



## Questions and Answers About the CAHPS® Cancer Care Survey

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**Q: Why are there three versions of the CAHPS Cancer Care Survey, and do I need to field them all?**

A: The three versions of the Cancer Care Survey reflect the three most common treatment modalities in the United States: radiation oncology, medical oncology, and cancer surgery. The survey versions are customized to a specific treatment modality to enable patients to focus and report on their experiences with the medical team that provided a particular type of care (e.g., radiation therapy team). However, aside from the references to the care team, the questions are nearly identical across the three versions.

Survey users do not need to field all three versions. The survey developers encourage users to field only the versions for which the facility has a sufficient number of patients receiving the specified treatment in their facility.

**Q: Why does the CAHPS Cancer Care Survey use phrases that differ from common clinical terms, such as drug therapy rather than chemotherapy?**

A: The survey development process included extensive testing with patients to ensure that words and phrases are easily understandable and meaningful in the context of the survey questions. The Cancer Care Survey uses terms like “drug therapy” and “radiation therapy” because, from the patients’ perspective, those phrases encompassed all of the different types of treatments they might receive within each of these treatment modalities.

**Q: Who are the potential users of the CAHPS Cancer Care Survey?**

A: Likely users of the survey include comprehensive cancer centers, oncology practices, cancer registries, payers, researchers, cancer patient advocacy groups, and professional associations.

**Q: What is the target population for the CAHPS Cancer Care Survey?**

A: The target population is defined as adult patients (18 and older) who have a diagnosis of cancer and received active treatment for that cancer (radiation therapy, drug therapy, or surgery) in an outpatient or inpatient setting in the past 6 months. The patient can be at any point in the cancer care continuum, and the intent of the treatment may be curative or palliative.

The type of cancer does not affect the patient’s eligibility for the survey unless the patient underwent surgery for cancer. Algorithms for obtaining a sample for cancer surgery patients are limited to 14 types of cancer.

For more information, please refer to [Fielding the CAHPS Cancer Care Survey](#) (PDF).

**Q: How does the CAHPS Cancer Care Survey address the risk of misidentifying patients?**

A: The sampling protocol for the Cancer Care Survey relies on administrative data, which could contain errors. To mitigate the chances of upsetting individuals who have not been diagnosed with cancer, the first three survey questions are designed to confirm eligibility for the survey. The survey developers also recommend including wording in written materials and telephone scripts to acknowledge the risk of misidentifying cancer patients.

**Q: How should we sample patients who received more than one treatment modality in the past 6 months?**

A: Follow these steps to ensure that patients who received more than one treatment modality are included only once in the sample frame:

1. **Create sample frames:** Create separate sampling frames for each treatment modality (radiation therapy, drug therapy, surgery). Follow the instructions in the fielding guidance for creating sample frames.
2. **Identify duplicates in the sample frames:** Review the sample frames for duplicate entries (patients who received more than one treatment modality in the last 6 months).
3. **Randomly select patients within the sample frames:** Randomly select the patient to remain in one of the sample frames and be deleted from the other frames.
4. **Correct for small sample size (if necessary):** If the sample for a treatment modality is too small, manually assign patients who received multiple modalities of care to this treatment modality.

**Q: Is a 40 percent response rate to the CAHPS Cancer Care Survey realistic?**

A: During field testing for the Cancer Care Survey, participating providers obtained response rates that exceeded 40 percent. If survey users employ a mixed-mode approach (mail with telephone follow-up, email with mail follow-up, or email with telephone follow-up), a 40 percent response rate should be achievable.

**Q: How are the CAHPS Cancer Care Survey and the CAHPS Clinician & Group Survey related?**

A: The CAHPS Cancer Care Survey builds on the CAHPS Clinician & Group Survey to capture aspects of the experience of care that are important to patients who received cancer treatment and for which these patients are the best source of information. The resulting measures for the Cancer Care Survey include five that are consistent with the Clinician & Group Survey (getting timely appointments, care, and information; how well the cancer care team communicates with patients; cancer care team's use of information to coordinate patient care; helpful, courteous, and respectful office staff; patients' rating of the cancer care team) as well as five that are specific to the Cancer Care Survey (cancer care team supports patients in managing the effects of their cancer and treatment; cancer care team is available to provide information when needed; involvement of family members and friends; availability of interpreters; and patients' rating of overall cancer care).

**Q. Given the alignment with the CAHPS Clinician & Group Survey, is the CAHPS Cancer Care Survey designed for outpatient care only?**

A: No, this survey can be administered to patients who received cancer care in outpatient or inpatient settings.

**Q: I'm already administering CAHPS surveys mandated by the Centers for Medicare & Medicaid Services (CMS). Is there anything I need to know about using the CAHPS Cancer Care Survey?**

A: Yes. If your organization is administering the CAHPS Hospital Survey (HCAHPS) or any other mandated CAHPS survey, CMS requires that you wait 51 days before fielding the Cancer Care Survey with your patients.

### **Q: Can I add questions to the CAHPS Cancer Care Survey?**

Yes, you can add your own questions or any of the [16 supplemental items developed specifically for the Cancer Care Survey](#). These optional items cover three topics: access to care, information from providers, and shared decision-making. Please follow the instructions for placing these items in the survey with the core survey items. The placement and wording of the core survey items and responses cannot be changed.

Responses to seven of the shared decision-making items can be combined into a composite measure labeled “Doctors Involve Patients in Decisions About Cancer Treatment.” A list of the items in this measure is provided in [Patient Experience Measures from the CAHPS® Cancer Care Survey](#) (PDF).

If you are adding questions that are not from the CAHPS Cancer Care supplemental items (e.g., questions you developed yourself), please place these questions just prior to the “About You” section in the survey.

### **Q: Is there a comparative database for the CAHPS Cancer Care Survey?**

A: Currently there is no comparative database specifically for the Cancer Care Survey. The Cancer Care Survey measures are comparable to the measures from the CAHPS Clinician & Group Survey, so survey users can compare their scores from the Cancer Care Survey measures to the data in the [CAHPS Clinician & Group Survey Database](#). The CAHPS team would be interested in hearing from you if a comparative database for the Cancer Care Survey would help you achieve your patient experience goals. Please let us know your thoughts at [CAHPS1@Westat.com](mailto:CAHPS1@Westat.com).