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Documents Available for the CAHPS Clinician & Group Survey

This document is part of a comprehensive set of materials that address implementing the Clinician & Group Survey, analyzing the data, and reporting the results. All documents are available on the [Agency for Healthcare Research and Quality's CAHPS 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 Clinician & Group Survey 3.0*.

Questionnaires

- *CAHPS Clinician & Group Survey: Overview of the Questionnaires*
- *Clinician & Group Survey 3.0* (Adult and Child, English and Spanish)

Supplemental Items

- [Supplemental Items for the Clinician & Group Survey 3.0](#)

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

- [Patient-Centered Medical Home](#)
- [Patient Narrative Elicitation Protocol](#)
- [Health Literacy](#)
- [Health Information Technology](#)

Survey Administration Guidelines

- *Preparing a Questionnaire Using the CAHPS Clinician & Group Survey*
- *Fielding the CAHPS Clinician & Group Survey*
- *Sample Notification Letters and Emails for the CAHPS Clinician & Group Survey*
- *Sample Telephone Script for the CAHPS Clinician & Group Survey*

Reporting Measures and Guidelines

- *Patient Experience Measures for the CAHPS Clinician & Group 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

Patients' stories about their experiences with health care are an important complement to the information derived from closed-ended questions in the CAHPS Clinician & Group Survey and other CAHPS surveys. Reading what patients say can help doctors and their staff better understand what is happening when their patients seek and receive care and what they can do to provide a better experience. It can also help health care consumers identify the providers whose care appears to be consistent with their needs and values and learn how other patients and providers deal with various issues that arise.

To date, the vast majority of patient stories, or comments, have been gathered in two ways: either volunteered on a Web site or solicited through one or more open-ended questions from a health care organization, often as part of a more extensive survey. These approaches have helped to make patient comments one of the most common and familiar forms of information about provider quality available today. At the same time, concerns about the accuracy and representativeness of current patient comments have grown.

To support health care organizations in collecting patients' comments in a systematic and structured way, the Agency for Healthcare Research and Quality (AHRQ) funded the development and testing of the CAHPS Patient Narrative Elicitation Protocol, a supplemental set of five open-ended questions that can be added to the CAHPS Clinician & Group Survey.

This document introduces the **beta version** of this supplemental item set and discusses:

- The impetus for a scientifically rigorous approach to gathering patient narratives.
- The structure and flow of the questions.
- How use of these items affects the administration of the survey.
- Possible approaches to processing the narrative content.
- Use of patient narratives with health care providers and consumers.
- How these questions were developed.

The development of the CAHPS Patient Narrative Elicitation Protocol is an ongoing process. The questions have been tested in an experimental setting as well as in real-world data collection projects with field partners. While the wording of the questions and the implementation ideas offered in this document reflect what we have learned to date, both will be refined as we learn more. The CAHPS team will also continue to explore ways to analyze and display large amounts of narrative content so that it is usable and actionable for health care providers and consumers.

Why Elicit Patient Narratives?

Thanks to the tremendous growth of user-generated content and the popularity of review sites such as Yelp, TripAdvisor, and Amazon, Americans have become accustomed to seeking out each other's opinions on goods and services on the Internet. Not surprisingly, health care services are a part of this trend. Since Yelp and RateMDs were launched in 2004, the number of patients' comments about their doctors and other providers on the Internet has grown from a couple hundred into the millions. As of 2016, patients' comments can be found on several dozen public sites hosted by commercial companies, as well as on sites hosted by health systems, health plans, and other organizations.^{1,2,3}

Surveys of American adults indicate that they are increasingly seeking out online reviews of health care services. The Pew Internet and American Life Project found that about 20 percent of Internet users were looking for health-related reviews in 2012, with about 17 percent consulting reviews or rankings of doctors or other providers.⁴ Based on its own survey of a cross-section of American adults who reported recent contact with a health care provider, the CAHPS team found a similar level of exposure to comparative quality information for physicians, hospitals, and health plans among Internet users at that time. The team's analyses also suggest that consumers' awareness of quality information for physicians has been growing steadily, to the extent that it now exceeds their awareness of hospital information. Moreover, patients' comments have become the form of physician quality information that Americans are most likely to see online. When the team conducted the survey in 2015, roughly a third of respondents who saw any kind of comparative quality information about physicians indicated that they saw patients' comments, and about a quarter of those people saw *only* comments.

