



## PRIMER

# The Evolving Landscape for the CAHPS Clinician & Group Survey: Understanding and Navigating Multiple Surveying Requirements

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The CAHPS Clinician & Group Survey (CG-CAHPS) has become the national standard for assessing patient experience in ambulatory care practices. As its use becomes more widespread, practices are beginning to face multiple requirements to collect and report survey results using different versions of the survey. These versions include:

- The CG-CAHPS 12-Month Survey, which is also referred to as the “core” CG-CAHPS Survey.
- The Patient-Centered Medical Home (PCMH) version of CG-CAHPS, which the National Committee for Quality Assurance (NCQA) uses as an option for its PCMH Recognition Program.
- The CAHPS Survey for Accountable Care Organizations (ACOs), which is required by the Centers for Medicare & Medicaid Services (CMS) through several programs.
- The CAHPS for Physician Quality Reporting System (PQRS) Survey, which is required for a CMS program designed to promote the reporting of quality information by eligible health care professionals.

The demands on practices to use these different versions of the survey have increased the burden of data collection and reporting on both practices and patients.

The paper is intended to help multi-stakeholder organizations (such as the *Aligning Forces for Quality* communities), health care systems, and practices understand the complex and rapidly evolving landscape for CG-CAHPS by: (1) comparing and contrasting the various CG-CAHPS versions that are being required; (2) presenting an overview of proposed changes to the CG-CAHPS versions that would support a move toward a more uniform national standard; and (3) offering practical tips and advice for navigating the requirements in a way that minimizes the burden on practices as well as patients and maximizes the value of the data for users. It complements an earlier brief, *Forces Driving Implementation of the CAHPS Clinician & Group Survey*, that outlines the drivers of interest in and use of the survey across the country and the implications for

survey implementation (available at <http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/03/forces-driving-implementation-of-the-cahps--clinician---group-su.html>).

## 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 care, give care and pay for care to work together to improve the quality and value of care delivered locally. The Center for Health Care Quality in the Department of Health Policy at George Washington University School of Public Health and Health Services serves as the national program office. Learn more about AF4Q at [www.forces4quality.org](http://www.forces4quality.org). Learn more about RWJF’s efforts to improve quality and equality of care at [www.rwjf.org/qualityequality/af4q/](http://www.rwjf.org/qualityequality/af4q/).

## About *Shaller Consulting Group*

The Shaller Consulting Group provides technical assistance to *Aligning Forces for Quality* by helping regional Alliances support patient experience measurement, improvement, and reporting. This paper was written by Carla Zema, a member of the technical assistance team. The Shaller Consulting Group is also part of the CAHPS Consortium, funded by the Agency for Healthcare Research and Quality, which is responsible for the development and support of most CAHPS surveys.

## External Requirements

All versions of the Clinician & Group Survey start with the CG-CAHPS 12-Month and Visit Survey as a foundation, which is why the 12-Month version is often referred to as the “core” CG-CAHPS Survey. The 12-Month Survey asks patients to report on their experiences with an ambulatory care provider over the past 12 months. The questions in this survey are combined into four measures: access to care and information, provider-patient communication, service from office staff, and a rating of the provider. The Visit version of the survey is a variation that uses the same core questions but asks about experiences with provider communication and office staff at the patient’s most recent visit. Although the Visit Survey is widely used by many medical practices for internal purposes as well as by some regional initiatives, most national and state requirements are now based on some variation of the 12-Month Survey. Information about the 12-Month and Visit Surveys is available at <https://cahps.ahrq.gov/surveys-guidance/cg/index.html>.

This section briefly describes national programs that include patient experience surveying using the 12-Month Survey as a foundation: the CAHPS PCMH Survey, the CAHPS Survey for ACOs, and the CAHPS for PQRS Survey.

### CAHPS Patient-Centered Medical Home (PCMH) Survey, National Committee for Quality Assurance

Under the National Committee for Quality Assurance’s (NCQA) Patient-Centered Medical Home (PCMH) Recognition program, medical practices must meet a specified set of criteria to be recognized as medical homes. Launched in January 2008, this program has recognized more than 2,000 practices representing 20,000 physicians.

Since the summer of 2011, the recognition program has included an optional Distinction in Patient Experience Reporting for those recognized practices that use the CAHPS Patient-Centered Medical Home Survey to assess their patients’ experiences with care. The PCMH Survey is the CG-CAHPS 12-Month Survey plus a few additional topics that are especially relevant to medical homes. To maintain this distinction, the practices must continue to submit the data on an annual basis. For more information, visit <http://www.ncqa.org/tabid/1429/Default.aspx>.

While not all medical practices that function as medical homes are pursuing recognition from NCQA, many participate in local, state, and regional demonstrations that use NCQA’s criteria—including use of the CAHPS PCMH Survey—to determine whether the practices qualify as medical homes.

