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Developing Invitation Messages that Increase CAHPS Survey Response Rates

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Speakers

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Julie Brown

Brown (opening), Slide 1

Hello, and welcome to Developing Invitation Messages that Increase Survey Response Rates, a webcast presented by the AHRQ CAHPS User Network.

Brown (opening), Slide 2

In today's webinar, we are going to focus on subject liens and messages in emails to increase the rate of survey returns via the web, wording to motivate completion of open-ended survey questions.

Brown (opening), Slide 3

And we're pleased to have some great speakers today. We'll be 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 have Jack Fowler, who is a senior research fellow within the Center for Survey Research at the University of Massachusetts Boston. We also have Dale Shaller who is principal of Shaller Consulting Group, a health policy analysis and management consulting practice based in Stillwater, Minnesota. And I'm Julie Brown from the RAND Corporation, and I'll be serving as your moderator today.

Brown (opening), Slide 4

Before we begin, let's just take a moment for some housekeeping details. If you're having difficulty hearing, the audio from your computer speakers, you can change the audio selection so that the Webex can call you back and connect through your phone instead. In the event that your computer freezes during the presentations, you can try logging out and logging back into the webcast to refresh the page. But, remember though, that you may just be experiencing a lag in the advancement of the slides due to your internet connection speed. If you need help at any time during this webcast, use the Q&A icon.

Brown (opening), Slide 5

And, remember, at any point throughout today's presentation, if you have any technical difficulties or have a question for our speakers, you may ask a question through the Q&A feature. I want to encourage you to ask questions as we go and not hold them to the end so that we have them ready and can be prepared to respond to them. Depending on the browser you are using, your Webex screen may look slightly different than what you see on the slide, but look for the Q&A icon and be sure that the dropdown option displays all panelists for you to ask the question so our team can see it. Feel free to share your name and/or organization role when you type your question.

Today's session is being recorded, and a replay of today's webcast and the slides will be made available on the AHRQ website. Now, here's Caren Ginsberg.

Caren Ginsberg

Ginsberg, Slide 6

Hi. Hello, everybody. Thanks for joining us on today's talk on survey invitation wording to increase response rates on surveys. As Julie mentioned, I'm Caren Ginsberg, and I direct the Agency for Healthcare Research and Quality's CAHPS division and CAHPS program.

If you're familiar with the CAHPS and our webcast, you're going to notice today that the presentation is a little different from the usual kind of presentations you've heard from us. Today's program focuses on an issues that's more likely seen in a survey methods seminar than one on patient experience of care, but the issue of increasing response rates on surveys and inviting respondents to complete a survey that touches on personal issues in a way that's comfortable for them is entirely within the mission of the CAHPS program and AHRQ's mission as well. So, I'm going to take a few minutes to give you a little context for why this topic is important to us before I turn this over to the presenters.

Ginsberg, Slide 7

AHRQ's mission is to improve the life of patients by helping healthcare systems and professionals deliver care that's of high quality, high value, and is safe. AHRQ's a science-based agency, and we talk about our core competencies. What we do at AHRQ is invest in research and evidence to make healthcare safer and improve quality. We create tools of healthcare professionals to improve care for their patients. And we generate measures and data that are used by providers and policy-makers to improve performance and evaluate the progress of the US healthcare system. We feel that it's important to push science to implementation and get our tools and products to you, our users.

I just want to say AHRQ is not a regulatory agency, so we don't require surveys to be administered, and we don't require specific ways in which surveys should be administered. We're a science-based agency.

Ginsberg, Slide 8

CAHPS stands for Consumer Assessment of Healthcare Providers and Systems, and it's a program to advance the understanding, measurement, reporting, and improvement of patients' experiences with their healthcare. We've been around for a while, since 1995, so the CAHPS program is a mature program.

Ginsberg, Slide 9

The CAHPS has an active research agenda that focuses on, as I've just said, the understanding patient experience, how to measure it, and how to report it. In addition to the work that we're most known for, which is developing surveys on patient experience of care, we also conduct research on best methods to implement surveys. While we haven't made this implementation research and end product for our users in and of itself, this work is becoming more critical for our stakeholders to understand, because methods that you use to collect data are going to affect the quality of your results. So, we decided to bring this work to your attention and to explain the work we've done in this area.

Ginsberg, Slide 10

Let me say a few words about the CAHPS surveys. They are considered the gold standard for patient experience measurement for a lot of reasons, one of which is their patient focus. Patient focus means that they measure topics that patients have told us is important to them to understand and to measure. Many of the different aspects of CAHPS surveys are extensively tested with patients, including not only the questions but the way in which the survey is administered.

Ginsberg, Slide 11

What's the goal of survey administration? Ultimately, the focus of the CAHPS survey administration effort is to have a response rate that is sufficient to allow you to understand the patient experience in the population that you're measuring for responsiveness and to ensure that we have a representative sample of patients who are responding to the surveys. Several factors can influence and affect survey responsiveness and representativeness, and we're going to discuss today our wording and messaging of invitations and also survey instructions to encourage survey response. This is an important contributor to getting meaningful survey results back to you for your analysis. In November, look for another webcast from us. We'll be talking about our research into survey administration modes, which of course are also important determinants of survey responsiveness and representativeness.

