



QUESTIONS & ANSWERS

The CAHPS Patient Narrative Elicitation Protocol: A Scientific Approach to Collecting Comments on Experiences of Care

Narratives from patients about their health care experiences can provide a valuable complement to standardized survey scores, both to help clinicians understand what they can do to improve their care and to inform patients about the clinicians available to them. However, the unscientific way in which patients' comments are commonly collected, whether by health care systems or provider review sites, tends to result in information that is neither representative of patients' experiences nor a full account of those experiences.

To help address this concern, the Agency for Healthcare Research and Quality has released the beta version of the CAHPS Patient Narrative Elicitation Protocol, a structured series of open-ended questions designed to be added to the CAHPS Clinician & Group Survey. The Elicitation Protocol prompts patients to provide a clear and comprehensive description of their experiences with their health care providers and medical office staff. It represents a significant step towards collecting patient narratives in a way that is as scientifically grounded and rigorous as the CAHPS closed-ended questions that are used to gather standardized data on patient experience. Applying a high standard of scientific rigor to the collection of open-ended survey responses can ensure that the resulting information has value to consumers trying to assess their options as well as providers seeking to better understand how their patients experience care.

The CAHPS research team is currently exploring opportunities to partner with organizations interested in implementing the Elicitation Protocol in order to gather more information on the following major topics:

- 1) Cost and burden of implementation
- 2) Strategies for inviting and encouraging patients to respond to the elicitation questions
- 3) Methods for aggregating and analyzing comments, such as Natural Language Processing
- 4) Techniques for reporting the narrative information back to clinicians to support improvement activities

If you are interested in testing or using the beta version of the Elicitation Protocol, please let the research team know by contacting CAHPS1@westat.com.

Understanding the Survey Items

What are the questions in the Elicitation Protocol?

The Adult version of the Elicitation Protocol has five questions:

- 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.

Why are some of the questions double- or tripled-barreled?

The wording of the questions in the Elicitation Protocol departs from conventional standards for creating good closed-ended questions. In addition to being more complex than any closed-ended CAHPS questions, some of the open-ended questions include a “double-barreled” format. A double-barreled question asks about more than one thing at the same time; this format is not used for closed-ended questions with scaled responses because it is not clear which question a respondent is answering. However, rather than creating confusion or cognitive dissonance for respondents, the complexity of the open-ended questions frees patients to respond in the ways that are most natural to them. The wording of these questions was tested with hundreds of respondents before the protocol was finalized; none indicated any confusion about what was being asked of them.

Is the Elicitation Protocol available in languages other than English?

The Elicitation Protocol has been translated into Spanish. If you need the items in another language, please follow the recommended guidelines for [translating CAHPS surveys](#).

Development of the Elicitation Protocol

Who developed the Elicitation Protocol?

AHRQ funded the development of the Elicitation Protocol by researchers affiliated with the Yale School of Public Health, RAND, and the University of Wisconsin-Madison.

You can find information on the [development of the Elicitation Protocol](#) 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.

Were these questions tested with patients?

Yes, the research team tested the questions in three ways as part of the development process. First, the team conducted one-on-one interviews with representative health care consumers to confirm that the questions were understandable and clear. Second, survey respondents were invited to comment on the open-ended questions after completing the survey. Finally, the team analyzed patients' responses to the questions to determine how closely they mirrored what those patients reported in intensive interviews about their experiences with care. This testing was done for both the original protocol and a revised version that reflected findings from the initial round of testing.

How do respondents to the Elicitation Protocol differ from respondents to the closed-ended questions?

The research team worked with partners in California and Massachusetts to field test the elicitation protocol. Based on the first year of data collected from approximately 2,300 respondents, those completing the open-ended questions looked similar to respondents to the close-ended questions in terms of demographics (gender, race, ethnicity); there were slightly fewer responses on the open-ended questions from patients with a high school degree or less education.

What can I find more information about the Elicitation Protocol and the use of patient narratives?

- Martino SC, Shaller D, Schlesinger M, et al. How closed-ended survey questions and narrative accounts interact in the assessment of patient experience. *Journal of Patient Experience* 2017. doi: [10.1177/2374373516685940](https://doi.org/10.1177/2374373516685940)
- 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.
- 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):2116-54.
- 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):675-9.
- 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.