### CAHPS Survey for ACOs, Centers for Medicare & Medicaid Services

CMS has introduced new programs to encourage groups of doctors, hospitals, and other health care providers to function as accountable care organizations (ACOs) in order to improve the quality of care and reduce the costs of care for Medicare Fee-for-Service beneficiaries. Two of these programs use the CAHPS Survey for ACOs: the Pioneer ACO Model and the Shared Savings Program.

For the 2014-2015 reporting period, ACOs must use a CMS-approved vendor for the CAHPS Survey for ACOs to administer one of two versions of the survey available—ACO-8 and ACO-12. The ACO-8 survey has eight measures that are part of the Shared Savings Program payment structure. Of these eight measures, four are from the core 12-Month Survey, and four are additional measures that are part of the ACO quality standard. The ACO-12 survey has 12 measures—the eight measures from the ACO-8 version as well as four additional, optional measures that were used in the 2012 and 2013 reporting periods. Table 1 (page 3) shows a summary comparison of the content of these surveys, highlighting the different survey domains included. The appendix has an item-by-item comparison of the survey content. For more information on the CAHPS Survey for ACOs, the implementation of the survey, or how the survey is being used in the Pioneer ACO Model or the Shared Savings Program, visit <http://acocahps.cms.gov/Content/Default.aspx>, email the CAHPS Survey for ACOs Project Team at [acocahps@HCOIS.org](mailto:acocahps@HCOIS.org), or call 1-855-472-4746.

### CAHPS for PQRS Survey, Centers for Medicare & Medicaid Services

Administered by CMS, the Physician Quality Reporting System (PQRS) gives eligible health care professionals a financial incentive to report data for more than 200 quality measures. CMS added practice-level patient experience

measures to this list in 2013 for group practices with 100 or more eligible professionals. Beginning in 2014, practices with 25 or more eligible professionals may participate in the survey, with CMS sponsoring the administration of the survey for these groups of practices. Practices with two or more eligible professionals will be able to participate in the survey in 2015. The survey results collected through this program will be reported on the CMS Physician Compare website: <http://www.medicare.gov/physiciancompare/search.html>.

The content of the CAHPS for PQRS Survey is virtually the same as the ACO-12 version of the CAHPS Survey for ACOs, and both assess the experiences of Medicare Fee-for-Service beneficiaries. However, the implementation of the two surveys differs. For more information on the CAHPS for PQRS Survey, visit <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html> or email the CAHPS for PQRS Survey Team [pqrscahps@HCQIS.org](mailto:pqrscahps@HCQIS.org).

## Survey Comparison

This section discusses commonalities and differences in the survey versions related to survey content, the approach to “team care,” and aspects of survey administration, including the timeframe for the survey.

### Survey Content

As shown in Table 1, all of the survey versions include the core CG-CAHPS 12-Month Survey. These questions address the topics of access, provider communication, office staff, and the patients’ overall rating of the provider. Any topics that are not covered by the 12-Month Survey can be added as supplemental items. The appendix offers a more detailed, item-level comparison of the survey content.

*Table 1. Summary Comparison of Survey Content*

Domain	CG-CAHPS 12-Month	CAHPS PCMH	ACO – 8	ACO – 12 and PQRS
Access	X	X	X <sup>a</sup>	X
Provider communication	X	X	X <sup>a</sup>	X
Office staff	X	X	X	X
Provider rating	X	X	X <sup>a</sup>	X
Access to specialists			X <sup>a</sup>	X
Health promotion and education			X <sup>a,b</sup>	X
Shared decision-making			X <sup>a,b</sup>	X
Functional status			X <sup>a</sup>	X
Care coordination		X <sup>b</sup>		X <sup>b</sup>
Between visit communication		X <sup>b</sup>		X <sup>b</sup>
Education about medications				X
Stewardship of patient resources				X
Flu shot				X <sup>c</sup>
Additional access items		X		

<sup>a</sup> Part of the Shared Savings Program payment structure.

<sup>b</sup> Although topics are similar, items in PCMH are different from ACO and PQRS.

<sup>c</sup> PQRS only (not in ACO-12).

### Team Care

One of the fundamental concepts underlying patient-centered medical homes is the idea that patients receive care from a team of providers who work together to meet health care needs. During the development and testing of the PCMH Survey questions, the researchers responsible for CAHPS survey instruments (known as the CAHPS Team) recognized the importance of assessing patients’ experiences with “team care” and thoroughly explored ways to express that concept. They found that the survey items could not use wording such as “health care team” because respondents interpreted the term to include care they received outside of the provider practice for which they were answering the

survey. For example, respondents included care from specialists who were not in the same practices as their primary care provider. For that reason, the PCMH Survey assesses the concept of team care by asking whether care was provided by “anyone in this provider’s office.”