While patient comments offer a valuable perspective on patient experience with care, most of the information available from comments today is flawed. The primary problem is that even though there are millions of comments, only a handful of comments are available for most individual providers. As a result, providers, consumers, and policymakers are concerned about the representativeness of comments. Moreover, because most of the comments are volunteered anonymously on the Internet, providers are at risk of fraudulent claims, comments from people misrepresenting themselves as patients, and comments from a small number of patients who do not adequately represent their patient population. Thus, while those

¹ Lagu T, Metayer K, Moran M, et al. Website characteristic and physician reviews on commercial physician-rating websites. *JAMA*. 2017 February 21;317(7):766-768.

² Findlay SD. Consumers' interest in provider ratings grows, and improved report cards and other steps could accelerate their use *Health Aff* 2016; 35(4):688-696.

³ Health Research Institute. Scoring healthcare: Navigating customer experience ratings. Delaware; Pricewaterhouse Coopers, 2012.

⁴ Fox S, Duggan M. Health Online 2013. Pew Internet & American Life Project. January 15, 2013. Accessed at <http://pewinternet.org/Reports/2013/Health-online.aspx>.

who read comments may value them, the information they are getting is not necessarily representative or valid.

Collecting comments as part of a standardized patient experience survey is one way to address some of these concerns because the comments, like the survey data, are collected from a random sample of confirmed patients. Users of the [CAHPS Clinician & Group Survey](#) and other CAHPS patient experience surveys have always been free to add one or more open-ended questions at the end of the standardized closed-ended survey items to enable respondents to comment on their experience in their own words. The use of open-ended questions in the CAHPS Hospital Survey (HCAHPS), for example, has generated information useful for identifying problems with inpatient care.⁵ However, a generic invitation to comment on one's experience with care does not represent a scientific approach to inviting consumers to provide complete and meaningful qualitative information.

The CAHPS team took on the challenge of developing and testing open-ended questions with the same scientific rigor that goes into the development of CAHPS surveys. The goal was to create questions that could be added to CAHPS surveys to generate insights into the topics addressed by the survey's measures as well as other important aspects of patient experience that may not be captured by closed-ended questions.

The beta version of these questions, referred to as the CAHPS Patient Narrative Elicitation Protocol (or Elicitation Protocol), is intended to be used with the CAHPS Clinician & Group Survey only. In addition to ongoing refinement of the beta version of this Elicitation Protocol, the CAHPS team is conducting research to determine how best to adapt this item set to other health care settings.

Questions in the CAHPS Patient Narrative Elicitation Protocol

The Elicitation Protocol is a set of supplemental items developed for use with the CAHPS Clinician & Group Survey (5 items for the Adult version; 6 items for the Child version). The questions are purposely designed to lead the respondent through the telling of his or her "story" in a structured sequence in order to elicit a clear and comprehensive portrayal of the experience. Because of the sequential design of the questions, they are meant to be used together in the order specified. For example, the first question is designed to prompt respondents to state the most important things they look for in a health care provider so that they have those things in mind when answering the subsequent questions. The CAHPS team strongly recommends against reordering the questions or selecting a subset of the questions for partial use.

The questions in the Adult version of the Elicitation Protocol are listed below. **Appendix A** provides the Adult Protocol in English and Spanish. **Appendix B** provides the Child Protocol in English and Spanish.

⁵ Huppertz JW, Smith R. The Value of Patients' Handwritten Comments on HCAHPS Surveys. *Journal of Healthcare Management/American College of Healthcare Executives*. 2013;59(1): 31-47.

- PN-1. What are the most important things that you look for in a healthcare provider and the staff in his or her office?
- PN-2. When you think about the things that are most important to you, how do your provider and the staff in his or her office measure up?
- PN-3. Now we'd like to focus on anything that has gone well in your experiences in the last 6 months with your provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.
- PN-4. Next we'd like to focus on any experiences in the last 6 months with your provider and the staff in his or her office that you wish had gone differently. Please explain what happened, how it happened, and how it felt to you.
- PN-5. Please describe how you and your provider relate to and interact with each other.

The Child version of the Elicitation Protocol adds a sixth question that asks how the child and provider relate to each other.

Using the CAHPS Patient Narrative Elicitation Protocol

The Elicitation Protocol can be administered in two ways: as a supplement to the CAHPS Clinician & Group Survey or on its own. Using the Elicitation Protocol in conjunction with the Clinician & Group Survey enables users to: (1) take advantage of the sampling frame drawn for the survey questions and (2) link the narrative responses to the responses on the closed-ended survey questions. However, as discussed below, using the complete Elicitation Protocol separately from the survey may provide an opportunity to collect additional narrative information outside of routine survey fielding periods.

