Patient Experience Matters

A Stakeholder Meeting convened by the Dirigo Health Agency’s Maine Quality Forum

March 6, 2012
Goals for Today

- Learn about the value of patient experience surveys
- Describe plans for voluntary statewide implementation in Maine
- Solicit your support and participation
### Why Patient Experience Matters

- Patients with positive experiences are more likely to seek preventive care and to follow instructions for better managing their health.

- Good patient experience of care is related to more activated and engaged patients who are more adherent to advice and treatment plans.

- Better care experiences lead to better outcomes of care and fewer malpractice claims.

- Physicians cannot improve unless first measure.
Role of the Maine Quality Forum

- MQF is statutorily charged with responsibility to monitor and improve the quality of health care in Maine.

- LD 1444 further requires the MQF to:
  - Collect quality of care data on health care organizations and practitioners.
  - Publicly report quality data for use by consumers

- Patient experience is a core element of quality.
Overview of Statewide Strategy

- Voluntary participation
- Use of a nationally recognized instrument
- Leverage provider survey efforts where possible
- Secure a preferred rate for survey administration for in practices not currently engaged in survey efforts
- Use a single portal for national/regional benchmarking
- Publicly report in Maine at practice level
Why Patient Experience Matters: 
A National Perspective

Dale Shaller, MPA
Principal, Shaller Consulting Group
March 6, 2012
Overview

- What is patient experience?
- Why does it matter?
- How can it be measured?
- Overview of CAHPS
- CG-CAHPS Survey for Assessing PCMH
- National CAHPS Database
<table>
<thead>
<tr>
<th>IOM’s 6 Aims for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
</tr>
<tr>
<td>Effectiveness</td>
</tr>
<tr>
<td>Patient-Centeredness</td>
</tr>
<tr>
<td>Timeliness</td>
</tr>
<tr>
<td>Efficiency</td>
</tr>
<tr>
<td>Equity</td>
</tr>
</tbody>
</table>

“Health care that establishes a *partnership among practitioners, patients, and their families*...to ensure that decisions *respect patients’ wants, needs, and preferences* and that patients have the *education and support* they need to *make decisions and participate* in their own care.”

Patient-centered care is strongly correlated with other key outcomes

- **Health Outcomes:**
  - Patient adherence
  - Process of care measures
  - Clinical outcomes

- **Business Outcomes:**
  - Patient loyalty
  - Malpractice risk
  - Employee satisfaction
  - Financial performance

Approaches to measurement

- Standardized patient surveys
  - Proprietary tools (most focus on “satisfaction”)
  - Public domain instruments (CAHPS)
- Patient comments
  - User-posted online narrative anecdotes
- Other approaches for internal improvement
  - Targeted rapid cycle surveys
  - Focus groups and interviews
  - Walkthroughs and shadowing
  - “Mystery shopping”
CAHPS Program

- CAHPS = Consumer Assessment of Healthcare Providers and Systems
- Most widely used survey tools for assessing the patient’s experience with care
- Endorsed by National Quality Forum
- Initiated and funded by AHRQ since 1995
- Consortium members include: AHRQ, CMS, RAND, Yale/Harvard, and Westat
CAHPS Family of Surveys

- Ambulatory Care Surveys
  - CAHPS Clinician & Group Survey (CG-CAHPS)
  - CAHPS Health Plan Survey
  - CAHPS Surgical Care Survey
  - CAHPS Home Health Care Survey

- Facility Surveys
  - CAHPS Hospital Survey (H-CAHPS)
  - CAHPS In-Center Hemodialysis Survey
  - CAHPS Nursing Home Survey
Core CAHPS Design Principles

- Focus on topics for which consumers are the best or only source of information

- Include patient reports and ratings of experiences – not “satisfaction”

- Base question items and survey protocols on rigorous scientific development and testing, as well as extensive stakeholder input

- All surveys and services are in the public domain
CAHPS Clinician & Group Survey

- Multiple versions to meet user needs
  - Visit version
  - 12-month version
  - Patient-centered medical home (PCMH) version
  - Adult and child versions