ACOs, on the other hand, are responsible for care across multiple types of settings, so a broader concept of team-based care is appropriate. Given how respondents interpret the term, the ACO Survey can assess team care by referring to the “health care team.” Understanding this difference in the terminology and the meaning of team care in these two contexts is important to ensuring the appropriate level of accountability being measured in the survey, especially with “high stakes” use of the survey results, such as public reporting and payment incentives.

## Survey Administration, Including Timeframe

Table 2 highlights some of the key differences in survey administration across the different versions of CG-CAHPS. Users should consult the Quality Assurance Guidelines/Specifications for each survey for additional detail.

**Table 2. Summary Comparison of Survey Administration**

	CG-CAHPS 12-Month Survey	PCMH *	ACO-8	ACO-12 And PQRS
Reference timeframe ^	In the past 12 months	In the past 12 months	In the past 6 months	In the past 6 months
Sampling unit	Individual provider, practice site/clinic, or medical group	Practice	ACO	Group practice
Patient population	All patients	All patients	Medicare FFS beneficiaries only	Medicare FFS beneficiaries only
Sampling	Point-in-time or continuous	Point-in-time or continuous	Point-in-time	Point-in-time
Survey blackout period	No	No	Yes, Medicare FFS beneficiaries only	Yes, Medicare FFS beneficiaries only
Survey modes	Mail, telephone, mixed modes (mail/phone; email/mail; email/phone)	Mail, telephone, mixed mail/phone; IVR; Internet	Mail with telephone follow-up	Mail with telephone follow-up
Guidelines/ Specifications	<a href="https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html">https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html</a>	<a href="http://www.ncqa.org/tabid/1429/Default.aspx">http://www.ncqa.org/tabid/1429/Default.aspx</a>	<a href="http://acocahps.cms.gov/Content/QualityAssurance.aspx">http://acocahps.cms.gov/Content/QualityAssurance.aspx</a>	<a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html</a>

\* As specified by NCQA; CAHPS specifications for the PCMH Survey follow the CG-CAHPS 12-Month Survey.

^ All CAHPS surveys implemented by CMS have a 6-month reference timeframe.

## Moving Toward a National Standard

The CAHPS Team, funded by the Agency for Healthcare Research and Quality, continues to work with CMS and NCQA to align survey versions and move toward developing a national standard for patient experience surveying at the practice level. Several efforts are underway to achieve this goal:

- Examination of the impact of changing the 12-month reference timeframe to six months
- Alignment of topics and measures such as shared decision-making, coordination of care, and between-visit communication
- Examination of the core survey content to ensure it meets the needs of key stakeholders and measures concepts as efficiently as possible while still maintaining the validity and reliability for which CAHPS surveys are known

## Navigating Multiple Survey Requirements

In addition to the national requirements, many provider practices face state, local, and internal requirements but do not have the patient volume to meet all of the requirements with separate surveying efforts. Therefore, it is becoming increasingly critical to find ways to make the process of data collection more efficient. Just as stakeholders worked together to align clinical quality measures, stakeholders also must collaborate to align patient experience surveys in order to minimize the burden to practices and their patients. However, the reality is that differing needs for the survey results will drive differences in data collection. For example, public reporting of patient experience survey results is currently focused on the practice level, while using the results for quality improvement is most effective at the individual provider level. An integrated sampling strategy can minimize the data collected yet still ensure that the data can be used for both purposes.

This section offers tips to practices, health systems, and other organizations facing this challenge; for simplicity's sake, the suggestions refer to practices only. Although complete alignment of survey content and administration is not likely, integration of the surveying efforts can minimize the burden, making it possible to meet multiple requirements without separate efforts. Several of the *Aligning Forces for Quality* communities have worked with their stakeholders to offer options for data collection that allow for integration with ongoing surveying efforts. Examples of changes to survey specifications that allow for integration with existing surveying efforts include the following:

- **Selection of the survey instrument**—Integration is possible only when the survey required by the external entity is the same survey used for internal surveying purposes. In recognition of emerging external requirements, many practices have moved from the CAHPS Visit Survey to the 12-Month (or a 6-Month) version.
- **Continuous sampling options**—Practices that have ongoing surveying efforts typically sample continuously throughout the year so they receive ongoing feedback from survey results. This feedback is critical to supporting quality improvement and accountability within the practice. External requirements that allow options for continuous sampling make it easier for practices to integrate those requirements with their ongoing efforts with minimal disruption.
- **Prioritization of sampling order for external requirements**—When sampling for multiple requirements or needs, vendors must be clear on which sample to pull first to allow standardization across efforts to ensure comparability of results. Prioritization should be based on the level of the initiative, with sampling for national (CMS) efforts taking the first priority, followed by state, local, and then internal requirements and needs. This approach is critical to ensuring comparability across practices for external efforts. Similarly, practice-level samples must be pulled before sampling at the level of individual providers.

