



PRIMER/BRIEF

Developing a Public Report for the CAHPS® Clinician & Group Survey: A Decision Guide

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Public reports on patient experience with physician practices across a community can be invaluable for:

- Demonstrating how well these practices are providing patient-centered care,
- Highlighting strong performers, and
- Revealing where these practices have opportunities to improve the patient experience.

For consumers, these reports offer standardized information on quality that is easy to understand and relevant regardless of individual health care needs or health status.

Over the past several years, the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Surveys (CG-CAHPS) have become the national standard for assessing patients' experiences with ambulatory care. As the Aligning Forces for Quality communities (Alliances) and other multi-stakeholder organizations have moved forward with implementing this survey, they have found that the process of developing a public report on the survey results involves a number of key decisions:

1. What is the purpose of your report on patient experience?
2. What measures will you report?
3. For which providers will you report results?
4. What background information will you provide about the survey results?
5. To what will you compare the survey results?
6. How will you turn survey results into scores?
7. How will you display the comparative information?
8. What will you let website visitors do with the patient experience scores?
9. How will you let people know that the patient experience scores are available?
10. How will you evaluate your report?

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. Learn more about RWJF's efforts to improve quality and equality of care at www.rwjf.org/goto/quality-equality.

About the Author

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 Lise Rybowski, a member of the technical assistance team.

The purpose of this guide is to lay out the considerations that go into each of these decisions so that survey sponsors and their partners in the community can hone in on the issues they need to address and weigh their options given their shared goals and constraints. Because each community needs to make the decisions that are right for them, this is not a “how-to” guide; however, it is meant to complement the specific guidance provided in [How to Report Results of the CAHPS Clinician & Group Survey](#). Nor does this decision guide address report design issues, although many of the decisions have implications for how the results can be presented.

All too often, decisions related to public reporting of survey results are left until the end of the data collection process. However, it is important to begin the process of considering these questions in the early stages of planning a patient experience survey because your answers can affect how you move ahead with administering the survey (e.g., how you draw a sample). Dealing with reporting issues upfront also will ensure that you include the costs of developing and maintaining the report in your budget for the survey project.

What is the purpose of the public report?

Key Decisions

- Who is the primary audience you are aiming to serve with your report?
- What would you like them to be able to do with the information?
- How can your report complement or leverage other reporting initiatives in the community?

The basic answer to the question of “purpose” is that a public report is a means of sharing the results of the patient experience survey, often along with data for other quality measures. Transparency is certainly a worthy goal in and of itself, but it does not help you figure out what information to display or how. To decide how best to report the information, it is more constructive to focus on who is most likely to use the information, what you want them to do with it, and what they are likely to do with it.

For example:

- Do you want to support consumers in using the results to gather information about their current health care providers or new providers they may be considering?
- Do you want to support physician practices in using the survey results to identify opportunities for quality improvement? Will they want to use it for medical home certification?
- Do you want to support payers and purchasers in using the survey results as an element in their value-based purchasing strategies?

Having some answers to these questions will allow you to make decisions about the report that are driven by the goals and information needs of your primary audience. These decisions could affect:

Budgeting for a Public Report of Survey Results

Major functions in a budget for a public report typically include:

- **Project management/administration**
- **Writing/editing of the report**
- **Graphic design**
- **Developmental testing with consumers**
- **Revisions post testing**
- **Independent review** (Some sponsors arrange for an independent expert from outside their market to review the project at various points in the process to assess the reasonableness of measures used, data displays, and narrative.)
- **Printing and/or Web site production and maintenance**
- **Marketing of the report**
- **Mailing or other distribution costs**
- **Evaluation**

Source:
How Will You Pay for This Project? TalkingQuality. Agency for Healthcare Research and Quality. 2012.

Additional Resources from the Author

- [Leveraging Existing Patient Survey Efforts: A Decision Guide](#)
- [Glossary: Patient Experience of Care](#)
- [Forces Driving Implementation of the CAHPS Clinician & Group Survey](#)
- [Patient Experience of Care: Inventory of Improvement Resources](#)

- The level of detail provided in the report—for example, providers may want to see scores for the full range of responses at the item level while consumers prefer a single score at the composite level.
- The functionality of the site—for example, consumers may want to sort providers by neighborhood; providers may want to see how their performance changed over time.
- Other content in the report—for example, consumers may want to see advice on how to prepare for a physician visit; providers may want details on the methodology behind the survey.
- The ways in which you reach out to and communicate with users about this resource—for example, you may work through employers and community agencies to let consumers know about the report; you may contact local medical societies to inform providers.

