



Administering the CAHPS[®] Clinician & Group Narrative Item Set

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Introduction

This document offers guidance on using the [CAHPS Clinician & Group Narrative Item Set](#). This short set of open-ended items was designed to supplement the closed-ended questions in the CAHPS Clinician & Group Survey (CG-CAHPS). By incorporating the narrative questions into the Clinician & Group Survey, users can better understand the experiences underlying the responses to the closed-ended survey questions and gain insight into aspects of care beyond those specified in the survey.

Placing the Narrative Items in the Survey

If you are using the narrative items with the Clinician & Group Survey, please add the items at the end of the survey, immediately before the “About You” section.

Using the Items on Their Own

While the narrative items were designed for the CAHPS Clinician & Group Survey, they can also be fielded on their own. Using the complete item set separately from the survey provides an opportunity to

- hear directly from a subsample of patients who may be of particular interest (e.g., high utilizers, patients with chronic conditions, specific demographic groups) and/or
- obtain ongoing feedback during periods when the CAHPS survey is not being administered (e.g., when the survey is fielded only once a year or every two years).

If you are using the CG-CAHPS Narrative Item Set on its own, please [acknowledge AHRQ’s CAHPS program](#) as the source of the items.

Please note that the CG-CAHPS Narrative Item Set was not tested on its own. However, as part of the testing process, the open-ended items were administered both before and after the core Clinician & Group Survey. When administered before the closed-ended questions, the Narrative Item Set functioned in a way that is similar to when it is administered independently because the respondents were not primed to consider specific aspects of their care. This testing indicated that the Narrative Item Set performed virtually the same whether placed before or after the closed-ended questions, in terms of the evaluation criteria used (namely, the completeness, balance, meaningfulness, and representativeness of narratives).¹

¹ Martino SC, Shaller D, Schlesinger M, et al. CAHPS and Comments: How Closed-Ended Survey Questions and Narrative Accounts Interact in the Assessment of Patient Experience. *J Patient Exp* 2017 Mar;4(1):37-45.

Introducing the Narrative Items

To signal a new section of the survey, include a subheading (“In your own words”) and a short introduction to encourage respondents to answer the prompts:

In Your Own Words

Healthcare providers value comments from their patients because these details tell them what is working well and what may need improvement. The next questions ask you to describe the care you get from this provider in your own words.

Through a test of alternative wording conducted with Massachusetts Health Quality Partners (MHQP), the CAHPS team found that the use of encouraging language can substantially improve response rates for the open-ended questions. Language emphasizing the idea that providers value these comments resulted in a response rate 26% higher than language that simply indicated how providers could use the information (“Your provider can use this information to know what is working well or what may need improvement.”).

The CAHPS team also recommends adding a short second paragraph to warn against using the comments to seek advice and explain how the comments may be used. For example:

Please do not use your comments in place of a visit or phone call, or to seek advice from your provider. Your comments will be shared with your provider (*or* may be reported publicly) but will never be matched to your name.

If the items are being fielded on their own, please use the same or similar introductory language.

Editing the Items

Users of this item set are strongly discouraged from dropping items, changing the order of the items, or changing the wording. The number, sequence, and wording of the questions in the CG-CAHPS Narrative Item Set reflect careful testing and revisions aimed at obtaining the most complete and representative feedback possible. Appendix A presents the rationale for each question in the sequence. This section explains the benefits of retaining the full set of items in the given order and reasons for the length and complexity of some of the items.

Reasons to Ask All Questions in the Prescribed Order

There are several reasons to treat the question set as an integral whole. First, there is little evidence of drop-off in response within the sequence. Such a drop-off, if it had been evident, might have revealed that respondents were tiring from an overly long list of questions. In fact, across a number of samples and settings, more than two-thirds of those who responded to Q1 went on to respond to Q5.

Second, the amount of actionable feedback associated with each question remains substantial throughout the question sequence. Exhibit 1 shows the proportion of all actionable feedback that was associated with each of the narrative items for two different samples. The latter questions in the sequence provide a substantial share of actionable feedback.

Exhibit 1: Actionable Content Associated with Each Question in the CG-CAHPS Narrative Item Set

NIS Question	Percent of Actionable Feedback for Each Sample	
	Nationally Representative Online Panel	Outpatient Primary Care Clinics at Urban Health System
Q1	12.7%	6.5%
Q2	13.5%	12.8%
Q3	23.4%	20.7%
Q4	21.7%	36.6%
Q5	24.5%	23.2%

The initial questions in the item set play their own distinctive roles. Including Q1 as a separate item enriched the detail of the responses for all of the later questions – and this detail was essential in identifying actionable feedback. Although Q2 also has a lower proportion of actionable feedback than questions 3-5, the feedback prompted by the second question focuses on the aspects of experience that patients have identified as the most important, giving these responses particular salience as a way of promoting more patient-centered health care.