Using the CAHPS Patient Narrative Elicitation Protocol

Where can I find the CAHPS Patient Narrative Elicitation Protocol?

The Elicitation Protocol and instructions for using these supplemental items with the CAHPS Clinician & Group Survey are available on the AHRQ CAHPS Web site: [CAHPS Patient Narrative Elicitation Protocol](#).

Can I use these questions with any CAHPS survey? For example, can I use the Elicitation Protocol with CAHPS surveys for hospitals, health plans, or hospices?

The CAHPS Patient Narrative Elicitation Protocol was developed for use with the CAHPS Clinician & Group Survey. It is automatically downloaded with the 3.0 version of that survey: [Download the CG-CAHPS Survey 3.0 and Instructions](#). It is also possible to use the Elicitation Protocol with other patient experience surveys that gather feedback from patients about their experiences with physicians and medical office staff. However, because the Elicitation Protocol was designed to ask about patient experience in an ambulatory care practice setting, the questions in their current form cannot be used to elicit comments about patient experience in hospitals, hospices, nursing homes or other health care settings that would require changes to the wording and structure of the questions.

What reference period should I use with the Elicitation Protocol?

Use the same reference period used in the closed-ended questions. The 3.0 version of the CAHPS Clinician & Group Survey uses a 6-month reference period. The 2.0 version uses a 12-month reference period.

Is the Elicitation Protocol for primary care only or can it be used to gather information about patient experience with specialists?

Like the CAHPS Clinician & Group Survey, the Elicitation Protocol can be used to collect information on patient experiences with primary or specialty care.

How would I use the Elicitation Protocol with other supplemental items (such as the Patient-Centered Medical Home (PCMH) Item Set)?

You can use the Elicitation Protocol along with any supplemental items for the Clinician & Group Survey. Some supplemental items come with specific instructions on where to place individual items in the survey. The Elicitation Protocol should be placed just before the “About You” section of the survey.

Can I use the Elicitation Protocol with the CAHPS Survey for ACOs or the CAHPS for PQRS Survey? Will the Centers for Medicare & Medicaid Services (CMS) require use of the Elicitation Protocol?

Please consult CMS for guidance on this issue.

Can I use these questions without a CAHPS survey?

Yes, the Elicitation Protocol can be implemented on its own to gather more detailed feedback from specific patient populations or to obtain information about patient experience in between administrations of the CAHPS Clinician & Group Survey.

Collecting Patient Narratives

Can I administer the Elicitation Protocol by email? How is patient privacy protected when using the Elicitation Protocol with email administration?

As part of the development and testing process, the Elicitation Protocol was administered by Web and telephone as part of the CAHPS Clinician & Group Survey. In CAHPS parlance, Web administration is sometimes referred to as “email mode” because invitations and reminder messages are sent to the sample population through email. Those emails provide links to a Web survey that includes the open-ended questions; as long as those links do not include personal identifiers, this approach can preserve the anonymity of respondents. None of the CAHPS questions should be sent to the sampled population within an email.

Can I use a patient portal to administer the Elicitation Protocol?

Yes. Some health care organizations are exploring procedures for administering the CAHPS Clinician & Group Survey via the patient portals that are integrated into their electronic health record systems. The use of patient portals to invite responses to the Elicitation Protocol would follow the same basic procedures involved in email administration, in order to provide a link to a web site for online completion of the questions.

Can I administer the Elicitation Protocol on paper (i.e., using a mail or mail plus telephone mode)?

It is possible to administer the Elicitation Protocol on paper. However, because a mail mode was not included in testing of the Elicitation Protocol, we cannot provide any guidance or insight at this time.

Can I administer the Elicitation Protocol as part of a real-time, on-site survey?

The CAHPS team does not currently recommend in-office administration of the CAHPS Clinician & Group Survey, with or without these items. Testing of this mode suggests that the survey results are not comparable to results from the recommended modes of mail, telephone, and Web. If you are considering in-office administration of the Elicitation Protocol on its own, please consider sharing your experience with the research team.

Will the CAHPS Database accept submissions of patient narrative information collected with the Elicitation Protocol?

There are no plans at this time for the CAHPS Database to accept submissions of patient narrative information.

For More Information

Please visit the [AHRQ CAHPS Web site](#) or contact the CAHPS Help Line at cahps1@westat.com or 1-800-492-9261.