You're going to hear today from survey methods researchers who have worked on CAHPS efforts for many, many years and who are leaders in this field. I'm excited to present this program to you. So, with that, I'm going to turn this over to Jack Fowler. Thank you.

Jack Fowler

Fowler, Slide 12

Thanks very much, Caren. I'm Jack Fowler, and I have been associated with the CAHPS program since its inception really. What I'm going to talk to you about today is some of our recent work on response rates. As probably most of you know, CAHPS is found in a variety of different settings and uses a variety of different methods. One of the common settings though, perhaps the biggest, is to survey patients about their experiences in ambulatory care settings. The original default strategy for collecting data of that sort was a mail survey then followed up with telephone interviews with non-responders, but, like the whole rest of the world, people looked seriously at the internet and said, "Couldn't we use the internet in some way to collect data?" It's cheaper in the sense that you don't have to pay for postage or mailing or printing, and you also get responses back faster. If people are going to respond, they tend to do it pretty quickly.

However, the experience to date has been that the response rates with internet-only strategies have been lower than those with mail, but we wanted to see if we could find out ways in which we could strengthen and increase the rates at which people do respond to the internet. So, that's what I'm going to be talking to you today about.

Fowler, Slide 13

I want to thank my colleagues, Carol Cosenza, Philip Brenner, and Lauren Cripps, for their work on this project. And now let's get to the substance.

Fowler, Slide 14

In order to do a survey this way, there are a couple of things that are necessary. First of all, of course you need email addresses in order to solicit people's participation via the internet. You can do it by postage, but that turns out to be much less efficient and effective than using email. The good news is that more and more medical providers these days are getting email addresses of their patients, so this starts to become more feasible.

The two things that have to happen is, first, when an email shows up in somebody's box, they've got to open it. We know from qualitative studies that a lot of times the requests to do a survey never get exposure to the respondents because they don't open the email in the first place. Then, the second thing is they have to read whatever invitation letter there is and click on the URL to get connected to the survey. So, what we wanted to do was learn more about responses to different ways of presenting subject lines and to different contents of invitation letters.

Fowler, Slide 15

Our first step was we convened three focus groups of people who had seen a doctor within the last six months or the previous six months, and we created a bunch of subject lines that we drew from a variety of sources and also some sample content from invitation letters. We asked them to sit down with us to discuss these, to say what they liked and didn't like about them, and to rate them in terms of the likelihood that they would be helpful.

Fowler, Slide 16

We went to a national web panel, and we identified 300 people who had seen a doctor in the previous six months, and we asked them to rate essentially slightly edited versions of the subject lines and of the content of the invitation letters that we had discussed with our focus groups. Those are the results I'm going to present to you today.

Fowler, Slide 17

One of the things we did first was say, "Would you pick from these dozen or so subject lines the ones that you would be most likely to open if you got an email with this subject line?" And then we said, "Pick three subject lines that you would be least likely to open." Here's what we learned.

Fowler, Slide 18

Subject lines, worst. The third worst was "This is your chance to make a difference." The second one is "You know something we need to know." And the last and clearly most popular, or most unpopular depending on your point of view, is "Please help." If you look at these three, one of the things you'll see is that there's almost no information in any of these three about what the topic of the survey ... Even that it's a survey, what the topic is, and why anybody would want to do it. They are essentially content free, and that's the feedback we got from our focus group people and what showed up in the ratings from the web panel is that they didn't learn anything

from this. It looked like it could be a scam or junk or whatever, and we're not interested. That's what we learned about these.

Fowler, Slide 19

In contrast, here are three that they liked quite a bit better. "How did you like your medical care?" "What your doctor's office do better?" "Tell us how you felt about your recent visit to your doctor's office." Okay. So, there's more content in all of these. The number three one, it says, "How did you like your medical care?" The number two one includes the information about your doctor's office. So, people say, "Gosh, now I sort of know what you're asking about and what the topic's going to be."

Then the one that they liked the best, as you can see, gives you the most information also about what this might be about. It tells you you're going to be asked about a recent visit to your doctor's office. It tells you you're going to ask about how you felt. People said, "That's the most informative. It gives me the most sense of what it might be about and even why I might be interested, and having that information really helps me think I'd be more likely to open this stuff and find out what's going on."

Fowler, Slide 20

So, then, we've now switched to the messages in the invitation letter. Again, what we did, the similar thing ... We said, "Pick four messages that would be least likely to encourage you to do the survey," and, "Could you pick four messages that would be most likely to encourage you to do the survey?"