- Core questions are the same across versions

- Supplemental questions can be added for specific topics
CG-CAHPS PCMH Survey

CAHPS Clinician & Group Core Questionnaire* + CAHPS PCMH Item Set = CAHPS PCMH Survey

* NQF endorsed
CG-CAHPS PCMH Survey Domains

CG-CAHPS Core Composites
- Access to Care*
- Communication*
- Office Staff*
- Global Rating*

PCMH Composites
- Comprehensiveness*
- Self Management Support*
- Shared Decision Making*
- Coordination of Care
- Information about Care and Appointments
- Access to Care

*Composite recommended for public reporting
### CG-CAHPS PCMH Survey Item Count

<table>
<thead>
<tr>
<th></th>
<th>Adult Survey</th>
<th>Pediatric Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG-CAHPS Core</td>
<td>34</td>
<td>55</td>
</tr>
<tr>
<td>PCMH Item Set</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td><strong>CG Core+PCMH Total Items</strong></td>
<td><strong>52</strong></td>
<td><strong>66</strong></td>
</tr>
</tbody>
</table>
Forces driving PCMH survey

- NCQA Practice Recognition
  - Option to gain Distinction in Patient Experience Reporting

- Accountable Care Organizations
  - Final rules require CG-CAHPS (7 domains)
  - 5 of 7 ACO domains are in PCMH survey

- Medical home demonstrations
  - CMS, HRSA, private payers

- Growing patient expectations
Overcoming persistent myths

- Myth #1: Patient experience is nice but not necessary
- Myth #2: Patients won’t answer more than 10 questions
- Myth #3: Surveys used for accountability cannot be used for improvement
- Myth #4: It’s impossible to improve scores
Public reporting of CG-CAHPS

- Aligning Forces for Quality (AF4Q)
  - 16 Alliances all committed to public reporting and improvement goals
- Medicare Physician Compare in 2013
- NQF Measures Application Partnership
  - Recommends use of CG-CAHPS for all Federal measurement/reporting/payment programs
- State mandates (e.g., Minnesota)
- Hospital and health system reports
MNHealthScores (www.mnhealthscores.org)

### Ratings Categories

- **Above Average**: Ratings are significantly higher than average
- **At or Below Average**: Ratings are in the middle or significantly lower than average
- **Not Enough Data**: Not enough survey responses to reliably report the information

### Pages & Sort by

- Pages:
- Sort by:
  - Access To Care – Hi to Low
  - Access To Care – Low to Hi
  - Communication Score – Hi to Low
  - Communication Score – Low to Hi
  - Office Staff Score – Hi to Low
  - Office Staff Score – Low to Hi
  - Doctor Rating – Hi to Low
  - Doctor Rating – Low to Hi
  - Name – A to Z
  - Name – Z to A

### Hospital Ratings

<table>
<thead>
<tr>
<th>Hospital</th>
<th>How Well Doctors Communicate</th>
<th>Courteous and Helpful Office Staff</th>
<th>Doctors with an Exceptional Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fairview North Branch Clinic</strong></td>
<td>55%</td>
<td>94%</td>
<td>78%</td>
</tr>
<tr>
<td><strong>HealthEast - Vadnais Heights</strong></td>
<td>56%</td>
<td>93%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>HealthPartners - Lino Lakes (NSFP)</strong></td>
<td>63%</td>
<td>92%</td>
<td>74%</td>
</tr>
<tr>
<td><strong>HealthEast - Hugo</strong></td>
<td>73%</td>
<td>93%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Average:
- How Well Doctors Communicate: 58%
- Courteous and Helpful Office Staff: 89%
- Doctors with an Exceptional Rating: 90%
- Average: 72%

Average: 89%
<table>
<thead>
<tr>
<th>Doctors’ Office</th>
<th>How Well Doctors Communicate with Patients</th>
<th>How Well Doctors Coordinate Care</th>
<th>How Well Doctors Know Their Patients</th>
<th>How Well Doctors Give Preventive Care and Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Andover Pediatrics, P.C. (Pediatric Survey)</strong>, The Pediatric Physicians’ Organization at Children’s</td>
<td>★ ★ ★ ★ ★</td>
<td>N/D</td>
<td>★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td><strong>Cambridge Health Alliance Cambridge Pediatrics (Pediatric Survey)</strong>, Partners Community Health Care (PCHI), Cambridge Health Alliance</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★</td>
<td>★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td><strong>Westwood/Mansfield Pediatrics (Pediatric Survey)</strong>, The Pediatric Physicians’ Organization at Children’s</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
</tbody>
</table>

