

# Moving on the Patient Experience

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**Aligning Forces for Quality  
National Meeting**

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# Outline

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- Quick review of CAHPS
- Alternative data collection strategies
- Ideas for moving forward
- Discussion

# Overview of CAHPS

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- CAHPS = *Consumer Assessment of Healthcare Providers and Systems*
- Most widely used survey tools for assessing the patient's experience with care
- Endorsed by National Quality Forum
- Initiated and funded by AHRQ since 1995
- Consortium members include: AHRQ, CMS, RAND, Yale/Harvard, and Westat

# Core CAHPS Design Principles

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- Focus on topics for which *consumers are the best or only source* of information
- Include *patient reports and ratings* of experiences – not “satisfaction”
  - Reports: Never/Sometimes/Usually/Always
  - Ratings: 0-10 rating scale
- Base question items and survey protocols on *rigorous scientific development and testing*, as well as extensive stakeholder input
- All surveys and services are in the *public domain*

# Clinician & Group (C&G) Survey

## Core Measures

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### Access: Getting Appointments and Health Care When Needed

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

### How People Rated Doctor

- 0-10 rating of doctor

### How Well Doctors Communicate

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

### Courteous and Helpful Office Staff

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

# CAHPS C&G Supplemental Items

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- Item sets that map to “medical home” domains:
  - Doctor communication (additional)
  - Whole person orientation
  - Coordination of care
  - Shared decision-making
  - Chronic disease management
  - Health promotion
- Health literacy
- Cultural competency (in development)
- Health information technology (in development)

# Several C&G Survey Versions to Meet User Needs

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- Last 12 months (refers to “this doctor”)
  - Adult and child primary care, adult specialty care
  - 4 and 6-point response scales (never-always)
- Visit survey (refers to “this doctor”)
  - Based on MNCM pilot test findings
  - Adult primary care (child available soon)
  - Combines most recent visit (communication and office staff) with last 12 months (access)
- “This provider” (in development)

# Basic Cost Components of Patient Experience Survey Project

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- Sampling
  - Obtaining and constructing the sample frame
  - Drawing the sample according to common specifications
- Data collection
  - Using one or more modes consistent with CAHPS protocols
- Data submission and aggregation
- Data analysis
- Reporting
- Management and coordination
- Evaluation (if any)



# Sampling for a C&G Survey

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- *Sampling frame for “last 12 months” version:*
  - Patients with an office visit within the prior 12 months
- *Sampling frame for “most recent visit” version:*
  - Patients with an office visit within the prior x months
- *Sample source may vary by survey sponsor*
  - Health plan billing or administrative data
  - Medical practice records
- *Select sufficient sample to yield recommended number of completed surveys*
  - 45 completes per doctor
  - 300 completes per group
  - ~220 completes per practice site (MN pilot test results)

# Traditional Data Collection Modes

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## ■ *Mail administration*

- 3 waves of mailing (initial mail, postcard reminder, second mail)

## ■ *Telephone administration*

- At least 6 attempts across different days of the week and times of day

## ■ *Mixed mail and telephone administration*

- Boost mail survey response by adding telephone administration

# Mode Comparison: Field Test Sites

Statistic / Test Site	Kaiser Permanente	HealthPlus Michigan	PBGH
Response Rates	<b>Mail/Telephone:</b> 45-47%	<b>Mail:</b> 47%	<b>Mail/Web:</b> 37%
"Your doctor" confirmation	Panel: 96-97%	97%	97%
"Visit with this doctor" confirmation	Panel: 95%	96%	86% Visit with PCP
Vendor cost per completed survey	<b>\$11.30</b>	<b>\$7.92</b>	<b>\$5.28-\$5.86</b>

# Alternative Modes

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- *Internet/Web*
  - Email distribution
  - Web response option
- *Interactive Voice Response (IVR)*
  - Touchtone IVR
  - Active Voice IVR
- *In-office distribution*
  - Paper survey
    - Mail return
    - Internet returns
    - Drop box on site
  - Kiosk or other electronic modes
- *Mobile devices*

# Comparison of Mail, Web, and IVR Modes

	Mail	Web	Web + Mail	IVR	IVR + Mail
Response Rates	50.8%	18.4%	48.6%	34.7%	53.7%
Respondent Characteristics*		Younger More ed Healthier		Less ed Less ethnic More use	
Survey Scores* (adjusted and unadjusted)		Same	Same	Lower	Lower
Total Costs (per completed response)	<b>\$5.19</b>	<b>\$13.94</b>	<b>\$8.01</b>	<b>\$9.04</b>	<b>\$8.06</b>

# Comparison of Mail vs. Handout

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- Field experiment with 3 practice sites in a large medical group
- Clear protocols for in-office handout (mail return)
- Handout mode only reached 75% of eligible patients
  - Significant variation in distribution by practice site
- Higher response rates by mail distribution (58%) than by handout (40%)
- Overall higher scores by handout than by mail
  - Even after controlling for “lagtime” between visit and completion
  - Selective distribution?
  - Halo effect of in-office distribution?

