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Understanding CAHPS Surveys: A Primer for New Users

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Speakers

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Stephanie Fry

Fry (opening), Slide 1

Good afternoon. Good morning to those of you on the West Coast and welcome to Understanding CAHPS Surveys: A Primer for New Users. This is a webcast presented by the Agency for Healthcare Research and Quality, or AHRQ, CAHPS User Network

Fry (opening), Slide 2

Before we jump into the meat of the matter today, I want to just take a couple of moments to go over a couple of standard housekeeping details. If you're having difficulty hearing the audio from your computer speakers, you can change the audio selection so that WebEx can call you back and connect to you through your phone instead. In the event that your computer freezes during the presentations, you can try logging out and logging back in to 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 this webcast, please use the Q&A icon.

Fry (opening), Slide 3

At any point throughout today's presentation if you have technical difficulties or have a question for our speakers, you may ask a question through the Q&A feature. Depending on the browser that you've used today, your WebEx screen may look slightly different from what you see on this slide, so 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 or organization and role when you type in your question. We will hold questions largely till

the end, but go ahead and pose them as you're thinking about them throughout the session. Today's session is being recorded and a replay of the webcast as well as the slides will be made available on the AHRQ website.

Fry (opening), Slide 4

We have a couple of great speakers lined up for you today, starting with Dr. Caren Ginsberg, Director CAHPS & SOPS at the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality. Toward the end of our session, you will also hear from Dale Shaller, Principal of the Shaller Consulting Group, and I'm Stephanie Fry, Senior Study Director at Westat and I will be your moderator today.

Fry (opening), Slide 5

Over the course of the next hour you'll hear an overview of the CAHPS program, learn about CAHPS surveys and their purpose, hear how CAHPS surveys are developed and administered, and review CAHPS survey results and how to use them to improve patient experience. Toward the end of our time we will pause to answer your questions as you submit them through the Q&A feature. We look forward to this session and hope that you learn a lot from today. So now I will turn it over to Dr. Caren Ginsberg. Caren, over to you.

Caren Ginsberg

Ginsberg, Slide 6

Good morning. Thank you, Stephanie. I'm Caren Ginsberg and I lead the Agency for Healthcare Research and Quality's CAHPS program, and I'd like to welcome you to what is now a yearly CAHPS primer or CAHPS 101. We know that there are both new and experienced users of CAHPS on the line and we know that because of the questions you asked or the points that you raised when you registered, and we're happy to welcome both the new and experienced users. While this webcast is meant to provide an overview of the CAHPS work, the CAHPS program, we're also going to talk about some of our new efforts so that both the new and experienced users will hear some new information.

Ginsberg, Slide 7

So let me start off today with some context to today's presentation by telling you a little bit about my agency and why the CAHPS work is completely within the mission of what my agency does. AHRQ's a science-based agency, and as such what we do is invest in research and evidence to make healthcare safer and improve quality. We create tools for healthcare professionals to use to improve care for their patients, and we generate measures and data that are used by providers, and policy makers, and researchers that improve performance, to improve performance and help evaluate the progress of the US healthcare system. We feel that it's important to get our products and our tools out to you to push our science to actual implementation.

Ginsberg, Slide 8

So CAHPS stands for Consumer Assessment of Healthcare Providers and Systems, and it's a program to advance. The CAHPS program advances the understanding, and measurement, and improvement of patient's experiences with their healthcare. That's the program's focus. We're celebrating our 25th anniversary this year. We're a mature program, so we're excited about this anniversary. I want to let you know what the CAHPS Consortium is. It's the group that's responsible for overseeing the technical quality and the technical components of our work. The members of the consortium are the AHRQ staff and the organizations that the CAHPS program funds, Yale University School of Public Health, the RAND Corporation, and Westat.

Ginsberg, Slide 9

So you're going to hear more about this throughout the conversation today, but I'd like to just bring your attention to a couple of points. The CAHPS surveys are considered to be the gold standard for patient experience measurement, and that's because the CAHPS program captures the patient's voice in everything we do, from identifying domains that are important for patients, to measure, to testing of materials with patients and consulting patients in various steps of our survey development process.

So the surveys measure patient experience of care in different settings and with health plans and with different providers. The surveys are developed by using standardized methodology and research findings. And if the survey development process for a particular CAHPS survey has used a standardized methodology in research findings and discuss their work with us, they are eligible to earn the CAHPS trademark, which signifies that the survey design principles have been met.

Ginsberg, Slide 10

Let me say just a few words about our research and products. So we have an active research agenda that focuses on understanding patients' experience of care and how to measure it, and on best methods to implement surveys in addition to the work that we're known for, which is developing the surveys of care, of experiences of care.