*Click on a doctors’ office to view results on all measures*
The CAHPS Database

- National repository of data for selected CAHPS surveys
- Two major applications:
  - **Benchmarking** to evaluate health system performance and support quality improvement
  - **Research** on consumer assessments of quality
- Funded by AHRQ and administered by Westat through the CAHPS User Network
# CG-CAHPS Database Composition

*(as of December 2010)*

<table>
<thead>
<tr>
<th>CG-CAHPS Version</th>
<th>N of Practice Sites</th>
<th>N of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult 12-month 4-pt</td>
<td>235</td>
<td>41,834</td>
</tr>
<tr>
<td>Adult 12-month 6-pt</td>
<td>339</td>
<td>180,588</td>
</tr>
<tr>
<td>Child 12-month 6-pt</td>
<td>52</td>
<td>4,883</td>
</tr>
<tr>
<td>Adult Visit</td>
<td>469</td>
<td>103,442</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>1,095</strong></td>
<td><strong>330,747</strong></td>
</tr>
</tbody>
</table>
Online Reporting System

- **Supports** selected CAHPS surveys maintained by CAHPS Database
  - CAHPS Health Plan Survey
  - CG-CAHPS Survey
- **Public portal** available to everyone
  - Ability to view summary-level data only
- **Password-protected portal** accessible only to participants who contribute data
  - Ability to view your own results compared to selected benchmarks
The CAHPS Benchmarking Database
Clinician & Group

Step 1: Select Field Period: 2010
Step 2: Select Survey Type: Adult Primary Care Visit 4 Point
Step 3: Select Group/Practice: Choose one or more Practice Sites

Choose the Group or Practice report to be displayed. Select the name, or hold down the Control (Ctrl) key and select multiple names with the pointer in the drop down to view multiple reports. To deselect, hold control key and point to Group or Practice to be deselected.
### SMG Group Scores: Access to Care

#### Stillwater Medical Group

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>Selected Group/Site</th>
<th>CAHPS DB Overall</th>
<th>90&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
<th>75&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
<th>50&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
<th>25&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Timely Appointments, Care, and Information</td>
<td>58%</td>
<td>59%</td>
<td>73%</td>
<td>66%</td>
<td>59%</td>
<td>52%</td>
</tr>
<tr>
<td>Got appointment for urgent care as soon as needed</td>
<td>64%</td>
<td>64%</td>
<td>81%</td>
<td>74%</td>
<td>66%</td>
<td>58%</td>
</tr>
<tr>
<td>Got appointment for check-up or routine care as soon as needed</td>
<td>69%</td>
<td>68%</td>
<td>83%</td>
<td>77%</td>
<td>71%</td>
<td>63%</td>
</tr>
<tr>
<td>Got answer to phone question during regular office hours on same day</td>
<td>53%</td>
<td>59%</td>
<td>78%</td>
<td>69%</td>
<td>60%</td>
<td>52%</td>
</tr>
<tr>
<td>Got answer to phone question after hours as soon as needed</td>
<td>63%</td>
<td>59%</td>
<td>80%</td>
<td>68%</td>
<td>58%</td>
<td>48%</td>
</tr>
<tr>
<td>Wait time to be seen within 15 minutes of appointment time</td>
<td>41%</td>
<td>43%</td>
<td>61%</td>
<td>52%</td>
<td>43%</td>
<td>33%</td>
</tr>
</tbody>
</table>
Identification of Problem Site

Q10 Got answer to phone question during regular office hours on same day

<table>
<thead>
<tr>
<th>Never + Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>30%</td>
<td>53%</td>
</tr>
<tr>
<td>18%</td>
<td>34%</td>
<td>47%</td>
</tr>
<tr>
<td>14%</td>
<td>23%</td>
<td>63%</td>
</tr>
<tr>
<td>16%</td>
<td>29%</td>
<td>55%</td>
</tr>
<tr>
<td>12%</td>
<td>28%</td>
<td>59%</td>
</tr>
</tbody>
</table>