# Testing a New Approach to Handout

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- CAHPS Team developing a field experiment to test a new protocol based on trained, external personnel to:
  - Recruit patients (controlled sample selection)
  - Distribute surveys without distraction or bias
  - Maintain neutrality from practice staff
- Potential to reduce costs, improve reliability
- Initial test in community health centers

# A Low Cost Approach in Maine

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- 26 PCP practices committed to assessing patient experience as part of PCMH pilot
- Survey vendor estimates in \$40-50K range (~\$5 per completed survey)
- Using C&G CAHPS with additional questions
  - Paper survey distributed in office
  - In-office return or mail return
  - Possible web-based return option (or via kiosk)
- Built on existing partnership with University of Southern Maine to conduct survey
  - Community service agreement at lower rate
  - Use of scanning technology for data entry
- Total estimated cost: \$12K (~\$1.30 per completed survey)



# Ideas for Moving Forward

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- Make the business case to generate political will
  - AF4Q issue paper available in early 2010
- Issue an RFP
  - Find the best price
  - Encourage innovation and creative solutions
- Partner with the local university (Maine example)
- Collaborate to achieve economies of scale
  - CHECKBOOK model
  - Use of other common vendor(s)
- Use CAHPS Database for assistance in reporting results

# The CAHPS Database

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- National repository of data from the CAHPS family of surveys
- Two major applications:
  - **Benchmarking** to evaluate health system performance and support quality improvement
  - **Research** on consumer assessments of quality
- Funded by AHRQ and administered by Westat through the CAHPS User Network
- Information at: [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov)

# CAHPS Online Reporting System

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- Will support all CAHPS surveys maintained by CAHPS Database
  - CAHPS Health Plan Survey
  - CAHPS Hospital Survey
  - CAHPS C&G Survey
- Public portal available to everyone
  - Ability to view summary-level data only
- Password-protected portal will be accessible only to participants who contribute data
  - Ability to view your own results compared to selected benchmarks

**Comparative Data****Health Plans**

Clinicians &amp; Groups

Resources

Improving Quality

Improvement Guide

Reporting Scores

Other Resources

About CAHPS

FAQ

Events

Contact CAHPS

Select Year: 2008 Select Survey: Adult Medicaid 4.0 [About Health Plans](#)[Frequencies](#)[Benchmarks](#)[Trending](#)[Chartbook](#)[Report Builder](#)[Overview](#) | [Frequency Analysis](#)

Select Overview to return to the Frequencies page or select Frequency Analysis to display custom one-way and two-way frequency results.

[Export](#) |  [Add to my report >>](#)

Results can be exported to Microsoft Excel by choosing Export, or saved as a custom report page by selecting Add to my report. Each set of results you save by selecting Add to my report, will be shown as part of the results available to you in the Report Builder section. Please note that these results are saved only during your current session.

**2008 Adult Medicaid 4.0**

**Q27** Go to necessary care, tests, or treatment through health plan

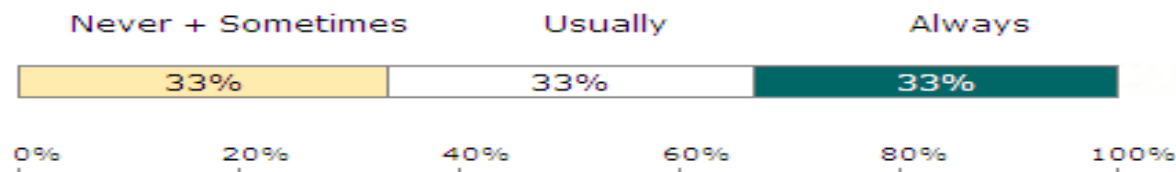
By

**Q36** Rate overall health

Frequency (n) Row Percent		Q27				Sample Total
		NEVER	SOMETIMES	USUALLY	ALWAYS	
Q36	EXCELLENT	122 5.1%	267 11.1%	417 17.3%	1,605 66.6%	2,411
	VERY GOOD	248 4.4%	767 13.7%	1,585 28.2%	3,013 53.7%	5,613
	GOOD	446 4.9%	1,524 16.9%	2,727 30.2%	4,323 47.9%	9,020
	FAIR	552 7.1%	1,442 18.5%	2,197 28.2%	3,591 46.1%	7,782
	POOR	362 10.1%	788 21.9%	899 25.0%	1,548 43.0%	3,597

**Getting Needed Care Composite** Combines responses from two questions regarding how much of a problem, if any, consumers had with various aspects of getting needed care.