A public report may be available and potentially useful to everyone, but it can be challenging if not impossible to figure out what’s best when you don’t have a specific audience and purpose in mind. Moreover, different audiences have different needs, and it is impossible to create a public report that meets everyone’s needs. While multiple stakeholders will find value in the public report, it is important to design the report for your primary audience.

Organizations administering the program as part of a state program also must clarify for all stakeholders what you are required to do by statute. For instance, if the law requires that detailed results be available to all users, the report developers will have to figure out how to publish the results for specific survey items without undermining the usability of the public report.

In addition to defining the report’s purpose in the context of its audiences and their needs, report developers need to consider how their survey information fits with other reporting that may be happening in the same community. Your report’s purpose may be driven in part by the niche you can fill as an information provider. Once you have determined where else users could get similar information, you can work with your partners to figure out both what you can do that others can’t (or won’t) and how you can complement rather than compete with other efforts.

In Maine, for example, the Maine Quality Forum had statutory authority to field the Patient-Centered Medical Home version of the CG-CAHPS Survey statewide and publish the results in 2013. This state-funded organization is sharing its survey data with the Maine Health Management Coalition, a multi-stakeholder group, and working to ensure that the state’s report is consistent with but not duplicative of what the Alliance will report on its consumer-oriented GetBetterMaine.org site.

What measures will you report?

Key Decisions

- Which supplemental composite measures will you report (if any)?
- Which item-level measures will you report (if any)?
- Will you combine the CAHPS measures into one “roll-up” measure of patient experience?

Deciding on the measures to include in a report of CAHPS survey results is fairly straightforward. All CAHPS surveys generate three types of standardized measures:

- Composite measures, which combine the results for two or more related survey items;
- Rating measures, which indicate how patients rate a provider on a scale of 0 to 10; and
- Individual item measures, which indicate the results for survey items that do not fit with any of the composite measures.

Measures that are consistent across all versions of a survey are referred to as “core.” Measures that are generated by optional items that organizations may choose to add to their survey are referred to as “supplemental.”

The CG-CAHPS Surveys generate four “core” measures: three composite measures plus one rating measure:

- How Well Providers Communicate with Patients
- Getting Timely Appointments, Care, and Information
- Helpful, Courteous, and Respectful Office Staff

- Patients' Rating of the Provider

The surveys that ask parents to report on their experiences with a child's care generate two more "core" composite measures:

- Provider's Attention to Your Child's Growth and Development
- Provider's Advice on Keeping Your Child Safe and Healthy

If you field the Patient-Centered Medical Home (PCMH) version of the CG-CAHPS Survey, you have the option of reporting supplemental measures as well:

- Talking with You About Taking Care of Your Own Health (*adult and child*)
- Attention to Your Mental or Emotional Health (*adult only*)
- Talking About Medication Decisions (*adult only*)

The appendix provides a list of the measures from the core CG-CAHPS Surveys and the PCMH Item Set and the items included in those measures. Your survey also may include other supplemental items that address topics such as health information technology or health literacy. For a complete list of all core and supplemental measures, you can download *Patient Experience Measures From the CAHPS® Clinician & Group Surveys* from the Agency for Healthcare Research & Quality's website at https://cahps.ahrq.gov/clinician_group/cgsurvey/patientexperiencemeasurescgsurveys.pdf or contact the CAHPS Help Line at CAHPS1@westat.com or 800-492-9261.

Organizations that publish the results of a CG-CAHPS Survey typically report on the core composite and rating measures only. Users of the PCMH version of the survey will need to decide whether and when to publicly report results for the additional measures. These supplemental measures can be reported alongside the core measures. However, when a measure is new, some organizations choose to report the first round of results to the providers only so they have an opportunity to assess and potentially improve their performance before the results from a second round of surveying become publicly available. Whether you want to wait to report those measures depends in part on whether and when that second round of data collection will happen.