Fowler, Slide 21

Least helpful messages. These are three of the four least helpful. Two of them ... Well, actually, all of them are sort of information about the process. "If you choose not to participate, this will not affect your healthcare." "The accuracy of the results depends on having a high percentage of those in the sample responding." "We've hired an outside group to do the survey." People said that there's nothing wrong with these messages that it's okay to have them in letters, but they didn't make it more likely that they would want to do this survey. So, they're informative, but they really are not very encouraging. You may need to include some of this, for example to meet your IRB responsibilities, but they aren't going to be the messages that get people to do the survey.

Fowler, Slide 22

Then the one that just broke my heart, and it's because this in fact is what I think is the most important reason for everybody to respond, is because "If you don't respond, we'll underestimate the number of people who see things as you do." However, none of our respondents seemed to think that was very important or very motivating, and that was what they thought would be least likely to encourage them to click on the URL and do the survey.

Fowler, Slide 23

Okay. Now for the positive messages. Two of these three ... These three of the top four. Two of these, the top ones ... "We carefully review the results of the surveys to figure out how to provide better service," and the third one, "We're committed to providing you the best quality healthcare available, and your input will help us." So, those two messages give you a reason why somebody actually might want to do this survey. They at least tell you that the folks that sent this out have in mind, one, to use the data, and, two, that their goal is to make things better for their patients. That's why people said, "I've got to have a reason to do this if I'm going to bother, and these are two of the messages that sort of do that."

Now, previously we saw that this sort of nuts and bolts processes of the survey weren't of great interest, but it did turn out that our respondents were concerned about confidentiality. They said pretty clearly, "You know, I really don't want my doctor looking at the answers to this survey. Not that I necessarily have bad things to say, but that doesn't feel like something I'm comfortable with." So, the fact that they were confidential and that

their doctors wouldn't see their answers was one important barrier that they liked hearing about that was not going to be part and encouraged them to do the survey.

Fowler, Slide 24

But, we have one absolutely clear winner that was so much better than everything else. It was quite striking. And this is it. As you can see what it is is it gives them four examples of questions that they're going to be asked: how easy it was to make appointments, whether you felt listened to, et cetera. They went on to say these are the kinds of things that only you can tell us. Our respondents said, "You know, we like several things about this. First of all, it gives you a sense of the kinds of questions you're going to be asked, and these are reasonable questions. I understand what these questions are. I understand why they're relevant to running a good medical practice. And they're the kinds of questions I can answer." So, this gave a lot of information to them both about what they're going to be asked, what's involved, and why it might be useful. That's to say this was an absolute clear winner from our survey results.

Fowler, Slide 25

Our takeaways. Subject lines are best at the extent that they communicate who is asking, say what's being asked, and give some clue about what good the whole thing might do.

Fowler, Slide 26

Invitation letters include address concerns about downsides. In this case, the issue of confidentiality was the main downside that people were concerned about. Plus, they might be wasting their time. So, communicate why it might be worth somebody's time or effort to do it is the second important thing. And, third, communicate what the survey's about, that the questions are sensible, respondents can answer them, and the answers might actually make a difference.

You might note that the difference between a paper survey and an internet survey is that a paper survey, if someone's interested enough, they open it up and look at some questions. On the internet, you've got this URL, and you have to click it without having a clue what's on the other end. Again, the sample questions seemed like a good idea to people.

Fowler, Slide 27

Limitations. Of course, these are thoughts and feedback from people who were not actually being surveyed by the doctors. So, the issue of how well what they tell us will generalize and actually make a difference is still to be learned. However, we have two things to say about that. First, we were really struck by the extent to which the feedback we got from the focus groups and then the ratings by the web panel people converged on the same issues. In both methods, we got essentially the same answers about which things were going to be helpful and which kinds of things were not going to be helpful.

Fowler, Slide 28

However, we have two things to say about that. First, we were really struck by the extent to which the feedback we got from the focus groups and then the ratings by the web panel people converged on the same issues. In both methods, we got essentially the same answers about which things were going to be helpful and which kinds of things were not going to be helpful.

The other thing we did was we looked at the ratings from the web panel across age, gender, education, and ethnicity. While the percentages differed a bit within groups, et cetera, what was striking again to us was that, for all the different groups we looked at, the rank ordering of which items were attractive and were liked and which ones were not were very, very consistent, again making an argument that there's something fundamentally right about the things we're picking up.

Fowler, Slide 29

So, what do we do? The obvious thing we have to do is go out and do a field test to apply what we think we learned, but we are confident that some of these insights will hold up in a very consistent and universal way. Thank you much.

Now I'm going to turn it over to Dale Shaller.

