

FAQs About Displaying Results of the CAHPS Clinician & Group Survey (CG-CAHPS)

This document is intended to address questions about recommended strategies for reporting results of the CAHPS Clinician & Group Survey (CG-CAHPS). To learn more about the issues discussed in this document, please refer to [How to Report Results of the CAHPS Clinician & Group Survey](#) by the American Institutes for Research (AIR).

You may also be interested in:

- [How to Display Comparative Information That People Can Understand and Use](#)
 - [How to Get Consumer Feedback and Input into Websites](#)
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1. How did AIR develop the recommended measure labels and descriptions in the document “How to Report Results of the CAHPS Clinician & Group Survey?”

These recommendations are based on a thorough review of current language in use today as well as the findings from previous tests of wording options with consumers. We reviewed the following materials:

- The existing recommendations of the researchers responsible for the Agency for Healthcare Research and Quality’s (AHRQ) CAHPS program (known as the CAHPS Consortium).
- Previous wording options for CG-CAHPS measures that the CAHPS Consortium tested with consumers.
- Previous wording options for measures from the CAHPS Hospital Survey (HCAHPS) and the CAHPS Home Health Care Survey that the Centers for Medicare & Medicaid Services (CMS) tested with consumers.
- Current public reports of the CG-CAHPS measures by Alliances and other organizations. (Alliances reporting results of this CAHPS Survey at that time included Minnesota, Humboldt, Memphis, Boston, and Kansas City.)
- Current public reports of similar measures from other CAHPS surveys. All of these were extensively tested by AHRQ and CMS.

Building on the existing knowledge and data from the sources named above, AIR conducted three rounds of cognitive interviews with consumers to learn how they interpreted wording options and to identify any sources of confusion. AIR then adjusted and retested the language to make sure it was both accurate and understandable.

2. Why should our Alliance use the recommended language in the document “How to Report Results of the CAHPS Clinician & Group Survey?”

- The recommended measure labels and descriptions were endorsed by AHRQ’s CAHPS Consortium.

- The recommended language draws upon a number of existing resources and is the result of many rounds of expert development and testing by the CAHPS team, AF4Q TA providers, and Alliances.
- The recommended language:
 - accurately represents the items making up each composite,
 - is understandable to consumers, and
 - provides text that is designed to fit within the space limitations of the Alliance websites.

3. Why doesn't AIR recommend reporting results for individual survey items?

Reporting the results for individual survey items generates too much detail for consumers. It is hard to detect patterns of performance in a large number of items.¹ The composite measures, which summarize scores across multiple survey items that are related conceptually and statistically, enable consumers to focus on the larger issue, such as doctor-patient communication, and assess performance in that area. Scores for individual items are more appropriately used by health care providers to support efforts to identify and address performance problems.

¹ McGee J, Kanouse DE, Sofaer S, Hargraves JL, Hoy E, Kleimann S. Making survey results easy to report to consumers: How reporting needs guided survey design in CAHPS. *Med Care* 1999 Mar; 37(3 Suppl):MS32-40. http://journals.lww.com/lww-medicalcare/Abstract/1999/03001/Making_Survey_Results_Easy_to_Report_to_Consumers_4.aspx.