

Understanding CAHPS® Surveys: A Primer for New Users

January 2019 • Webcast

Speakers

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[Describer: Understanding CAHPS® Surveys: A Primer for New Users. A Webcast Presented by the AHRQ CAHPS User Network]

Stephanie Fry

Fry (opening), Slide 2

Before we begin just a few standard housekeeping details. If you're having difficulty hearing the audio from your computer speakers, you can change the audio selection and have WebEx call you back and connect through your phone instead. In the event that your computer freezes during the presentation, you can try logging out and logging back into the webcast to refresh the page. Remember though, that you may just be experiencing a lag in the advancement of slides due to your internet connection speed. If you need help at any time during the webcast, please just use the Q&A icon.

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Fry (opening), Slide 4

We're delighted to have a couple of great speakers with us today starting with Caren Ginsberg, who directs the CAHPS division within the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality. We also have Susan Edgman-Levitan, the Executive Director of the John D. Stoeckle Center for Primary Care Innovation at the Massachusetts General Hospital, and I'm Stephanie Fry from Westat, and I will be serving as your moderator today.



Fry (opening), Slide 5

With that introduction on with our agenda. We have an ambitious goal today to give you an overview of the CAHPS program, tell you about CAHPS Surveys and their purpose, provide some information about survey development and administration and talk about how CAHPS Survey results are used to improve patient experience. We also plan to leave time at the end to answer your questions. So, please do go ahead and use the Q&A feature we just reviewed. Without further ado, I will turn things over to Caren Ginsberg, Caren.

Caren Ginsberg*Ginsberg, Slide 6*

Thank you, Stephanie. Welcome everyone, I'm delighted that you could make it to this webcast. Thank you for accommodating our need to reschedule, and I hope you enjoy today's program. Before we get started, I'd like to give you an overview of what the Agency for Healthcare Research and Quality is about and to tell you why the CAHPS program is so important to us. Next slide, please.

Ginsberg, Slide 7

AHRQ, the Agency for Healthcare Research and Quality, is a science-based agency, and what we do is we invest in research and evidence to make healthcare safer and improve quality. We create tools for healthcare professionals to improve care for their patients, and we generate measures and data that are used by providers and policymakers and others to improve performance and evaluate the progress of the US healthcare system. What's important to us is that we push our science to implementation, that we get our tools and our products out to you, our users. I'd like to note as we start this conversation today that AHRQ is not a regulatory agency, and we don't require CAHPS Surveys to be administered. That said, and you'll hear more about this. We do maintain databases where you can voluntarily submit data for a couple of selected surveys should you be interested in doing that. Next slide, please.

Ginsberg, Slide 8

What's CAHPS? It's the Consumer Assessment of Healthcare Providers and Systems, that's what it stands for. It's a program here at AHRQ to advance the understanding and the measurement and improvement of patients experiences with their healthcare. We've been around since about 1995, we started with one survey for health plans, and we've grown substantially since then. The technical components of the program are overseen by what's called the CAHPS Consortium consisting of staff from AHRQ, our two cooperative agreements, RAND and the Yale University School of Public Health, and our contractor Westat. Next slide, please.

Ginsberg, Slide 9

The CAHPS Surveys, please keep this in mind as we move forward today in this discussion, they're considered now to be the gold standard for patient experience measurement. The CAHPS program captures the patient's voice and that's what we're all about. We begin the development of our products by asking patients, what's important to them, what's high-quality healthcare for them, and we test our products with patients. We make sure that the program is focused on the patient's voice.

The surveys that we develop measure patient experience of care in different settings, and the surveys are developed using a standardized and tested methodology. CAHPS Surveys are trademarked, AHRQ holds that trademark, and what that trademark means is that surveys have adhered in their development to the CAHPS design principles and have been reviewed by the CAHPS Consortium for their developmental process and their test findings. Next slide, please.

Ginsberg, Slide 10

A couple of uses we'll discuss them later in more detail. The surveys are used in value-based purchasing, for example, hospitals, and home healthcare and hospital hospice care for example all use CAHPS Surveys and value-based purchasing efforts. Public reporting for example on the CMS Compare websites, accreditation, quality improvement, and health services research. Next slide, please.