Dale Shaller

Shaller, Slide 30

Okay. Thank you, Jack. You're a hard act to follow, but I appreciate the opportunity nonetheless. I wanted to point out, in contrast to the study results that Jack has just presented that describe messages that are designed to motivate people to open and then respond to an email invitation, the research that I plan to present focuses on messages that can be used within the context of a survey, within the actual body of the survey instrument, to encourage respondents already engaged in completing the closed-ended questions of a survey to go on to complete a set of open-ended questions that allow patients to provide feedback in their own words

Shaller, Slide 31

The research results I'll be talking about come from a pair of pilot studies that looked specifically at completion rates of the CAHPS Narrative Item Set, which I'll describe in just a moment, added to the CAHPS Clinician and Group Survey, known as CG-CAHPS. Both studies were conducted as part of an annual statewide survey sponsored in Massachusetts by Massachusetts Health Quality Partners, or MHQP. MHQP is a regional quality improvement collaborative that has fielded an ambulatory patient experience survey, either using CG-CAHPS or based on CG-CAHPS since 2005. That has included over those years hundreds of practices across the States.

Members of the CAHPS team worked with closely with MHQP staff to design the study, and I want to acknowledge both Barbra Rabson and Amy Stern from MHQP for their support. I also want to acknowledge my CAHPS team colleagues that worked on the studies, Mark Schlesinger, who's a professor of health policy at Yale University, and Lise Rybowski who's president of The Severyn Group.

As I mentioned, the aim of both studies was to identify the type of wording for what we might call transition messages that are within the survey instrument itself that might help motivate respondents that have completed the close-ended questions up to that point to go on to complete a series of open-ended questions placed at the end.

Shaller, Slide 32

As some of you, or I bet maybe even many of you, know at this point from previous webcasts or publications, the CAHPS team has developed what we are now calling the CG-CAHPS Narrative Item Set, which is designed to gather additional patient feedback in the form of narrative comments on their experiences with ambulatory care. The Narrative Item Set is a structured series of five open-ended questions that are designed to prompt survey respondents to tell a clear and comprehensive story about their experiences with their provider and his or her office staff, designed to complement the closed-ended survey questions to add further detail and scope and depth to what can be gained from the standard sort of core surveys on a CAHPS instrument, and then to provide additional value-added information that would be helpful to patients in sort of informing choice and selection of providers but also to clinicians and office personnel themselves to help on improvement efforts.

You can learn more about the Narrative Item Set on the CAHPS website, and the URL for that will be shown at the conclusion of today's webcast. I also just want to mention that the CAHPS team is also developing

additional narrative item sets for other CAHPS surveys starting with child age gaps, and we'll be talking more about that in future webcasts.

Shaller, Slide 33

So, the 25 ... Excuse me. The 2015 pilot study was the first of the two that we conducted with MHQP, and this was actually the very first time that the CAHPS team field tested the Narrative Item Set in the context of a real world survey implementation project. Up to this point, we have been using experimental kind of web-based panels to look at the sort of the feasibility and the performance of the Narrative Item Set. But, in this case, we used the open-ended questions put on the end of a short-form version of CG-CAHPS that was administered via web, meaning that sample patients were invited through both email messages as well as through a mailed letter that included a URL as an option for them to complete the survey online.

The transition wording then, from the closed-ended to the open-ended questions looks exactly like what you're seeing here. It began with a question, which is "Would you like to provide additional comments about your experience with this doctor?" If the respondent said yes, then they went on to see a fairly dense message that had assurances that their answers would never be matched to their name, but what they could actually tell us would be seen by their doctor, and that was a good thing because it could provide information that would be helpful to them to know what's working well and that may need improvement. Then they were asked again if they still wanted to write a comment, and, if so, they saw a disclaimer message as you see here almost actually in the form of a warning that they shouldn't use their written comments if they wanted to seek medical care or advice.

So, I think, because this was the first time we fielded this item set in a live project, we and our survey sponsors wanted to exercise an abundance of caution to explain how comments would or would not be used and even asked a second time almost as if to say, "Are you really sure you want to leave a comment?"

Shaller, Slide 34

Not surprisingly, this fairly wordy cautionary message didn't lead very many respondents to go on to complete the open-ended questions. Only 17% chose to answer at least one of the open-ended questions, and, as you see, over 80% did not

Shaller, Slide 35

Let's say that we learned a lot from that first study, which was basically what not to do. And fortunately, we had the opportunity to again collaborate with MHQP on a second study in 2017. This time, the CAHPS Narrative Item Set was again placed at the end of the CG-CAHPS survey administered via web but with a study designed that was very intentionally designed to test three different transition messages in a kind of random assignment arrangement. We term these three different versions the modified short encouragement, enhanced short encouragement, and then no encouragement.

Shaller, Slide 36

You can see here kind of a screenshot that displays what the online survey layout actually looked like on the web that shows one of the messages at the beginning and that leads into the five open-ended questions with a box that allows the respondent online to add their responses to these five open-ended questions.