= Above the mean value of all sponsor or plan means (p < 0.05)

= Below the mean value of all sponsor or plan means (p < 0.05)

Results

- Stillwater Medical Group (n=440)
- Curve Crest (n=230)
- Lakeview Hospital Campus (n=117)
- Somerset (n=93)

National

- National Distribution (n=42,596)

View additional characteristics
Q10 Got answer to phone question during regular office hours on same day

<table>
<thead>
<tr>
<th></th>
<th>Never + Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stillwater</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Group</td>
<td>17%</td>
<td>30%</td>
<td>53%</td>
</tr>
<tr>
<td>Lakeview</td>
<td>18%</td>
<td>34%</td>
<td>47%</td>
</tr>
<tr>
<td>Hospital Campus</td>
<td>14%</td>
<td>23%</td>
<td>63%</td>
</tr>
<tr>
<td>Somerset</td>
<td>16%</td>
<td>29%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>National</strong></td>
<td>12%</td>
<td>28%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Results
Stillwater Medical Group (n=440)

- Curve Crest (n=230)
- Lakeview Hospital Campus (n=117)
- Somerset (n=93)

National Distribution (n=42,596)

- Midwest (n=22,048)
- Northeast (n=13,938)
- South (n=3,339)
- West (n=3,271)

**View additional characteristics**

**Region**

<table>
<thead>
<tr>
<th></th>
<th>Never + Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwest</td>
<td>11%</td>
<td>30%</td>
<td>58%</td>
</tr>
<tr>
<td>Northeast</td>
<td>11%</td>
<td>26%</td>
<td>63%</td>
</tr>
<tr>
<td>South</td>
<td>16%</td>
<td>26%</td>
<td>57%</td>
</tr>
<tr>
<td>West</td>
<td>22%</td>
<td>29%</td>
<td>49%</td>
</tr>
</tbody>
</table>

**Physician Specialty**

<table>
<thead>
<tr>
<th></th>
<th>Never + Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice</td>
<td>12%</td>
<td>31%</td>
<td>58%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>14%</td>
<td>30%</td>
<td>56%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>11%</td>
<td>21%</td>
<td>69%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>13%</td>
<td>37%</td>
<td>51%</td>
</tr>
<tr>
<td>Other Primary Care</td>
<td>11%</td>
<td>23%</td>
<td>65%</td>
</tr>
<tr>
<td>Surgical</td>
<td>14%</td>
<td>25%</td>
<td>61%</td>
</tr>
<tr>
<td>Other Specialty</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Physician Specialty Comparisons:
Visit Version Top Box Scores

% Most Positive Score

Access

MD Communication

Office Staff

MD Rating

OB/GYN
Internal Medicine
Family Practice
Overall
The CAHPS Improvement Guide
Practical Strategies for Improving the Patient Care Experience

Why Improve Patient Experience?
Learn how improving patient experience may lead to positive clinical and business outcomes.

Are You Ready to Improve?
Learn about the behaviors of organizations that are successful in providing positive experiences with care.

Analysis of CAHPS Results
Explore strategies for identifying the best opportunities for improvement.

Quality Improvement Steps
Learn how to implement interventions to achieve specific performance goals.

Browse Interventions
Find strategies for improving specific aspects of patients' experience with care.
CAHPS User Support Services

- Survey and Reporting Kits
  - Instruments and guidance
  - https://www.cahps.ahrq.gov

- CAHPS Technical support
  - E-mail: CAHPS1@ahrq.gov
  - Phone: 800-492-9261

- CAHPS Database Technical support
  - E-mail: NCBD1@ahrq.gov
  - Phone: 888-808-7108
Contact Information

Dale Shaller, MPA
Principal, Shaller Consulting Group
6381 Osgood Avenue North
Stillwater, MN  55082
651-430-0759

d.shaller@comcast.net
Patient Experience Matters

Implementation of a Statewide Strategy
Implementing Statewide Experience Surveying: Experience from AF4Q Pilot

Lisa M. Letourneau MD, MPH
Maine Quality Counts
March 2012
Maine AF4Q Patient Experience Pilot