Ginsberg, Slide 11

And let me just tell you a little bit about the current research that we're doing. We're doing work on patient's experiences with care coordination, shared decision making, patient engagement, patient safety, collecting patient narrative data using narrative protocols, and we're expanding this to different settings of care, and also on the effectiveness of different survey administration modes for collecting CAHPS data. I just want to say a word about that last bullet point. So while we haven't made this research an end product for our users in and of itself, this work is becoming more critical to our stakeholders, for our stakeholders to understand. So we started an initiative here in the CAHPS program to better explain the work that we're doing in this area and our findings.

Ginsberg, Slide 12

There's a lot of exclamation points on this slide and that's because we're excited about all of our new work and I wanted to mention some of that to you, and you'll be hearing about some of this in more detail. But first I'd like to tell you about a new database opening up for the users of the CAHPS Home and Community-Based Services survey, and this is in partnership with CMS, Centers for Medicare and Medicaid Services, and their Medicaid program. So the HCBS CAHPS Survey assesses experiences of adult Medicaid beneficiaries who receive long-term services of support from the state HCBS programs. These programs provide services for adults with disabilities, including the frail elderly, and people with physical, or developmental, or intellectual disabilities, those with acquired brain injury and severe mental illness. So the database for these surveys will be opening in like February. We're very excited about this.

And so another thing we're going to touch on today is the work that we're doing on survey design and administration, which I just mentioned. So we know that you're interested in a way to increase response rates and reduce burden on survey respondents. And, you know, we're concerned about this too and our concern extends not just to reducing burden and increasing response rates, but also making sure that when you

accomplish these things, we're ensuring that our survey results are representative of the population that you're trying to measure. So we're going to mention our findings, our research on survey administration methodology, and I just want to note that it's not just how you administer the survey by mail, or phone, or by electronic methodology, but also in other things like how you invite a respondent through your invitation letter to answer the survey. So we're doing some work on that as well. So please check our website for more information on this initiative.

Finally, I just want to mention we have a brand-new program brief. We just posted it to our website. You might have seen it on the registration page. It'll be on our post webcast materials and also in the "About You" section or the "About CAHPS" section of the website. The program brief will give you a good summary of the things that we're discussing today, the goal of our program, what surveys we offer, and features of the survey, and uses for the surveys, and resources that we offer as a program.

So thank you so much for attending today and I'm going to turn this back to Stephanie.

Stephanie Fry

Fry, Slide 13

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

Fry, Slide 14

Patient experience encompasses the range of interactions that patients have with the healthcare system, including care from health plans, from doctors and nurses, staff in hospitals, and 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. These include things such as getting timely appointments, easy access to information, and good communication with healthcare providers.

Fry, Slide 15

The terms patient satisfaction and patient experience are often used interchangeably, but they're not the same thing. So before we go on, I just want to dig into that for a moment. To assess patient experience you have to find out from patients whether something that should have happened in a healthcare setting, such as clear communication with a provider, actually did happen, or perhaps how often it happened. Satisfaction, on the other hand, is about whether a patient's expectations around healthcare were met. Two people who received the exact same healthcare, but who have very different expectations for how that healthcare is supposed to be delivered, could then have wildly different satisfaction ratings because of their own expectations. CAHPS looks at patient experience and uses measurements including frequency scales to obtain objective assessments of patients' healthcare experiences.

Fry, Slide 16

So why are patient experiences important? So in and of themselves and to help support patients in understanding what care is delivered and how other people have experienced care from particular providers or through particular facilities. There's also extensive evidence about the relationship between patient experience and other important outcomes. So thinking about health related outcomes, positive patient experience has been associated with an increase in patient adherence and process, include and improved clinical outcomes,

and even improved patient safety. On the business side, positive patient experience has been associated with decreased malpractice risk, increased employee satisfaction, and improved financial performance.

Fry, Slide 17

So looking specifically at CAHPS now, I want to take a moment to describe the overarching principles. CAHPS surveys have a particular set of principles that apply across all of the different surveys that make up the CAHPS family, and these include the things you see on the screen here. CAHPS surveys are designed to focus on what patients think is important about healthcare delivery, that is what they want and need to know as consumers of healthcare. To ensure that CAHPS surveys do indeed reflect the patient focus, there is a standardized development process that includes conducting focus groups with patients, drafting survey domains and questions, cognitively testing those drafts with patients, and ensuring that patients and consumers are involved in the development at each step. We also address other stakeholder input, and that's incorporated at the initial development stage and 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 leverage stakeholder technical expert panels, solicit input through public comments, collect feedback after surveys are released, and regularly collaborate with partners to test new content and methodologies.