Shaller, Slide 37

Here's the exact wording of the very first study arm or condition, which we call it the modified short encouragement. There's a little header that said, "In your own words, please answer the following questions to provide detailed feedback about the care treatment and services you received from your provider." It was not outlined and read on an online survey, but I want to highlight this just for contrast. We went on to say, "Your provider can use this information to know what is working well or what may need improvement," and then it ended with sort of this disclaimer: "Please don't use your comments in place of a visit or phone call or to seek

advice from your provider. Your comments may be reported publicly but will never be matched to your name." So, again, it was assurance of confidentiality, but in this case MHQP was holding out the possibility that this information might potentially be added to their consumer-facing website along with the survey scores themselves to inform consumers about sort of the different performance of the ambulatory sites in Massachusetts.

So, you can see that we shortened the message from 2015 quite a lot. We didn't use any gate questions to ask if they wanted to leave a comment. We stressed how much their detailed feedback can be used by the provider to know it's working well or what might be improved. Then, used a very abbreviated message that they shouldn't use their comments in place of an actual encounter or to seek advice and that their comments could be publicly reported but never identified by name.

Shaller, Slide 38

The second study arm, which we called the enhanced short encouragement, was identical to the first one I just described, except in this case we changed the second sentence highlighted in red to emphasize that providers really do value comments and why such details are important. And the rest of the message was exactly the same.

Shaller, Slide 39

In the final third study condition, we simply asked the respondent to describe their experiences in their own words, and we didn't use any explicit encouragement or reasons for them to do so, and of course had a similar disclaimer as well.

Shaller, Slide 40

And here are the results. In this case, a total of 706 sampled patients responded to the web version of the survey. 94% of them actually completed the last closed-ended question and were then randomly assigned to one of these three wording versions I just described. As you can see, all three versions yielded a significantly greater rate of completion than what we found in the 2015 study version, which was just about 17%, and that what we call the enhanced short encouragement performed the best getting over 77% of respondents to go on to complete one or more of those open-ended questions, followed by the modified short encouragement at 74%. The version with no encouragement came in last at about 60%.

Shaller, Slide 41

What can we conclude from these two pilot studies? Well, I think it's pretty clear that the wording of invitations does make a big difference. Specifically, we learned that less is more, which is clearly often the case in effective communication strategies that long, dense, cautionary wording with one or more gate questions led to far lower rates of completion as we saw in the 2015 study, and that short, direct, sort of pithy, positive wording increased completing rates compared to 2015 by more than threefold. So, it was a huge leap, and we kind of got rid of a lot of clutter, a lot of sort of cautionary language, and just try to motivate as much as possible as simply and directly as possible responders to go to complete the questions.

Then we also found out, among the versions that we tested in 2017, the wording that emphasized that providers value patient comments appears to be especially effective in increasing completing rates compared to the other two between 13 and 17%.

Our takeaways from the MHQP pilot studies really suggest the importance of thinking carefully about how to frame and use wording to motivate completion of open-ended questions. I think that applies to any form of invitation, whether it's the front-end of a survey in the invitation letter or email and throughout.

I just want to thank again our colleagues at MHQP for their collaboration, and to turn it back to Julie.

Julie Brown

Brown, Slide 42

Let's take a moment to reflect on the findings from these presentations. As Caren mentioned earlier, the CAHPS program has a history of research on survey wording and approach to survey invitations. You can visit the CAHPS bibliography at www.ahrq.gov, which is listed on this slide, to find more research findings.

The presentations from Jack and Dale build on that history and on the topics discussed in an AHRQ research meeting last September in which findings from the CAHPS program and other research on maximizing response rates and sample representatives were discussed. You can visit the CAHPS news and events page at www.ahrq.gov for a summary of that meeting.

Today's presentations also reflect the key practices recommended in the work of Dillman and others on survey invitations and motivating response. Let's take a moment to review the findings from these two studies and their link to key practice as identified in the literature on the next slide.

Brown, Slide 43

Jack shared findings on the importance of focused or concise wording that directly links the survey invitation to medical care or visits to a doctor's office and that the information will be used to improve care. These findings are consistent with the recommendations in the literature to use simple, short sentences written in the active voice and conversational style.

Dale demonstrated the key practices for survey invitations, like those I just described, apply to encouraging completion of narrative or open-ended survey questions. His presentation indicates that adherence to the same key practices--that is concise wording, communication of the importance of the information to the provider, and its use to improve care--were associated with higher completion rates for survey questions.

We will open it up for questions for our presenters, and I want to thank those of you who've submitted your questions already. But let's take a moment to review the instructions for asking a question.

Brown (closing), Slide 44

I want to encourage you to use the Q&A box to let us know what specific questions you have. We have a few questions, as I've said, that have already come in, so we'll begin with those. Excuse me. Please feel free to add your questions, and we will get to as many of them today as we can.

So, our first question today is for Dale. The event description mentions emailed surveys. I thought that mode was not yet allowed. Can you clarify please?

Dale Shaller

Yeah. I think that's a great question. I think the question of allowance is really sort of by home. We often need to kind of clarify that the work that we've described today that AHRQ sponsors is very different than what CMS, Centers for Medicare and Medicaid Services, or MCQA, or others actually may require and sort of the guidelines that they put forth for survey administration under formal programs. So, AHRQ is basically the science-based. We do the development and testing, and then it's up to others in organizations that sort of mandate either sort of public reporting or value-based purchasing or accreditation to stipulate what particular rules or modes of survey administration, et cetera, can be followed.