Ginsberg, Slide 11

Finally, I'd like to mention that the program goes beyond the development of surveys and tools. What the program is about is to really move the understanding of patient experience of care forward. To do that we maintain an active research program on patient experience and it's measurement. Some of our current research topics include patient experiences with care coordination, shared decision-making, patient engagement, patient safety. How to collect patient experience data using narrative protocols and the effectiveness of different survey administration modes for collecting CAHPS data. With that, I'm going to turn this back to Stephanie. Thank you.

Stephanie Fry**Fry, Slide 12**

Thank you, Caren. I'm going to take the next few minutes to talk about patient experience and how CAHPS Surveys measure it.

Fry, Slide 13

To begin with, what is patient experience? There are many different definitions out there but the one that AHRQ relies on is patient experience encompasses the range of interactions the patients have with the healthcare system, including care from health plans and from doctors, nurses and staff and hospitals, physician practices and other healthcare facilities. As an integral component of healthcare quality, patient experience includes several aspects of healthcare delivery that patients value highly when they seek and receive care. Such as getting timely appointments, getting access to information, and good communication with healthcare providers.

Fry, Slide 14

Patient experience and patient satisfaction, sometimes are used interchangeably, but these are very different concepts and I wanted to take just a moment to clarify that before we move on. It's important to distinguish patient experience because what patient experience is getting at is really whether something happened or didn't happen, and how often it happened. There is a concrete measurement using a frequency scale: never, sometimes, usually, always or yes, definitely to no, but it's an objective assessment of factual events. Patient satisfaction, on the other hand, looks quite different and serves a very different purpose. Satisfaction assesses whether patients' expectations were met and how they felt about their care, and so a Likert or rating scale would be appropriate for that. It says subjective assessment about whether or not someone's individual expectations are being met, knowing that those expectations could be very different from person to person.

Fry, Slide 15

In terms of the assessment of patient experience, the CAHPS Survey has a number of different principles and Caren alluded to this in her discussion a moment ago. CAHPS Surveys are designed to focus on what patients think is really important about healthcare delivery. It's what they need to know as consumers of that healthcare. To ensure that CAHPS Surveys do indeed reflect that patient focus, there's a standardized

development process that includes, conducting focus groups with patients, drafting survey domains and questions, cognitively testing those drafts again with patients, and ensuring that patients and consumers are involved in the development at each step.

Stakeholder and user input are incorporated at the initial development stage, but also on an ongoing basis thereafter, as the CAHPS Consortium revises surveys as needed to stay in sync with the changing landscape of healthcare delivery. For example, we solicit input through public comment as needed, collect feedback after surveys are released, and regularly collaborate with partners to test new content and new data collection methodologies.

The CAHPS Consortium conducts ongoing research into best practices to support all aspects of survey sampling, data collection, administration methods, analysis and reporting about patient experience of care. It's very much an ongoing project for 20 more years. Prior to releasing any survey, there's extensive field testing. The field testing results are analyzed to assess the representativeness and the reliability of the data. Testing is often conducted iteratively to ensure that the changes that are implemented are achieving the intended effect.

Documentation is available to support users. These documents highlight the importance of standardization. Collecting, and analyzing, and reporting data in a standardized fashion allows you to compare your data over time, for example, how have my scores changed since two years ago when we fielded the survey? It also allows potential comparison across entities, be it between practices, or plans, or across different regions in the country. Some of those comparisons are available through the CAHPS Database for Clinician and Group and Health Plan Surveys. It's also important to note that CAHPS Surveys, all of the tools and all of the resources are in the public domain and available for use free of charge to all users.

Fry, Slide 16

Why is it important to measure patient experience? There is extensive evidence about the relationship between patient experience and other important outcomes. We've listed a few of them here for you. In terms of health outcomes, an analysis of more than 100 studies showed higher non-adherence among patients whose physicians communicated poorly, and a substantial improvement in patient adherence for those patients where the physician participated in communication skills training. You can see that that link is quite strong. Another body of work associated better patient-centered hospital care with better one-year patient survival rates. Those are just a few examples on the health outcomes piece.

Also, thinking about it from a business perspective, on that side, better patient-reported experiences have been correlated with lower medical malpractice risks. Efforts to improve patient experience have also been linked to greater employee satisfaction rates and reduction in staff turnover. Just by way of a few examples there, but there is a whole body of literature out there that really demonstrates the importance of patient experience measurement and reporting.