Prior to releasing any CAHPS survey, there is extensive field testing. Field testing results are analyzed and assessed with representativeness and reliability of data. Testing is often conducted iteratively with multiple rounds to ensure that the changes implemented are achieving the intended effect. Documentation available to support users of CAHPS surveys highlights the importance of standardization. Collecting, analyzing, and reporting data in a standardized fashion allows for data to be compared over time. For example, have my scores changed since two years ago? And it also allows for comparison to other entities, be it practices, plans, or regions, and we'll talk a little bit later about the CAHPS database.

We've mentioned it before and it bears repeating. All CAHPS surveys and tools and resources are in the public domain and available for use free of charge.

Fry, Slide 18

This slide lists some examples of CAHPS core surveys. Some CAHPS surveys ask about patients' experiences with providers, such as medical groups, practice sites, and surgical centers. These are the ones that you see in the upper left hand quadrant. Other surveys ask about patients' experiences with care delivered in facilities, including hospitals, dialysis centers, and nursing homes. That's the top right quadrant. There are also CAHPS surveys that ask enrollees about their experiences with health plans and related programs and ask patients

about their experiences with care for specific healthcare conditions. All of these surveys that you see here, and their related documentation, are available on the CAHPS website.

Fry, Slide 19

CAHPS surveys are designed to be flexible so that they can meet a wide range of user needs. So starting from a core standardized questionnaire, users may incorporate additional questions known as supplemental items to create a customized CAHPS survey that fits their needs.

Fry, Slide 20

To talk a little bit more about what the surveys are made up of, each core CAHPS survey is different and includes measures as appropriate to that setting or condition. To give just a flavor, we show the measures that make up the Clinician & Group Survey, which is what you see on the left, as well as the hospital or HCAHPS Survey on the right. Given the focus on aspects of care that are important to patients, many CAHPS surveys cover similar topic areas. For example, you'll see that communication appears in both the Clinician & Group Survey as well as the HCAHPS Survey, as it is a key component that patients indicate is important to them.

Fry, Slide 21

As mentioned previously, in addition to the domains covered by the CAHPS core questionnaire, you may add supplemental items to fit your informational needs. There are many CAHPS developed supplemental items that address common topics of interest. For example, shared decision-making, health literacy, use and effectiveness of health information technology or HIT, use of interpreter services, communication items designed for an in-depth or deep dive look at performance and to support quality improvement efforts, narrative items or open-ended feedback that you can gather from respondents and many others. Users may also add their own, we refer to as home grown items, to customize their CAHPS surveys. All of the CAHPS developed supplemental items are also available on the AHRQ CAHPS website.

Fry, Slide 22

So shifting gears slightly, we'll take the next few minutes to talk about how CAHPS surveys are administered.

Fry, Slide 23

Caren alluded to the many nuances when she opened up the session, and so we'll start from the very beginning with drawing a sample. The CAHPS Consortium conducts extensive testing to support users in deciding how many surveys they will need to field in order to answer their research question. We conduct testing to assess the level of reliability and validity of CAHPS items and measures based on the number of completed surveys. Sampling is a way to get at a representative portion of your population without having to survey every single potential patient. The specifics of how any individual user will want to do the sampling varies based on the intended goal of the data collection and the goal of the reporting. When thinking about an appropriate sample size, it can be helpful to work back from the ultimate reporting goal.

So for example, if you were conducting the Clinician & Group Survey, your goal could be to publicly report scores for your ambulatory practice. Alternatively, your goal could be to collect some data quickly for internal quality improvement efforts within your medical group. So depending on which of those things you were looking to do, you may have a different end goal in terms of the number of surveys, completed surveys, that you think you need to support that.

The next thing to consider is how you're going to collect your data, and this is really important, as your data collection methodology will impact the number of completed surveys that you're likely to receive. For example

if you mail a single survey to all of your sampled members, you may get 15%, perhaps, returned as completed surveys. Whereas if you sent that first survey and you send a reminder mailing, and then you followed up with people who still hadn't responded and you call them by telephone to try to collect the data, using that mixed mode, you might achieve a 35 or 40% response rate, if you're lucky. So that is a huge difference in terms of the number of completed surveys that you will have if you're getting a 15% return rate versus a 35 or 40% return rate.

So thinking through what your data collection methodology will be will also help you to estimate the total number of completed surveys that you are likely to receive. It's going to vary hugely depending on the quality of the contact information you have for your population as well as how salient data collection may be to your particular patients, among other things. So if you've conducted surveys before, you can use your historical data to try to make an educated guess about the response rate you may likely to yield. You can also talk to other people who have populations similar to yours to get a sense of what you may be able to expect.