We do know that NCQA allows for email administration. ARQH itself through the CAHPS program has developed some guidance that's available on the CAHPS' site for how to do email administration if you choose to do that. We know that many, many health systems, hospitals, medical groups, with their vendors, use email modes, and that, as Jack pointed out at the top of his presentation, is becoming increasingly prevalent as the sort of penetration of email addresses becomes greater.

I think what ... Well, I guess the question is, with those surveys that CMS sponsors, will email become an option in the future and if ... We can ever really speak for CMS, but we can say, because of even public comment requests that have been posted in the federal register that we know CMS has done and will continue to do testing of modes that we understand will include some invitation wording testing as well. So, I think it's a question of, over time when that actually may evolve. Sorry for the long-winded answer.

Julie Brown

Oh, why thank you, Dale. It's a long topic, so there was a lot to share. I appreciate your thoughtful response.

Next question for Jack. Jack, what population does this research cover, and do you have thoughts about if the findings would generalize to other CAHPS populations?

Jack Fowler

Yeah. Thanks, Julie. As I mentioned when I did our presentation, we did look at the data from the web panel. We wondered whether there would be significant differences between people of different ages or different educational, ethnic backgrounds. Actually, while there were some differences in it in terms of the rates at which they, for example, picked the individual items or rated them as very good or not so hot, what surprised us was that when you looked at the ordering of items within the groups they were remarkably similar.

So, I've got to say that I think the principles we're talking about have got to be applicable across a wide range of different kinds of populations. While we were testing in the context of ambulatory care, I would think again the issues will generalize to different kinds of patient populations as well.

On the one hand, I can believe that there's further work to be done, that there are ways of saying what the value of this is to your doctor or to your medical care provider or what the concerns might be about confidentiality and how you'd say that. But I think the general principles about telling people what they're getting into, making it sound sensible, emphasizing in some way that there is value to doing this. This is not a waste of time. It's not a waste of effort. There's something that they value that might come out of doing this well. I think those messages are going to be pretty universal. At least that's what our evidence would say so far.

Julie Brown

Thank you so much, Jack. We got a follow up question or a related question that I'd like to ask just so that we're addressing as many questions as we can. Do you think the questions or the approach, the invitation wording or the content of the invitation, would need to be phrased differently to accommodate an aging population?

Jack Fowler
Again, we have a good variety of ages across the web panel, and we did not see differences in terms of what they thought were the good messages and the not so hot messages between those over 65 and those under 40. There were some differences in race, but, if anything, I think that maybe the messages that we had worked for the older set of patients that we had even better perhaps than the young patients.

Julie Brown
Thank you. Another question. Our following question for you, Jack, and Dale may also have some information to share in response to this question. Do you have information on current email or web survey response rates that you can share?

Jack Fowler
We have done experimentation on that, and I know, Julie, that you have done this as well. It's very clear in our experience with CAHPS surveys, like those I think in other settings, is that response rates using the internet with general samples definitely get lower response rates than we are getting with mail so far. We actually did an experiment where we compared ... We randomized people to starting out with an email, linking you to a web survey, and compare that with another group that got a mail survey.

I think our experience was very similar to a lot of things Don Dillman reports that the internet to date does not get the same kind of response rates as we were getting with mail. Now we're talking also about people who have email addresses and who've given their email addresses to their doctors.

I think internet surveys are clearly going to grow, and I'm guessing that we'll get better and better at finding ways to make them attractive and to motivate people to use them, but there is still a way to go before, at least for the kind of general populations that we're talking about here, as compared with for example maybe student populations or something else ... I think we still have a way to go to get them so we can get the response rate up to the same level.

Dale Shaller
I guess I would add to that that the research that I'm aware of to date shows that exactly what Jack said. Email by itself is clearly not yet the answer and may never be the answer, and that what may be the most effective way to increase response rates through mode techniques is to use a mixed mode approach that combines mail, telephone, email in a way that allows a set of respondents in your sample frame in your sample to respond in a way that it works best for them. So, it's not one or the other, but it's actually a combination of modes that allows the respondent population to get back to you in the mode that works for them the best.

Jack Fowler
I really would second that. I think that's a good point, Dale. A lot of the efforts I think will seem to be to see if you can push as many people as you can to respond on the internet, because it is cheaper and faster, and then work on the non-respondents with other modes that fit their styles better.

Dale Shaller
Could I say just one more thing, because this is such an important issue in terms of mode and mode selection and what performs the best? The CAHPS team will be doing a webcast in the future, and ... I'm not quite sure we've scheduled the date yet exactly on the issue of response rates and representativeness as kind of a follow-on to the AHRQ meeting that you, Julie, mentioned. I think that should be communicating that through our normal messaging, but I just wanted to point out that we'll have a webcast specifically on that topic in the months to come.