- 3 AF4Q communities (ME, Detroit, WI) selected by RWJF in 2010 to “jump-start” public reporting
- Communities used “leveraged” strategy, using existing survey vendors
- In ME, primary care practices statewide invited
- 6 practices using Avatar volunteered:
  - EMMC – 3 practices
  - Redington Fairview – 3 practices
- Fielded CG-CAHPS survey June-Sept 2010 (replacing usual Avatar survey)
Public Reporting of Results

• Used Maine’s existing site for public reporting of clinical quality data for Maine PCPs – i.e. MHMC: Pathways to Excellence / GBM
  – www.mhmc.info
  – www.getbettermaine.org

• Report results at practice level

• Report results when practices reach 250+ completed survey per practice
Public Reporting of Results

• Report results using ‘top box’ scoring – i.e. % patients whose responses indicated excellent performance for a given measure

• Report on 6 measures from CG-CAHPS survey
  
  ➢ 3 **individual** survey questions:
    • Overall doctor rating
    • Willingness to recommend
    • Follow up test results
  
  ➢ 3 **composite** measures:
    • Access to care; dr communication; staff courtesy & respect
What Patients Say:
A survey of patient experiences when visiting their doctor's office

Six primary care doctor offices volunteered to be the first in Maine to publicly report the result of patient surveys.

Patients were surveyed about their experience with things that should happen during every visit, such as getting timely care and information, having doctors communicate well, and having office staff treat them with courtesy and respect.

The scores below indicate how often patients reported good experiences and how highly they rate their doctors.

<table>
<thead>
<tr>
<th>Participating Physician Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husson Family Medicine</td>
</tr>
<tr>
<td>Husson Internal Medicine</td>
</tr>
<tr>
<td>Family Medicine of Brewer</td>
</tr>
<tr>
<td>Norridgewock Health Center Internal Medicine</td>
</tr>
<tr>
<td>Redington Family Practice</td>
</tr>
<tr>
<td>Redington Medical Primary Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating of Doctor</th>
<th>Willingness to Recommend</th>
<th>Follow Up on Test Results</th>
<th>Getting Timely Appointments, Care, and Information</th>
<th>Doctor-Patient Communication</th>
<th>Courteous and Helpful Office Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Comparison</td>
<td>77%</td>
<td>88%</td>
<td>86%</td>
<td>54%</td>
<td>91%</td>
</tr>
<tr>
<td>Family Medicine of Brewer</td>
<td>77%</td>
<td>90%</td>
<td>86%</td>
<td>62%</td>
<td>92%</td>
</tr>
<tr>
<td>Husson Family Medicine Number of patient surveys: 397</td>
<td>77%</td>
<td>90%</td>
<td>86%</td>
<td>62%</td>
<td>92%</td>
</tr>
<tr>
<td>Husson Internal Medicine Number of patient surveys: 147</td>
<td>75%</td>
<td>88%</td>
<td>90%</td>
<td>62%</td>
<td>91%</td>
</tr>
<tr>
<td>Norridgewock Health Center Internal Medicine</td>
<td>Data collection in process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redington Family Practice</td>
<td>Data collection in process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redington Medical Primary Care</td>
<td>Data collection in process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Effective

- **Diabetes Care**
  - Download a diabetes checklist for your doctor
  - Ratings explained
  - Grade: Better

- **Heart Disease Care**
  - Download a heart disease checklist for your doctor
  - Ratings explained
  - Grade: Better

Safe

- Systems to track test results, send reminders, avoid medication errors
  - Ratings explained
  - Grade: Best

Patient Experience

- What patients say about the practice
  - How Patients Have Rated Their Experiences:
    - Overall Doctor Rating: 75%
    - Willingness to Recommend: 68%
    - Follow Up on Test Results: 90%
    - Access to Care: 62%
    - Office Staff Courtesy and Respect: 95%
    - Doctor Communication: 91%

Eastern Maine Medical Center
Husson Internal Medicine
302 Husson Ave Ste. 1
Bangor, ME 04401
(207) 947-8141
> See details

> Where do these ratings come from?

