

Development and Testing of the CAHPS Elicitation Protocol

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Goals for narrative elicitation: specifics

We aspired to collect narratives that are:

- **Complete:** provide a full picture of the experiences that matter to the patient describing them
- **Balanced:** accurately reflect both positive and negative aspects of the patient's experiences
- **Meaningful:** convey a story that is coherent to others and allows them to assess its relevance
- **Representative:** capture experiences across a range of health status and demographic groups

Experimental design informed by considerations for field implementation

- **Aspirations:** Protocol that can augment CAHPS surveys
 - **Short Sequence:** 5-7 open-ended questions; 5-10 minutes
- **Experimental Design:** Comparing elicited narratives to “gold standard” interviews
 - **Total** of 332 elicitations;
 - 20% by phone, 80% by web
 - 50% before CAHPS questions, 50% after
 - **Matched Sample:** 54 elicitations compared with interviews
- **Evaluation Method:** Narrative and textual analysis
 - **Protocol refined** through two rounds of elicitation testing

Applying goals for narrative elicitation

HSR

Health Services Research

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DOI: 10.1111/1475-6773.12503

IMPROVING THE SCIENCE AND PRACTICE OF PUBLIC REPORTING

Breaking Narrative Ground: Innovative Methods for Rigorously Eliciting and Assessing Patient Narratives

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CAHPS 5-Question Elicitation Protocol

1. What are the most important things that you look for in a healthcare provider and his or her staff?
2. When you think about the things that are most important to you, how do your provider and his or her staff measure up?
3. Now we'd like to focus on anything that has gone well in your experiences with your provider and his or her staff over the past 12 months. Please explain what happened, how it happened, and how it felt to you.
4. Next we'd like to focus on any experiences with your provider and his or her staff that you wish had gone differently over the past 12 months. Please explain what happened, how it happened, and how it felt to you.
5. Please describe how you and your provider relate to and interact with each other.

Illustrating less effective elicitation, from “matched” respondents

- **A less fulsome elicitation**

Q1. Their Knowledge about my health condition and how helpful they are

Q2. top notch and their knowledge about my condition has been very helpful in my recovery

Q3. i don't know what you mean by "gone well" every time i have been there everything has gone well.

Q4. not a thing

Q5. i like my doctor

Illustrating more effective elicitation, from “matched” respondents

- **A more fulsome elicitation**

Q1. Want someone who treats me as an individual rather than just another person walking in. Want someone who has already looked at my records and knows why I am there. Want answers to my questions in complete responses instead of one-word answers. Who will listen to what I have asked and responded intelligently even if having to ask me to rephrase my question or repeat the question.

Q2. All outstandingly except the insurance clerk. Clerks know me by name, nurse is friendly yet professional and on task. Doctor gives me all the time I need, with time for questions and his observations on my complete health.