Julie Brown
Great. Thank you, both. I know that one of the things we'll go over at the end of the webinar is how to sign up for CAHPS announcements so that attendees can watch for more information about their webinar.

I'd like to make one comment on this topic of email and web survey response rates to remind folks that there are a couple of articles on this very topic that share approach and response rate information in the CAHPS bibliography.

Next, I have a question for Jack about embedding a web beacon in the email to measure whether or not the email is opened. Is there any reason not to test that?

Jack Fowler
I have not actually doing research on that in a randomized way, but I have no reason to think that there's a problem with doing that.

Julie Brown
Dale, any comments on this topic?

Dale Shaller
No, but I will say, in terms of images, what we have heard expressed ... And I don't have any evidence to support how actually effective it is. But using icons or images or even photographs of sort of ... If they're available and can be matched to the visit or sort of the provider, that it can be matched to a particular patient as a potential respondent, that those devices I know have been tested are ... They've been used. I don't know how extensively actually tested. But I think there are a number of sort of graphic types of techniques that people have discussed that I think could also be strong motivators to encourage people to respond about their experiences with a particular provider and a particular visit.

Julie Brown
Thanks so much.

I can say that I have some experience monitoring whether or not an email is opened, and that can be useful and it can tell you something about, if you have some information about the characteristics of your sample frame, which kinds of persons in your frame are more likely to open the email. It also gives you an idea if someone's opened the email and not responded. So, that can be a useful source of information in that it gives you a cue that, while they've received your message, it may not be the ideal mode for which they want to respond.

Here's a HIPAA question that came in during Jack's presentation. The "Tell us about your most recent visit to your doctor's office" subject line seems it would be divulging too much information. You indicated that you know this person ... You're indicating that you know that this person received care. What's your take on this approach relative to HIPAA?

Jack Fowler

We have certainly discussed that, and the issue ... We do not have information about any of the characteristics of the respondents such as what's wrong with them, why they saw the doctor, et cetera. And the CAHPS

questions usually don't ask that either. So, all we really know is that they did see a doctor, a particular doctor, on a particular date, and that seems to be okay from a HIPAA perspective.

Julie Brown

Thank you. Next, I have a question that really applies to both of you. Would people be more likely to click through if there is a more complete or longer invitation email, or are people more likely to click through if the invitation text is brief?

Jack, what are your thoughts? And then, Dale, welcome anything you'd care to add.

Jack Fowler

Oh man. Aristotle said moderation in all things, and I think I'm with Aristotle in this. There's absolutely no question, and I think Dale has some nice examples of this too ... But I think, in my experience over time, shorter and clearer is good. So, you don't want to ... I mean, certainly you don't want to ramble on. I think that is definitely a downside. There are limits to what people will read. On the other hand, there are some messages as we demonstrated that people really like to get. So, weeding those out is probably not a good thing either.

So, focusing on how to be concise and have good ways of getting the information to people without their doing a lot of reading is probably a good thing to do. Sometimes, and not an email thing, we have actually used cover letters that had a fact sheet behind them that summarized some of the additional information, and that may be a way of breaking it up and again getting away from the long, extended paragraphs. I'm confident that's not the best answer, but, on the other hand, covering the key points that people need to hear if they're going to be helpful I think has to be done. Honestly, I'd go with Aristotle.

Dale Shaller

Yeah. I think absolutely. I'm with Jack and Aristotle on this. I think you said it very well. I absolutely agree with what you said.

Julie Brown

Thank you both. Dale, here's a question for you about the narrative elicitation protocol. When implementing the protocol, would you recommend asking for a specific length of response? That is, would you include an instruction that says, for example, "Please tell us in three sentences"?

Dale Shaller

No. No, I think it's a really good question, but I think the sort of whole nature of the narrative questions is to elicit as much kind of feedback, as rich a response as possible. In the testing and the implementation we've been doing ... And, by the way, we're actually doing this in another real world setting with a partner at New York-Presbyterian system in New York City.

We find a range. Some people are quite loquacious. Some people are much more constrained in what they say. We want to allow them the freedom to express their answers to these questions, and they are systematically designed to sort of go from one step to the next in a way that they feel most comfortable in responding. So, we don't think it's important or desirable at all to sort of suggest a word length to what they do.

Julie Brown

Thank you so much. Want to key up a question again for both of you. Want to ask about mail surveys, which I know is a topic we didn't address specifically today, but ... Oh, I actually ... I apologize. Dale, this is about your presentation. Want to understand if the responses were collected only via online or if any of this narrative information was collected via a paper/pencil survey.

Dale Shaller

Not in the two studies with MHPQ that we did. The experimental work was only done with the web-based mode available. Again, either through a direct URL that was embedded in an email invitation or receiving an actual letter in the mail that had a URL address included in the cover letter.