So, if in the end you think you need 300 completed surveys for your proposed data use, and you decide that you're going to use a methodology that you think will yield a 40% return rate, then you can walk back and calculate that your starting sample should be about 750 patients. The CAHPS Consortium, again, provides documentation to support you in conducting sampling, and that is, again, available on the CAHPS website.

Fry, Slide 24

Diving into data collection approaches, this is what Caren mention earlier. There is a tremendous amount of ongoing work in this area, so we'll try to give a bit of an overview here today. Some of the common modes for administering CAHPS surveys include mail, telephone, electronic, so web-based, for example, data collection methodology through a patient portal, and then mixed mode, which is some combination of the things you see there used in succession to get populations through different approaches. Choosing a methodology that maximizes your response rates and also yields representative response, results, is complicated, highly nuanced. AHRQ and the CAHPS Consortium have devoted considerable effort to research on this issue, and we have a web page on the CAHPS website that explains some of our work to date.

Fry, Slide 25

So there are two broad ways that you can collect data from patients. One is through self-administered data collection so the things that patients themselves will read and fill out. Then the other approach is through an interviewer administered mode. Within each of these two main streams, there are many different ways to deliver and announce the survey to your potential respondents. We have tested many of these over many times and in different combinations.

So at the start of our list we have those things that are self-administered, including mail methodology and electronic, which comes in lots of different variations, either with an email notification or sometimes through a patient portal, if that's something that's in use for that particular population. We've looked at SMS or text messaging. We've also looked at IVR, which allows for a telephone call but doesn't require the resources of having a telephone interviewer. We've looked at in-office distribution in different settings. We've also tested extensively use of the interviewer administered versions of both telephone and in-person interviews. The healthcare delivery system and the survey environments are rapidly evolving, and so our testing on this continues to follow along with that so that we can provide the best information to users that we have.

Fry, Slide 26

So what do you need to do to get a high response rate? As you may have suspected, there is no simple answer to that. Results from ongoing testing however suggests that, in general, mail, telephone, and mixed mode are going to be the things that are likely to yield the highest response rate. And when I say mixed mode, what I'm referring to is mail with a telephone follow-up, or it could be an electronic notification of a web survey with a mail or telephone follow-up. Those are the modes that have yielded the highest response rates for CAHPS surveys. Contrary to what many people may believe, fielding an electronic or web survey alone, not as part of a mixed mode, consistently has yielded the lowest response rates. So while perhaps it may be cost effective or efficient in some ways, consistently it has produced the lowest response rates when used exclusively on its own.

Fry, Slide 27

So after you get through the thorny work of collecting your data, then what do you do? Then again, through the CAHPS Consortium we provide support for analysis of survey results. The goal of analysis is really to prepare for the reporting phase. All CAHPS surveys include composite measures, which are groups of questions that together can assess patient experience in a particular area. For example, communication with healthcare providers. Through analysis you combine data for each of the questions and calculate a composite score. Typically, individual survey items are less reliable than multiple item combinations. If you're looking to compare your results to the results of others during the analytic phase, it is also important to conduct case mix adjustment. Case mix adjusts for characteristics about survey respondents like age, education and health status. Conducting case mix adjustments makes it more likely that the differences seen in reported outcomes are the results of actual differences in patient experiences versus differences in the types of patients that are seeking care in a particular facility or from particular providers. Case mix adjustment is a way to level the playing field, as it were, and to help with these analysis the CAHPS Consortium makes available a SAS macro to support composite measure calculation as well as case mix adjustment.

Fry, Slide 28

I've referenced it throughout nearly every slide as we've gone through, but there are a wide array of resources that AHRQ makes available. These include the surveys themselves as well as information about how you may want to go about the administration from sampling all the way through analysis and reporting. There is the CAHPS Macro that we just discussed. There are answers to frequently asked questions, a bibliography with all kinds of information, including some of the associations between patient experience measurement and other health and financial outcomes. There is also the CAHPS Ambulatory Care Improvement Guide. The CAHPS database where there are comparative results right now for the Health Plan and Clinician & Group Surveys with, as Caren mentioned, HCBS coming soon. There is technical assistance available through email and telephone for people who have questions, and there's also the TalkingQuality resource, which is support for reporting to consumers on healthcare quality. So all of those resources are available to you through the AHRQ CAHPS website.

Fry, Slide 29

So with that, I'm going to turn it over to Dale to talk to you about how survey results are used. Dale, over to you.