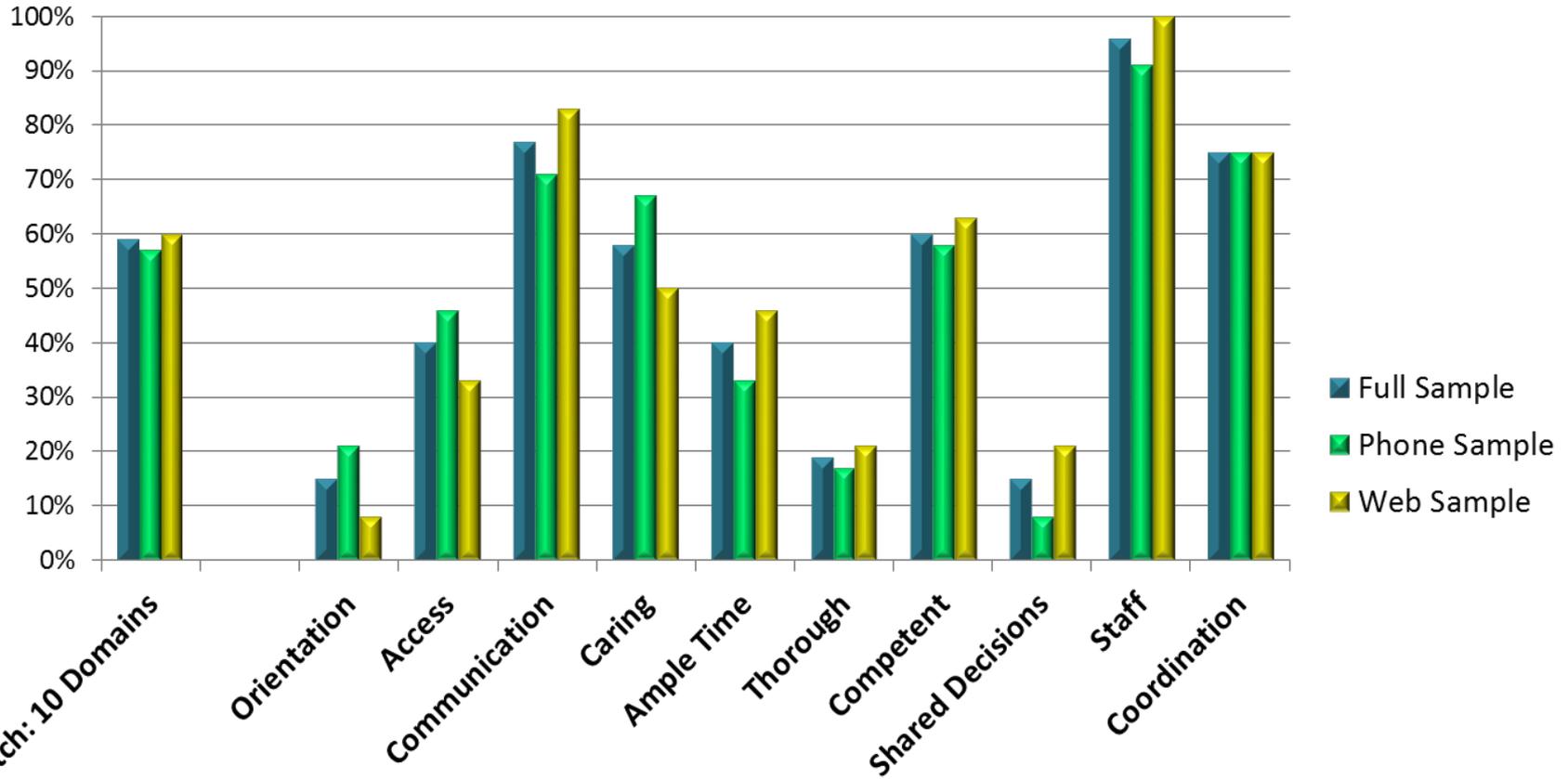
Q3. Had a pain so severe in my back that I could hardly move. Rather than call for an appointment, went to the office and asked if possible to see doctor. Without hesitation, was told that doctor could see me though I might have to wait a while. Saw doctor and determined that I could have one of two things. Ordered ultrasound to eliminate one reason. Prescribed some pain medication. Had ultrasound within two days (morning) and I had a call from my doctor by that afternoon to give me the results.

Q4. Switched my husband to a different medicare advantage plan and soon realized that our doctor was not on the plan. Commented to doctor on next visit that my husband would not see him this year and gave him reason. He asked me to speak with the insurance clerk and see what could be done to get him enrolled with that insurance provider. His clerk was short, curt, uninterested the several times I contacted her. Will have to wait another year to get me husband enrolled in a provider who has our doctor on the plan.

Q5. I trust my doctor. His approach is exactly what I like. Straight to the point yet asks questions that I realize have my well-being in mind (even if they are ones I would rather avoid). Tells me the consequences of not following his instructions but also gives me the option of continuing to not follow his orders but the end results of that (with a smile).

