Public Reporting of Patient Experience Survey Data

Maine Quality Forum Advisory Council

December 14, 2012
Topics

**GOAL:** Review staff recommendations on process and format for public reporting

- Background on Maine’s patient experience survey initiative
- Status of project
- Key issues for consideration when doing public reporting
- Use of National CAHPS Database
- Issues and recommendations for DHA’s public reporting
In 2012, MQF launched a volunteer initiative to collect patient experience survey data at primary and specialty practice sites. The goal was to collect baseline data on patient experience across practice sites using a common instrument and administered through a standard protocol at the same time. Subsidies up to 90% were available to practices that agreed to:

- Use a Designated Vendor selected by DHA
- Administer the nationally recognized CAHPS survey tool for patient centered medical home (see handout for survey details)
- Follow DHA guidelines for sampling at practice site level
- Submit survey findings to the National CAHPS Database
- Share survey results with DHA for public reporting at practice site
**Background**

- Sampling and survey administration occurred at practice site, not individual clinician level:
  - Collection and public reporting of patient experience data new in Maine; practice site data a good starting place
  - Some practices collect individual provider data for internal quality improvement purposes
  - Growing emphasis on how well the entire team within a practice site performs – including practice systems and communication
## Participation Levels

<table>
<thead>
<tr>
<th>Practices</th>
<th>Project Participants</th>
<th>Estimated ME Total</th>
<th>% of ME Total Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>175</td>
<td>500</td>
<td>35.0</td>
</tr>
<tr>
<td>Specialty</td>
<td>95</td>
<td>500</td>
<td>19.0</td>
</tr>
<tr>
<td>Mixed</td>
<td>14</td>
<td>?</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>284</td>
<td>1000</td>
<td>28.4</td>
</tr>
</tbody>
</table>

### Individual Providers

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
<th>Estimated ME Total</th>
<th>% of ME Total Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>929</td>
<td>2000</td>
<td>46.5</td>
</tr>
<tr>
<td>Specialty</td>
<td>393</td>
<td>2000</td>
<td>19.7</td>
</tr>
<tr>
<td>Total</td>
<td>1322</td>
<td>4000</td>
<td>33.1</td>
</tr>
</tbody>
</table>
Recognize Leaders

- While many Maine practices collect patient experience survey, only a few have ever publicly reported results.

- No practices in Maine have ever used the CAHPS version for the patient centered medical home which focuses on how well the practice provides patient-centered care, coordinates with other providers, supports patient engagement.

- Participating practices agreed to publicly share their survey results without first knowing how they would perform.
Decisions to Date

- Complement, don’t duplicate, other national/Maine websites focused on helping consumers, employers or payers rank/select practices.
- Acknowledge the leadership of participating practices.
- Sample and publicly report at the practice site level
- Use analysis and scoring provided by National CAHPS Database
- Compare practice site results to benchmarks when available
- No respondent or individual clinician level data will be reported
Reporting CAHPS Survey Results: Key Issues for the Maine Quality Forum

December 14, 2012

Lise Rybowski, MBA
The Severyn Group

Dale Shaller, MPA
Shaller Consulting Group
10 Issues to Consider

1. Goals and Audience
2. Measures
3. Subject and level of reporting
4. Context and other content
5. Benchmarks and comparisons to peers
6. Scoring
7. Display
8. Functionality
9. Outreach
10. Evaluation
Goals and Audience

What is the purpose of providing this information?

- Who may have a use for this information?
- Who is the target audience?
- What will visitors do with the information?

  - Will practices use it for quality improvement? For medical home certification?
  - Will payers and purchasers use it for value-based purchasing?
  - Will consumers use it to gather information about providers?
Your Role as an Information Provider

- Where else could potential users get information?
- How can you complement rather than compete with or duplicate other efforts?
- What should/can you do that others can’t or won’t?
Measures

- Which CAHPS composites and items will be publicly reported?
  - Composite measures
  - Rating measures
  - Other individual items
Subject and Level of Reporting

- Whose survey results will be publicly reported?
  - Subject could be:
    - Primary care providers for adults
    - Pediatricians
    - Specialists
  - Level of reporting could be:
    - Group
    - Site
At a minimum, need to explain…
- Whose performance was measured
- What was measured
  - How information was collected
  - How scores were calculated (methodology)
- What this information tells you
- Why it matters
- How the information can be used (and can’t be used)
Example: Content Provided by the Puget Sound Health Alliance