Dale Shaller

Shaller, Slide 29

Okay, great. Thanks Stephanie. This last segment is going to address a number of possible uses of CAHPS survey results, and we're going to briefly review these five major categories of use…

Shaller, Slide 30

…starting with quality improvement, which is really the end goal of the entire CAHPS program anyway, and then three uses, public reporting, value-based payment, and recognition and certification programs, which are all aimed in one way or another on creating incentives for healthcare organizations to make improvement. The final use that we'll discuss is for research, which is designed to really contribute to advancing all of these uses that we'll review.

Shaller, Slide 31

So to start with quality improvement. This diagram illustrates kind of a cycle or a progression of steps that show how a healthcare organization can use their CAHPS survey data in an ongoing process of improvement. So sort of starting at the top with this bubble, the process begins with the idea of using CAHPS data to monitor and assess your performance, as it compares to the performance of other organizations, organizations like yours or perhaps scores of high performing organizations that you would like to emulate. Based on that comparison, you can then begin to identify moving across sort of down to the second box, highlighting ways in which you can use this data, these comparisons to identify strengths and potential areas of improvement. And then, we recognize that CAHPS data are always not sufficient in themselves to tell you what are some of the underlying root causes of your performance, so you may want to consult other sources of patient feedback to gather more information, and there are a lot of different ways to do that.

If you're a medical practice, you may want to do a walkthrough to get sort of a bird's-eye view of how your patients actually go through a standard visit and discover issues that they're encountering that affect their experience of care, or you may want to use focus groups to dive deeper into specific topics, or target certain rapid cycle surveys to specific subgroups of patients, or use patient family advisory councils, for example, to get direct feedback from patient and family members about how you might be able to improve. Using all of those potential methods in combination, which are CAHPS scores, then leads you finally to specific strategies that you can use to address those issues, and that begins to complete the cycle that is sort of designed to continue with ongoing performance monitoring and the continued identification of strengths as well as potential problem areas.

Shaller, Slide 32

So Stephanie mentioned in her concluding slide all of these different resources available for free on the CAHPS site. One of those she mentioned is this very useful resource for improvement, which is called the CAHPS Ambulatory Care Improvement Guide, published by AHRQ. This guide is designed to help primarily health plans and medical groups with very specific strategies that are matched to the core domains of the CAHPS Health Plan Survey and the Clinician & Group Survey, but it also includes some general change strategies that can be used but all types of healthcare organizations to design and carry out a quality improvement process.

Shaller, Slide 33

The second category of use that I want to touch on briefly is for public reporting. And as you all know, we've seen a lot of public reporting over the past two decades, and much of that has included CAHPS survey results regarding the performance of healthcare organizations. This is just one example drawn from the CMS, the Centers for Medicare and Medicaid Services, Hospital Compare site that shows patient survey scores for the Hospital CAHPS Survey for one hospital in Minnesota. It basically shows where they'll question dealing with nurse communication, and the percentage of patients that have responded always, or usually, or sometimes, or never to the question about how often nurses communicated well. And those scores, as you can see in the rows, are compared to the state average as well as to the average for the nation. This particular compare site includes a star rating as well, which is designed to give consumers a sort of more familiar way of evaluating this hospital's comparative performance using the score of a five star rating in this case, showing that Lakeview Memorial Hospital is a five start hospital for this particular survey item.

Shaller, Slide 34

Here's just another example from a public report published in Massachusetts by a statewide coalition called Massachusetts Health Quality Partners. MHQP collects and publishes CAHPS survey scores every year for hundreds of medical practices in that state. In fact, MHQP just released this morning their 2019 results that are available on their website. This is a sample drawn from that site that shows a very different way that can be used to compare performance of a medical group, in this case on the doctor communication question, which comes from the CAHPS Clinician & Group Survey. This approach uses a system of shaded circles, very similar to the consumer reports methodology that many people are familiar with. So the aim of these two examples and hundreds of other public reporting sites, which can be accessed and reviewed on the TalkingQuality site that Stephanie mentioned earlier, just shows how CAHPS survey results can provide easily accessible information to consumers and patients for their use and choosing among different healthcare provider options. It's also very true that these publicly reported results and the transparency that goes with that becomes motivation for healthcare organizations to improve their scores because of the publicly available data regarding their performance on CAHPS.

Shaller, Slide 35

Another growing use of CAHPS survey results is as part of value-based payment programs that take into account an organization's performance on CAHPS to help determine the levels of payment or reimbursement that are received for healthcare services. So for example, CMS, the Centers for Medicare and Medicaid Services uses CAHPS in several of its payment programs, including HCAHPS, Hospital CAHPS scores for their hospital value-based purchasing program, CAHPS for Accountable Care Organizations, which is a version of the survey that is used to assess performance of ACOs participating in the Medicare Shared Savings Programs. There are a number of other Alternative Payment Models that are being explored that include demonstrations

administered by the CMS Innovation Center for using CAHPS data, again, as part of value-based payment. Many, many commercial P4P or pay for performance programs have been implemented in the private sector, and often are modeled after CMS initiatives, and increasingly healthcare organizations, internally, are using CAHPS measures of patient experience to calculate some portion of compensation for healthcare professionals.