The idea of integration is intended to inform state, local, and internal surveying initiatives. Because CMS is currently defining the samples for the ACO and PQRS Surveys, integration with these efforts is not possible. Moreover, it is critically important that practices and their vendors follow the detailed specifications without allowing other requirements or needs to interfere. Since the ACO and PQRS Surveys focus only on Medicare Fee-for-Service beneficiaries, it is unlikely that any practice will have a large enough population of these patients for these CMS programs to disrupt other surveying efforts significantly.

It is important for practices to be aware of the impact of multiple surveying requirements and to work with their vendors to understand the impact on their ongoing surveying efforts. Vendors handle this differently. Moreover, if not clearly discussed, practices and vendors may make assumptions that are not aligned with each other's expectations. The following are examples of barriers to survey integration efforts that practices should discuss with their vendors:

- **Survey version and sampling options**—Survey vendors often make business decisions regarding what surveys they will support and for what types of sampling. There can be a difference between what the external requirements allow and what the vendor chooses to support.
- **Vendor ability to integrate sampling**—Integration of sampling requires that the vendor pull a practice-level sample, and then supplement the practice sample to achieve provider-level sampling. When this occurs, some sampled records “count” for both the practice-level and provider-level samples. Some vendors have system limitations preventing them from doing this or can accomplish this only through manually manipulating the data. Practices should have a clear understanding of whether and how their vendor will



accomplish this step as well as the quality assurance safeguards they will put in place with any manual processes.

- **Handling of blackout periods**—CMS requires that practices stop surveying Medicare Fee-for-Service beneficiaries before, during, and shortly after fielding the ACO and PQRS surveys to ensure that patients do not receive multiple surveys. This standard rule for all CAHPS surveys required by CMS has the greatest impact on practice-level surveying. Since the blackout period applies to Medicare Fee-for-Service beneficiaries only, practices should work with vendors to identify these patients in the sampling frame for exclusion. If payer type cannot be identified in the sampling frame, practices should use a method of exclusion that minimizes the disruption to other ongoing surveying. For example, excluding patients 65 and older may be the best alternative available to practices until they can identify patients by specific payer type in the sampling frame.
- **Census surveying via email**—In an effort to maximize the number of responses available in the most cost-effective way possible, some practices have begun census sampling via email for any patients for whom they have an email address. While this strategy can be effective for internal surveying needs, practices need to be cautious when attempting to integrate these efforts with external surveying requirements. Following de-duplication procedures to ensure that patients are not surveyed more than once per quarter can eliminate a significant number of patients from the sampling frame and make it difficult for practices to have enough patients eligible for external surveying efforts.

## Examples From AF4Q Alliances

Several of the AF4Q Alliances have made accommodations in their community-wide implementation of CG-CAHPS to minimize disruption for health systems and practices that have ongoing surveying efforts and to support other uses of the results.

- **Massachusetts**—Massachusetts Health Quality Partners (MHQP) has been conducting a statewide patient experience survey, the Ambulatory Care Experiences Survey (ACES) based on the CG-CAHPS 12-Month Survey, every other year since 2005. Beginning in 2013, MHQP transitioned to the PCMH version of CG-CAHPS, which included a change in response scales for many questions. Additionally, MHQP has begun annual administration of the survey and will be releasing 2014 results. One of the primary drivers of these changes were to ensure that results could be better integrated with ongoing quality improvements efforts of participating health systems and practices.
- **Minnesota**—Minnesota has conducted a community-wide implementation of the CG-CAHPS Survey (Visit version) coordinated by Minnesota Community Measurement (MNCM) on a biennial basis since 2008. In fact, development of the CG-CAHPS Visit Survey version was motivated by Minnesota’s desire for a standardized version of a visit-level survey. In collaboration with a statewide Health Homes (i.e., PCMH) initiative, MNCM worked with both state agencies to transition to the CG-CAHPS 12-Month Survey to minimize the burden to health systems and practices participating in both initiatives.
- **Maine**—The Dirigo Health Agency-Maine Quality Forum sponsored a statewide implementation of the CAHPS PCMH Survey in 2012 and again in 2014. Lessons learned from the first initiative led to improvements in the second effort that will allow practices to ingrate their ongoing surveying efforts while still maintaining the integrity and comparability of the statewide initiative’s results.
- **Detroit and Western Michigan**—These Alliances have collaborated for a multi-year statewide initiative under the Michigan Patient Experience of Care (MIPEC) Workgroup to implement the CAHPS PCMH Survey beginning in 2014. MIPEC Workgroup leadership worked with NCQA to ensure that results from the MIPEC initiative could be used to satisfy the Distinction in Patient Experience Reporting through the PCMH Recognition Program.

## Key Takeaways

The numerous requirements to implement versions of CG-CAHPS reflect a broad recognition of the importance of the patient perspective as a key component of quality and the value of patient experience surveys in assessing patient-centered care.