Using the Elicitation Protocol with the Clinician & Group Survey

Use of the Elicitation Protocol has a few implications for the format and administration of the Clinician & Group Survey, as discussed below:

Placement of the items: Add the Elicitation Protocol at the end of the survey, just before the “About You” section. To signal that this is a new section of the survey, include a subheading (“In your own words”) and a short introduction to explain that the following questions are different than the preceding ones and caution against using the comments inappropriately (for example, to ask for medical advice). For example:

In Your Own Words

In your own words, please describe your experiences with this provider and his or her office staff, such as nurses and receptionists.

If you need medical advice or care, please contact your provider's office.

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 (“Healthcare providers value comments from their patients because these details tell them what is working well and what may need improvement.”) was somewhat more effective than language indicating how providers would use the information (“Your provider can use this information to know what is working well or what may need improvement.”).

MHQP’s version of the introductory text:

Please answer the following questions to provide detailed feedback about the care, treatment, and services you receive from your provider.

Healthcare providers value comments from their patients because these details tell them what is working well and what may need improvement.

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

Time for administration: In testing, the Elicitation Protocol 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 Elicitation Protocol, 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.

Sampling: Guidelines for pulling a representative sample of patients for the Clinician & Group Survey are available in [Fielding the CAHPS Clinician & Group Survey](#). Use of the Elicitation Protocol does not require any changes to the sampling strategy for this survey.

Data collection: The CAHPS Clinician & Group Survey is typically administered with a mixed-mode method of mail/telephone, email/telephone, or email/mail.⁶ Initial testing of the Elicitation Protocol 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

⁶ In the email protocol, a link to a Web-based survey is provided in the email.

population. Thus, telephone follow-up for non-respondents is important to the goal of obtaining results that are representative of your population.

More recently, the CAHPS team has gained some experience with the administration of the Elicitation Protocol by mail. This mode is being used in addition to email administration in a pilot project to further test the implementation and use of the Elicitation Protocol in several ambulatory care practices within the NewYork-Presbyterian health system. A comparison of the response rates achieved with these two modes will be available at the conclusion of the project.

For descriptions of data collection methods, refer to [Fielding the CAHPS Clinician & Group Survey](#).

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 Elicitation Protocol represents 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.

When you include the Elicitation Protocol in a survey, consider revising any invitations and reminders 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 his or her 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.”
- **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 site.”
 - “We carefully review your answers and comments along with others so we can provider 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."

Oversight of vendors: Organizations that administer CAHPS surveys typically take steps to maintain the confidentiality of respondents. When using the Elicitation Protocol (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 Web site. Vendors should also have systems in place to flag any comments that require an immediate response from health care providers.

Using the Elicitation Protocol on its Own

The CAHPS Elicitation Protocol can also be administered by itself, i.e., not as part of the CAHPS Clinician & Group Survey. Use of the Elicitation Protocol on its own could be especially useful for two purposes:

- 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).
- To 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).

Please note that the Elicitation Protocol 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 Elicitation Protocol 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 Elicitation Protocol 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).

Sampling: 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:

- 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.

Invitation and reminder letters and emails: When fielding the Elicitation Protocol 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.

Use of responses to the protocol: Unless the Elicitation Protocol is fielded to a representative sample of patients (as required for the Clinician & Group Survey), 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.

Acknowledging CAHPS: If you are using the Elicitation Protocol on its own, please [acknowledge AHRQ's CAHPS program](#) as the source of the items.

Processing Patient Narratives

While responses to the Elicitation Protocol will likely have great value in being read verbatim, the collection of large volumes of narrative responses may require some type of processing in order to more efficiently extract the core meaning of the information. Two basic types of processing can be used: (1) qualitative analysis methods using human coders, and (2) methods using computerized, automated analyses such as natural language processing (NLP).

In testing the Elicitation Protocol, the CAHPS team used a relatively labor-intensive qualitative method to analyze the narrative data collected. This method involved the development of a coding scheme for identifying key content domains. (The coding scheme used in testing is available upon request to the CAHPS Help Line at cahps1@westat.com.) Responses to the five narrative questions were aggregated to create a single narrative. Trained researchers then coded the narrative on several dimensions, including the overall valence of the narrative and the number of times certain aspects of care were mentioned, and counted the number of words used. Reliability was established through agreement among the trained coders. This method worked well for initial testing, and a number of health systems have used a similar approach to coding and labeling themes in their comments. However, at a large scale, this method may prove too costly or cumbersome to administer in a way that ensures consistent coding.

