

# Patient Experience Measures from the CAHPS® Cancer Care Survey

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## Documents Available for the CAHPS Cancer Care Survey

This document is part of a set of instructional materials that address implementing the Cancer Care Survey, analyzing the data, and reporting the results. All documents are available on the [Agency for Healthcare Research and Quality's Web site](#). For assistance in accessing these documents, please contact the CAHPS Help Line at 800-492-9261 or [cahps1@westat.com](mailto:cahps1@westat.com).

For descriptions of these documents, refer to *What's Available for the CAHPS Cancer Care Survey*.

### Available for the Cancer Care Survey:

#### Questionnaires

- *CAHPS Cancer Care Survey* (English and Spanish)
  - *Radiation Therapy Survey*
  - *Drug Therapy Survey*
  - *Cancer Surgery Survey*

#### Supplemental Items

- *Supplemental Items for the CAHPS Cancer Care Survey*

#### Survey Administration Guidelines

- *Preparing a Questionnaire Using the CAHPS Cancer Care Survey*
- *Fielding the CAHPS Cancer Care Survey*
- *Sample Notification Letters and Emails for the CAHPS Cancer Care Survey*

#### Reporting Measures and Guidelines

- *Patient Experience Measures from the CAHPS Cancer Care Survey*

### Available for all CAHPS surveys:

- [Analyzing CAHPS Survey Data](#): Free programs for analyzing the data, guidance on preparing survey results for analysis, and instructions for using the CAHPS Analysis Program.
- [Translating Surveys and Other Materials](#): Guidelines for translating surveys and selecting translators and translation reviewers.

## Introduction

This document reviews the types of patient experience measures associated with the CAHPS Cancer Care Survey, lists the survey's measures, and offers basic guidance on reporting the survey results to consumers and other audiences.

## Types of Measures

Like all CAHPS surveys, the CAHPS Cancer Care Survey generates three types of measures for reporting purposes:

- **Rating measures** are based on items that use a scale of 0 to 10 to measure respondents' assessments of their care or health care provider. This measure is sometimes referred to as the "global rating" or "overall rating."
- **Composite measures (also known as reporting composites)** combine results for closely related items that have been grouped together. Composite measures are strongly recommended for both public and private reporting because they allow for reports that are comprehensive, yet of reasonable length. Psychometric analyses also indicate that composite measures from the core items<sup>1</sup> in the survey are reliable and valid measures of patients' experiences.<sup>2, 3, 4</sup> To learn about the calculation of composite scores, read about [analyzing CAHPS survey data](#).
- **Single-item measures** are individual survey questions that did not fit into composite measures. Both the core survey as well as the supplemental item sets contain many items that can be reported individually. These single-item measures are especially useful in reports for providers and other internal audiences that use the data to identify specific strengths and weaknesses. When reporting single-item measures, it is important to indicate that the measure reflects performance on just one survey question in contrast to the multiple questions represented by composite measures.

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<sup>1</sup> As discussed in *Preparing a Questionnaire Using the CAHPS Cancer Care Survey*, core items are survey questions that are always included in the instrument in order to ensure standardization and comparability across survey users. Supplemental items are optional questions that users can add in order to customize the instrument.

<sup>2</sup> McGee J, Kanouse DE, Sofaer S, Hargraves JL, Hoy E, Kleimann S. Making survey results easy to report to consumers: How reporting needs guided survey design in CAHPS®. *Med Care*. 1999 Mar;37(3 Suppl):MS32-40.

<sup>3</sup> Solomon LS, Hays RD, Zaslavsky AM, Ding L, Cleary PD. Psychometric properties of a group-level Consumer Assessment of Health Plans Study (CAHPS) instrument. *Med Care*. 2005 Jan;43(1):53-60.

<sup>4</sup> Hays RD, Chong K, Brown J, Spritzer KL, Horne K. Patient reports and ratings of individual physicians: An evaluation of the DoctorGuide and Consumer Assessment of Health Plans Study provider-level surveys. *Am J Med Qual*. 2003 Sep-Oct;18(5):190-6.