Fry, Slide 17

There's not just a single CAHPS Survey. I think this is an important thing to begin to illustrate here. There is rather a whole suite of surveys that assess patient experience. That's patient experience through any possible healthcare journey that they could have. That could be with a primary care doctor, a specialist, a nurse practitioner, it could be in a hospice with the home healthcare providers. There's measurement of experiences with care for particular facilities such as a hospital, or a nursing home, or a surgery center. There's yet other CAHPS Surveys that address care received for a particular condition, cancer care or mental healthcare, and a

final set of surveys that look at care received through a health plan. All of these surveys, these many surveys, are available online with links to further information on each one of them.

Fry, Slide 18

The way that CAHPS Surveys are designed, there is a core questionnaire. The core questionnaire assesses the content areas as deemed by patients in that area that are most relevant. Some of those we just talked about. And then, additionally, there are supplemental items that you may choose to add to your survey to address particular areas of interest that you may have. For example, you may decide that for your quality improvement initiatives, you would like some in-depth information about patient access to care, or about communication, or about narrative elicitation questions that provide open-ended feedback from patients. There are these additional supplemental items that if you so choose, you can add to your CAHPS core questionnaire. What results is a customized CAHPS Survey that serves your particular needs while still making it comparable to other surveys that others are fielding that are CAHPS Surveys as well.

Fry, Slide 19

Here we have examples of a couple of composite measures. These ones listed here are for the Clinician and Group Survey and the Hospital Survey, or the HCAHPS Survey. These are examples to just give you a flavor of the kinds of content that are included in CAHPS Surveys. For the Clinician and Group Survey, the main areas of focus within the survey are access to care, communication, care coordination, customer service, and an overall rating of that clinician or group practice.

On the hospital side, there are a little different, but you'll see that there's many links. Communication continues to show up because that is, no matter the delivery of healthcare, that is such a key component. You'll see that each of these are tailored for the particular survey setting or type of healthcare interaction that's happening. Within the Hospital Survey, there's communication with nurses, communication with doctors, communication about medicines, responsiveness of hospital staff, discharge information, cleanliness, and quietness of hospital environment, overall rating, and willingness to recommend.

Each individual survey really is tailored to represent the core areas that are important to patients.

Fry, Slide 20

I'm going to shift gears for a moment and talk a little bit now about survey administration, so understanding a bit about what CAHPS Surveys are, and what they include, and why they are the way they are. Let's talk just for a moment about how CAHPS Surveys can be administered.

Fry, Slide 21

The CAHPS Consortium conducts extensive testing to support users in deciding how to field a CAHPS Survey. Knowing that there are many different potential goals, information is provided to try to respond to the questions that each user may have. In terms of step one, drawing a sample, sampling really is just a way to get at a representative portion of your population. It's important to understand what is your goal for your data collection and reporting for that particular survey.

When considering the sample size required, it can be helpful to walk back from the ultimate reporting goal. For example, if you were fielding the Clinician and Group Survey, your goal could be public reporting of scores for an ambulatory practice, or it could be quite different, it could be internal quality improvement for a medical group.

For other surveys, there are also decisions to make about the level of reporting you're planning to do. With that in mind, the next thing to consider is how you're going to collect your data. This is important as your data collection methodology will impact the number of people who are likely to respond. That's your response rate. For example, if you mail a single survey to your sampled members, you may get 10 to 15% of them returned, maybe up to 20%, if you're lucky. Whereas, if you were to send that initial survey, send a reminder mailing, follow up with another survey for your non-responders, and then make some telephone calls to people who have still not returned their surveys, you could get 35 to 40% of people responding to your survey. Note, of course, that these response rates are just examples and will vary based on the quality of the contact information, the type of population that you're surveying, etc.

You can use historical data from your own organization or from the experiences of others like you to make an educated guess about the number of people who are likely to respond to your survey based on your planned data collection efforts. All of that to say, if you think you need 300 completed surveys for your proposed data use and reporting and you deem that you're going to use a methodology that will yield about a 40% return rate, then you can calculate that your starting sample should be, perhaps, 75 patients, or something like that. Again, that's just an example. All of this information with regard to sampling and all of the rest that we're going to review today is available through guidance documents online.

Fry, Slide 22

The next thing to think about is how to field your survey, what is your data collection approach. In data collection, there's really two ways to field a survey. There's self-administered surveys, and there's interviewer-administered surveys. Within those two main streams, there are many different ways to deliver the survey. You'll see here on this screen various ways that the CAHPS Consortium has tested for CAHPS Survey administration.