NLP represents another approach to the analysis of narrative comments. NLP methods are increasingly being used to analyze clinical notes in medical records, and several organizations have developed NLP programs specifically designed to analyze

the content of patient narratives. The CAHPS team has recently started to explore and assess NLP approaches.

Using Patient Narratives to Inform Providers and Patients

As noted earlier, patient narratives can provide valuable information for both improving care and supporting consumer decision-making. For providers, narratives can reveal what is driving CAHPS survey scores and what specific processes and behaviors can be addressed to improve patient experience. For consumers, narratives can communicate information beyond CAHPS scores regarding what a patient's experience with a clinician and his or her office staff is like, and how that compares to the patient's own values and preferences.

Informing Providers

Strategies for providing narrative feedback to clinicians and administrators will depend in part on how the narrative data are processed. Many health systems that are currently collecting open-ended responses as part of their patient surveys disseminate the verbatim comments to medical practice leaders and individual clinicians along with their survey scores. In addition, a growing number of health systems are publishing patient comments along with the survey scores of individual physicians on their Web sites.

Some medical leaders believe that publishing this information online is an effective strategy for driving improvements in patient experience survey scores. For example, following the online publication of survey scores and patient comments about their physicians, the University of Utah Health System saw its physician communication scores increase from the 35th percentile in 2010 to the 90th percentile in 2014 and experienced a two-fold increase in Web site traffic.⁷

The CAHPS team is conducting research to identify and better understand useful ways of relaying patient narrative information to clinicians. General guidance on developing effective physician feedback reports is available in:

- [Confidential Feedback Reports: Designing for Optimal Impact on Performance](#). Agency for Healthcare Research and Quality, Rockville, MD. March 2017.
- McNamara P, McNellis, RJ. [Making Physician Feedback Reports More Effective](#). NEJM Catalyst. January 3, 2018.

[The CAHPS Ambulatory Care Improvement Guide](#) offers insights into quantitative and qualitative analyses useful for identifying improvement opportunities as well as strategies for improving patients' experiences.

⁷ Schlesinger M, Grob R, Shaller D. Using Patient-Reported Information to Improve Clinical Practice. *Health Services Research* 2015 December; 50:Suppl 2:2116-2154.

Informing Consumers

Strategies for reporting narrative information to consumers are also evolving. While patient comments are available on a growing number of standalone Web sites, there is increasing interest in incorporating narrative information into consumer reports that also contain standardized measures of health care quality, including CAHPS survey measures.

The CAHPS team has been exploring ways of integrating patient narratives into consumer reports to enhance consumers' understanding of standardized measures of quality, better engage consumers in health care decision-making, and more effectively convey patient-reported experiences. Findings from this research suggest that narratives have the potential to increase consumers' attention to and engagement with reports on physician quality. But narratives can also reduce consumers' attention to standardized measures and lead to suboptimal doctor choices based on those measures alone,⁸ even among those who judged the standardized measures to be important indicators of quality.

The CAHPS team conducted a second round of experiments to determine whether tagging patient narratives with short labels to indicate their content helps consumers to better integrate narratives and quality scores when making decisions about physicians. The team also explored the impact of providing access to a navigator, an individual trained to assist with the decision-making process. As in its first round of experiments, the team found that the narratives enhanced engagement with information on physician quality but led to a decline in decision quality. Labeling comments helped erase the decline in decision quality, although consumers' choices were most consistent with their stated preferences when a navigator was present. Engagement with the quality information and satisfaction with available choices were likewise highest when a navigator was present.⁹

Development of the CAHPS Patient Narrative Elicitation Protocol

AHRQ funded the development of the Patient Narrative Elicitation Protocol by researchers affiliated with the Yale School of Public Health, RAND, and the University of Wisconsin-Madison. The goal of this work has been to develop and test a scientifically rigorous design for open-ended survey items that could be administered as part of the CAHPS Clinician & Group Survey to elicit short, salient narratives from patients about their experiences with clinicians.

The research team began by specifying a set of characteristics for a “high-quality” patient narrative and developing strategies for measuring those characteristics.