As noted above, report developers also have the option of reporting individual items as measures, although this is not the norm in public reports. While detailed information can be helpful for the providers who may want to use that data to identify specific strengths and weaknesses, it is not useful for consumers, many of whom will be overwhelmed by the large amount of item-specific measures. The use of item-level measures also means the public report has to include significantly more information than it otherwise would, which can take resources away from other activities.

Another option that is gaining interest is to report a "roll-up" measure that combines the CAHPS composite and rating measures into one measure of patient experience with care. This approach makes it possible to display a score for patient experience next to scores for other dimensions of health care quality (e.g., safety), which in turn makes it easier for consumers to compare and assess multiple health care providers at the same time. On the other hand, the use of a roll-up measure can make it harder for consumers to focus on a component of patient experience that may be especially important to them (e.g., provider-patient communication).

For which providers will you report results?

Key Decisions

- What type of provider will be the focus of your report?
- Will you report on patient experience with more than one type of provider?
- At what level will you report the results (e.g., medical group, practice site, individual provider)?

While the CG-CAHPS Surveys are used most often to assess patient experience with primary care providers for adults, the surveys also are appropriate for pediatricians as well as specialists who care for adults and/or children. If the survey conducted in your community included different types of health care providers, you will need to decide whether to

To learn more about sample size requirements for the CG-CAHPS Surveys, see [Leveraging Existing Patient Survey Efforts: A Decision Guide](#).

include some or all of them in your public report. That decision will depend in large part on whether the survey collected enough responses for enough providers to make a comparative report useful to your audience. For example, if only a small percentage of pediatricians in an area participated in a community-wide survey, it may not be helpful to consumers to post results for just those clinicians. It would, however, still be helpful to the pediatricians to see their own results relative to others in the community and/or regional and national benchmarks.

Another factor to consider is the complexity of reporting on multiple types of health care providers. It is not difficult to give website users the ability to choose a specific type of provider and view comparative information for that provider type only (that is, not showing the performance of specialists alongside that of primary care providers). But if you give users that choice, you'll need to decide whether and how to show other measures of quality for those specialists.

Because of the nature of the care specialists provide, patient survey results may be regarded as necessary and useful but not sufficient on their own to indicate the quality of care patients receive. Report developers are making progress on this front as relevant quality measures and usable data become available and specialists become less wary of public reporting, but with some exceptions (e.g., reports on mortality rates for heart surgeons), public reporting on specialists is relatively new. You will need to work with your stakeholders, including specialty groups, to determine what is feasible in your own community. In some cases, reporting survey results for specialists may serve as a gentle introduction to the level of transparency that has become increasingly common for hospitals. That said, depending on what you are trying to accomplish, it may be simpler for your organization to focus on primary care for the public report and limit the specialists' results to internal reports in the short term.

A second decision involves the level of reporting, i.e., whether you will report results for individual clinicians, practice sites, or medical groups. The Clinician & Group Surveys ask patients to report on their experiences with individual providers. However, the level at which you can report results depends on how the survey was administered—specifically, how the sample was drawn and how many completed surveys were targeted for the specific sampling level (e.g., for the individual provider or for the practice as a whole). You won't need as many completed questionnaires to report valid scores for practice sites as you will need to report scores for the individual providers within a practice site.

There is little question that consumers prefer to see comparative information for individual providers rather than practices or groups, so that level of reporting generally is regarded as an important goal for report developers that only a few have achieved to date. Nearly all report developers have to settle for site-level information because of both the cost of surveying and the fact that most of the data for clinical quality measures is also limited to the site level. One consolation is that the CAHPS measures that address access to care and the behavior of office staff say more about the patient experience with the practice site than with the individual clinician.

What background information will you provide about the survey results?

Key Decisions

- Will you provide users with information about the survey?
- If so, what will you tell them?