Everything from your standard mail out of a survey through in-office distribution, in-person interviews, pushing information about a web survey available through a patient portal. We've done extensive testing and continue to do extensive testing because healthcare delivery evolves, type of information that is available changes and technology changes, which really drives communication modalities. The CAHPS Consortium continues to test different modes of administration to identify those that are more successful in reaching the target population.

Fry, Slide 23

As of this point, here are the modes that we found most successful at achieving a high response rate. Again, this will vary based on the type of contact information you have available for your patient population as well as the type of patient population that you are looking to survey. A mail-out methodology is still quite effective for reaching many different population groups as is a telephone methodology and certainly a mixed-mode methodology with either a combination of mail with telephone follow up or a notification of a web survey that could be through an email, through a patient portal, through text messaging if that's applicable for your setting, with a mail or telephone follow-up. Those mixed modes are evolving rapidly in terms of ways to communicate and how effective each of those are. In order to reach a broad spectrum of populations, this is our current best knowledge of how you are likely to achieve a higher response rate.

Fry, Slide 24

You've selected your sample, you've selected your data collection approach, you've fielded your surveys, the data has come back in. Now what? You're on to analysis of the survey results. The goal of analysis really is to

prepare for the reporting. All CAHPS Surveys include composite measures, which really are just groups of questions that together assess patient experience in a particular area. For example, communication with a healthcare provider. Through analysis, you can combine data for each of the questions and calculate a composite score. Typically, individual survey items are less reliable than multiple item combinations or composites.

If you're looking to compare your results to the results of others during the analytic phase it's also important to think about case-mix adjustment. Case-mix adjustment is a way to level the playing field. You adjust for the characteristics about survey respondents, things like age, education and health status. Conducting case-mix adjustment makes it more likely that the differences seen in the reported outcomes are the result of actual differences in patient experience versus differences in the type of patients seeking care or the particular facilities or the particular providers. To help with these analyses, the CAHPS Consortium makes available a SAS macro to support composite measure calculation and also case-mix adjustment.

Fry, Slide 25

Knowing that we've just thrown an unbelievable amount of information at you, I wanted to highlight that there are many CAHPS resources available to you. From the AHRQ CAHPS website you can access the surveys, the administration methods, answers to commonly asked questions, there's a bibliography on there. We also have a technical assistance line either by telephone or by email that you can reach out to with any questions you have.

We have a CAHPS Database for the Clinician and Group Survey and the Health Plan Survey where you can submit your CAHPS data and receive back comparative results to help you see how you're doing compared to others like you.

There is also TalkingQuality, a website to provide information about using CAHPS data for quality improvement. With that I will turn it over to Susan Edgman-Levitan and she will give you some information about using CAHPS Surveys. Susan, over to you.

Susan Edgman-Levitan

Edgman-Levitan, Slide 26

Yes, thank you Stephanie.

Edgman-Levitan, Slide 27

Good afternoon everyone and thank you for joining us today. I am going to focus on how the survey results are used and they're used in a number of different ways. One first point I want to make, that I think is very relevant to the next part of our discussion, is that as one of the CAHPS investigators since the beginning of the program, our real mission is to improve the patient's experience of care. We obviously care about survey quality, survey design and survey science. Part of the reason we care so deeply about that is that we really want to be able for healthcare organizations and clinicians as well as other people that use these data for accountability and payment to get the best quality data they can so that they can trust that it is valid and reliable when they're using it for these different purposes. Again, I want to underscore that the main reason why we have spent so much effort on this is so that we can improve the experience of care for our patients nationally.

CAHPS Surveys are used in many different ways. For quality improvement by external and internal healthcare organizations, for public reporting, both to payers, other providers as well as the public. They're used for value-based payment. I think the most well-known use in that category is the use of HCAHPS by CMS where 30% of

hospitals' payment is based on their Hospital CAHPS results. They're also used for recognition and certification by different programs. They're used by many researchers to understand better how we improve the patient experience of care, how we improve our survey research and what interventions and methods are most effective at improving the patient's experience of care.