Reasons for the Length and Complexity of the Items

The narrative items are longer and more complex than well-designed closed-ended questions. This is most evident in the fifth question in the CG-CAHPS sequence:

Q5: Please describe your interactions with this provider and how you got along.

Combining two aspects of relationships with providers – “your interactions” and “how you got along” – would be problematic for a closed-ended question that asks for a single rating or assessment of one aspect of patient experience. But for narrative questions, “how” patients interact with their providers and how patients and providers “get along” are closely entwined. Moreover, any one narrative question can usefully elicit *multiple* answers – and frequently does. Consider, for example, patient feedback that contains “actionable” information -- that is, information that could lead to future improvement. Our research found that for 21.3% of the cases where a narrative question elicited at least one actionable response, that same question elicited multiple actionable responses.

Also, Q3 and Q4 incorporate a second sentence to encourage respondents to consider some specific categories of their experiences.

Q3. What **went well** with this provider and their staff in the last 6 months? Please explain what happened, how it happened, and how it felt to you

Q4. Was there anything you wish had **gone differently** in your experiences with this provider and their staff? If so, please explain what happened, how it happened, and how it felt to you.

The second sentence in each item was added as a result of our experimental testing of question wording. When the second sentence was included, the informational content of the questions increased by about 50%. Moreover, the largest increases in content occurred for respondents with the lowest levels of educational attainment, who otherwise had less complete responses than others. In addition, differences in mode of survey administration between phone and written responses were eliminated after the second sentence was incorporated.

Drawing a Sample

If you are using the Narrative Item Set as part of the [CAHPS Clinician & Group Survey](#), please consult the guidelines for pulling a representative sample of patients for that survey instrument. Use of the Narrative Items does not require any changes to the survey's sampling strategy:

- Include only patients who have had at least one visit to the selected provider/practice in the target time frame.
- If seeking feedback from adults, include adults 18 years or older. If seeking feedback from parents or guardians of children, include children 17 years or younger.
- Include all patients who meet the sampling criteria even if they are no longer currently receiving care from the practice site/clinic or provider.
- Allow the sample frame to include multiple individuals from the same household, but do not include more than one person (adult or child) per household in the final sample for which the survey will be administered.

If you are using the Narrative Item Set on its own, the CAHPS team suggests using a random sampling approach similar to the one used for the Clinician & Group Survey. Even if you are seeking feedback from a specific segment of the patient population, this approach can help you identify a representative sample of that segment

If the Narrative Item Set is not administered to a representative sample of patients, the respondents will not mirror the patient population. In that case, the responses should not be publicly posted. The feedback can be shared with health care providers, but it will be important to acknowledge that the information did not come from a representative sample.

Collecting the Data

The CAHPS Clinician & Group Survey is typically administered with a mixed-mode method of mail/telephone, email/telephone, or email/mail.² Initial testing of the CG-CAHPS Narrative Item Set was conducted by telephone and on the web (also referred to as email administration). Based on its performance in those modes, the CAHPS team recommends the use of email followed by telephone to achieve the highest response rates. One of the biggest challenges to this approach is obtaining email addresses, which may not be available for a representative sample of the patient population. Thus, telephone follow-up for non-respondents is important to the goal of obtaining results that are representative of your population.

It is possible to administer the CG-CAHPS Narrative Items on paper. However, because a mail mode was not included in testing of this item set, we cannot provide any guidance or insight at this time.

Invitation and Reminder Letters and Emails

Users of the Clinician & Group Survey typically use emails and letters (e.g., in advance of the telephone survey) to motivate people to respond to the survey. The CG-CAHPS Narrative Item Set represent an opportunity to encourage more patients to respond to the Clinician & Group Survey because it invites them to give feedback on issues of importance to them, using their own words. If you are fielding the Narrative Item Set on its own, consider using an invitation and reminders to explain how the responses will be used, encourage responses, and reassure patients that their identities will not be revealed.

Whether you are revising existing invitations and reminders or creating new ones, make an effort to draw attention to the open-ended questions, encourage thoughtful responses, and address any concerns respondents may have:

- **Drawing attention to the questions.** For example:
 - “Our survey includes some questions that ask you to describe, in your own words, your care and your relationship with [PROVIDER’S NAME] and their staff.”
 - “We especially value hearing about your experiences in your own words.”
- **Encouraging thoughtful responses.** For example:
 - “Please describe your experiences as if you were explaining them to your family and friends.”
 - “The enclosed survey gives you the chance to tell us what went well and what may need improvement.”

² In the email protocol, a link to a web-based survey is provided in the email.