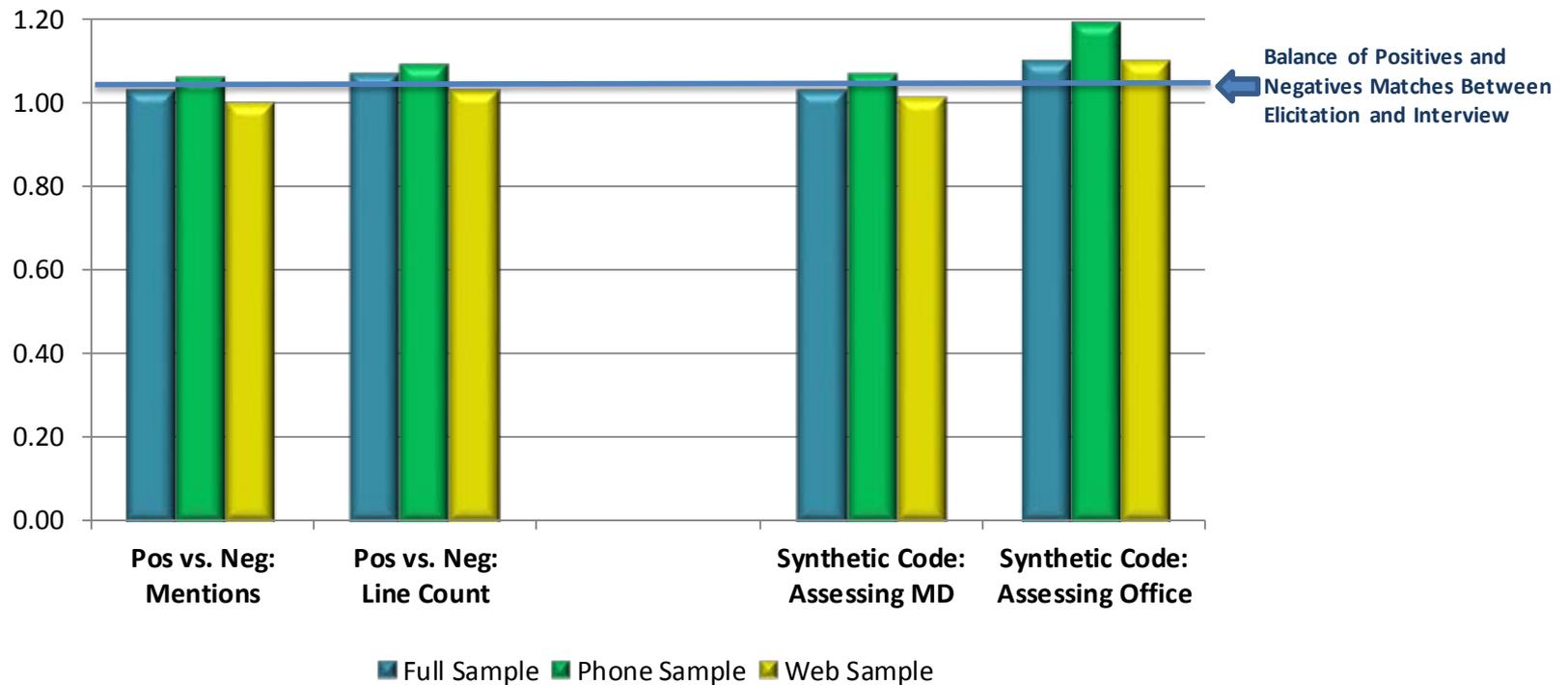
Quantified Results 1: Completeness

Fidelity of Reported Experiences

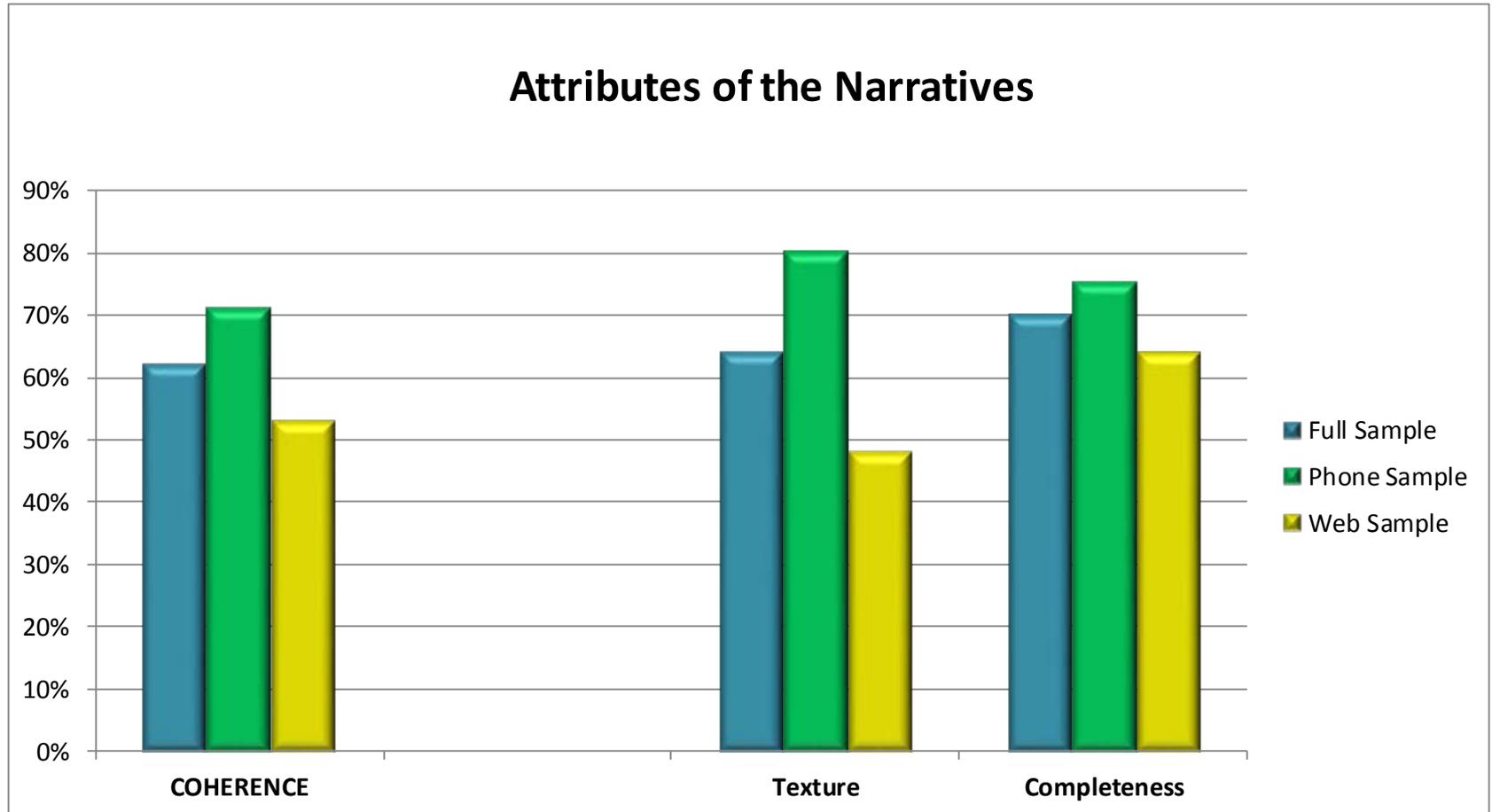


Quantified Results 2: Balance

Fidelity of Positive vs. Negative Assessments

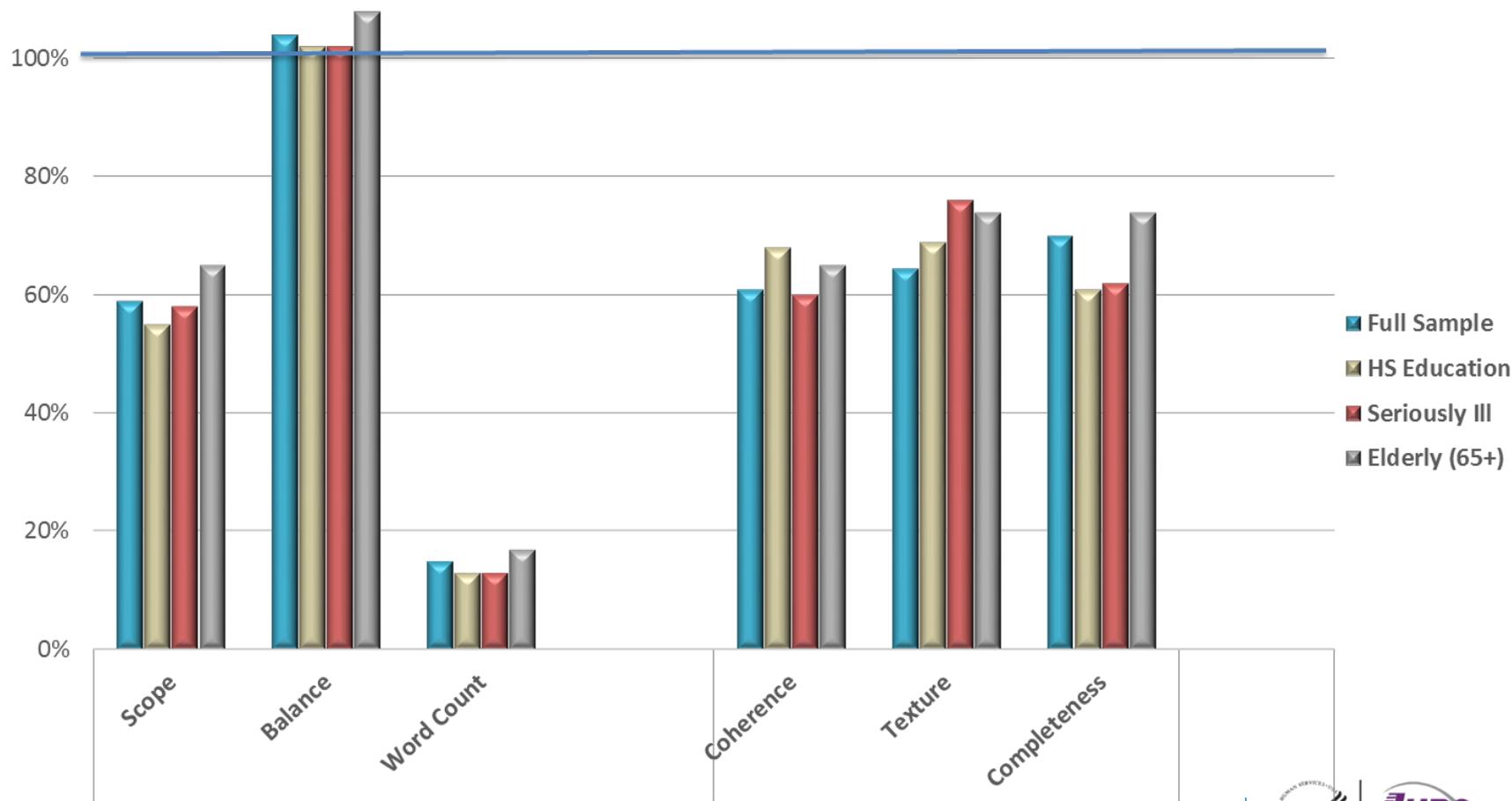


Quantified Results 3: Narrative Coherence



Quantified Results 4: Representativeness

Elicitation Performance by Subsets of Respondents



Field testing the protocol in real world settings

- **Response Rates** (of survey completers) in multiple contexts
 - California: 24.5%
 - Massachusetts: 17.9%
- **Fatigue:** Response rates by question **Q1:** 14.8% **Q5:** 14.4%
- **Compare effectiveness** of multiple protocols: **3Q vs. 5Q**
 - Word Count: **3Q** 73.9 **5Q** 114.4
 - Scope (of 7): **3Q** 2.57 **5Q** 3.44
 - Valence (% positive): **3Q** 77.1% **5Q** 86.2%