Edgman-Levitan Slide 28

How do we think about this? If you look at the next slide, CAHPS Surveys are used to monitor and assess performance, they can be used to compare your performance to peers. I'll give a couple of examples in each one of these buckets. They are used to detect trends. Are we getting better, or are we getting worse? They also can be used to provide a deeper focus on specific item level results.

In terms of comparing performance to peers, one of my roles at the partners' healthcare system that MGH is part of, is I co-chair the Partners' Patient Experience Leaders Committee. We're always looking at our data to see who are our best performers in different composites, or different settings, so that we can learn internally from one another. I think that's a very valuable and important use of CAHPS for quality improvement and for benchmarking. We also look at how do we do over time.

The Massachusetts of Quality Healthcare Partners in the State of Massachusetts conducts an annual survey of all primary care practices using CAHPS. One of the things that we are very happy about given our efforts to work on quality improvement is watching our trend line for both our adults and our primary care practices get better over time. Which we can do because we're able to look at our own performance internally compared to other health systems, other practices across the State of Massachusetts. It also gives us the opportunity to take a deeper focus on item level results or composite levels.

One of the questions that I often get when people are thinking about working on improvement is, "What should we use as our metric?" People often think that it might be a good idea to focus on the two overall rating scores in the CAHPS Survey, which is in particular the question about how would you rate your hospital, your practice, your provider, on a scale of zero to 10? Although I understand why people think that might be a good measure, it's much more valuable to focus on the composite or the other items in the survey that actually motivate people to give a provider, a hospital, or a practice a higher score on those overall ratings, and if you choose to focus, or to use, the overall rating scores in your quality improvements efforts, it's often hard for the people working on quality improvement to understand what they should actually focus on to actually improve their scores.

If you go to the next box, they're very helpful in identifying strengths and areas in need of improvement, and then finally, it also helps you decide where do you need to gather more information to pinpoint opportunities and challenges for improvement.

One of the things that we often hear when people are using CAHPS Surveys in their QI work is that when they get their results, one of the initial reactions people often have is, we need to do another survey, and that's actually not the best strategy. You've already done a CAHPS Survey, you've already got high-level and good quality survey data. What people often need to do is take a look at the composite to the items where you didn't do so well, and go back to your patients and either do individual interviews, do focus groups, or other more qualitative methods to understand what is behind the scores that you've got. Most importantly, what would your patients or their families, depending on the setting that you're working in, recommend that you do to improve in those areas where you didn't do so well. Often people are surprised by the feedback that they get,

and it's incredibly helpful to target your quality improvement strategies on activities that will actually make a difference. Then finally to employ targeted strategies to improve the patients' experience.

Edgman-Levitan, Slide 29

Several years ago, back in 2003, we published the CAHPS Ambulatory Care Improvement Guide, that was recently updated, and it has, for years, been one of the most popular resources on the CAHPS Improvement Guide. It has sections on how you analyze your data, it has sections on are you ready to improve, which I think we hear from many, many users that that particular part of the Improvement Guide is extremely helpful because it helps people evaluate where they are in terms of being ready to actually launch a quality improvement initiative. Do they have the right leadership support? Have they put the right team together? I think, most importantly, have they devoted the resources and the training to actually train their staff in good quality improvement methods? Then do they actually have the data they need, both from the CAHPS Survey and perhaps from other sources, that allows them to begin to do their quality improvement work? Then do they know how to monitor and proceed with the quality improvement activity in a way where they can track their performance over time?

The other thing that the CAHPS Improvement Guide lets you do is go in and look at if you know that you've got issues with access or you know you have issues with communication. We have lots of different interventions that are evidence-based that we've worked hard to identify nationally that people can try and test to improve particular composites or even particular items on your survey. And this is all available for free on the CAHPS part of the AHRQ website.

Edgman-Levitan, Slide 30

I want to show some examples of how CAHPS Survey data are publicly reported. This is on the Medicare site and it is showing data from, I believe, from the CAHPS Health Plans Survey. ALLINA is a big health plan in Minnesota. You can see on this slide that it shows the public how this health plan performs on getting timely care, clinicians' communications, health promotion and education, and other ratings that might be of interest to the public. If you go on to this site, to the Medicare site, you can look at these data for different health plans across the country and different settings across the country, and you can also compare and it's really designed to help people get more information when they're thinking about choosing a health plan, choosing a nursing home. The same data is often available or is available for hospitals and it's really designed to help educate the public more productively about how they can use these data.

