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Consumer Assessment of Healthcare Providers and Systems

Summary and Next Steps in Response to *Federal Register* Notice (FR Doc 2015-00767)

Background and Overview

On January 21, 2015, the Agency for Healthcare Research and Quality (AHRQ) released a call for public comment through the *Federal Register* (FR Doc 2015-00767) (see Appendix A).[1] The notice described proposed changes to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician & Group Survey and the CAHPS Patient-Centered Medical Home (PCMH) Item Set. Comments on the proposed changes were accepted from January 21, 2015, through February 20, 2015. Table 1-3 details the frequency and nature of comments by item or area of proposed change. Appendix B offers a full list of the organizations or entities that submitted comments to AHRQ.

This document summarizes the feedback received in response to the call for public comment and presents proposed follow-up actions. Because AHRQ is planning to conduct further testing and obtain additional analytic results to more completely address comments received, the follow-up actions presented in this document do not represent final decisions about changes to the CAHPS Clinician & Group (CG-CAHPS) Survey. AHRQ expects to release a revised core CG-CAHPS Survey later in 2015 after completion of testing and analyses.[2]

Summary of Comments and Next Steps for Proposed Changes

This section summarizes the feedback received in response to the call for public comment on proposed changes to the core CG-CAHPS Survey and the PCMH Item Set. The feedback addressed proposed changes regarding the following topics:

- The survey reference time period.
- Access composite measure.
- Communication composite measure.
- Office staff composite measure.
- Care coordination composite measure.
- Measures in the PCMH Item Set.

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[1] Information on the proposed changes is available at https://cahps.ahrq.gov/surveys-guidance/cg/about/proposed-changes-cahps-c&g-survey2015.pdf.

[2] "Core" refers to the set of items that are standard in all versions of the CG-CAHPS Survey.

Change to the Survey Reference Time Period

AHRQ sought comments about a proposal to change the reference time period for the CG-CAHPS Survey from “the last 12 months” to “the last 6 months.” This change would make the CG-CAHPS Survey consistent with surveys being implemented by the Centers for Medicare & Medicaid Services (CMS), including the CAHPS Surveys for Accountable Care Organizations (ACOs), and the Physician Quality Reporting System (PQRS).

Summary of Comments Received

AHRQ received 50 comments regarding the proposed change to the survey reference period:

- 24 were supportive of the proposed change.
- 1 supported the proposed change with a modification.
- 19 expressed concern about the proposed change.
- 6 provided additional suggestions or requests.

Concerns regarding the proposed change in the survey reference period included the following:

- Impact on patient eligibility for sampling, particularly for smaller medical groups or practices (n=4).
- Ability to trend results over time (n=3).
- Seasonality effects on scores (n=2).
- Greater likelihood that respondents will select the extreme categories (“Never” or “Always”) because they have had only one experience in the 6-month time frame (n=2).
- Non-representativeness of respondents because a larger proportion of the sample may be higher utilizers of health care services (n=2).
- The impact on scores because a larger proportion of the sample may be higher utilizers of health care services (n=1).
- Recall error due to respondents reporting on experiences outside of the 6-month recall period (n=1).
- Reduced item- and composite-level reliability as a result of fewer respondents responding affirmatively to screener items (n=1).
- Cost impact of increasing sample size to maintain reliability, given the lower percentage of respondents responding affirmatively to screener items (n=1).
- The impact on scores resulting from the loss of reporting about some types of care that are only delivered annually (e.g., at the patient’s annual check-up) (n=1).

One commenter suggested retaining the 12-month time frame as an option and three urged AHRQ to further investigate the potential impact of changing the 12-month time frame to a 6-

month time frame, and to share the findings publicly. One commenter suggested including the instruction, "In the last [6/12] months" as a header on each page or before each section, rather than with every question.

One commenter who supported the change in the reference period suggested adding an additional clarifying phrase for respondents who have had only one visit in the past 6 months.

Proposed Follow-Up Actions

AHRQ's CAHPS Consortium, which is the group of research organizations responsible for developing and maintaining the CAHPS surveys, has conducted extensive outreach and analyses to explore the effects of survey reference time periods, sampling and population inclusions, recall periods, and standards of care. To assist in developing the proposal for changing the survey reference time period, the Consortium also convened a technical expert panel. The panel members did not uniformly agree that the CG-CAHPS Survey should move to a 6-month reference period; however, the majority felt that consistency across CG-CAHPS Survey versions, including those administered by CMS, was of significant importance. While there is strong support for the change to a 6-month reference period for CG-CAHPS, responses to the *Federal Register* notice suggest that concerns remain.