- [Q23 analysis](#)
- [Q27 analysis](#)
- [All related items](#)



↑ = Above the mean value of all sponsor or plan means ( $p < 0.05$ )

↓ = Below the mean value of all sponsor or plan means ( $p < 0.05$ )



**National**  
2008 National Distribution (n=35,518)



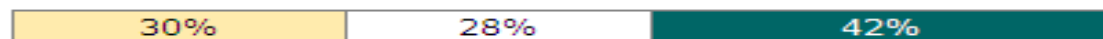
**Region**  
2008 NORTHEAST (n=11,725)



**Product Type**  
2008 HMO/POS/PPO (n=34,838)



**Sponsor**  
2008 Westat Group (n=2,226)



**Plan**  
2008 Plan A (n=184)



2008 Plan G (n=303)



2008 Plan H (n=272)



2008 Plan C (n=398)



2008 Plan D (n=227)



2008 Plan E (n=256)



2008 Plan B (n=267)



2008 Plan F (n=319)



# CAHPS User Support Services

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## ■ CAHPS Database

- National voluntary database to support benchmarking and research
- Online reporting system for comparing results

## ■ Survey and Reporting Kits

- Instruments and guidance
- <https://www.cahps.ahrq.gov>

## ■ Technical support

- E-mail: [CAHPS1@ahrq.gov](mailto:CAHPS1@ahrq.gov)
- Phone: 1-800-492-9261

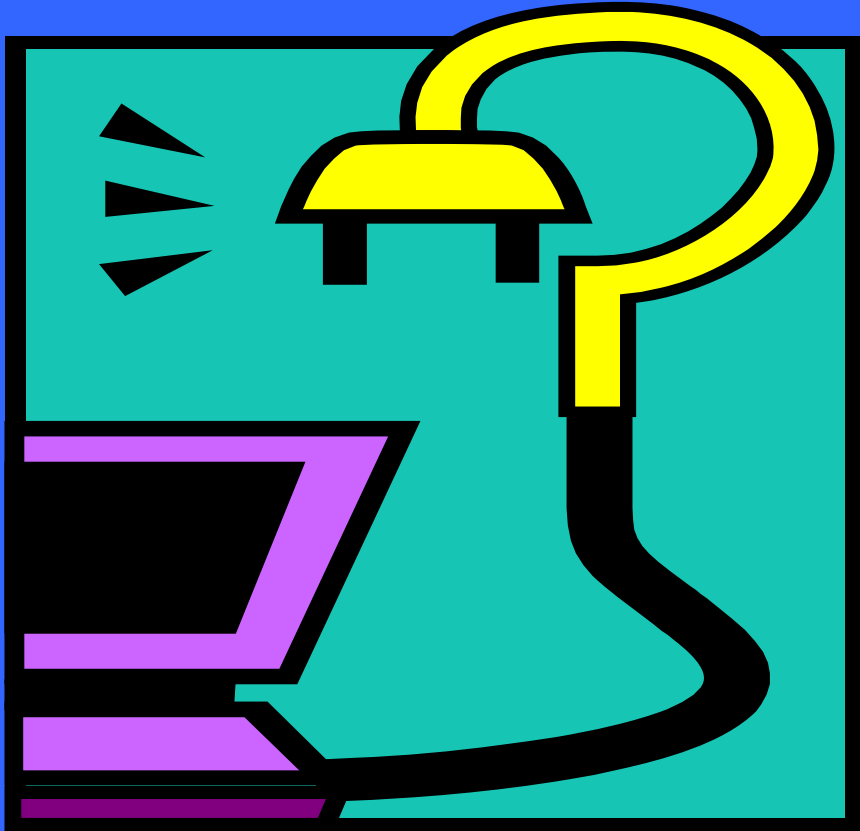
# Sticky Issues

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- Balancing low cost collection strategies with necessary rigor for public reporting
- Reconciling internal use for quality improvement versus standardized collection across all practices
- Who pays?
  - Plans
  - Medical groups
  - Federal, state, or foundation grants
  - Some combination of above
- Sustainability of the financing/business model

# Discussion

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- What implementation obstacles are you facing?
- What strategies have you used to address these obstacles?
- Do you have any success or failure stories that can help others?



# Patient experience is strongly correlated with other key outcomes

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- Health Outcomes:
  - Patient adherence
  - Process of care measures
  - Clinical outcomes
- Business Outcomes:
  - Patient loyalty
  - Malpractice risk reduction
  - Employee satisfaction
  - Financial performance