In contrast to many other types of quality measures, the CAHPS measures are self-explanatory; in fact, the labels for those measures are tested extensively to make sure they both capture the meaning of the survey questions they represent and make sense to consumers. However, people will still question what they are looking at, where the information came from, and whether it is credible. While you do not need to provide a great deal of background information about the survey, you do need to decide whether to address those questions and how. Consumers typically want to see enough information for them to feel like they can trust the data. Clinicians and health care organizations often want more details, although a public report may not be the best place to address their concerns. (To learn more about reporting to physicians, see an Agency for Healthcare Research and Quality report: *Private Performance*

Feedback Reporting for Physicians: Guidance for Community Quality Collaboratives at <http://www.ahrq.gov/professionals/clinicians-providers/resources/privfeedbackdrpt/>.

Report developers and their partners could consider providing the following information about the survey:

- Whose performance was measured (e.g., all primary care providers in the XXX metropolitan area)
- What makes this information believable (e.g., the number of patients surveyed, the use of a standardized questionnaire, the role of an independent organization to manage the survey process)
- What visitors can find out from this information (e.g., how the providers compare to one another and/or to regional or national benchmarks)

If you have the time and resources to get input from your audience—early in the process and/or after your report has been sketched out—be sure to ask what they would want to know to be comfortable with the survey results and whether the information you are planning to include would be sufficient.

For examples of the kind of information you could provide, see:

- The Puget Sound Health Alliance offers information about its patient experience measures in a series of FAQs at <http://www.wacommunitycheckup.org/compare-scores/clinics/patient-experience>.
- Massachusetts Health Quality Partners offers similar information at <http://www.mhqp.org/quality/pes/pesQandA.asp?nav=031639>.

To what will you compare the survey results?

Key Decisions

- To whom will you compare a provider's performance?
- What kind of benchmark will you use (if any)?

The results of a patient survey do not convey much information on their own. To make the results meaningful and useful, you need to show how providers perform relative to some reference point, such as the performance of their peers. The simplest way to do this is to list the providers' numeric scores for each measure together so users can easily see how they compare to each other. Report developers typically give users a way to sort the information by each measure so the providers are listed in rank order.

This simple approach works well for a relatively short list of providers. But it quickly becomes unwieldy when many providers are included in the survey because it is too difficult for users to process what they are seeing and assess which providers perform best. To address this challenge, report developers can choose a relevant benchmark and present the performance of the providers relative to that benchmark.

A number of benchmarks work well for this purpose, including:

- The average score for practice sites, groups, or systems included in the survey
- The average score for the state, region, or nation
- A normative standard, such as 90th percentile, "Best in class" (top performer), or Achievable Benchmarks of Care™.

Average scores for survey participants can be calculated by your survey vendor. National and regional benchmarks are available from the CAHPS Database (<https://cahpsdatabase.ahrq.gov/CGDSS/>), which collects Clinician & Group Survey data from sponsors around the country and produces free benchmark reports. The decision to use state, regional, or national benchmarks depends in part on which one is most likely to reveal clear differences in performance; it is those differences that enable consumers to assess the options available to them and allow providers to identify where they could do better.

Sometimes it is not useful to compare providers' performance to a benchmark for average performance—for example, when the average performance is already fairly high. In that case, you can consider using a normative standard, such as the score achieved by the top 10 percent of physician practices in the community. This more aggressive approach can

spotlight the top performers and demonstrate the level of performance that can be achieved. Massachusetts Health Quality Partners uses this kind of benchmark to identify practices that performed better than at least 85 percent of participating practices (i.e., the top 15 percent), those that performed better than at least 50 percent of practices, those that performed better than at least 15 percent of practices, and those that performed worse than at least 85 percent of the practices. (For more information, go to <http://www.mhqp.org/quality/pes/pesSearch.asp?nav=031648>.)

How will you turn survey results into scores?

Key Decisions

- What type of score do you want to provide in your public report?
- What are the relative strengths and weaknesses of different scoring options?

An analysis of CAHPS survey responses generates an output in the form of a distribution of responses for each item in the survey. For example, if the question asked how often providers did something, the results would show the percentage selecting each response option: Never, Sometimes, Usually, or Always. The responses for two or more related items are combined to create a distribution of responses for each composite measure. For example:

Getting Timely Appointments, Care, and Information			
(Percentage of Respondents)			
	Never + Sometimes	Usually	Always
All Practices	40%	15%	45%
Practice A	20%	30%	50%
Practice B	25%	15%	60%
Practice C	10%	35%	55%

One option is to report this full distribution of responses; this is typically displayed as a stacked bar chart, as shown below.