- What do we mean by patient experience?
- Why is patient experience important?
- How is patient experience different than patient satisfaction?
- What survey did the Alliance use?
- Is this the first patient experience survey covering the Puget Sound area?
- How was patient privacy protected in gathering these results?
- Learn more in our report *Your Voice Matters: Patient Experience with Primary Care Providers in the Puget Sound Region*.
- Learn more about *Your Voice Matters*. 


Benchmarks and Comparisons to Peers

- To whom will you compare an entity’s performance?

- Geography of possible benchmarks:
  - Maine
  - Northeast US
  - All US
Benchmarks for Clinician Performance

Possible benchmarks include:
- Practice site, group, or system average
- Average for community, state, region, or nation
- Peer comparisons by practice type
- Normative standard or benchmark; for example:
  - 90th percentile
  - “Best in class” (top performer)
  - Achievable Benchmark of Care (ABC)
**Scoring Options**

Which score(s) will you focus on for each entity?

- **Option 1: Full Distribution (Numbers)**

  **Composite**: Getting timely appointments, care and information

<table>
<thead>
<tr>
<th></th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never + Sometimes</td>
</tr>
<tr>
<td><strong>Maine</strong></td>
<td>15%</td>
</tr>
<tr>
<td><strong>Practice A</strong></td>
<td>20%</td>
</tr>
<tr>
<td><strong>Practice B</strong></td>
<td>5%</td>
</tr>
<tr>
<td><strong>Practice C</strong></td>
<td>10%</td>
</tr>
</tbody>
</table>
Scoring Options

- **Option 1: Full Distribution (Graphic)**

<table>
<thead>
<tr>
<th></th>
<th>Getting Timely Appointments, Care &amp; Information</th>
<th>Helpful, Courteous &amp; Respectful Staff</th>
<th>How Well Provider Communicates with Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maine</strong></td>
<td>[Bars showing distribution]</td>
<td>[Bars showing distribution]</td>
<td>[Bars showing distribution]</td>
</tr>
<tr>
<td><strong>Practice A</strong></td>
<td>[Bars showing distribution]</td>
<td>[Bars showing distribution]</td>
<td>[Bars showing distribution]</td>
</tr>
<tr>
<td><strong>Practice B</strong></td>
<td>[Bars showing distribution]</td>
<td>[Bars showing distribution]</td>
<td>[Bars showing distribution]</td>
</tr>
<tr>
<td><strong>Practice C</strong></td>
<td>[Bars showing distribution]</td>
<td>[Bars showing distribution]</td>
<td>[Bars showing distribution]</td>
</tr>
</tbody>
</table>
Option 2: “Top Box” Score

<table>
<thead>
<tr>
<th></th>
<th>Getting Timely Appointments, Care &amp; Information (Percent reporting “Always”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine</td>
<td>10%</td>
</tr>
<tr>
<td>Practice A</td>
<td>20%</td>
</tr>
<tr>
<td>Practice B</td>
<td>20%</td>
</tr>
<tr>
<td>Practice C</td>
<td>30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Top Box Score</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Practice A</td>
<td>20%</td>
<td>20</td>
</tr>
<tr>
<td>Practice B</td>
<td>20%</td>
<td>20</td>
</tr>
<tr>
<td>Practice C</td>
<td>30%</td>
<td>30</td>
</tr>
</tbody>
</table>
### Option 3: Average Score

<table>
<thead>
<tr>
<th></th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine</td>
<td>82%</td>
</tr>
<tr>
<td>Practice A</td>
<td>80%</td>
</tr>
<tr>
<td>Practice B</td>
<td>85%</td>
</tr>
<tr>
<td>Practice C</td>
<td>88%</td>
</tr>
</tbody>
</table>