## Measures from Survey Items

The **core items** from the Cancer Care Survey produces six composite measures and four single-item measures, including two rating measures:

- Getting timely appointments, care, and information (composite of 3 items)
- How well the cancer care team communicates with patients (composite of 4 items)
- Cancer care team's use of information to coordinate patient care (composite of 3 items)
- Helpful, courteous, and respectful office staff (composite of 2 items)
- Cancer care team supports patients in managing the effects of their cancer and treatment (composite of 8 items)
- Cancer care team is available to provide information when needed (composite of 3 items)
- Involvement of family members and friends (1 item)
- Availability of interpreters (1 item)
- Patients' rating of the cancer care team (1 item)
- Patients' rating of overall cancer care (1 item)

These measures have been shown to meet the CAHPS standard for reliability at the level of the treatment modality (e.g., radiation therapy) and cancer center, and are recommended for all types of reporting.

If you choose to use **supplemental items** available for the Cancer Care Survey, one additional composite measure may be calculated and reported:

- Doctors involve patients in decisions about cancer treatment (composite of 7 items)

**Appendix A** provides descriptions of the measures and lists the survey questions included in each measure. The measure names, or labels, listed above and in the appendix are recommended for use in both public and private reports. They are the product of expert input as well as extensive testing with consumers.

## Guidance on Reporting Cancer Care Survey Measures

Users of the CAHPS Cancer Care Survey may report the results of the survey publicly to inform health care consumers and/or privately to inform cancer care teams and support their efforts to improve patients' experiences with care. While the basic content included in these reports may be the same, the specific content should differ because the purposes differ.

In reports intended for consumers, the goal is to provide information that people can use to assess and compare the performance of cancer centers and identify those that best meet their needs. To avoid “information overload,” it is important to present measures and scores in a way that is concise and easily digestible. The use of composite measures rather than individual items is one way to make the survey results manageable.

Another strategy is to limit the number of patient experience measures in a report; all measures from the core survey are recommended for consumer reports, but the use of single-item measures and/or measures from the supplemental items should be carefully considered. Report sponsors have to weigh the trade-off between offering an array of performance scores and overwhelming consumers with more information than they can process.

For guidance on reporting results of a CAHPS survey to consumers, refer to –

- [Reporting Results to Consumers](#) (AHRQ CAHPS Web site)
- [TalkingQuality](#) (AHRQ Web site)
- [How To Report Results of the CAHPS Clinician & Group Survey](#) (PDF)
- [Developing a Public Report for the CAHPS Clinician & Group Survey: A Decision Guide](#) (Aligning Forces for Quality, Robert Wood Johnson Foundation)

A report intended for providers and other internal audiences must also be clear and concise, but can and should contain more information in order to support use of the results to identify relative strengths and weaknesses. These reports can include:

- Scores for patient experience with each kind of treatment (drug therapy, radiation therapy, cancer surgery).
- Trend data (when available).
- Different kinds of comparators, such as local or State averages and percentiles.
- More details, such as results at the item level, results for any supplemental items, and the full range of survey responses (e.g., the percent that gave each possible response).

Moreover, these reports can include measures from the supplemental items that did not achieve a high enough level of reliability at the suggested sample sizes to be recommended for public reporting. A high level of reliability is not necessary for a measure to provide useful information for quality improvement. With this information, the cancer care teams are equipped to analyze their performance and take steps towards improving their patients’ experiences.

For guidance on improving CAHPS survey results, refer to –

- [Quality Improvement](#) (AHRQ CAHPS Web site)
- [The CAHPS Ambulatory Care Improvement Guide](#) (AHRQ CAHPS Web site)

## Appendix A: Core and Supplemental Measures for the Cancer Care Survey

Organizations reporting the results of the CAHPS Cancer Care Survey can use the following labels for the composite and rating measures in reports for consumers, cancer care teams, and other audiences.