Q10 Got answer to phone question during regular office hours on same day



This approach offers the benefit of being comprehensive; it also allows users to see the bottom of the scale (i.e., the percentage responding “Never” and “Sometimes”), which can be valuable to consumers who may want to use the information to rule out low-performing providers. However, this approach is not recommended for consumers, who have a hard time interpreting and using this kind of detailed information to compare providers to each other—particularly if they are looking at distributions for multiple measures. This level of detail is used most often for presenting comparative performance information to providers for improvement purposes.

A second, more popular option, is to report the “top box” score, which is the percentage reporting the best possible response (in the example above, the percentage responding “Always”). Because it is easy to look at and interpret one number for each practice, this approach is easier for consumers to understand and use when comparing providers across multiple measures. It also puts the focus on the kind of care people want (i.e., always the “right” thing). The downside of this approach is that it provides only one part of the picture. In the example above, for instance, looking at the top box scores would lead one to conclude that Practice B performs best on this measure, followed by Practice C. The “bottom box” scores, however, indicate that patients at Practice B are far more likely than those at Practice C to report they “never” or “sometimes” get timely care—which would lead to a different conclusion about which practice performs best on this measure.

A third option for report developers to consider is to report the average score for each practice. Because the average combines all of the response options, it is regarded as a more precise measure of the full range of experiences. Like the top box score, it is also just one number, which makes it easy for people to use to compare performance. The problem with this approach is that it creates a more compressed range of scores that does not show all the variability in performance. That is, distinctions in performance that are clear when you look at the full distribution get washed out when the scores for each response option are blended to come up with an average.

Each of these approaches has its tradeoffs, so report developers have to work with their stakeholders to decide which would best meet the needs of their audience. It is also important to aim for consistency with any other initiatives to report the patient survey results in your community. If you handle scoring differently, you could end up inadvertently communicating conflicting information about providers’ performance.

How will you display the comparative information?

Key Decisions

- How will you present survey results along with other performance measures?
- How explicitly will you indicate the relative performance of providers?
- How will you organize the list of providers?
- How will you handle non-participants?

A clear presentation of the survey results is critical no matter how you define your audience. No matter who is likely to look at your public report, the goal of the display of patient survey results and other quality measures is to make it easy for users to interpret, i.e., to find patterns in performance so they can quickly identify both strong performers and weak performers. For that reason, the most important judge of the clarity and understandability of your display is your audience. Whether you elicit feedback informally or conduct formal audience testing, it is critical to give representatives of your audience a chance to review the proposed display and help you identify ways to make it better.

When developing a display, one important consideration will be whether you are presenting other performance measures (such as clinical process measures, patient safety indicators, or cost or resource utilization metrics) in the same report, as is becoming increasingly common. If so, you will need to decide whether and how to display your survey results along with this other information. Historically, many public reports have presented survey results separately from other performance measures, but there is a compelling argument for presentations that integrate these various performance measures into an overall framework that enables users to view performance across multiple dimensions at the same time. One framework that has been tested with consumers, developed by Judith Hibbard at the University of Oregon, uses an adaptation of the Institute of Medicine’s national aims for quality improvement.ⁱ The Agency for Healthcare Research and Quality’s CAHPS Consortium also has explored consumer understanding and use of public reports that combine multiple measures of performance in an effort to develop future recommendations for an integrated approach to public reporting.ⁱⁱ It is also important to display the scores for all measures as consistently as

possible, regardless of whether they are displayed on the same page, so that website users do not have to learn something new on every page.

The strategy you choose to display comparative performance also depends on how you turned the survey results into scores—but for every approach to scoring, there are ways to make the information easier for people to understand and use. One key decision facing report developers and their partners involves whether to display scores that are “absolute” (i.e., numeric scores) or “relative” (i.e., a representation of the scores relative to a benchmark). Absolute scores are typically percentages, often normalized on a 0-100 scale, presented in a table or as bar charts. The example below of a display developed by Minnesota Community Measurement (MNCM) illustrates this approach. This chart shows top box scores for the CG-CAHPS measures and also highlights those whose average performance exceeded the overall average score for that measure.