Having said that, the New York-Presbyterian demonstration we're working on now does include both modes. In fact, the majority of the responses we're getting with the narrative elicitation protocol at NYP are through mailed surveys. So, we do know that people do answer in both ways, and, again, sort of either right on paper or use the web if that's the response option that they've been sent and prefer to use.

Julie Brown

Thanks so much. A follow up question for you, Dale. Want to ask, will examples of the specific wording that you used in the pilot studies be provided?

Dale Shaller

Sure. They are exactly ... They'll be in the slides, but we also, on the CAHPS site as I mentioned there's much more information about the Narrative Item Set that's available. We have a document which is basically an implementation document that includes sort of all of the sort of summary of research that went into this and steps for administration, examples of the actual questions, and then examples of how invitations can be constructed. So, all that information is available. If anybody has trouble finding it on the CAHPS site, I guess I'd encourage them to follow up with any one of us, and we can get that information to them directly.

Julie Brown

Thank you so much. Here's a question that both of you may have information to share. It reads, I have noticed that respondents are worried about clicking on a link as it may be a phishing link or may take them to an unsecure page. In some cases, such emails are directly sent to junk folders. How do you ensure respondents take up the evaluation or the invitation to complete the survey?

Dale Shaller

Jack, I hope you can take that one. Or even Julie.

Jack Fowler

Yeah, I'm not sure about the issue about how do you get something not to show up in junk or not to end up in junk. I think doing a little testing before you do your survey is probably a good idea in that respect. The other, more general ... So, the issue about how do you keep an email from ending up in junk, I don't have any wisdom except to do some testing with some people with different computers and different popup kinds of things.

With respect to whether or not ... So, how to convince people that clicking on the URL is okay and that you're not going to be sent off to some place that's dangerous or a real problem. I think that's part of what the cover

letter and the subject line and any information you have about where it came from can really help out, that the more you can link it specifically to something that they know, to a doctor, a visit that they went to, that somehow that the link to a reputable place that they're familiar with is part of the experience of getting the email and reading the letter, it seems to be the more reassuring that would be. But that's a little bit of speculation on my part.

Julie Brown

Oh, well thank you. Want to ask what I think will be our last question the Q&A session today, and it's an observation that asks both of you for further thoughts and comment. It reads, I am struck that the content of the successful approaches parallel the intents and purposes of CAHPS surveys in general. This seems to affirm the value and direction of CAHPS going forward. I welcome further thoughts and observations on this topic.

Jack Fowler

Dale, you want to start?

Dale Shaller

I think it's a welcome comment, and I think we are pleased, I guess ... Can't speak for the CAHPS consortium, but I do believe that the work we've described today which builds on previous work and sort of suggests a path forward for additional work in these areas does sort of reinforce the commitment of the CAHPS team to be as relevant, as timely, and as sort of willing to innovate and test new methods and explore ways of improving sort of the whole suite of CAHPS surveys and the administration methods that we confine through sound research to be effective. I think, if the comment is basically what you presented today is consistent with that, I would agree and just sort of express gratitude for the compliment.

Jack Fowler

Yeah. I've got a similar kind of thing. I mean, I think that sort of the vision of the full CAHPS program was that it's important to hear from patients themselves about what their medical care experiences are and to share those results with others so they can make informed choices or more informed choices about where they want to get their medical care as well as collecting data that can help providers do a better job of meeting the needs of the people they're serving.

In our going out and talking to people about the messages that would encourage them to do a survey, which is what this is ... That seemed to resonate. The notion of helping the doctors do a better job and serve patients better was something that really did ... Most of the people we talked to, probably not all of them, but most of them seemed to think that was a worthwhile goal. It's something they thought that their experiences and having their voice heard could make a difference in a constructive way to delivering better medical care, and they were willing to pitch in for that. So, in some ways, that is an affirmation of sort of the underlying premise of the CAHPS program.

Julie Brown

Well, again, I want to thank you both for your thoughtful responses to these questions, and I want to thank everyone who submitted a question. I know there are a number of questions that have come in that we didn't get to, and we'll follow up with as many as we can.

Brown (closing) Slide 45

I want to turn to the last slide today, or next to last slide, as I want to encourage you to subscribe to our GovDelivery Listserv if you have no done so already. This way you can stay up to date on all things CAHPS and receive announcements for upcoming webcasts. For example, we will have a webcast in November devoted to the topic of improving response rates of mail surveys. And I know several of you had questions about that. To subscribe, please go to https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new.

Brown (closing) Slide 46

Again, I want to thank you for attending today's webcast, and I want to take a moment to once again thank all of our presenters. You may contact us at the CAHPS user network at any time via the email at cahps1@westat.com or the toll-free phone number 1-800-492-9261, and access the CAHPS website at this URL, www.ahrq.gov/cahps. If you didn't get your questions answered today, please reach out to the email address I just mentioned, and we will try to get you whatever information you may need. Please watch the CAHPS website for the slides and the recording from today to be posted.

Thank you again, and have a great rest of your day.