### Core Measures for the Cancer Care Survey

Getting Timely Appointments, Care, and Information		
The survey asked patients how often they got appointments for care as soon as needed and timely answers to questions when they contacted the cancer center.		
Q14	Patient got appointment for urgent care as soon as needed	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
Q16	Patient got appointment for non-urgent care as soon as needed	
Q18	Patient got answer to medical question the same day he/she contacted cancer center	

How Well the Cancer Care Team Communicates with Patients		
The survey asked patients how often their cancer care team explained things clearly, listened carefully, showed respect, and spent enough time with the patient.		
Q19	Cancer care team explained things in a way that was easy to understand	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
Q20	Cancer care team listened carefully to patient	
Q22	Cancer care team showed respect for what patient had to say	
Q23	Cancer care team spent enough time with patient	

Cancer Care Team's Use of Information to Coordinate Patient Care		
The survey asked patients how often their cancer care team knew their medical history, followed up to give results of tests, and asked about prescription medications being taken.		
Q21	Cancer care team knew important information about patient's medical history	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
Q25	Someone from cancer center followed up with patient to give results of blood test, x-ray, or other test	
Q27	Patient and cancer care team talked about all prescription medications the patient was taking	

<b>Helpful, Courteous, and Respectful Office Staff</b>		
The survey asked patients how often cancer center staff were helpful and treated them with courtesy and respect.		
Q43	Clerks and receptionists were helpful	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
Q44	Clerks and receptionists were courteous and respectful	

<b>Cancer Care Team Supports Patients in Managing the Effects of Their Cancer and Treatment</b>		
The survey asked patients if their cancer care team talked about and helped them deal with pain, changes in energy levels, emotional problems, managing care at home, and maintaining health.		
Q28	Patient and cancer care team talked about cancer-related pain*	<b>*Response Options</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Q30	Cancer care team advised patient or helped patient deal with pain**	
Q31	Patient and cancer care team talked about changes in patient's energy levels*	<b>**Response Options</b> <ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Yes, somewhat</li> <li>• No</li> </ul>
Q33	Cancer care team advised patient or helped patient deal with changes in energy levels**	
Q34	Patient and cancer care team talked about emotional problems*	
Q36	Cancer care team advised patient or helped patient deal with emotional problems**	
Q37	Patient and cancer care team talked about additional services to manage cancer care at home*	
Q38	Patient and cancer care team talked about things patient could do to maintain health**	

**Cancer Care Team is Available to Provide Information When Needed**

The survey asked patients if they were encouraged to contact the cancer care team between visits, call if experiencing side effects, and given instructions about contacting the team after hours.

Q7	Cancer care team encouraged patient to contact the team between visits	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Yes, somewhat</li> <li>• No</li> </ul>
Q8	Cancer care team told patient to call immediately if experiencing certain symptoms or side effects	
Q9	Cancer care team gave patient clear instructions about contacting them after hours	

**Involvement of Family Members and Friends**

The survey asked patients if their cancer care team involved family members or friends in discussions.

Q10	Cancer care team involved family members or friends in discussions	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Yes, somewhat</li> <li>• No</li> </ul>
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**Availability of Interpreters**

The survey asked if patients got an interpreter when they needed one.

Q41	Patient got interpreter when needed	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
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**Patients' Rating of the Cancer Care Team**

The survey asked patients to rate their cancer care team on a scale of 0 to 10, with 0 being the worst and 10 being the best.

Q39	Rating of cancer care team	<b>Response Options</b> <ul style="list-style-type: none"> <li>• 0-10</li> </ul>
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Patients' rating of overall cancer care		
The survey asked patients to rate their overall cancer care on a scale of 0 to 10, with 0 being the worst and 10 being the best.		
Q42	Rating of overall cancer care	<b>Response Options</b> <ul style="list-style-type: none"> <li>• 0-10</li> </ul>

## Supplemental Measure for the Cancer Care Survey

Doctors Involve Patients in Decisions About Cancer Treatment		
The survey asked patients if their cancer care doctors explained the advantages and disadvantages of each treatment choice, talked about the reasons patients might want or not want each treatment choice, involved patients as much as they wanted, and asked what the patients thought was best for them.		
SDM2	Doctor explained the advantages of each cancer treatment choice	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Yes, somewhat</li> <li>• No</li> </ul>
SDM3	Doctor explained the disadvantages of each cancer treatment choice	
SDM4	Doctor asked patient for his/her opinion about each cancer treatment choice	
SDM5	Doctor talked about reasons patient might want each cancer treatment choice	
SDM6	Doctor talked about reasons patient might not want each cancer treatment choice	
SDM7	Doctor asked patient what cancer treatment choice was best for him/her	
SDM8	Doctor involved patient in cancer treatment decisions as much as he/she wanted	