Sample Display from Minnesota Community Measurement: www.mnhealthscores.org

	Getting Care When Needed	How Well Doctors Communicate	Courteous and Helpful Office Staff	Doctors with an Exceptional Rating
	?	?	?	?
	Average = 58%	Average = 89%	Average = 90%	Average = 72%
Fairview Riverside Primary Care Clinic	67%	92%	97%	81%
Fairview Uptown Clinic	53%	91%	90%	79%
HealthPartners - Riverside	56%	88%	92%	75%

In a display of relative scores, performance is often communicated through symbols. For example, Massachusetts Health Quality Partners displays relative scores using one to four stars:

Sample Display from Massachusetts Health Quality Partners: www.mhqp.org













**Doctors' Office Summary:
Care From Personal Doctors**

click on the measure name to learn more information about the measure
click on the stars to learn about how patients answered each survey question

	How Well Doctors Communicate with Patients	How Well Doctors Coordinate Care	How Well Doctors Know Their Patients	How Well Doctors Give Preventive Care and Advice
Beth Israel Deaconess Healthcare - Boston (Adult Survey), Beth Israel Deaconess Healthcare View Website	★ ★ ★ ☆	★ ☆ ☆ ☆	★ ☆ ☆ ☆	★ ☆ ☆ ☆
Brookline Associates (Adult Survey), Greater Boston Primary Care Assoc. View Website	★ ★ ★ ★	★ ★ ★ ☆	★ ★ ★ ★	★ ★ ★ ☆

Alternatively, the Puget Sound Health Alliance uses icons attached to words like “below,” “average,” and “better”:

Sample Display from Puget Sound Health Alliance: www.wacommunitycheckup.org

VIEW & COMPARE Medical Groups	VIEW & COMPARE Clinics	VIEW & COMPARE Hospitals	VIEW & COMPARE Patient Experience	
Sort by: <input type="text" value="Name"/> Viewing 2011-2012 Results				
<input type="button" value="Compare Selected"/> <input type="button" value="Clear Selected"/>	Measure: Getting Timely Appointments, Care and Information <input type="checkbox"/> How Well Providers Communicate with Patients <input type="checkbox"/> Helpful, Courteous and Respectful Office Staff <input type="checkbox"/> Patient's Rating of the Provider <input type="checkbox"/>			
Regional Average:	56%	81%	72%	75%
<input type="checkbox"/> Allenmore Internal Medicine - MultiCare	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE
<input type="checkbox"/> Auburn MultiCare Clinic	 AVERAGE	 AVERAGE	 AVERAGE	 AVERAGE
<input type="checkbox"/> Auburn MultiCare Clinic Medical Office Building	 AVERAGE	 BELOW average	 AVERAGE	 BELOW average

Whatever decision you make, it is important to indicate what benchmark you are using, either implicitly (e.g., by showing performance relative to the state or local average) or explicitly (e.g., by presenting the actual state or local average in a table or chart).

You also will need to decide how to organize and order the providers whose results you are presenting and whether you will enable users to change that order. The default organizational strategy is alphabetical order, but you also can give users a way to group providers by geographic location, medical group or health system, or performance on the measures.

A third decision involves whether and how to include providers who did not participate in the survey or for whom data cannot be reported (e.g., because they do not have enough patients or survey responses). Some survey sponsors, for example, have no way of knowing who did not participate in a survey; they know only who agreed to be part of the survey. If the report does not or cannot include all providers, you will need to explain why so users are neither confused by the absence of some providers nor jumping to unfair or inappropriate conclusions about the missing providers. The other option is to list all providers with an indication where needed that patient survey results are not available. You may want to do this if your report includes performance measures other than patient survey results or serves as a provider directory. This approach offers the advantage of a comprehensive list of providers, but it also increases the potential for misinterpretation or confusion if users do not know how to interpret the lack of scores for some providers.

For guidance on handling missing data, see the following RWJF publications:

- **Present Missing Data Clearly:** <http://www.rwjf.org/en/research-publications/find-rwjf-research/2012/04/present-missing-data-clearly.html>
- **Three Reasons for Missing Data:** <http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2012/rwjf72746>

What will you let website visitors do with the patient experience scores?