**Getting Timely Appointments, Care & Information**

<table>
<thead>
<tr>
<th></th>
<th>Getting Timely Appointments, Care &amp; Information</th>
<th>Helpful, Courteous &amp; Respectful Staff</th>
<th>How Well Provider Communicates with Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine</td>
<td>88%</td>
<td>85%</td>
<td>81%</td>
</tr>
<tr>
<td>Practice A</td>
<td>85%</td>
<td>90%</td>
<td>84%</td>
</tr>
<tr>
<td>Practice B</td>
<td>85%</td>
<td>78%</td>
<td>90%</td>
</tr>
<tr>
<td>Practice C</td>
<td>80%</td>
<td>82%</td>
<td>88%</td>
</tr>
</tbody>
</table>
Other Scoring Issues

- Whether to show relative performance
  - If so, relative to what?
- Consistency with other reported information in the community
Display

- How will you display the results?
  - Numbers versus graphics
  - Composites versus items

- How will you organize the entities?
  - In alphabetical order
  - By geography (e.g., zip code, town)
  - By group or system
  - By performance

- How will you handle non-participants?
Results of CG-CAHPS Pilot: Maine

Maine Doctor Ratings

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>Higher scores are better.</th>
<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>
<td>90%</td>
</tr>
<tr>
<td>Family Medicine of Brewer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husson Family Medicine</td>
<td>77%</td>
<td>90%</td>
<td>86%</td>
<td>62%</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>Number of patient surveys: 357</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husson Internal Medicine</td>
<td>75%</td>
<td>88%</td>
<td>90%</td>
<td>62%</td>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td>Number of patient surveys: 467</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norridgewock Health Center Internal Medicine</td>
<td>77%</td>
<td>90%</td>
<td>86%</td>
<td>62%</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>Data collection in process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maine Health Management Coalition: [www.getbettermaine.org](http://www.getbettermaine.org)
Results of CG-CAHPS Pilot: Detroit

Greater Detroit Area Health Council: [www.mycarecompare.org](http://www.mycarecompare.org)

<table>
<thead>
<tr>
<th>Medical Centers</th>
<th>More Info How Well Doctors Communicate With Patients</th>
<th>Done Info Helpful, Courteous, and Respectful Office Staff</th>
<th>More Info Getting Timely Appointments, Care, and Information</th>
<th>More Info Patients’ Rating of the Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Compass*</td>
<td>90%</td>
<td>92%</td>
<td>61%</td>
<td>70%</td>
</tr>
<tr>
<td>Henry Ford - Canton Medical Center</td>
<td>86%</td>
<td>94%</td>
<td>56%</td>
<td>72%</td>
</tr>
<tr>
<td>Number of Patient Surveys: 305</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Henry Ford - West Jefferson Medical Center</td>
<td>87%</td>
<td>92%</td>
<td>63%</td>
<td>70%</td>
</tr>
<tr>
<td>Number of Patient Surveys: 306</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Henry Ford - West Bloomfield Medical Center</td>
<td>85%</td>
<td>94%</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>Number of Patient Surveys: 223</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Orion Internal Medicine</td>
<td>92%</td>
<td>77%</td>
<td>54%</td>
<td>76%</td>
</tr>
<tr>
<td>Number of Patient Surveys: 296</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rochester Internal Medicine</td>
<td>90%</td>
<td>91%</td>
<td>62%</td>
<td>68%</td>
</tr>
<tr>
<td>Number of Patient Surveys: 193</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example of Displaying Top-Box Score: Minnesota

Minnesota Community Measurement: [www.mnhealthscores.org](http://www.mnhealthscores.org)
Example of Displaying Relative Performance: Massachusetts

Massachusetts Health Quality Partners: [www.mhqp.org](http://www.mhqp.org)

<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>Beth Israel Deaconess Healthcare - Boston (Adult Survey), Beth Israel Deaconess Healthcare</td>
<td>★★★★☆</td>
<td>★☆☆☆☆</td>
<td>★☆☆☆☆</td>
<td>★☆☆☆☆</td>
</tr>
<tr>
<td>Brookline Associates (Adult Survey), Greater Boston Primary Care Assoc.</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
</tbody>
</table>
### Example of Displaying Relative Performance: Puget Sound, WA