- Multiple national, state, local, and internal surveying efforts increase the need for stakeholders to work together to minimize the burden to practices and their patients.

- Stakeholders can work together to integrate patient experience surveying initiatives. Several Alliances have been early pioneers in providing successful examples.
- Practices need to be aware of differences in survey content and administration guidelines of external efforts in order to have informed discussions with their vendors to ensure that both parties have a clear understanding of the expectations of how integration can be achieved.

## APPENDIX. Question Item-Level Comparison of CG-CAHPS, CAHPS PCMH Survey, CAHPS Survey for ACOs, and the CAHPS for PQRS Survey Versions

This table offers a detailed comparison of the various CG-CAHPS surveys. Differences in item wording are indicated in red. For the ACO Surveys, item numbering follows the ACO-8 survey, with item numbering for the ACO-12 and PQRS surveys indicated in parentheses where there are differences.

Short Item Labels (* response option w/skip)	CG-CAHPS (PCMH items in shaded cells)	ACO-8 (ACO-12/PQRS in shaded cells)
Confirm provider	Q1. Our records show that you got care from the provider named below in the last 12 months. <Name of provider label goes here> Is that right? R: Y/N*	Q1. Our records show that you got care from the provider named below in the last 6 months. <Name of provider label goes here> Is that right? R: Y/N*
Provider usually seen	Q2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt? R: Y/N	Q2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt? R: Y/N
How long been going to this provider	Q3. How long have you been going to this provider? R: <6m; 6m-<1yr; 1yr-<3yr; 3yr-<5yr; 5+yr	Q3. How long have you been going to this provider? R: <6m; 6m-<1yr; 1yr-<3yr; 3yr-<5yr; 5+yr
Number of times visited provider for care	Q4. In the last 12 months, how many times did you visit this provider to get care for yourself? R: 0*; 1; 2; 3; 4; 5-9; 10 or more times	Q4. In the last 6 months, how many times did you visit this provider to get care for yourself? R: 0*; 1; 2; 3; 4; 5-9; 10 or more times
Urgent care screener	Q5. In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury or condition that <b>needed care right away</b> ? R: Y/N*	Q5. In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that <b>needed care right away</b> ? R: Y/N*
Got appointment for urgent care	Q6. In the last 12 months, when you phoned this provider's office to get an appointment for <b>care you needed right away</b> , how often did you get an appointment as soon as you needed? R: N/S/U/A	Q6. In the last 6 months, when you phoned this provider's office to get an appointment for <b>care you needed right away</b> , how often did you get an appointment as soon as you needed? R: N/S/U/A
Days to wait for urgent care appointment	PCMH1. In the last 12 months, how many days did you usually have to wait for an appointment when you <b>needed care right away</b> ? R: Same day; 1d; 2-3d; 4-7d; >7d	
Routine appointment screener	Q7. In the last 12 months, did you make any appointments for a <b>check-up or routine care</b> with this provider? R: Y/N*	Q7. In the last 6 months, did you make any appointments for a <b>check-up or routine care</b> with this provider? R: Y/N*
Got appointment for routine care	Q8. In the last 12 months, when you made an appointment for a <b>check-up or routine care</b> with this provider, how often did you get an appointment as soon as you needed? R: N/S/U/A	Q8. In the last 6 months, when you made an appointment for a <b>check-up or routine care</b> with this provider, how often did you get an appointment as soon as you needed? R: N/S/U/A
What to do if needed care on evenings, weekends, or	PCMH2. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays? R: Y/N	

Short Item Labels (* response option w/skip)	CG-CAHPS (PCMH items in shaded cells)	ACO-8 (ACO-12/PQRS in shaded cells)
holidays		
Care on evenings, weekends, or holidays screener	PCMH3. In the last 12 months, did you need care for yourself during evenings, weekends, or holidays? R: Y/N*	
Got care on evenings, weekends, or holidays	PCMH4. In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays? R: N/S/U/A	
Phoned provider's office with question during regular hours	Q9. In the last 12 months, did you phone this provider's office with a medical question during regular office hours? R: Y/N*	Q9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours? R: Y/N*
Same day answer to medical questions during regular office hours	Q10. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? R: N/S/U/A	Q10. In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? R: N/S/U/A
Phoned doctors office with question after regular hours screener	Q11. In the last 12 months, did you phone this provider's office with a medical question <b>after</b> regular office hours? R: Y/N*	Q11. In the last 6 months, did you phone this provider's office with a medical question <b>after</b> regular office hours? R: Y/N*
Got answers to medical questions after hours as soon as needed	Q12. In the last 12 months, when you phoned this provider's office <b>after</b> regular office hours, how often did you get an answer to your medical question as soon as you needed? R: N/S/U/A	Q12. In the last 6 months, when you phoned this provider's office <b>after</b> regular office hours, how often did you get an answer to your medical question as soon as you needed? R: N/S/U/A
Reminders	PCMH5. Some offices remind patients <b>between visits</b> about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits? R: Y/N	(Q13). Some offices remind patients about tests, treatment or appointments <b>in between their visits</b> . In the last 6 months, did you get any reminders from this provider's office between visits? R: Y/N
Office contacted you to remind you to make an appointment for tests or tx	Supplemental item available	(Q14). In the last 6 months, did this provider's office contact you to remind you to <u>make an appointment</u> for tests or treatment? R: Y/N
Wait time	Q13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider <b>within 15 minutes</b> of your appointment time? R: N/S/U/A	Q13 (Q15). Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider <b>within 15 minutes</b> of your appointment time? R: N/S/U/A
Explained things in a way that was easy to understand	Q14. In the last 12 months, how often did this provider explain things in a way that was easy to understand? R: N/S/U/A	Q14 Q16). In the last 6 months, how often did this provider explain things in a way that was easy to understand? R: N/S/U/A
Listen carefully to you	Q15. In the last 12 months, how often did this provider listen carefully to you? R: N/S/U/A	Q15 (Q17). In the last 6 months, how often did this provider listen carefully to you? R: N/S/U/A