Key Decisions

- Will you allow users to manipulate the information? If so, how?
- Will you let users download data?
- Will you offer any decision support tools?

While the functionality of a website is an issue that extends well beyond the borders of the patient survey results, there are some aspects of functionality that directly affect the potential users of those results. A critical question for report

developers and their partners is: What do you want to let users do so they can benefit as much as possible from the information?

The most common options include letting users:

- Sort or rank providers by one or more patient experience measures
- View multiple levels of information (e.g., a summary score for patient experience as well as scores for the composite and rating measures).

Report developers also may want to give users a way to download the results for the composite and rating measures plus individual survey items. This functionality can be especially useful for provider organizations that want to use the information to identify specific weaknesses and spur improvements in performance.

A final question for report developers is whether to provide some kind of decision support to help consumers use the information on patient experience more effectively. One example of this kind of functionality would be allowing users to specify a level of performance when conducting a search for a provider (e.g., 4- or 5-star providers only). Another would be giving users a way to limit which providers are listed on the page after the patient experience and other quality scores have been displayed.

How will you let people know that the patient experience scores are available?

Key Decisions

- What will you do to educate and inform the target audience about the report?
- How will you reach your audience?

Promotion is an important consideration for anyone creating a public report with comparative quality information. There is nothing unique about promoting a report that includes measures of patient experience—except the likelihood of appealing to a broader audience than would be interested in a report on a specific clinical topic (e.g., diabetes care). But that wider relevance does little to counter the significant challenges associated with building awareness of and interest in these kinds of public reports.

Starting in the early stages of the survey project, report developers need to figure out how much time and resources they can devote to making sure all potential audiences know the information is available, where they can find it, and why they would want to look at it. You also will need to assess which communication channels are mostly likely to reach your audiences and identify ways in which you may be able to piggyback on other communications to specific audiences.

One option to consider is to develop a short printed document that can be distributed widely through health fairs, medical clinics, and other channels to draw attention to the online report. Massachusetts Health Quality Partners, for example, collaborated with *Consumer Reports* to produce a special report with patient experience survey results across the state: <http://c354183.r83.cfl.rackcdn.com/MHQP%20Consumer%20Reports%20Insert%202012.pdf>.

A full discussion of promotion strategies is beyond the scope of this decision guide. However, additional guidance is available in *Best Practices in Public Reporting No. 3: How to Maximize Public Awareness and Use of Comparative Quality Reports Through Effective Promotion and Dissemination Strategies*, Agency for Healthcare Research and Quality (<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/pubrptguide3/index.html>)

How will you evaluate your report?

Key Decisions

- Will you do any evaluation of your report?
- If so, what questions will you aim to answer?

The purpose of an evaluation is to learn from your experience so you can decide whether and how to do it again. An evaluation can help you answer a wide range of questions:

- Were people aware of the report?
- Which parts of the report did people pay attention to?
- Did they understand it?
- Did they use the information somehow? If so, how?
- What would make the report more useful?
- How did people find out about the report?
- Were some channels for reaching your audience more effective than others?

Two Types of Evaluations

Evaluations can assess processes and outcomes.

- A process evaluation focuses on identifying what aspects of the overall process went well and what didn't so you can figure out how to do things better in another round of reporting.
- An outcome evaluation is designed to assess the actual effects of the report and how they aligned (or not) with the expectations of the report developer and stakeholders. Because the effects of a public report on patient experience are not likely to be measurable for at least several years, this kind of evaluation is better suited to be a long-term activity.

An evaluation doesn't have to be expensive. It can be as simple as a debriefing among all the participants in the project, ideally with an outside evaluator to lead the debriefing to get a more objective perspective. If resources allow, however, a more thorough evaluation is likely to yield more information. When the Minnesota Health Data Institute released its first statewide health plan report card in the 1990s, for example, the organization assessed its impact through a telephone survey, in-depth interviews with health plan administrators and employers, and focus groups with health plan members and brokers. More recently, the California HealthCare Foundation evaluated an online marketing campaign for comparative information on maternity care that is available from a public hospital report called CalHospitalCompare. Through this evaluation, the Foundation learned that its campaign increased traffic both on the CalHospitalCompare site as well as on the sites for specific hospitals. (Read about this evaluation at

<http://www.chcf.org/publications/2009/10/from-here-to-maternity-birth-of-an-online-marketing-campaign.>)

Conclusion

There are many considerations involved in developing a public report on patient experience survey results. This guide has focused on 10 of the most critical decisions that report sponsors must address. Specific strategies related to each of these decision points will be influenced heavily by local market factors. Further guidance is available through the technical assistance resources supported by the Robert Wood Johnson Foundation's AF4Q program.