<table>
<thead>
<tr>
<th>Medical Group</th>
<th>Getting Timely Appointments, Care and Information</th>
<th>How Well Providers Communicate with Patients</th>
<th>Helpful, Courteous and Respectful Office Staff</th>
<th>Patient’s Rating of the Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allenmore Internal Medicine - MultiCare</td>
<td>56%</td>
<td>81%</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>Auburn MultiCare Clinic</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Auburn MultiCare Clinic Medical Office Building</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Bastyr Center for Natural Health</td>
<td>Better than average</td>
<td>Better than average</td>
<td>Better than average</td>
<td>Below average</td>
</tr>
<tr>
<td>Bellevue Family Medicine Associates</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Bothell Clinic - Lakeshore Clinic</td>
<td>AVERAGE</td>
<td>Better than average</td>
<td>Better than average</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Burien Family Medicine - Highline Medical Group</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>Below average</td>
</tr>
</tbody>
</table>

Puget Sound Health Alliance: [www.wacommunitycheckup.org](http://www.wacommunitycheckup.org)
Functionality

- How will users navigate through the information?
- What will they be able to do with it?
- Includes:
  - Ability to search
  - Ability to limit what’s displayed
  - Ability to sort or rank entities by one or more criteria
  - Ability to view multiple levels of information
  - Ability to download data
Outreach

- How will the target audience find out about this site?
- How will you communicate what’s available and how it can be used?
  - What communication channels are available?
  - How much effort can you devote to this?
  - Can you piggyback on other communications to pertinent audiences?
Evaluation

- How will you decide whether to do this again?
- Options include:
  - Process evaluation:
    - How went well? What didn’t?
    - What could you do better next time?
  - Outcome evaluation:
    - How did you expect this survey and reporting initiative to affect stakeholders?
    - What effects did it actually have?
Other Issues

- Making data available to practices and others
- Trends, if survey administered again
Questions?

Next up: Overview of the CAHPS Database
Issues for Consideration in Maine

- Audience
- Level of reporting
- Measures to be reported
- Scoring display
- Benchmarks and comparison groups
- Contextual information
- Functionality and decision support
- Duration
Audience

**Issue**: Who should be the primary audience(s) for the DHA public reporting website?

**Discussion**: There are many audiences for this data - consumers, payers, policymakers, employers – each requiring different levels of detail and explanation. For other publicly reported quality measures, MQF’s role is to assure data integrity and to make data available for others to interpret for specific audiences.

**Staff recommendation**: The site should be a repository of survey results and not focus on any one audience. Other sites, such as *Get Better Maine*, are better positioned to apply survey results to the needs of other audiences.
**Level of Reporting**

**Issue:** At what level will survey results be reported?

**Discussion:** Sampling and administration for the DHA survey was at the practice site level. Multiple practice sites may make up a practice group. Multiple groups may be included within a health system. Depending on how a practice site submits its survey data to the CAHPS Database, it will be possible to group practice sites by medical group or health system scores.

**Staff recommendation:** Organize practice sites by medical group and/or health system (as identified in practice site registration documents) but do not develop an aggregate score for the group or system. This will alleviate issues when not all practices within a group or system participated and/or when data are not available to weight aggregate scores by size of participating practice.
**Grouping of Survey Results**

**Issue**: Will survey results for adult/primary care, adult/specialist and child surveys be reported together or separately?

**Discussion**: Some survey questions across the three surveys are the same; others are different. In the past, CAHPS combined specialist with primary care given the small number of specialist surveys received.

**Staff recommendation**: Separately report adult/primary care, adult/specialist and child surveys. Use benchmarks from comparable groups when available.
Measures to be Reported

**Issue**: Should responses to all survey questions be reported?

**Discussion**: The CAHPS-Adult PCMH survey has 52 items; the child version has 66. Most items in both surveys can be rolled up and reported by composite areas (see handout).

**Staff recommendation**: Report at the composite level with link to individual items. This allows viewers to see easy summary data while also making full information to those who wish the detail.
Score Display

**Issue:** How should practice site scores be reported?

**Discussion:** The CAHPS survey uses a 4-point scale for responses to most survey questions: never, sometimes, usually, always. There are 3 common approaches to displaying a practice’s scores: full distribution, “top box” and average score. Each have their own advantages and disadvantages.