The Consortium previously conducted testing that indicated that CG-CAHPS will be effective for collecting valid and reliable data from patients who have had multiple visits, as well as those who have had only a single visit during the reference period. Additionally, based on data collected by organizations administering the survey on a continuous basis, the Consortium has concluded that seasonality effects will not impair the ability to collect and compare data using a 6-month reference period.

To help respond to outstanding questions, the Consortium conducted a field test and is undertaking a series of analyses. A decision about the reference period is on hold pending review of field test data. To support stakeholder decisionmaking, the research findings will be made publicly available through AHRQ's CAHPS Web site.

Access Composite Measure

AHRQ sought comments about a proposal to reduce the number of items in the access composite measure from 5 items to 3 items (see Table 1-1). The two items removed from this composite measure would remain available in the supplemental item set.

Table 1-1. Proposed changes to the access composite measure

Current Composite: 5 Items	Recommended Composite: 3 Items
• Got urgent care appointment	• Got urgent care appointment
• Got appointment for checkup or routine care	• Got appointment for checkup or routine care
• Got answer to medical question the same day	• Got answer to medical question the same day
• Got answer to medical question after office hours	*(Move to supplemental item set)*
• Wait time for appointment to start	*(Move to supplemental item set)*

Further, AHRQ proposed changing the wording "phoned this provider's office" to "contacted this provider's office" to capture the multiple ways in which patients may communicate with the provider's office.

Summary of Comments Received

AHRQ received 28 comments regarding the proposed changes to the access composite measure:

- 21 were supportive of the proposed changes.
- 1 supported the proposed changes with a modification.
- 3 opposed the proposed changes to the composite.
- 3 were mixed.

Concerns regarding the proposed movement of access items to the supplemental item set included the following:

- The importance of the concept of "Wait time for appointment to start" as a measure of access, and the belief that it should be included in the core survey (n=3).
- Suggestion that these items help understand the experience of patients with lower socioeconomic status and patients receiving care in safety net settings (n=1).

Suggestions to modify items in the access composite measure included the following:

- Create a new measure of "Wait time for appointment to start" with a higher item-scale correlation so that this important concept can be included in the access composite (n=1).
- Add a measure of "keeping patients informed of delays" in place of "wait time for appointment to start" (n=1).

Proposed Follow-Up Actions

AHRQ will review data from the most recently conducted field test in order to finalize a decision about whether or not to implement the widely supported recommendation to move "Got answers to medical questions after office hours" and "Wait time for appointment to start" to the supplemental item set. If the data confirm that the proposed composite will be psychometrically sound, AHRQ will implement the changes.

Users who need the results from "Got answer to medical question after office hours" and "Wait time for appointment to start" will be encouraged to include these supplemental items in their surveys and use the results to support quality improvement efforts. The CAHPS Consortium will continue to explore ways to measure the concept of "wait time" in a way that meets desired standards of reliability and validity.

Additionally, since no objections were noted to the proposed wording change, AHRQ will modify the wording "phoned this provider's office" to "contacted this provider's office."

Communication Composite Measure

AHRQ sought comments about a proposal to reduce the number of items in the communication composite measure from 6 items to 4 items (see Table 1-2). The proposed 4-item composite measure would be consistent with the communication measure in the CAHPS Health Plan Survey. The item "Gives easy to understand instructions" would be moved to the supplemental item set. The item "Knows important information about medical history" would be added to a new measure of care coordination.

Table 1-2. Proposed changes to the communication composite measure

Current Composite: 6 Items	Recommended Composite: 4 Items
• Explains things in a way that is easy to understand	• Explains things in a way that is easy to understand
• Listens carefully	• Listens carefully
• Gives easy to understand instructions	*(Move to supplemental item set)*
• Knows important information about medical history	*(Add to new measure of care coordination)*
• Shows respect for what you have to say	• Shows respect for what you have to say
• Spends enough time	• Spends enough time

Summary of Comments Received

AHRQ received 22 comments regarding the proposed changes to the communication composite measure:

- 17 were supportive of the proposed changes.
- 2 supported the proposed changes with modifications.
- 1 did not support the proposed changes.
- 2 commenters provided other feedback.