Edgman-Levitan, Slide 31

The next slide is looking at clinic comparisons. Here on the slide, you can see two different practices, one in Rochester, Minnesota, and one in Wyoming, Minnesota compared on different aspects of the CAHPS Survey. Looking at the courteousness, and helpfulness of staff, looking at care coordination, looking at getting care when needed, which is one of the access measures, and you can see the difference between these two sites and whether they're above average, average, or below average.

Again, we found that, and I think especially as, the public is much more involved in choosing their own insurance and trying to choose their own providers, and where they're going to get care. We think that these publicly reported survey results along with other types of data that the public is interested in is much better positioned to help inform people and make them much better-informed consumers so that they can get the care they need in the best places that are available to them.

Edgman-Levitan, Slide 32

CAHPS Surveys are also used in value-based payment, the Center for Medicare and Medicaid Services, CMS, uses this in the hospital value-based purchasing program, as that program has been underway we've seen wonderful improvements in the Hospital CAHPS Survey over time, and especially in the lower performing hospitals who have made great advances in improving their scores overall. We've seen it in the use of CAHPS in ACOs, and we've also seen it in alternative payment model demonstrations such as CPC Plus, the MIPS Program, PQRS, and other programs that are sponsored by CAHPS, that are focused more at the practice or physician level. There are many commercial P4P programs that are managed by commercial payers and others that use CAHPS Survey data, and then some organizations and payers use it as part of their provider compensation programs, where some organizations collect the data at the physician level and use it to provide incentives to them on their performance for different composites.

Edgman-Levitan, Slide 33

Then we see it in recognition programs where top performers get recognized and sometimes get certified on the basis of their performance. We see that done by URAC for health plans, for hospitals by the Joint Commission. It's used by the National Committee for Quality Assurance in their Patient-Centered Medical Home recognition program.

Edgman-Levitan, Slide 34

CAHPS Surveys are also used widely by researchers. We know that many researchers are involved and use this in grant-funded research, as well as other types of research to look at how can we improve survey design and administration. What are the best practices for public reporting? Which includes how do we design public reports that are intelligible and easy to understand for the public and for other uses. How was it used in best practices for value-based purchasing and quality improvement? Researchers also use this as part of how they evaluate programs and initiatives in different settings across the country. The CAHPS resources for research, include our CAHPS Database Research Files, where researchers can apply for access to data in CMS Data Sets for CAHPS Surveys. Again, where you can apply to get access to use the data, and then through SEER, which is the Surveillance, Epidemiology and End Results, used by Medicare and has the Medicare CAHPS linked data set, which again is available to researchers who apply for access to CMS.

Edgman-Levitan, Slide 35

With the CAHPS Database, which is managed by the CAHPS Consortium, it is a voluntary database that functions like a bank. If you are a CAHPS user and you decide to share your data sets with the CAHPS Database, that gives you access to the broader data in the CAHPS Database. It gives you access to chartbook displays of summary-level top box scores for each survey. It gives you the ability to look at on our online reporting system and view print and download data reports. It also gives you the ability to look at your own data and create your own private feedback reports and compare your results to the database average. Thank you very much.

Stephanie Fry

Fry (closing), Slide 36

Thank you, Susan. Thanks to all of you who have participated in this webcast to this point. Again, just some encouragement to use that Q&A box that you see on your screen and let us know what specific questions you have.

A few questions have come in already. We'll begin with some of those, but do feel free to continue to add your questions. We'll get through as many as we possibly can here. The very first easy one, someone had asked, are the slides going to be available? Yes, the slides, all of the materials from this presentation will be made available on the CAHPS website. If you missed a portion of it or want to share it with a colleague, it will all be available. Give us a week or so to get everything up there, but you will have the slides and forthcoming will also be a transcript and a recording of this event so you can refer back to it at will.

One of the questions that we got is to please define a patient and asking specifically, do we only survey those in clinics or hospitals? That felt like a really good place to start in terms of understanding what this covers. I wanted to just clarify that CAHPS is not one particular survey. There are individual CAHPS Surveys that are tailored to gather patient experience across the whole healthcare journey. That could be patients who are seeking primary care from their primary care provider. That could also be people who have had a hospital stay and would be receiving the HCAHPS Survey, that could be people who are receiving cancer care services, and there is a survey specifically that addresses the domains that apply to people receiving cancer care. Patients really is anybody who would be seeking healthcare in that particular setting or with those particular kinds of providers or through a health plan for the different kinds of things that health plans offer. The definition of patient really varies depending on which CAHPS Survey is being administered.