Shaller, Slide 36

As I mentioned, CAHPS results are also used in professional recognition and certification programs such as accreditation of health plans that is administered by the National Committee for Quality Assurance on a yearly basis, NCQA, as well as URAC, and also by The Joint Commission for Hospital Accreditation using the CAHPS Hospital Survey.

Shaller, Slide 37

Finally, CAHPS data are used in a wide variety of research initiatives, such as AHRQ's own program, as we've been reviewing on today's webcast, to continuously improve the design of the surveys and how they're administered, and also by others for evaluating the effectiveness of the public reporting, value-based payment, and quality improvement applications that we just took a look at. CAHPS data for research purposes are available from several sources, including the CAHPS database, which has been mentioned already, and I will sort of describe a little bit further in a moment, but CMS also has data sets for CAHPS surveys that they use for their various programs that can be obtained through downloadable data files or by request, and there is a database known as SEER, which stands for Surveillance, Epidemiology, and End Results, that is linked to the Medicare CAHPS dataset.

Shaller, Slide 38

Before I go on to talk a little bit more about the CAHPS database, I want to just pause to show you one example, and having gone through all of these potential uses of the CAHPS survey data, how some of these results have actually been improving over time. This is one example. This actually comes from a product that we produced for the CAHPS database called the Chartbook for the Health Plan Survey. This particular graph is looking at a 10 year trend in CAHPS Health Plan Survey scores for the adult Medicaid population, and you can see a very steady progression of increases in scores over time. This pertains to the composites in the Plan Survey. The same trend is true for the ratings and it's also true for the other populations that are being surveyed by the Health Plan Survey. It's just one example of how going through all this time, and trouble, and effort to implement the survey, to collect the data, analyze it, review it, use it for improvement can actually lead to this kind of end result that we're all striving for, which is actual improvements in patient experience over time.

Shaller, Slide 39

So finally just to conclude, the CAHPS database is a national repository of data for selected CAHPS surveys maintained by AHRQ. We are currently maintaining a database for the CAHPS Health Plan Survey. We've done that since 1998. So we have extensive number of years of data collected through the Health Plan Survey. The CAHPS Clinician & Group Survey as well, and as mentioned by Caren at the outset of the webcast, a new database will be opened in 2020 this year to support the CAHPS Home and Community-Base Services, or HCBS survey. We maintain these databases for two major uses. One is to provide organizations that submit their data, comparative data, for research and for assessing performance. We have de-identified data files specifically for research purposes. We want to emphasize that participation is voluntary and it's open to all users that submit their data according to the specifications that we have for submission. Each of these three databases have an annual cycle of submission and reporting, and because it is voluntary it's important to note that submissions do vary from year to year in terms of the number of surveys and by different sponsors so that we are not able to say that these results are representative of the US, but they are very helpful to organizations that want to compare their results to the experience of other organizations like them doing the same survey.

Shaller, Slide 40

The CAHPS database uses all of these accumulated data to kind of publish four major kinds of products. We have an Online Reporting System which presents summary level de-identified data that allow you to view, and print, and compare results. You can create your own data report. We create a Chartbook, or what we call it Chartbook, which is actually kind of a summary level report in a PDF format that shows selected database results such as the graph I just showed you about a time trend of improvement. We provide private feedback reports to organizations that submit their data so that they compare their results directly to the database averages that we maintain. As I mentioned, we have an application process for organizations that want to request research data files again, with de-identified information that can help answer questions related to performance of the survey itself or different subgroups and analysis of different populations, for example. So we're happy to provide all of those resources to potential applicants.

So with that, we've covered possible uses of a CAHPS survey. I'm going to hand this back to Stephanie. Stephanie, where did you go?

Fry, Slide 40

Thank you, Dale.

Shaller, Slide 40

Yeah, where are you? I can't find you on the lineup of panelists.

Fry, Slide 40

Maybe try scrolling. I might be on the next page.

Shaller, Slide 40

You got it. Okay. You're on.

Stephanie Fry

Fry, Slide 40

Great. Thank you, Dale.

Fry (closing), Slide 41

Now is the portion of time that we would like to devote to making sure that we have addressed all of your questions. We've tried to cover as much of the content as what we think will apply to at least most new users of CAHPS surveys and some who have at least a little bit of familiarity, but I want to encourage you to use the Q&A icon, and again, select the all panelists and type in your question. We will try to get through in the next 15 minutes as many questions as we possibly can. So we have a few that have queued up already.