Suggestions to modify the communication composite measure included:

- Removing the item “Gives easy to understand instructions” entirely (i.e., not moving it to the general set of supplemental items) because of its overlap with other items being retained in the core survey (n=1).
- Adding new items to the composite measure to “get a more dynamic measure of provider communication” and “eliminate the redundancy of ceiling effects of the current communication composite” (n=1).

Other comments regarding the communication composite measure included:

- Suggestion that “Gives easy to understand instructions” is different than “Explains things in a way that is easy to understand” (n=1).
- Recommendation to maintain “Gives easy to understand instructions” in the communication composite measure for patients with lower health literacy and whose primary language is not English (n=1).
- A question about whether the composite measure could be further reduced by removing “Shows respect for what you have to say” and “Spends enough time”; the commenter suggested that these were closely related to the item “Listens carefully” (n=1).

Proposed Follow-Up Actions

AHRQ will review data from the most recently conducted field test in order to finalize a decision about whether or not to implement the revised communication composite measure. The CAHPS Consortium will also continue to investigate possible ways to reduce the ceiling effects by developing and testing harder-to-endorse communication items.

Users who have large populations with low literacy will be encouraged to include the item “Gives easy to understand instructions” in their surveys and use the results to support quality improvement efforts.

Office Staff Composite Measure

AHRQ sought comments about a proposal to retain the office staff composite without any changes. The composite measure includes two items: “Helpful” and “Treats with courtesy and respect.”

Summary of Comments Received

AHRQ received 16 comments concerning the office staff composite measure:

- 13 supported AHRQ’s recommendation to retain the two items without any changes.
- 1 supported AHRQ’s recommendation to retain the items, but suggested modifications.
- 2 provided additional suggestions.

Recommended modifications and suggestions included the following:

- Testing to identify alternative language to “clerks and receptionist” (n=1).
- Include items that capture interaction with other staff (n=1).
- Elimination of the “Treats with courtesy and respect” item because of its high correlation with the “Helpful” item (n=1).

Proposed Follow-Up Actions

In response to feedback received about the wording “clerks and receptionists,” AHRQ will conduct qualitative testing to ensure these terms are still widely and uniformly understood. Pending the results of the testing, the language used in the office staff composite measure may be revised.

Additional items addressing interactions with a broad range of health care providers and care teams (e.g., “care team” questions) have been tested and incorporated into supplemental item sets, including the PCMH Item Set. Users with information needs about additional staff members will be encouraged to include these items in their surveys and use the results to support quality improvement efforts.

The CAHPS Consortium will continue to seek opportunities to test and refine approaches to measuring patients’ interactions with varied care delivery models. Items found to be valid, reliable, and generalizable will be considered for incorporation in future item sets.

Care Coordination Composite Measure

AHRQ sought comments about a proposal to add a new composite measure of care coordination. The proposed composite measure would consist of three items: two items already included in the core CG-CAHPS Survey and one item from the PCMH Item Set, as follows:

- Follow up on test results (from the core survey)
- Knows important information about medical history (from the core survey)
- Provider talked about all prescription medicines being taken (from the PCMH Item Set)

Also, AHRQ proposed changing the current Yes/No response scale for "Provider talked about all prescription medicines being taken" to a frequency scale of Never/Sometimes/Usually/Always.

Summary of Comments Received

AHRQ received 40 comments regarding the proposed care coordination composite measure:

- 22 supported the proposed change.
- 5 supported the proposed change with modifications.
- 1 supported some aspects but did not support others.
- 12 recommended modifications or provided additional suggestions regarding the composite measure.

Recommended modifications and suggestions included the following:

- Removal from the composite measure of "Provider talked about all prescription medicines being taken" as this was not perceived to be the most meaningful measure across both primary and specialty care areas (n=1).
- Review/revise item wording for "Follow up on test results" to account for the provision of results through a patient portal or by email, text, or other communication mode (n=7).
- Review/revise item wording for "Follow up on test results" to account for situations where a patient had a very recent visit and the tests may not actually have been performed yet (n=1).
- Broaden the item language to better represent the medical services received from specialty practitioners, employers, or caregivers (n=2).
- Validate the proposed measure with previously collected CG-CAHPS data (rather than an analysis of Medicare CAHPS data) before deciding to include it in the core survey.

