

Patient Experience Measures from the CAHPS® Health Plan Survey

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Documents Available for the CAHPS Health Plan Survey 5.0

This document is part of a comprehensive set of instructional materials that address implementing the Health Plan 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.

For descriptions of these documents, refer to: *What's Available for the CAHPS Health Plan Survey 5.0*.

Questionnaires

- *CAHPS Health Plan Survey: Overview of the Questionnaires*
- *Health Plan Survey 5.0* (Adult and Child, English and Spanish)
 - *Medicaid Survey 5.0*
 - *Commercial Survey 5.0*

Supplemental Items

- [Supplemental Items for the Health Plan Survey 5.0](#)

Some supplemental items for this survey are intended to be administered together. Learn more about these item sets:

- [People with Mobility Impairments](#)
- [Children with Chronic Conditions](#)

Survey Administration Guidelines

- *Preparing a Questionnaire Using the CAHPS Health Plan Survey*
- *Fielding the CAHPS Health Plan Survey*
- *Sample Notification Letters and Emails for the CAHPS Health Plan Survey*
- *Sample Telephone Script for the CAHPS Health Plan Survey*

Reporting Measures and Guidelines

- *Patient Experience Measures from the CAHPS Health Plan 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 Health Plan Survey 5.0, lists the survey's composite and rating measures, and offers basic guidance on reporting the survey results to consumers and other audiences.

Types of Measures

The CAHPS Health Plan 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' assessment of their health plan and the quality of care received over a specified period of time. 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 in the survey are reliable and valid measures of patients' experiences.^{1, 2} To learn about the calculation of scores for composite measures, 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 items that can be reported individually. These single-item measures are especially useful in reports for administrators 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.

¹ 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.

² Hargraves JL, Hays RD, Cleary PD. Psychometric properties of the Consumer Assessment of Health Plans Study (CAHPS™) 2.0 adult core survey. *Health Serv Res*. 2003 Dec;38(6 Pt 1):1509-27.

Measures from Core Survey Items

The Health Plan Survey 5.0 produces the following measures:

- Getting needed care (composite of 2 items)
- Getting care quickly (composite of 2 items)
- How well doctors communicate (composite of 4 items in the Adult Survey; composite of 5 items in the Child Survey)
- Health plan customer service (composite of 2 items)
- Enrollees' rating of their health plan (1 item)
- Enrollees' rating of their health care (1 item)
- Enrollees' rating of their personal doctor (1 item)
- Enrollees' rating of their specialist (1 item)

These measures have been shown to be reliable and are recommended for all types of reporting.

Descriptions of these measures and lists of the survey questions included in each measure are provided in [Appendix A](#) for the Adult Survey and [Appendix B](#) for the Child Survey.

The measure names, or labels, listed above and in the appendices 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 Health Plan Survey Measures

Users of the CAHPS Health Plan Survey may report the results of the survey publicly to inform health care consumers and/or privately to inform administrative and clinical leaders at health plans and support their efforts to improve enrollees' experiences. 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 health plans and identify those that best meet their needs. Survey results are typically reported along with other measures of quality as well as information on costs and provider networks. For that reason, the presentation of CAHPS measures and scores must be concise and easily digestible. The use of composite measures rather than individual items is one way to avoid "information overload" among consumers.

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 measures from any 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 the Health Plan Survey to consumers, refer to –

- [Reporting Results to Consumers](#) (AHRQ CAHPS Web site)
- [TalkingQuality](#) (AHRQ Web site)

A report intended for administrative and clinical leaders 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 need to provide trend data (when available) and different kinds of comparators, such as local or State averages and percentiles. They can also provide a greater level of detail, such as results at the item level, results for any supplemental items, and the full range of survey responses (i.e., the percent that gave each possible response). These reports can include measures from 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, health plans are equipped to analyze their performance and take steps towards improving their enrollees' experiences.

Learn more about [improving enrollees' experiences](#).

Related resource: [The CAHPS Ambulatory Care Improvement Guide](#)

Appendix A: Measures for the Adult Survey

Organizations reporting the results of the CAHPS Health Plan Adult Survey can use the following labels and descriptions of the composite and rating measures in reports for consumers and other audiences.

Please note that the only difference between the Medicaid and commercial versions is the reference period: 6 months for Medicaid enrollees and 12 months for commercial enrollees.

Getting Needed Care

The survey asked enrollees how often it was easy for them to get appointments with specialists and get the care, tests, or treatment they needed through their health plan.

Q9	Easy for respondent to get necessary care, tests, or treatment	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q18	Respondent got appointment with specialists as soon as needed	

Getting Care Quickly

The survey asked enrollees how often they got care as soon as needed when sick or injured and got non-urgent appointments as soon as needed.

Q4	Respondent got care for illness/injury as soon as needed	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q6	Respondent got non-urgent appointment as soon as needed	

How Well Doctors Communicate

The survey asked enrollees how often their personal doctor explained things clearly, listened carefully, showed respect, and spent enough time with them.

Q12	Doctor explained things in a way that was easy to understand	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q13	Doctor listened carefully to enrollee	
Q14	Doctor showed respect for what enrollee had to say	
Q15	Doctor spent enough time with enrollee	

Health Plan Customer Service

The survey asked enrollees how often customer service staff were helpful and treated them with courtesy and respect.

Q22	Customer service gave necessary information/help	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q23	Customer service was courteous and respectful	

Enrollees' Ratings

The survey asked enrollees for several ratings on a scale of 0 to 10, with 0 being the worst and 10 being the best.

Q8	Rating of all health care	Response Options <ul style="list-style-type: none"> • 0-10
Q16	Rating of personal doctor	
Q20	Rating of specialist	
Q26	Rating of health plan	

Appendix B: Measures for the Child Survey

Organizations reporting the results of the CAHPS Health Plan Child Survey can use the following labels and descriptions of the composite and rating measures in reports for consumers and other audiences.

Please note that the only difference between the Medicaid and commercial versions is the reference period: 6 months for Medicaid enrollees and 12 months for commercial enrollees.

Getting Needed Care

The survey asked enrollees how often it was easy for them to get appointments for their child with specialists and get the care, tests, or treatment the child needed through their health plan.

Q9	Easy for child to get necessary care, tests, or treatment	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q21	Respondent got child an appointment with specialists as soon as needed	

Getting Care Quickly

The survey asked enrollees how often their child got care as soon as needed when sick or injured and got non-urgent appointments as soon as needed.

Q4	Child got care for illness/injury as soon as needed	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q6	Child got non-urgent appointment as soon as needed	

How Well Doctors Communicate

The survey asked enrollees how often their child's personal doctor explained things clearly both to the parent and to the child, listened carefully, showed respect, and spent enough time with the child.

Q12	Doctor explained things in a way that was easy to understand	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q13	Doctor listened carefully to respondent	
Q14	Doctor showed respect for what respondent had to say	
Q16	Doctor explained things in a way that was easy for child to understand	
Q17	Doctor spent enough time with child	

Health Plan Customer Service

The survey asked enrollees how often customer service staff were helpful and treated them with courtesy and respect.

Q25	Customer service gave necessary information/help	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q26	Customer service was courteous and respectful	

Enrollees' Ratings

The survey asked enrollees for several ratings on a scale of 0 to 10, with 0 being the worst and 10 being the best.

Q8	Rating of all health care	Response Options <ul style="list-style-type: none"> • 0-10
Q19	Rating of personal doctor	
Q23	Rating of specialist	
Q29	Rating of health plan	