⁸ Kanouse DE, Schlesinger M, Shaller D, Martino SC, Rybowski L. How patient comments affect consumers' use of physician performance measures. *Medical Care* 2016 January; 54(1):24-31.

⁹ Martino SC, Grob R, Davis S, et al. Choosing Doctors Wisely: Can Assisted Choice Enhance Patients' Selection of Clinicians? *Med Care Res Rev* 2017 Nov 25. Epub ahead of print.

Drawing on previous research with patient narratives, the team then developed and tested an initial version of the Elicitation Protocol. This first draft went through both cognitive testing as well as testing with several hundred respondents who answered the open-ended questions as part of an experiment with the CAHPS Clinician & Group Survey. To assess the qualities of the responses to the open-ended questions, the research team compared them to the results of detailed interviews with 50 of the respondents.

Based on the findings from these tests, the team revised the Elicitation Protocol and conducted a second test using the same approach of comparing survey responses to the results of detailed interviews with respondents. An analysis of this comparison indicated that the revisions to the Elicitation Protocol increased the completeness of elicitations from roughly 40 percent to approximately 60 percent of the content gleaned from the hour-long interviews.

To assess how well this version of the Elicitation Protocol would perform in a real-world environment, the team also field-tested the protocol as part of a pilot project conducted by the California Healthcare Performance Information System (CHPI) and Massachusetts Health Quality Partners (MHQP).¹⁰ Following a final internal review process, AHRQ released the beta version of the Elicitation Protocol in December 2016.

More information on the [development of the CAHPS Patient Narrative Elicitation Protocol](#) is available on the AHRQ CAHPS Web site and in Grob R, Schlesinger M, Parker AM, et al. Breaking Narrative Ground: Innovative Methods for Rigorously Eliciting and Assessing Patient Narratives. *Health Serv Res* 2016 April; 51:1475-6773.

For more information about the Elicitation Protocol, please contact the CAHPS Help Line at cahps1@westat.com or 1-800-492-9261.

Relevant Literature by the Research Team

Grob R, Schlesinger M, Parker AM, et al. Breaking Narrative Ground: Innovative Methods for Rigorously Eliciting and Assessing Patient Narratives. *Health Serv Res* 2016 Jun;51:Suppl 2:1248-72.

Martino SC, Grob R, Davis S, et al. Choosing Doctors Wisely: Can Assisted Choice Enhance Patients' Selection of Clinicians? *Med Care Res Rev* 2017 Nov 25. Epub ahead of print.

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.

¹⁰ Short Form Patient Experience Survey: Research Findings, Massachusetts Health Quality Partners and California Healthcare Performance Information System. October 2015. Available at http://www.mhqp.org/measure_and_report/?content_item_id=204. Accessed March 21, 2018.

Kanouse DE, Schlesinger, M, Shaller D, et al. How patient comments affect consumers' use of physician performance measures. *Med Care* 2016 Jan;54(1):24-31.

Schlesinger M, Grob R, Shaller D. Using Patient-Reported Information to Improve Clinical Practice. *Health Serv Res* 2015 Dec;50(S2):2116-2154.

Schlesinger M, Grob R, Shaller D, et al. Taking Patients' Narratives about Clinicians from Anecdote to Science. *N Engl J Med* 2015 August;373(7):675-679.

Schlesinger M, Kanouse DE, Martino SC, et al. Complexity, public reporting, and choice of doctors: a look inside the blackest box of consumer behavior. *Med Care Res Rev* 2014;71:Suppl:38S-64S.

Schlesinger M, Kanouse DE, Rybowski L, et al. Consumer response to patient experience measures in complex information environments. *Med Care* 2012;50:S56-S64.

Appendix A. Items in the Adult Version of the Patient Narrative Elicitation Protocol (beta)

The following items should be placed before the “About You” section of the survey.

English Version

In Your Own Words

Please answer the following questions to provide detailed feedback about the care, treatment, and services you receive from your provider. Healthcare providers value comments from their patients because these details tell them what is working well and what may need improvement.

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

- PN-1.** What are the most important things that you look for in a healthcare provider and the staff in his or her office?
- PN-2.** When you think about the things that are most important to you, how do your provider and the staff in his or her office measure up?
- PN-3.** Now we'd like to focus on anything that has gone well in your experiences in the last 6 months with your provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.
- PN-4.** Next we'd like to focus on any experiences in the last 6 months with your provider and the staff in his or her office that you wish had gone differently. Please explain what happened, how it happened, and how it felt to you.
- PN-5.** Please describe how you and your provider relate to and interact with each other.