Two commenters specifically supported the change in the response scale for "Provider talked about all prescription medicines being taken." No commenters indicated opposition to this recommended change.

Suggested revisions to the item "Provider talked about all prescription medicines being taken" included:

- Review/revise the item wording to remove the condition "at each visit" (n=1).
- Review/revise the item wording because not all office visits may require a full discussion of all medications being taken (n=1).
- Review/revise the item wording to align with the wording used by CMS in the PQRS Survey (In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?) (n=1).

Proposed Follow-Up Actions

AHRQ will conduct additional testing of the proposed new care coordination composite measure. The CAHPS Consortium will rely on both field testing as well as qualitative testing results to inform the development of a care coordination composite measure, including refinements to the wording of the item "Provider talked about all prescription medicines being taken." In response to feedback provided by stakeholders, particular attention will be paid to identifying a care coordination composite measure that accounts for various modes of communication and coordination, including electronic communication and patient portals.

Proposed Changes to the Patient-Centered Medical Home Item Set

Shared Decision Making

AHRQ sought comments about a proposal to move the three items in this composite measure to the general set of supplemental items, as the items require large sample sizes to achieve acceptable unit-level reliability.

Summary of Comments Received

AHRQ received 8 comments regarding the proposed change:

- 6 supported the proposed change.
- 1 supported only some aspects of the proposed change.
- 1 did not support the proposed change.

One commenter urged AHRQ to retain the three items in the shared decision making composite measure, arguing that the items "Reasons to start or stop taking medicine" and "Reasons not to start or stop taking medicine" are important because they address the challenges faced by many patients, including vulnerable populations, in understanding prescription medications. This commenter also suggested retaining the third item in the composite measure, "Provider asked you what you thought was best for you," because it can assess patient-centeredness.

One commenter supported removing the three individual items from the PCMH Item Set and suggested that AHRQ:

- Review the language and wording to avoid redundancy that may cause confusion for respondents, and
- Expand the scope to include communication with providers about other types of treatment options (e.g., physical therapy, surgery, tests, referrals, non-prescription medicine).

Proposed Follow-Up Actions

In response to minimal opposition to the proposal, AHRQ will move forward with moving the three items in the shared decision making composite measure to the general set of supplemental

items, and will encourage the use of these items as a composite measure for populations where there is likely to be sufficient data to support valid and reliable results.

Self-Management Support

AHRQ sought comments about a proposal to retain the two items about self-management support in the PCMH Item Set: "Someone in the provider's office talked with you about specific goals for your health" and "Someone in the provider's office talked with you about things that make it hard for you to take care of your health." Although reliability estimates were mixed for different data sets, the National Committee for Quality Assurance and its stakeholders have deemed these items critical to measurement of the PCMH care model.

Summary of Comments Received

AHRQ received 11 comments regarding the proposal to retain the two self-management support items. All comments were supportive.

Proposed Follow-Up Actions

AHRQ will maintain the two self-management support items in the PCMH Item Set and will continue to seek opportunities to improve the consistency of reliability of these items.

Attention to Mental or Emotional Health

AHRQ sought comments about a proposal to retain the item "Things that cause worry or stress" in the PCMH Item Set and move the other two items, "Depression screening" and "Personal or family problems," to the general set of supplemental items.

Summary of Comments Received

AHRQ received 10 comments regarding the proposed changes to the items addressing attention to mental or emotional health:

- 8 were supportive of the proposed change.
- 1 opposed the proposed change.
- 1 provided other feedback.

One commenter urged AHRQ to retain the two items "Depression screening" and "Personal or family problems" in the PCMH Item Set because these items are consistent with the current emphasis on widespread depression screening and integration of behavioral health services in primary care settings.

One commenter was concerned that the item "Things that cause worry or stress" as currently worded would apply to acute and wellness visits.

Proposed Follow-Up Actions

In response to minimal opposition to the proposal, AHRQ will maintain "Things that cause worry or stress" in the PCMH item set and move "Depression screening" and "Personal or family problems" to the general set of supplemental items. Additionally, to address feedback received,

the Consortium will look for opportunities to develop and test a set of revised items to specifically address integration of behavioral health and primary care.