- **Letting respondents know how their comments are likely to be used.**
For example:
 - “Your responses may be shared with providers or posted on a public website.”
 - “We carefully review your answers and comments along with others so we can provide better care and service to our patients.”
- **Reassuring respondents that their comments will be screened to eliminate any information that is potentially identifiable.** For example: “[YOUR SURVEY VENDOR] will ensure that your responses do not contain any personal information or descriptions of your care that could reveal your identity.”

Anticipated Participation Rate

In field testing of the CG-CAHPS Narrative Item Set, approximately 60-75% of survey respondents provided a response to at least one item in the set. Among respondents who complete at least one item in the set, approximately 52-60% complete all five items and approximately 77-80% complete at least three items.

It is important to note that respondents who did not complete the entire set of items have not necessarily provided incomplete narratives. Because of the open-ended nature of narrative response, respondents sometimes convey all of the important details of their experience in answers to only a subset of the items.

Anticipated Response Time

In testing, the CG-CAHPS Narrative Item Set added 5-7 minutes on average to the response time for the closed-ended questions (which is estimated at 12-15 minutes). However, the additional time for answering the questions in experimental testing ranged widely, from a few minutes to 30 minutes. There may be some advantage to not imposing limits on the amount of time that respondents have to answer these questions.

Anticipated Length of Comments

In pilot tests of the CG-CAHPS Narrative Items, the average response to each question was a few sentences (16-28 words), but some responses exceeded 300 words (about two paragraphs). Because of this wide range in comment length, it may be helpful to provide respondents with ample space to write their responses.

Oversight of Vendors

Organizations that administer CAHPS surveys typically take steps to maintain the confidentiality of respondents. When using the CG-CAHPS Narrative Items (or any other open-ended questions), it is especially important for the vendor to review and redact any potentially identifiable information (including names, phone numbers, and email addresses) from the comments before distributing them to clinicians or including them in a public website. Vendors should also have systems in place to flag any comments that require an immediate response from health care providers.

Appendix: The Rationale for Each Question in the Sequence

The five questions in the CG-CAHPS Narrative Item Set are designed to help respondents convey their experiences; each question serves a distinct purpose and their order is designed to promote the most complete and coherent patient narratives. Here we provide the rationale for each question, in relationship to other questions in the sequence.

Q1. What are the most important things that you look for in a healthcare provider and their staff?

This starting question serves two purposes. First, experimentation with different sequences for the narrative items revealed that including a separate question that helped respondents to initially reflect on what mattered most to them produced more detailed and comprehensive responses to all the other questions in the item set. This improvement was most pronounced for respondents with characteristics that otherwise were associated with less complete responses, thereby evening out the representativeness in narrative feedback. Second, our field tests of the Narrative Item Set revealed that healthcare providers valued feedback on what patients most cared about in their clinical interactions, separate from learning about their experiences.

Q2. When you think about the things that are most important to you, how did this provider and their staff measure up?

The second question in the sequence of narrative items focuses respondents on the experiences that matter most to them. As such, the effectiveness of the first question fosters the most thoughtful and complete answers to the second question. Responses typically focus on the one or two aspects of patient experience that have the greatest salience. Note that this question does not prompt respondents to think about either positive or negative experiences; what they focus on is thus not “primed” by question wording and therefore provides a sense of how these most crucial experiences “feel” to them.

Q3. What went well with this provider and their staff in the last 6 months? Please explain what happened, how it happened, and how it felt to you

Q4. Was there anything you wish had gone differently in your experiences with this provider and their staff in the last 6 months? If so, please explain what happened, how it happened, and how it felt to you.

These questions are deliberately constructed in parallel, to elicit a balance of positive and negative feedback that reflect patients’ actual experiences. Our validation process (which compares the responses elicited through the Narrative Item Set with subsequent intensive interviews about their experiences) documents that this balance is achieved: the mix of positive and negative content in the narratives averages within 10% of the mix of experiences reported in the interviews.

The prompting for detail (that is, the second sentence in Q3 and Q4) in these questions sometimes leads respondents to elaborate on issues that had been previously

identified in Q1 and/or Q2. But the majority of responses to the third and fourth questions involve new experiences not reported earlier in the item sequence. The balancing of positive and negative prompts in these two questions also leads to more balanced responses, even among respondents whose healthcare encounters had been primarily positive or negative in their overall feel as reflected by their responses to Question 2.

Q5: Please describe your interactions with this provider and how you got along.

The final question in the sequence rounds out patient feedback in a different way. Responses to the previous four questions tend to focus primarily (though not exclusively) on events – that is, things that “happened” as part of healthcare encounters. By contrast, responses to the fifth question prompt more feedback on patient-clinician relationships, including substantial increases (30-40%) – compared to the aggregated responses to the first four questions – in content related to styles and effectiveness of communication and various aspects of rapport between patient and providers.