Short Item Labels (* response option w/skip)	CG-CAHPS (PCMH items in shaded cells)	ACO-8 (ACO-12/PQRS in shaded cells)
Health questions or concerns screener	Q16. In the last 12 months, did you talk with this provider about any health questions or concerns? R: Y/N*	Q16 (Q18). In the last 6 months, did you talk with this provider about any health questions or concerns? R: Y/N*
Easy to understand info about health questions or concerns	Q17. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns? R: N/S/U/A	Q17 (Q19). In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns? R: N/S/U/A
Knew important info about med hx	Q18. In the last 12 months, how often did this provider seem to know the important information about your medical history? R: N/S/U/A	Q18 (Q20). In the last 6 months, how often did this provider seem to know the important information about your medical history? R: N/S/U/A
Provider had medical records	Similar supplemental item available	Q21. When you visited this provider in the last 6 months, how often did he or she have your medical records? R: N/S/U/A
Respect for what you had to say	Q19. In the last 12 months, how often did this provider show respect for what you had to say? R: N/S/U/A	Q19 (Q22). In the last 6 months, how often did this provider show respect for what you had to say? R: N/S/U/A
Spent enough time with you	Q20. In the last 12 months, how often did this provider spend enough time with you? R: N/S/U/A	Q20 (Q23). In the last 6 months, how often did this provider spend enough time with you? R: N/S/U/A
Provider ordered tests screener	Q21/CR2. In the last 12 months, did this provider order a blood test, x-ray or other test for you? R: Y/N*	Q21 (Q24). In the last 6 months, did this provider order a blood test, x-ray or other test for you? R: Y/N*
Follow up to give you test results	Q22/CR3. In the last 12 months, when this provider ordered a blood test, x-ray or other test for you, how often did someone from this provider's office follow up to give you those results? R: N/S/U/A	Q22 (Q25). In the last 6 months, when this provider ordered a blood test, x-ray or other test for you, how often did someone from this provider's office follow up to give you those results? R: N/S/U/A
SDM medicine Screener	PCMH6/SD1. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine? R: Y/N*	Q23 (Q26). In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine? R: Y/N*
Reasons to take a medicine	PCMH7/SD2. Did you and this provider talk about reasons you might want to take a medicine? R: Y/N	Q24 (Q27). Did you and this provider talk about reasons you might want to take a medicine? R: Y/N
Reasons not to take a medicine	PCMH8/SD3. Did you and this provider talk about reasons you might <b>not</b> want to take a medicine? R: Y/N	Q25 (Q28). Did you and this provider talk about reasons you might <b>not</b> want to take a medicine? R: Y/N
Provider asked what you thought was best for you	PCMH9/SD4. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you? R: Y/N	Q26 (Q29). When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you? R: Y/N
Start a med screener	Supplemental item available	Q30. After you and this provider talked about starting or stopping a prescription medicine, did you <b>start</b> a prescription medicine? R: Y/N*
Easy to understand instructions about how to take your meds	Supplemental item available	Q31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines? R: N/S/U/A
Provider gave written info or wrote down info about how to take your meds	Supplemental item available	Q32. In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines? R: Y/N*