Information on Getting Care on Evenings, Weekends, and Holidays

AHRQ sought comments about a proposal to retain the single item "Information on getting care on evenings, weekends, and holidays" in the PCMH Item Set.

Summary of Comments Received

AHRQ received 6 supportive comments regarding the proposed retention of this item.

Proposed Follow-Up Actions

AHRQ will retain the item "Information on getting care on evenings, weekends, and holidays" in the PCMH Item Set.

Getting Care on Evenings, Weekends, and Holidays

AHRQ sought comments about a proposal to move the single item "Got care on evenings, weekends, and holidays" to the general set of supplemental items because the number of responses in most practice-based surveys is insufficient to achieve reliability.

Summary of Comments Received

AHRQ received 7 comments regarding this proposed change, 6 of which were supportive.

One commenter opposed moving the item to the general set of supplemental items, noting the importance of the item for patients of lower socioeconomic status who may not be able to make medical appointments during regular hours.

Proposed Follow-Up Actions

AHRQ will move the single item "Got care on evenings, weekends, and holidays" to the general set of supplemental items and will encourage the use of this item by practices/groups that expect to obtain a sufficient number of responses to achieve reliability.

Days Wait for Urgent Care

AHRQ sought comments about a proposal to move the single item "Days wait for urgent care" to the general set of supplemental items.

Summary of Comments Received

AHRQ received 8 comments regarding this proposed change, 7 of which were supportive. One commenter opposed the proposed move and one commenter requested additional information regarding the rationale for moving the item to the general set of supplemental items.

Proposed Follow-Up Actions

AHRQ will move forward with moving the single item "Days wait for urgent care" to the general set of supplemental items. Because this item applies only to the sub-population of patients who need urgent care, the number of survey responses required to achieve reliability for this item is much larger than what is needed for the balance of the PCMH Item Set. AHRQ will encourage

the use of this item by practices/groups that expect to obtain a sufficient number of responses to achieve reliability.

Reminders Between Visits

AHRQ sought comments about a proposal to move the single item "Received reminders between visits" to the general set of supplemental items.

Summary of Comments Received

AHRQ received 7 comments regarding this proposed change, 6 of which were supportive. One commenter who opposed the move urged the retention of this item in the PCMH Item Set to ensure a focus on patient-centeredness.

Proposed Follow-Up Actions

AHRQ will move the single item "Received reminders between visits" to the general set of supplemental items. AHRQ will encourage the use of this item by practices/groups that regard the measurement of this standard of care as a way to ensure that they are delivering patient-centered care.

Care Coordination Items

AHRQ sought comments about a proposal to move the item "Provider talked about all the prescription medicines being taken" to the core survey for the new care coordination composite measure. AHRQ also proposed changing the current Yes/No response scale for this item to a Never/Sometimes/Usually/Always frequency response scale. A summary of comments related to this proposal is provided in the above section on the care coordination composite measure.

AHRQ also proposed retaining a second item measuring care coordination in the PCMH Item set: "Provider informed and up-to-date on care from specialists." Comments regarding this proposal are included in this section.

Summary of Comments Received

AHRQ received 9 comments regarding the proposal to retain the item "Provider informed and up-to-date on care from specialists" in the PMCH Item Set:

- 6 were supportive of the proposed retention of the item.
- 2 commenters provided suggestions regarding item wording.
- 1 commenter provided other feedback.

Proposed Follow-Up Actions

AHRQ will retain the item "Provider informed and up-to-date on care from specialists" in the PMCH Item Set. Item wording will be maintained at this time to support consistency in reporting across stakeholders and in related survey instruments.

Reduction in the Number of Items in the Core CG-CAHPS Survey

A decrease in the number of items in the core CG-CAHPS Survey is a possible outcome of the proposed changes to items and topic areas. Decreasing the number of items would lower the

burden on patients and meet stakeholders' requests to shorten the survey. Although AHRQ did not specifically request comments on this potential outcome, many such comments were provided and therefore are summarized in this document.

Summary of Comments Received

AHRQ received 31 comments regarding the reduction of items in the core survey following the implementation of the recommended changes:

- 25 were supportive of the shorter survey length.
- 3 were concerned that the survey will still be too long.
- 1 was concerned that too many items will be removed.
- 2 provided suggestions to further reduce the number of items in the core survey.