Another question that we received here is, when doing the survey are patients asked about specific clinical experiences or just about an overall experience? Susan, I know you mentioned this to all. I'll turn this one over to you in terms of how do CAHPS Surveys collect that patient experience information?

Susan Edgman-Levitan

Stephanie, can you rephrase that question again? I'm not sure if I totally understand the question.

Stephanie Fry

In collecting patient experience information, the question is, are patients asked about their particular clinical experiences or are they just asked about an overall experience?

Susan Edgman-Levitan

No, they are asked about very particular experiences. I think one just quick comment I want to make is that Stephanie mentioned earlier in the presentation that the CAHPS Surveys are really designed to allow people to report about their experiences with care in whatever setting, that they're being asked to evaluate, and not to rate their satisfaction with it. The reason that we did that is that in early on in developing these surveys, and I mean like 25 years ago, when we talk to the people that would be responsible for responding to the surveys, like physicians, nurses, administrators, organizational leaders, they expressed a lot of frustration with the inherent bias in that what was then a typical patient satisfaction survey. They knew that the satisfaction instruments are biased by your age, your gender, your education, your background, etc. because what may make me really happy is not necessarily going to make my daughter happy, or my next door neighbor happy. Much like the same way we evaluate a restaurant.

They also wanted information that was as actionable as possible. Toward that end, we asked patients to help us define what are the most important components of quality in whatever setting we're developing a survey for. Then we designed very specific questions about those aspects of quality so that when people get their results, they have an idea about where to begin their improvement work. If we are talking about access, we ask people about things like, how long did you have to wait in the waiting room? Could you get an appointment when you needed it? Did you get your phone calls returned? These are very specific aspects of the care process so that

people that are using the data to improve get much more concrete information that they can use for improvement rather than just a general response about, "I like the care I got" or "I didn't".

Stephanie Fry

Thanks, Susan. I think that's really helpful. I want to pivot just a little bit, we have a couple of questions about survey length. How many questions typically are in a CAHPS Survey? As you may guess, based on the number of CAHPS Surveys that exist, there is no one number. There is certainly an effort to keep the surveys only to the items that are required in order to understand that patient experience. Many of the surveys are somewhere in the 30 plus number of items. Again, that's going to vary if you add your additional supplemental items to address your own interests. I think 30 plus is one way to frame the number of questions in some of the CAHPS Surveys at the very least.

The follow on question to that is, does asking minimal questions get you a better response? The answer to that is, no, not really. Now, beyond a certain length, yes, certainly. If you're comparing a response rate to maybe a 30-item survey versus 150-item survey, there is evidently a breaking point for most people in terms of the number of questions that they're going to ask. However, when you're talking about a 30-item versus a 40-item or even a 10-item versus a 30-item, the length of the survey is not one of the more important drivers of response. How pertinent the survey seems to people—Does it seem relevant to them? How easy it is for them to respond and how aesthetically well laid out it is, those things have a much greater impact and certainly the mode of data collection. Length is really not a huge issue in terms of driving response. That's our latest and greatest research, and that's something that we continue to monitor knowing that people have different thresholds for how much time they're willing to spend, how they're willing to spend that time, be it with a paper questionnaire or on a web-administered survey.

There is not an abbreviated version of the CAHPS Survey. There isn't, for example, a 30-item version and then a 10-item version if you only need to know your nuts and bolts. CAHPS Surveys, when we talk about the core questionnaire, those really cover the essential domains in the most parsimonious way that the CAHPS Consortium has been able to find to do it. We're conscious of length because length drives other things in terms of costs of administration and that sort of thing. Certainly, in terms of trying to trim off one or two or even five questions from a survey that's not going to be a primary driver of response. Thank you for those who submitted those questions.

Shifting gears to case-mix adjustment and a question about whether or not some of the scores are risk adjusted or if they're raw results. I think that might have been related to some of the results that Susan was sharing. I just wanted to highlight for people that those are examples of different ways that people are using their own results. That would be up to them in terms of whether they would be case-mix adjusted. In terms of the CAHPS Database, again that's for Clinician and Group Survey and for the Health Plan Survey, if you submit your CAHPS data, if you field for example the Clinician and Group Survey and you submit those data to the CAHPS Database, you will get back as Susan mentioned a report comparing your results to others like you, and those results that would come back to you are indeed case-mix adjusted. The answer to whether or not the data are case-mix adjusted, I'm not exactly sure what the question was related to, but hopefully that covers at least some of it.