¹ Hibbard JH, Greene J, Daniel D. What is Quality Anyway? Performance Reports Which Clearly Communicate the Meaning of Quality of Care. *Medical Care Research and Review*. 2010; 67:275-293.

ⁱⁱ Schlesinger M, Kanouse DE, Rybowski L, Martino S, Shaller D. Consumer Response to Patient Experience Measures in Complex Information Environments. *Medical Care* 2012; 50:S56-S64.

Appendix

Measures in the CAHPS Clinician & Group Survey with Patient-Centered Medical Home Items

Measures in the Adult Survey

Core Composite Measures

Getting Timely Appointments, Care, and Information

- Getting appointments for urgent care
- Getting appointments for routine care
- 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 Well Providers Communicate with Patients

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

Helpful, Courteous, and Respectful Office Staff

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

Core Rating Measure

Patients' Rating of the Provider (adult and child)

- 0-10 rating

Composite Measures from the Patient-Centered Medical Home Item Set

Talking with You About Taking Care of Your Own Health (adult and child)

- Provider worked with you to set specific goals for your health
- Provider asked you if there were things that make it hard for you to take care of your health

Attention to Your Mental or Emotional Health (adult only)

- Provider talked with you about personal or family problem/alcohol or drug use
- Provider talked with you about worry or stress in your life
- Provider asked you about feeling sad or depressed

Talking About Medication Decisions (adult only)

- Provider talked about reasons to take a medicine
- Provider talked about reasons not to take a medicine
- Provider asked what you thought was best for you regarding medicine

Measures in the Child Survey

Core Composite Measures

Getting Timely Appointments, Care, and Information

- Getting appointments for urgent care
- Getting appointments for routine care
- 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 Well Providers Communicate with Patients

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

Helpful, Courteous, and Respectful Office Staff

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

Provider's Attention to Your Child's Growth and Development (*child only*)

- Respondent and provider talked about child's learning ability
- Respondent and provider talked about age-appropriate behaviors
- Respondent and provider talked about child's physical development
- Respondent and provider talked about child's moods and emotions
- Respondent and provider talked about how much time child spends on a computer and in front of TV
- Respondent and provider talked about how child gets along with others

Provider's Advice on Keeping Your Child Safe and Healthy (*child only*)

- Respondent and provider talked about injury prevention
- Provider gave information on injury prevention
- Respondent and provider talked about child's eating habits
- Respondent and provider talked about child's physical activity
- Respondent and provider talked about any problems in the household that might affect child

Core Rating Measure

Patients' Rating of the Provider (*adult and child*)

- 0-10 rating

Composite Measure from the Patient-Centered Medical Home Item Set

Talking with You About Taking Care of Your Child's Health (*adult and child*)

- Provider worked with you to set specific goals for your child's health
- Provider asked you if there were things that make it hard for you to take care of your child's health

Stand-Alone Items

The following items can be reported, but not as part of a composite measure. All but the first item listed below come from the Patient-Centered Medical Home Item Set.

Topic: Attention to care from other providers (Coordination of care)

- Provider's office followed up to give you results of blood test, x-ray, or other test (*core item*)
- Provider seemed informed and up-to-date about care you got from specialists
- Provider talked with you about all prescriptions

Topic: Access to care

- Got needed care on evenings, weekends, or holidays
- Days you had to wait for an appointment for urgent care

Topic: Information about care and appointments

- Got information about what to do if you needed care on evenings, weekends, or holidays
- Received reminders between visits
- Received after-visit notes

For a complete list of all core and supplemental measures, you can download *Patient Experience Measures From the CAHPS® Clinician & Group Surveys* from the Agency for Healthcare Research & Quality's website: https://cahps.ahrq.gov/clinician_group/cgsurvey/patientexperiencemeasurescgsurveys.pdf.

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