Concerns regarding the resulting length of the core survey included:

- The survey will still be too long; the change from 34 items to 31 items will not improve the response rate (n=3).
- Too many items will be removed, impairing the ability to assess patient experience (n=1).

Suggestions to further reduce the number of items in the core survey included:

- Move demographic characteristics to a supplemental item set (n=1).
- Eliminate core items that do not apply to improvement efforts, add only minimal information, or can be collected via other means (n=1).

Table 1-3. Tally of comments received regarding proposed changes to core CG-CAHPS survey

Core CG-CAHPS Survey					
Item or Area of Proposed Change	Support	Support With Modification	Do Not Support	Mixed/Other	Total Comments
Change the reference time period from "the last 12 months" to "the last 6 months"	24	1	0	25	**50**
Reduce access composite measure from 5 items to 3 items (Got urgent care appointment; Got appointment for checkup or routine care; and Got answer to medical question the same day)	14	1	3	3	**21**
Change "phoned this provider's office" to "contacted this provider's office"	18	0	0	0	**18**
Reduce communication composite measure from 6 items to 4 items (Explains things in a way that is easy to understand; Listens carefully; Shows respect for what you have to say; and Spends enough time)	17	2	1	2	**22**
Retain office staff composite measure (Helpful; and Treats with courtesy and respect)	13	1	**0**	2	**16**
Make a care coordination composite measure from 2 existing core items and 1 PCMH item (Follow up on test results; Knows important information about medical history; and Provider talked about all prescription medicines being taken)	22	5	0	13	**40**

Table 1-4. Tally of comments received regarding proposed changes to the PCMH item set

PCMH Item Set					
Item or Area of Proposed Change	Support	Support With Modification	Do Not Support	Mixed/Other	Total Comments
Move shared decision making items to the general set of CG-CAHPS supplemental items	6	0	1	1	**8**
Retain self-management support items in the PCMH Item Set (Someone in the provider's office talked with you about specific goals for your health; and Someone in the provider's office talked with you about things that make it hard for you to take care of your health)	11	0	0	0	**11**
Retain one attention to mental or emotional health item in the PCMH Item Set (Things that cause worry or stress) and move the other two to the general set of CG-CAHPS supplemental items (Depression screening; and Personal or family problems)	8	0	1	1	**10**
Retain "Information on getting care on evenings, weekends, and holidays" in the PCMH Item Set	6	0	0	0	**6**
Move "Getting care on evenings, weekends, and holidays" to the general set of CG-CAHPS supplemental items	6	0	1	0	**7**
Move "Days wait for urgent care" to the general set of CG-CAHPS supplemental items	6	0	1	1	**8**
Move "Reminders between visits" to the general set of CG-CAHPS supplemental items	6	0	1	0	**7**
Retain "Provider informed and up-to-date on care from specialists" in the PCMH Item Set.	6	0	0	3	**9**

Appendix A. *Federal Register* Notice

Notice of Proposed Changes for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician & Group Survey

Summary: The Agency for Healthcare Research and Quality (AHRQ) seeks comments on proposed changes to the CAHPS Clinician & Group (CG-CAHPS) Survey, including the Patient-Centered Medical Home (PCMH) Item Set. The CG-CAHPS survey is a product of the CAHPS program, which is funded and administered by AHRQ. AHRQ works closely with a consortium of public and private research organizations to develop and maintain surveys and tools to advance patient-centered care. AHRQ proposes these revisions in order to enhance the survey usability and functionality. AHRQ will implement these changes and release a new version of the CG-CAHPS Survey, Version 3.0. in 2015.

Dates: AHRQ encourages submission of comments via email because postal mail addressed to AHRQ is subject to delay due to security screening. Please submit email comments to: CAHPS1@westat.com and write “CAHPS Proposed Changes” on the subject line.

If filing comments on paper, write “CAHPS Proposed Changes” on the comments and on the envelope, and mail them to: Christine Crofton, Ph.D., AHRQ CAHPS Program Director, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850.

Comments on this notice must be received no later than 5 p.m. EST on February 20, 2015. AHRQ will remove all commenter identifying information from the comments and will not provide individual responses. AHRQ will provide a summary of the comments and actions taken as a result of those comments. The summary document will be posted on the QHRQ CAHPS Web site https://cahps.ahrq.gov/index.html no later than 45 days after the closing of the comment period.