So I'm going to start Dale with one for you.

Dale Shaller

Okay.

Stephanie Fry

And there's a question about whether or not you can get open-ended feedback on CAHPS surveys?

Dale Shaller

Yes, you can. This is an area that the CAHPS team has been exploring in earnest over the last five years to develop an actual sort of rigorous protocol that we call a narrative item set. We developed it initially for the CAHPS Clinician & Group Survey as a supplemental item set that consist of in this case five questions, a sequence of questions, that we have found to actually reveal a lot of useful information that complements the kind of survey scores that are available through the closed-ended questions in the CAHPS survey.

So we recognize how important it is to get information directly from patients in their own words that can provide further information and detail about not only how you perform, but what are some of the causes of that or ideas that organizations can use to address issues of performance by analyzing this kind of information through open-ended feedbacks. So we're very mindful of the value of that. We've been working on developing an item set for other surveys in addition to CGCAHPS. We're working on now one for the Child HCAHPS Survey and have on the docket on developing an item set for the Health Plan Surveys as well as some specific condition surveys such as Cancer CAHPS. So this is an ongoing program of research and development supported by AHRQ. We're really excited about being able to provide this additional sort of kind of information through a CAHPS survey that complements the closed-ended question scores.

Stephanie Fry

Thank you, Dale. We have a couple of other questions about CAHPS surveys and what's on them and what can be on them. So there's another question that we have here about whether or not you can add your own items to CAHPS surveys. I just wanted to take a moment to say a little bit more about that. We mentioned it really quickly in passing, but yes, absolutely. CAHPS surveys are designed to provide standardization and rigor so that results can be comparable, but also to provide flexibility so that people can use one data collection to collect information that they may want for multiple purposes. So for people who may have their own items that they've used over time and for which they want to maintain trending results, those what we refer to as home grown items, can indeed be added to a CAHPS survey, and within the guidance documents that are provided, there are instructions about how to include those and where to include those. Specifically it's toward the end of

the survey before the demographic questions, but all of that information is provided to you to ensure that people can continue to use their own, as I said, home grown items within CAHPS surveys and collect those data as well.

A further question that we received is about how are the questions determined? And this goes back to the core CAHPS principles in terms of what gets included on a CAHPS survey are those things for which patients are the best or only source of information. It has to be something that is important to patients and that helps to describe what their experience is in that healthcare situation or with that particular healthcare provider. So it's through that process of seeking information from patients and also from stakeholders around what are the standards of care, what is the best care that patients should be receiving, how do we measure that in a standardized fashion to determine with what frequency it actually is occurring. So that is kind of the broad context of how we determine what goes into a CAHPS survey.

Dale, I'm going to pop another one over to you, if you don't mind. It's a question about how do you keep physicians and managers engaged in offering the survey and seeing the value in CAHPS surveys and CAHPS results?

Dale Shaller
Well, that's a great question and I think I mentioned the CAHPS Improvement Guide, which has a number of suggestive strategies for working on improvement strategies to fundamental levels. So the engagement of physicians and staff is actually an organization leadership and culture issue. It starts at the very top and really demands a committed leader and sort of series of champions internal to the organization that understand the value of CAHPS surveys and communicate that and have a line of sight that directs that kind of messaging all the way down to the front line. So I think the leadership, the cultural issue is fundamental, and then sort of continually involving medical staff and other staff in the review and feedback process of the survey results that come in and building them into the process of identifying what are the strategies for improving our results. I would also say, and I want to make sure that we sort of really address the importance of hearing directly from patients in the improvement process. Increasingly we're finding the most successful organizations are finding ways to build patients into their improvement process through co-design sort of committees that populate our quality improvement committees, not only with the clinicians and staff, but invite patients to be part of the process of discovery as well as strategy formulation.

So it's really I think a two part process of the leadership and the messaging that come from the very top, the internal rewards that come through, potentially compensation tied to CAHPS performance. But the involvement of both the sort of professional staff as well as the patients that they're serving in the improvement process we have found leads to the most engagement and also the most positive results and actual improvement in scores.

Stephanie Fry
Thanks, Dale. I have another question here asking about survey translations. It asks about CAHPS being available in English and Spanish and wondering if there are other languages available. So at this time AHRQ produces CAHPS surveys in both English and Spanish and does the testing and consumer outreach in both of those languages to ensure that it does function in a parallel fashion across both languages. At this time, those are the languages that AHRQ supports CAHPS survey development into. For some of the surveys that are administered by CMS, there are additional languages available as they have found populations that need them. So depending on which survey it is that you're looking at, you may find additional languages available for some

of the CMS surveys. AHRQ continues to monitor the need for additional languages. So if there are, this particular user didn't indicate languages of interest, but if there are other languages that you feel there is a huge need for, we encourage you to follow up through the technical assistance line to convey that information specifically to the AHRQ team.