Spanish Version

En Sus Propias Palabras

Por favor, responda las siguientes preguntas para darnos información detallada sobre la atención médica, tratamientos, y servicios que recibe de su profesional médico. Los profesionales médicos valoran los comentarios de sus pacientes porque estos detalles les dejan saber qué es lo que está funcionando bien y qué puede necesitar mejorar.

Por favor, no utilice estos comentarios como reemplazo a una visita o llamada telefónica, o a buscar consejos de su profesional médico. Sus comentarios podrían ser reportados públicamente pero nunca serán combinados con su nombre.

- PN-1.** ¿Cuáles son las cosas más importantes que busca en un profesional médico y el personal del consultorio de ese profesional médico?
- PN-2.** Respecto a las cosas que son más importantes para usted, ¿cómo evalúa a su profesional médico y al personal del consultorio de ese profesional médico?

- PN-3.** Ahora quisiéramos concentrarnos en todas las experiencias buenas que ha tenido con su profesional médico y el personal del consultorio de ese profesional médico en los últimos 6 meses. Por favor explique qué sucedió, cómo sucedió y cómo lo sintió usted.
- PN-4.** Ahora quisiéramos concentrarnos en todas las experiencias con su profesional médico y el personal del consultorio de ese profesional médico que usted desearía que hubieran sido diferentes en los últimos 6 meses. Por favor explique qué sucedió, cómo sucedió y cómo lo sintió usted.
- PN-5.** Por favor describa cómo se relacionan e interactúan usted y su profesional médico.

Appendix B. Items in the Child Version of the Patient Narrative Elicitation Protocol (beta)

The following items should be placed before the “About Your Child and You” section of the survey.

Please note that this Child version of the Protocol was not field tested and validated.

English Version

In Your Own Words

Please answer the following questions to provide detailed feedback about the care, treatment, and services your child receives from this provider. Healthcare providers value comments from their patients because these details tell them what is working well and what may need improvement.

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

- PN-1.** What are the most important things that you look for in your child’s healthcare provider and the staff in his or her office?
- PN-2.** When you think about the things that are most important to you, how do your child’s provider and the staff in his or her office measure up?
- PN-3.** Now we’d like to focus on anything that has gone well in your experiences in the last 6 months with your child’s provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.
- PN-4.** Next we’d like to focus on any experiences in the last 6 months with your child’s provider and the staff in his or her office that you wish had gone differently. Please explain what happened, how it happened, and how it felt to you.
- PN-5.** Please describe how you and your child’s provider relate to and interact with each other.
- PN-6.** Please describe how **your child** and his or her provider relate to and interact with each other.

Spanish Version

En Sus Propias Palabras

Por favor, responda las siguientes preguntas para darnos información detallada sobre la atención médica, tratamientos, y servicios que recibe su niño/a de este profesional médico. Los profesionales médicos valoran los comentarios de sus pacientes porque estos detalles les dejan saber qué es lo que está funcionando bien y qué puede necesitar mejorar.

Por favor, no utilice estos comentarios como reemplazo a una visita o llamada telefónica, o a buscar consejos de su profesional médico. Sus comentarios podrían ser reportados públicamente pero nunca serán combinados con su nombre.

- PN-1.** ¿Cuáles son las cosas más importantes que busca en el profesional médico de su niño/a y el personal del consultorio de ese profesional médico?
- PN-2.** Respecto a las cosas que son más importantes para usted, ¿cómo evalúa al profesional médico de su niño/a y al personal del consultorio de ese profesional médico?
- PN-3.** Ahora quisiéramos concentrarnos en todas las experiencias buenas que ha tenido con el profesional médico de su niño/a y el personal del consultorio de ese profesional médico en los últimos 6 meses. Por favor explique qué sucedió, cómo sucedió y cómo lo sintió usted.
- PN-4.** Ahora quisiéramos concentrarnos en todas las experiencias con el profesional médico de su niño/a y el personal del consultorio de ese profesional médico que usted desearía que hubieran sido diferentes en los últimos 6 meses. Por favor explique qué sucedió, cómo sucedió y cómo lo sintió usted.
- PN-5.** Por favor describa cómo se comunican e interactúan usted y el profesional médico de su niño/a.
- PN-6.** Por favor describa cómo se comunican e interactúan **su niño/a** y su profesional médico.