For Further Information Contact: Christine Crofton, Ph.D., AHRQ CAHPS Program Director, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, Email: Christine.Crofton@AHRQ.hhs.gov, Phone: (301)427-1323.

Addresses: Information about the CAHPS Program – including background information, surveys, and tools – can be found on the AHRQ CAHPS Web site at https://cahps.ahrq.gov/index.html.

Background

Through its CAHPS program, AHRQ has been advancing the research and practice of patient-centered care (CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality). The goals of the CAHPS program are: (1) To develop standardized surveys that organizations can use to collect comparable information on patients’ experiences with care, and (2) to generate tools and resources to support the dissemination and use of comparative survey results to inform the public about and improve health care quality. The CAHPS® surveys assess quality of care from the patient point of view in their use of health plans as well as various ambulatory and institutional settings, including physician practices, hospitals, and nursing homes. The surveys address a range of health care services and provide results that address the

various needs of health care consumers, purchasers, health plans developers, providers, and policymakers.

The CAHPS Consortium—which includes two AHRQ grantees (RAND Corporation and Yale School of Public Health), Westat (a support contractor), and AHRQ staff—are responsible for the research and development work necessary to produce CAHPS instruments, survey protocols, analysis tools, and reporting guidance. The consortium plays a critical role in educating and supporting organizations that use CAHPS products and data.

Proposed Changes

AHRQ is proposing changes to the CG–CAHPS Core Survey, including the PCMH Item Set. These proposals are based on feedback from survey users and other stakeholders. The following principles have guided the changes to the survey and item set:

> (a) Minimizing the burden of surveys on patients and providers and to ensure consistency across multiple mandates for patient experience surveying by developing a single core survey;
>
> (b) balancing suggestions to shorten the survey with requests to add content— such as a measure of care coordination—while retaining the core topic areas of access, communication, office staff interactions, and a provider rating; and
>
> (c) maximizing the reliability of the CG–CAHPS reporting measures by grounding all recommended changes in analyses of relevant data. The proposed changes aim to balance the importance of the measures to patients and stakeholders with the reliability and validity of the measures.

Listed below is an overview of the proposed changes to the CG–CAHPS Survey, including the PCMH Item Set. Further details about the specific changes by composite measure and at the item level can be found on the AHRQ CAHPS Web site at: https://cahps.ahrq.gov/surveys-guidance/cg/about/proposed-cg-update.html.

Changes to CG-CAHPS Survey

Survey reference time period: AHRQ proposes changing the reference time period of the CG–CAHPS Survey from "In the last 12 months" to "In the last 6 months." Rationale: This change will make the survey consistent with the survey versions being implemented by the Centers for Medicare & Medicaid Services (CMS), including the ACO CAHPS Survey and the CAHPS Survey for the Physician Quality Reporting System (PQRS). A study that randomized patients to a 12-month or 6-month survey version yielded similar CAHPS scores at the practice site level.

Access composite measure: AHRQ proposes reducing the number of items in this composite measure from five items to three items: "Got urgent care appointment", "Got appointment for checkup or routine care", and "Got answer to medical question the same day." Rationale: These items are important to patients and stakeholders, have good reliability, and include multiple aspects of access.

Communication composite measure: AHRQ proposes reducing the number of items in this composite measure from six items to four items: "Explains things in a way that is easy to understand", "Listens carefully", "Shows respect for what you have to say", and "Spends enough time." Rationale: The proposed four-item composite is consistent with the communication measure in the CAHPS Health Plan Survey.

Care Coordination composite measure: Care coordination is an important aspect of patient experience that is commonly assessed by CAHPS surveys. The goal was to develop a care

coordination composite measure that could be standardized across CAHPS surveys. According to an article by Ron D. Hays et al, the CAHPS Medicare Survey includes a 10-item measure, but a shorter measure may make standardization more likely. The full article published in 2013 in Medical Care Research and Review is available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3959996. Given the importance of care coordination for stakeholders and patients, AHRQ proposes to add a composite measure to the CG–CAHPS core survey. Since two of the items are already part of the core survey, this new composite requires the addition of only one item to the core survey.

The new three-item care coordination composite would consist of "Follow up on test results" (from the CG–CAHPS core survey), "Knows important information about medical history" (from the CG–CAHPS core survey), and "Provider talked about all prescription medicines being taken" (from the PCMH Item Set).