Short Item Labels (* response option w/skip)	CG-CAHPS (PCMH items in shaded cells)	ACO-8 (ACO-12/PQRS in shaded cells)
Written info was easy to understand	Supplemental item available	Q33. Was the written information this provider gave you easy to understand? R: Y/N
Provider suggested ways to help you remember to take your meds	Supplemental item available	Q34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines? R: Y/N
SDM Surgery screener	Supplemental item available	Q27 (Q35). In the last 6 months, did you and this provider talk about having surgery or any type of procedure? R: Y/N
Reasons to have surgery	Supplemental item available	Q28 (Q36). Did you and this provider talk about the reasons you might want to have the surgery or procedure? R: Y/N
Reasons not to have surgery	Supplemental item available	Q29 (Q37). Did you and this provider talk about the reasons you might <b>not</b> want to have the surgery or procedure? R: Y/N
Provider asked what you thought was best for you	Supplemental item available	Q30 (Q38). When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you? R: Y/N
Sharing health information		Q31 (Q39). In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family and friends? R: Y/N
Respect for your wishes about sharing health info		Q32 (Q40). In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your friends or family? R: Y/N
Provider rating	Q23. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	Q33 (Q41). Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
Specialist screener	PCMH10. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did <b>you see any specialists</b> ? R: Y/N*	
Q1 provider seemed informed and up-to-date about care you got from specialists	PCMH11/CR10. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists? R: N/S/U/A	
Talk with you about specific goals for your health	PCMH12. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health? R: Y/N	Q43 (Q51). In the last 6 months, did anyone <b>on your health care team</b> talk with you about specific goals for your health? R: Y/N
Ask if there are things that make it hard for you to take care of your health	PCMH13. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health? R: Y/N	
Prescription med	PCMH14/CR5. In the last 12 months, did you take any	Q52. In the last 12 months, did you <b>take any</b> prescription

Short Item Labels (* response option w/skip)	CG-CAHPS (PCMH items in shaded cells)	ACO-8 (ACO-12/PQRS in shaded cells)
screeener	prescription medicine? R: Y/N*	medicine? R: Y/N*
Talk at each visit about all the meds you were taking	PCMH15/CR6. In the last 12 months, did you and anyone in this provider's office talk <b>at each visit</b> about all the prescription medicines you were taking? <b>R: Y/N</b>	Q53. In the last 12 months, <b>how often</b> did you and anyone <b>on your health care team</b> talk about all the prescription medicines you were taking? <b>R: N/S/U/A</b>
Got care for more than one kind of provider or used more than one kind of service	CR7. In the last 12 months, did you get care from more than one kind of health care provider or use more than one kind of health care service? R: Y/N*	
Need help managing care from different providers and services	CR8. In the last 12 months, did you need help from anyone in this provider's office to manage your care among these different providers and services? R: Y/N*	
Got help you needed to manage care among different providers and services	CR9. In the last 12 months, did you <b>get the help you needed</b> from this provider's office to manage your care among these different providers and services? R: YD/YS/N	
Depression screener	PCMH16. In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed? R: Y/N	Q44 (Q55). In the last 6 months, did anyone <b>on your health care team</b> ask you if there was a period of time when you felt sad, empty, or depressed? R: Y/N
Stress screener	PCMH17. In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress? R: Y/N	Q45 (Q56). In the last 6 months, did you and anyone <b>on your health care team</b> talk about things in your life that worry you or cause you stress? R: Y/N
Talk about personal, family problem, alcohol use, drug use, or mental or emotional illness	PCMH18. In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness? R: Y/N	
Helpful office staff	Q24. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? R: N/S/U/A	Q34 (Q42). In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? R: N/S/U/A
Courteous and respectful office staff	Q25. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? R: N/S/U/A	Q35 (Q43). In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? R: N/S/U/A
Provider in Q1 is a specialist		Q36 (Q44). Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the <b>provider named in Question 1</b> a specialist? R: Y/N*
Specialist screener		Q37 (Q45). In the last 6 months, did you try to make any appointments with specialists? R: Y/N*
Ease of getting appointment with specialist		Q38 (Q46). In the last 6 months, how often was it easy to get appointments with specialists? R: N/S/U/A