Value of narrative feedback for quality improvement

- **THREE** distinct areas of added value
 - Illustrate concrete and actionable examples of aspects of care already being measured
 - Highlight missing aspects of existing composite measures
 - Highlight domains of care that are important to patients but not included on CG-CAHPS surveys

Frequency of Responses: By Health Status

	ROUND 2: FULL SAMPLE	HEALTHY	CHRONICALLY ILL	SERIOUSLY ILL
Perceived Competence	17.50%	17.00%	16.00%	20.00%
Communication	16.50%	17.30%	14.90%	17.40%
Access	15.10%	15.00%	16.60%	13.50%
Coordination	11.00%	6.20%	14.00%	14.10%
Staff	10.30%	9.60%	10.60%	10.80%
Caring	8.10%	11.00%	6.10%	6.70%
Ample Time	6.40%	8.00%	5.10%	5.50%
Thorough	4.60%	4.40%	4.70%	4.70%
Shared Decisions	4.10%	2.60%	6.50%	3.20%
Orientation/Style	2.20%	3.00%	2.00%	1.20%

Source: Calculated from authors' own data

Purpose #1: Illustrate concrete and actionable aspects of existing composite measures

- Concrete examples from office staff:

I appreciate staff that are calm and efficient from appointment clerk to nurse who goes over Dr. instructions for my treatment.

They made a followup appointment for me, but only contacted me by email. As a result I missed the appointment as I did not read it until after the scheduled date and time.

Purpose #2: Highlight missing aspects of existing composite measures

- Concrete examples from coordination of care: fostering connections with other clinicians

She has encouraged me to start walking/running and I completed a 5K with my daughter. I have faced severe depression and who encouraged me to see a clinical social worker who used an unconventional treatment – brainstorming – which was very effective.

She followed through on referring me, and then what the other provider did for my problem. My main provider then called to see if everything was going better. She even ran some blood tests to make sure my blood count was improving.

Purpose #3: Highlight unmeasured domains of care

- Assistance with billing and coverage:

Went in to discuss a prescription that my new insurance refused to cover. Discussed why the insurance refused to cover it.. They thought it was too dangerous for a person my age. We discussed pros and cons and decided to continue the medication

I got a bill from my doctors office recently that was different than my normal bill so I went to office and asked the secretary at the office what the bill was for and she was unable to give me the answer I was looking for. Instead she gave me a phone number to call even though the bill came from that office.

Purpose #3: Highlight unmeasured domains of care

- Empathy and emotional connectedness:

He answered questions with a lot of detail and didn't try to "handle" me. I felt as though I was speaking to an honest expert treating me as an equal.

he comes into the room with a smile he ask how im doing and ask him how he is an he sits down an we talk about how ive been doing I tell him an he gives me medicine if I need it or he ajusts my medicine if needed after hes done I tell him a joke an he leaves the room laughing

I wish Dr R would realize that I am a sissy and spend a little more time with me to make sure my visits are not painful.

To Ask a Question

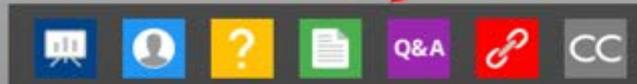


The screenshot shows a webcast interface with three main panels:

- Slide Area:** Displays the CAHPS logo, the text "Surveys and Tools to Advance Patient-Centered Care", the AHRQ logo, and the title "Introducing a Protocol to Obtain Patient Comments Using the CAHPS® Clinician & Group Survey". It also includes the text "A Webcast Presented by the AHRQ CAHPS User Network January 26, 2017 1:00 – 2:00 pm ET".
- Speaker Bios:** Lists two speakers: Mark Schlesinger, PhD (Professor of Health Policy, Fellow of the Institution for Social and Policy Studies, Yale University) and Lisa Rybowski, MBA (President, The Severn Group, Inc.).
- Q&A:** A section for asking questions, featuring a "Refresh Now" link, a text input field labeled "Please enter a question", and a "Submit" button.

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

Click on the "Q&A" icon to get the Q&A window to appear.



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