With these changes, including the addition of the care coordination measure, the final core CG–CAHPS Survey will be reduced from 34 items to 31 items.

Patient-Centered Medical Home (PCMH) Item Set

The PCMH Item Set is a collection of supplemental items that ask about experiences with the domains of a medical home. The combination of the core CG–CAHPS Survey with the PCMH Item Set constitutes the CAHPS PCMH Survey. The PCMH Survey has been used by the National Committee for Quality Assurance (NCQA) as part of its PCMH Recognition Program (see below, Related Efforts). AHRQ proposes the following changes to the PCMH Item Set.

Shared decision making: AHRQ proposes moving three items to the general set of supplemental items. Rationale: The items require large sample sizes to achieve acceptable unit level reliability.

Self-management support: AHRQ proposes retaining two items. Rationale: While reliability estimates were mixed for different data sets, stakeholders have deemed these items critical to PCMH Item Set.

Attention to mental or emotional health: AHRQ proposes retaining one item "Things that cause worry or stress" and moving the other two items— "Depression screening" and "Personal or family problems"—to the general set of supplemental items. Rationale: AHRQ agrees with NCQA's view that three items are not necessary to capture comprehensiveness. The retained item is most correlated with the overall composite.

Information on getting care on evenings, weekends, and holidays: AHRQ proposes retaining this item, which is also regarded by NCQA's stakeholders as critical for inclusion for PCMH Item Set.

Getting care on evenings, weekends, and holidays: AHRQ proposes moving this item to the general set of supplemental items. Rationale: The number of responses in most practice-based surveys is insufficient to achieve reliability.

Days wait for urgent care: AHRQ proposes moving this item to the general set of supplemental items. Rationale: AHRQ supports NCQA's proposal regarding this item.

Reminders between visits: AHRQ proposes moving this item to the general set of supplemental items. Rationale: AHRQ supports NCQA's proposal regarding this item.

Care coordination items: The PCMH Item Set includes two items related to care coordination. These items did not combine to form a composite measure. As noted above, AHRQ proposes moving the item "Provider talked about all the prescription medicines being taken" into the core survey for the new measure of care coordination. AHRQ also proposes

changing the current, “Yes-No response”, scale for this item to a, “Never/Sometimes/Usually/Always” frequency response, scale. The second item, “Provider informed and up-to-date on care from specialists” would remain in the PCMH Item Set.

Related Efforts

AHRQ has been working closely with the CMS, our Federal partner in the CAHPS Consortium, throughout this process to achieve alignment with the CAHPS Survey for ACOs and the CAHPS for PQRS Survey. For specific questions about these surveys, contact the ACO CAHPS team at *acocahps@hcqis.org* or 1–855–472–4746 or the PQRS CAHPS team at *pqrscahps@hcqis.org*. As noted, NCQA currently uses the CAHPS PCMH Survey as part of its PCMH Recognition Program. NCQA has issued a separate proposal for changes to the survey that may be used for the PCMH program in the future. For specific questions about the use of the PCMH Survey by NCQA, contact their customer support at (888) 275–7585 or *customersupport@ncqa.org*.

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Richard Kronick,
AHRQ Director
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Appendix B. List of Organizations that Submitted Comments

Accountable Care Organization of Washington Providence Health & Services
Alliance for Health
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Hospital Association
American Nurses Association
American Specialty Health
Avatar Solutions
California Healthcare Performance Information System (CHPI) and the Patient Assessment Survey (PAS)
California Pan-Ethnic Health Network
Center for the Study of Services
Department of Veteran's Affairs
Froedtert Health
Greater Detroit Area Health Council
HealthPartners Care Group
HealthStream
Intermountain Healthcare
Kaiser Permanente
Massachusetts Department of Public Health
Massachusetts General Hospital/Massachusetts General Physician Organization
Massachusetts Health Quality Partners
Medical Advantage Group
Mercy Health
National Association of Community Health Centers
National Research
NCQA
NeoSpine
New York State Department of Health
Optum
Premier HealthNet
Press Ganey
Professional Research Consultants, Inc.
River Health ACO
St. Mary Medical Center
UNC Health Care
UNC Health Care - Outpatient Care Services
University of Colorado - School of Medicine
University of Michigan
University of Michigan Health System
Virginia Mason
West Virginia Primary Care Association