Short Item Labels (* response option w/skip)	CG-CAHPS (PCMH items in shaded cells)	ACO-8 (ACO-12/PQRS in shaded cells)
Specialist knew important info about your med hx	Similar supplemental item available	Q39 (Q47). In the last 12 months, how often did the <b>specialist you saw most often</b> seem to know the important information about your medical history? R: N/S/U/A
Things you could do to prevent illness	Similar supplemental item available	Q40 (Q48). Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness? R: Y/N
Health diet and eating habits	Similar supplemental item available	Q41 (Q49). In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits? R: Y/N
Exercise and physical activity	Similar supplemental item available	Q42 (Q50). In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity that you get? R: Y/N
Talk about cost of prescription meds	Similar supplemental item available	Q54. In the last 6 months, did you and anyone on your health care team talk about the cost of your prescription medicine? R: Y/N
Flu shot		Q57 (PQRS only). Since August 1, 2013, did any on your health care team... a. Remind you to get a flu shot? b. Ask if you got a flu shot somewhere else? c. Give you a flu shot? R: Y/N (matrix)
Overall health rating	Q26. In general, how would you rate your overall health? R: Excellent; Very good; Good; Fair; Poor	Q46 (Q57). In general, how would you rate your overall health? R: Excellent; Very good; Good; Fair; Poor
MH rating	Q27. In general, how would you rate your overall <b>mental or emotional</b> health? R: Excellent; Very good; Good; Fair; Poor	Q47 (Q58). In general, how would you rate your overall <b>mental or emotional</b> health? R: Excellent; Very good; Good; Fair; Poor
Seen a provider 3 or more times for the same condition or problem	Supplemental item available	Q48 (Q59). In the <b>last 12 months</b> , have you seen a doctor or other health provider 3 or more times for the same condition or problem? R: Y/N*
Condition or problem lasted for at least 3 months	Supplemental item available	Q49 (Q60). Is this a condition or problem that has lasted for at least 3 months? R: Y/N
Need or take prescription medicine	Supplemental item available	Q50 (Q61). Do you now need or take medicine prescribed b a doctor? R: Y/N*
Medicine for condition that has lasted at least 3 months	Supplemental item available	Q51 (Q62). Is this medicine to treat a condition that has lasted for at least 3 months? R: Y/N
Physical health interferes with social activities		Q52 (Q63). During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)? R: All of the time/Most of the time; Some of the time; A little of the time; None of the time

Short Item Labels (* response option w/skip)	CG-CAHPS (PCMH items in shaded cells)	ACO-8 (ACO-12/PQRS in shaded cells)
Age	Q28. What is your age? R: 18-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75+	Q53 (Q64). What is your age? R: 18-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75- <b>79</b> ; <b>80-84</b> ; <b>85+</b>
Gender	Q29. Are you male or female? R: Male; Female	Q54 (Q65). Are you male or female? R: Male; Female
Education	Q30. What is the highest grade or level of school that you have completed? R: 8th or less; Some HS; HS grad; Some college;4-yr college grad;>4yr college degree	Q55(Q66). What is the highest grade or level of school that you have completed? R: 8th or less; Some HS; HS grad; Some college; 4-yr college grad; >4yr college degree
How well speak English	Supplemental item available	Q56 (Q67). How well do you speak English? R: Very well/Well/Not well/Not at all
Speak language other than English at home	Supplemental item available	Q57 (Q68). Do you speak a language other than English at home? R: Y/N*
Language you speak at home	Supplemental item available	Q58 (Q69). What is the language you speak at home? R: Spanish/Chinese/Korean/Russian/Vietnamese/Some other language/ <i>Please print</i> :
Deaf or serious difficulty hearing		Q59 (Q70). Are you deaf or do you have serious difficult hearing? R: Y/N
Blind or serious difficulty seeing		Q60 (Q71). Are you blind or do you have serious difficulty seeing, even when wearing glasses? R: Y/N
Serious difficulty concentrating, remembering, or making decisions due to physical, mental, or emotional condition		Q61 (Q72). Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? R: Y/N
Serious difficulty walking or climbing stairs		Q62 (Q73). Do you have serious difficulty walking or climbing stairs? R: Y/N
Difficulty dressing or bathing		Q63 (Q74). Do you have difficulty dressing or bathing? R: Y/N
Difficulty doing errands alone due to physical, mental, or emotional condition		Q64 (Q75). Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? R: Y/N
Hispanic or Latino	Q31. Are you of Hispanic or Latino origin or descent? R: Yes, Hispanic or Latino; No, not Hispanic or Latino	Q65 (Q76). Are you of Hispanic or Latino origin or descent? R: Yes, Hispanic or Latino; No, not Hispanic or Latino*
Hispanic/Latino group		Q66 (Q77). Which group best describes you? R: Mexican, Mexican American, Chicano/Puerto Rican/Cuban/Another Hispanic, Latino, or Spanish origin
Race	Q32. What is your race? Mark one or more. R: White; Black or Afr Am; Asian; Native Haw or Oth Pacific Isl; Amer Ind or Alaska Native; Other	Q67 (Q78). What is your race? Mark one or more. R: White; Black or Afr Am; Amer Ind or Alaska Native; Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other Asian; Native Haw; Guamanian or Chamorro; Samoan; Oth Pacific Isl
Help completing	Q33. Did someone help you complete this survey?	Q68 (Q79). Did someone help you complete this survey?



Short Item Labels (* response option w/skip)	CG-CAHPS (PCMH items in shaded cells)	ACO-8 (ACO-12/PQRS in shaded cells)
survey	R: Y/N*	R: Y/N*
How helped completing survey	Q34. How did that person help you? Mark one or more. R: Read Q; Wrote answers I gave; Answered for me; Translated; Other way	Q69 (Q80). How did that person help you? Mark one or more. R: Read Q; Wrote answers I gave; Answered for me; Translated; Other way