Adult Care ratings for your selected practices
(Last updated on Thu, 02/27/2012 - 12:20)
### Ratings Explained: What Patients Say:
A survey of patient experiences when visiting their doctor’s office

This is the specific questions and rating methods used to create the patient experience survey:

<table>
<thead>
<tr>
<th>Category</th>
<th>Questions That Make Up the Score</th>
<th>Top Box Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating of the Doctor</td>
<td>Rating of the doctor on a scale from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible</td>
<td>% with score of 9 or 10</td>
</tr>
<tr>
<td>Willingness to Recommend</td>
<td>Would you recommend this doctor’s office to your family and friends?</td>
<td>% patients who scored “Yes, definitely”</td>
</tr>
<tr>
<td>Follow up on Test Results</td>
<td>1. During your most recent visit, did this doctor order a blood test, x-ray, or other test for you? (If yes,)  2. Did someone from this doctor’s office follow up to give you those results?</td>
<td>% patients who scored “Yes, definitely”</td>
</tr>
<tr>
<td>Doctor-Patient Communication</td>
<td>1. Doctor explained things in a way that was easy to understand  2. Doctor listened carefully to patient/[respondent]  3. Doctor gave easy to understand instructions about taking care of health problems or concerns  4. Doctor knew important information about patient/s'/ medical history  5. Doctor respected patient/s'/[respondent’s] comments</td>
<td>Mean % patients who scored “Yes, definitely” for the 5 questions in this composite</td>
</tr>
<tr>
<td>Courteous and Helpful Office Staff</td>
<td>1. Clerks and receptionists were helpful  2. Clerks and receptionists were courteous and respectful</td>
<td>Mean % patients who scored “Yes, definitely” for the 2 questions in this composite</td>
</tr>
<tr>
<td>Getting Timely Appointments, Care, and Information</td>
<td>1. Patient got appointment for urgent care as soon as needed [for the child]  2. Patient got appointment for non-urgent care as soon as needed  3. Patient got answer to medical question the same day he/she phoned doctor’s office  4. Patient/[Respondent] got answer to medical question as soon as he/she needed when phoned doctor’s office after hours  5. Patient saw doctor within 15 minutes of appointment time</td>
<td>Mean % patients who scored “Always” for the 5 questions in this composite</td>
</tr>
</tbody>
</table>
Statewide Survey Design

- Voluntary

- Target population/practices:
  - Adult patients of primary care and specialty care practices.
  - Parents of children served by pediatric practices
Survey Instrument

• **Primary Care Adult**: CG-CAHPS Adult core with PCMH Items

• **Primary Care Child**: CG-CAHPS Child core with PCMH items

• **Specialist Adult**: CG-CAHPS core with specialist supplemental items to be determined with provider input
Sample Frame

- Practices will sample at the individual provider level.
- Sample sizes will be based on guidelines developed by AHRQ (45 completed surveys per physician)
- Public reporting will be at the practice level.
Survey Administration: 2 Approaches

- Health systems/practices with existing patient survey in place
  - Leverage existing surveys by working with vendors to replace/supplement existing surveys with common instrument for limited period.

- Practices without existing survey
  - DHA will competitively bid for a single vendor to administer the survey at preferred rate
Survey Costs

- Participating practices will be responsible for survey costs. DHA will support survey analysis for practice-level public reporting.

- Pending availability of funds, DHA may offer subsidies to defray costs up to a maximum per physician.

- Practices receiving any subsidy must:
  - Conform to survey guidelines
  - Agree to public reporting of survey results at practice level on DHA website.
Survey Analysis and Reporting

- Practices or vendors will submit survey results to the CAHPS Benchmarking Database following submission guidelines.
- Participating practices will receive practice-level survey results with statewide and national comparisons.
- Practice level survey data will be publicly reported on the DHA website.
- Work group established to define format and structure for public reporting.
**Next Steps: What We Need from You**

- **Today** - Complete green form identifying best person to contact within your organization for follow-up.

- **Post-Meeting** – Complete electronic survey that will be sent to organizational contacts to collect information on your current patient experience survey activities, what vendor/survey you use and the number of practices implementing.

- **Project Timeline**
  - July –September 2012 – in the field
  - **Early 2013** – Publicly reporting at practice level