We have time for a couple more questions. So I heard this is one that I think may apply to many people. Asking about a typical CAHPS response rate, and perhaps questioning the references that we've made to 35 or 40% response rates potential with a mixed methodology. So what I would say to that is there are many different things that are going to go into what will constitute your response rate, and a lot of it has to do with the quality of the contact information that you have for your patients and the level to which patients are expecting or regularly interact with their, whether it be provider or facility. So it's that degree to which the survey is salient to them will often drive response rates. So for patient groups where they regularly interact with their providers and they expect to get information and provide feedback, they may achieve much higher response rates than other providers who don't have great contact information and are going to be facing large numbers of bad phone numbers or addresses that are no longer valid right off the hop.

So I think there is no such thing as a typical response rate. What we do know though is that using multiple modes to reach out to populations often will yield a higher response rate than if you used just a single mode, particularly if that single mode is an electronic mode, for example an email with a link to a web survey. So that's not totally an answer to the question of what a typical response rate is, but I hope that provides a little bit more clarity around that.

I think we've got time for maybe two more questions here. So Dale, I'm going to put this one back to you again. So asking about does AHRQ recommend third party vendors to administer surveys and/or what does AHRQ think about having staff do data collections perhaps by telephone for their own surveys?

Dale Shaller
So the answer is no. AHRQ does not recommend a particular survey vendor, but there are organizations where that information is available, and let me mention quickly the Centers for Medicare and Medicaid Services, CMS, for all of its survey programs has a very detailed training and quality assurance program for the vendors that are qualified or certified to administer their surveys, as does NCQA, the National Committee for Quality Assurance. A list of certified vendors that have kind of passed all of the training and qualifications that CMS and NCQA for example require are available from those two organizations on their websites. So that information is available. AHRQ does not publish that itself.

Then the second question was related to organizations doing the survey on their own, is that right?

Stephanie Fry
Correct. So having staff collect data, for example, by telephone directly with the patients.

Dale Shaller
I mean, it's definitely something that an organization can do. I'm not quite sure which particular survey we're talking about, so whether it's hospital, or medical group, or whatever, but there's enough information published on the CAHPS site that would actually allow an organization to administer its own survey. There are reasons why you might not want to do that. I mean, for example, if it's a cost saving idea that we're going to collect the survey on our own, that's going to be cheaper than a vendor. Some of the research we've done has actually shown that that's not always true. If you do a cost accounting that's really comprehensive, you can

actually save money by hiring a vendor, and you also have that independence. The sort of, it is definitely removed from the organization by having an outside third party vendor administer the survey on your behalf. It can still be framed as, and most of this are, that come out. This is Lakeview Memorial Hospital asking you to answer the survey based on your recent hospital visit. Well, Lakeview is not administering that survey, it's hired a vendor to do that.

So there are pros and cons. It's not impossible to have an organization field its own surveys, but there are definitely down sides to doing it. So as part of the question of build versus buy, almost all of the CAHPS surveys that we receive in the CAHPS database, for example, have been administered by external survey vendors.

Stephanie Fry
Thanks, Dale. I'm going to shoehorn two more quick questions in. There's a question of do we have a specific survey for primary healthcare centers? I think they're getting at PCPs and clinics, and what I would say about that is the Clinician & Group survey has been tested and sort of iteratively as it's updated, is tested with different populations to ensure that the questions do apply to people with different kinds of healthcare experiences and that are seeking care from providers in different kinds of clinician and group settings.

Then the last one that I think we have time for is about administering a CAHPS survey, for example the hospital survey, outside of the United States, and I would say yes, absolutely. Again, all of the surveys and documentation is available on the AHRQ CAHPS website for use for free. AHRQ would however request that people let them know if they are planning to translate it into another language or administer it in another country. So if you would reach out to AHRQ with that particular request if you're planning to do that.

So I think with that we are just about at time here. So I will wrap up our presentation today...

Fry (closing), Slide 42
...by thanking you all for your participation today and to encourage you to subscribe to the CAHPS GovDelivery Listserv if you want to stay up-to-date on all things CAHPS. You see the link here, subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new

Fry (closing), Slide 43
If you have questions or comments, please feel free to reach out to us at any time by email or phone, and do check out the information that we have available on our website. Thank you all for your participation in today's webcast. We look forward to having you on a future one. Have a wonderful afternoon.