There's a few questions about additional resources. Again, I want to remind people that the slides and the additional resources will be made available. Caren, a question for you, can a hospital outside of the USA be a

user of CAHPS Surveys and I think that probably would also apply to some of the other surveys out there as well?

Caren Ginsberg

Yes, of course you can. If you're an international user, what you would do would be to write to us either me directly or Westat, cahps1@westat.com, technical assistance to ask for permission to use it, and then tell us if you need to translate the survey so we have that too. Now, I just want to say a couple of things. Of course, you're absolutely entitled and welcome to use the survey and we welcome your interest. You should really think carefully about whether the questions are appropriate for your particular setting, hospital setting and whether they are relevant for your situation. In terms of the translation, if you need to translate this survey, we have instructions for a translation process that you can find on our website. That translation process is designed to help maintain the integrity of the measures, you should also look for HCAHPS, if you're interested in hospitals look on the CMS website because they already have questions, our survey is translated into about six or seven different languages. You might be able to actually find a translation in a language that you need.

Stephanie Fry

Thank you, Caren. I see that there are two questions about the use of incentives including perhaps either a promised incentive of some number of a couple of dollars or a prepaid incentive with a survey mail-out to increase response rates. This really is part of an individual data collection strategy that organizations would need to make on their own. There certainly is some research to suggest that that can be effective for some populations. Again it would be contingent on whether that was permissible within your organization and if you thought that the cost of the incentive and the return in terms of response rate was sufficient for you, but certainly it's something that we know many people use because the cost of the incentive is less than perhaps doing additional telephone non-response follow up. To achieve their desired response rate, they find that to be a more cost effective approach. That's certainly something that many people consider and that there is a broad body of literature around.

I know we're running a little short on time and Susan, I'm going to put one more out to you here. This question is how possible is it to measure patient centered care through CAHPS? This might help to develop a strategic plan for improvement. This feels like it's a great follow on to the content you provided about how to use CAHPS for measurement of patient centered care.

Susan Edgman-Levitan

Thanks, Stephanie. I think to start with, the CAHPS Surveys actually do measure I think many of the critical components of what we defined as patient centered care back in the late '80s and '90s and that definition is the definition that is in the Institute of Medicine Report Crossing the Quality Chasm, which really focuses on communication, access to care and involving patients in shared decision making is one of the supplemental item sets in the set of CAHPS items. I think it is definitely a very important core component of how to measure that. Although I will also say that because we're always doing our best to keep the CAHPS Surveys as short as possible we know that there are other components of care that matter greatly to patients that we can't always include survey items about. Things like the provision of emotional support to patients, how the family is treated by the organization are involved in the care.

There are other components of patient centered care that are important to focus on, some of which may be hard to measure with the survey. It may be much more important to think about how you partner with your

patients to help you co-design care to get at those issues and to help get them right in addition to how you use surveys to measure patient centered care.

Stephanie Fry

Thanks, Susan. I know there are a number of additional questions that have come in. We will endeavor to follow up with as many of you as we can to provide specific feedback on some of your questions. Thank you all very much for participating in our webcast today. We hope that you have learned a little something about the overview of CAHPS, the use of CAHPS Surveys, why they're important and how they can be integrated into quality improvement strategy. Thank you all for this hour of your day. We wish you a great afternoon and look forward to having you join us in future AHRQ CAHPS webinars.

Fry (closing), Slide 37

I want to also encourage you to subscribe to our GovDelivery Listserv, if you have not already in order to stay up to date on all things CAHPS and to get announcements about future webcasts.

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Fry (closing), Slide 38

Any feedback that you have, questions or comments, please do reach out to us and let us know how we can help you. If you didn't get your question answered you can reach out to us through this email address here.

[Describer: cahps1@westat.com]

Fry

Or this phone number.

[Describer: 1-800-492-9261]

Fry

We will get back to you and see if we can get you all set up with whatever information you may need. Thank you all for your time and look forward to seeing you at the next one. Bye Bye.

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