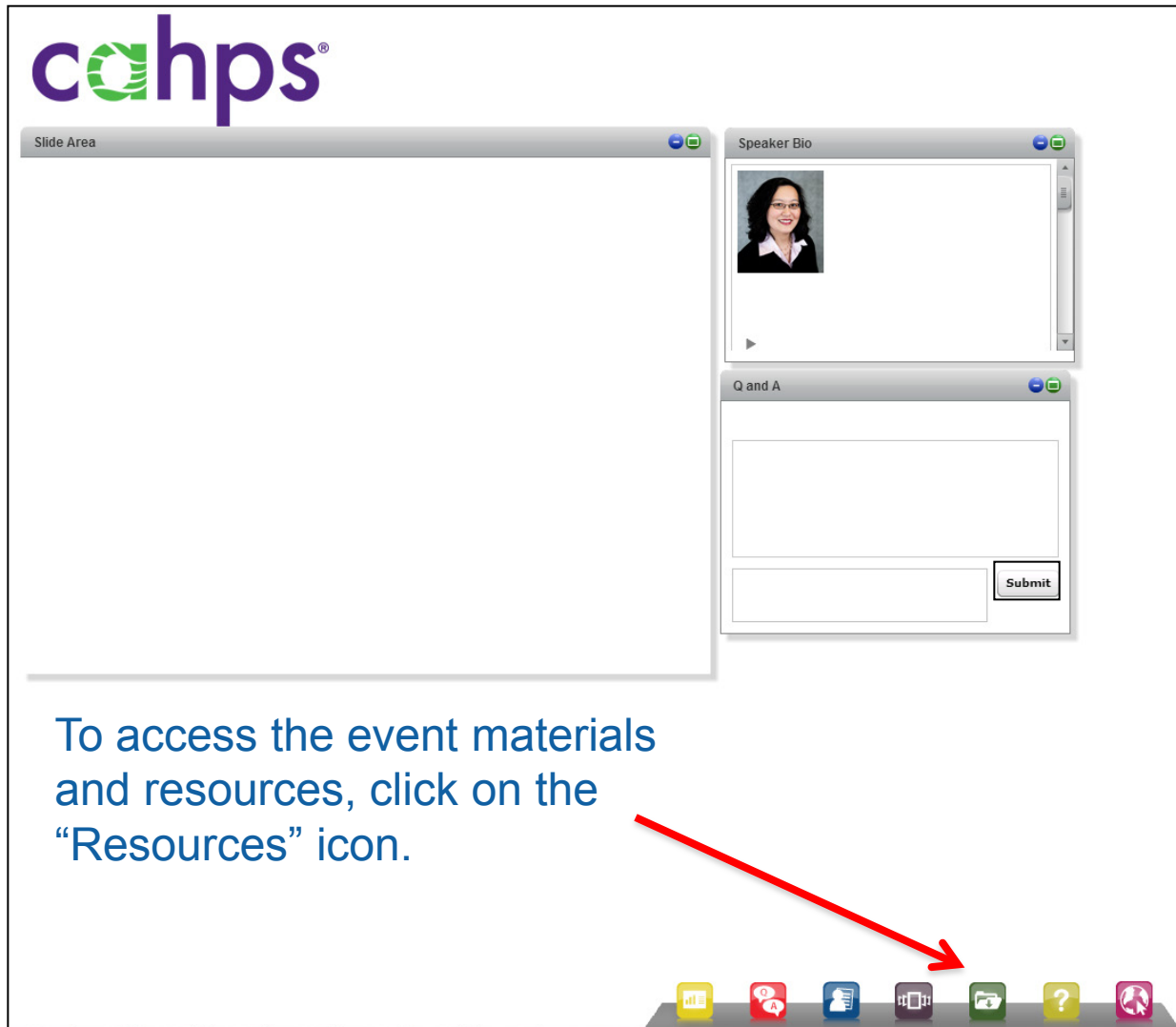
Submit

Click on the “Download Slides” icon for a PDF version.



The screenshot displays the cahps presentation interface. At the top left is the cahps logo. Below it is a large 'Slide Area' with the text 'Download slides from the console.' To the right are two smaller panels: 'Speaker Bio' featuring a photo of a woman, and 'Q and A' with a text input field and a 'Submit' button. At the bottom is a toolbar with several icons. A red arrow points from the text 'Click on the “Download Slides” icon for a PDF version.' to the icon that looks like a document with a download arrow.

Accessing Event Materials



The screenshot displays the cahps interface. At the top left is the cahps logo. Below it is a large 'Slide Area'. To the right of the slide area are two stacked panels: 'Speaker Bio' and 'Q and A'. The 'Speaker Bio' panel contains a small portrait photo of a woman. The 'Q and A' panel contains a text input field and a 'Submit' button. At the bottom of the interface is a navigation bar with several icons. A red arrow points from the text 'To access the event materials and resources, click on the "Resources" icon.' to the 'Resources' icon, which is a green folder icon.

To access the event materials and resources, click on the "Resources" icon.

- No sound from computer speakers?
 - Join us by phone: (855) 234-9976
 - Conference ID #: 58538864
- Trouble with your connection or slides not moving?
 - Select F5 to refresh your screen.
 - Log out and log back in.
- Other problems?
 - Use Q&A feature to ask for help.