**Recommendation:** Display top box scores to be consistent with National CAPHS Database public reporting site.
**Benchmarks and Comparison Groups**

**Issue**: What benchmarks and comparison groups should be used?

**Discussion**: The CAHPS Database can compare Maine practices to national, regional and state benchmarks for all core questions included in the PCMH survey. Since this is the first year for use of PCMH supplemental items, the availability of regional and national benchmarks will depend on the total number of PCMH surveys submitted to CAHPS.

**Staff recommendation**: Compare to CAHPS benchmarks where available and Maine aggregate. Pending final survey count in Maine, separately report primary care and specialty care.
Level of Contextual Information

**Issue**: In addition to survey results, what additional information should be included on the website?

**Discussion**: Public reporting of patient experience data is new in Maine. The CAHPS-PCMH survey may not be known by readers. There is a lot of research about the importance of patient experience data and how they can be measured and used. However, a lot of text and background generally are not read.

**Staff recommendation**: It will be important to set the context for why and how this initiative was undertaken and to acknowledge the leadership of those who participated. Use short version of labels describing survey composites and items. Provide links for more detailed descriptions of the instrument and its use. Distinguish between MQF reporting and PTE through narrative and cross links.
Functionality of Website

**Issue**: What features should the website have to facilitate use.

**Discussion**: There are many features that would be helpful yet costly to implement. Some include: search functions, mapping, downloading, data tiering, pop-ups for defining terms, comparisons across a defined subset of practices.

**Staff recommendation**: In keeping with its primary purpose as a repository, do not invest in significant functional enhancements. Include search function by name of practice site and, potentially, town.
**Issue**: How long will results be posted?

**Discussion**: As a new initiative, practices do not want to be penalized for participating by having their results publicly reported indefinitely or after new data are available. DHA’s other public reports are generally updated for all sites at a single point in time so that information is from comparable sources and time periods.

**Staff recommendation**: Post for a minimum of 12 months
Next Steps

- Follow-up on any outstanding decisions
- Determine whether/how to promote the site
- Develop mock-up
Public Reporting of Patient Experience Survey Data

Maine Quality Forum Advisory Council

December 14, 2012
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Sampling and survey administration occurred at practice site, not individual clinician level:

- Collection and public reporting of patient experience data new in Maine; practice site data a good starting place
- Some practices collect individual provider data for internal quality improvement purposes
- Growing emphasis on how well the entire team within a practice site performs – including practice systems and communication
# Participation Levels

<table>
<thead>
<tr>
<th>Practices</th>
<th>Project Participants</th>
<th>Estimated ME Total</th>
<th>% of ME Total Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>175</td>
<td>500</td>
<td>35.0</td>
</tr>
<tr>
<td>Specialty</td>
<td>95</td>
<td>500</td>
<td>19.0</td>
</tr>
<tr>
<td>Mixed</td>
<td>14</td>
<td>?</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>284</td>
<td>1000</td>
<td>28.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual Providers</th>
<th>Project Participants</th>
<th>Estimated ME Total</th>
<th>% of ME Total Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>929</td>
<td>2000</td>
<td>46.5</td>
</tr>
<tr>
<td>Specialty</td>
<td>393</td>
<td>2000</td>
<td>19.7</td>
</tr>
<tr>
<td>Total</td>
<td>1322</td>
<td>4000</td>
<td>33.1</td>
</tr>
</tbody>
</table>
Recognize Leaders

- While many Maine practices collect patient experience survey, only a few have ever publicly reported results.

- No practices in Maine have ever used the CAHPS version for the patient centered medical home which focuses on how well the practice provides patient-centered care, coordinates with other providers, supports patient engagement.

- Participating practices agreed to publicly share their survey results without first knowing how they would perform.
Decisions to Date

• Complement, don’t duplicate, other national/Maine websites focused on helping consumers, employers or payers rank/select practices.
• Acknowledge the leadership of participating practices.
• Sample and publicly report at the practice site level
• Use analysis and scoring provided by National CAHPS Database
• Compare practice site results to benchmarks when available
• No respondent or individual clinician level data will be reported
Reporting CAHPS Survey Results:
Key Issues for the Maine Quality Forum

December 14, 2012

Lise Rybowski, MBA
The Severyn Group

Dale Shaller, MPA
Shaller Consulting Group
10 Issues to Consider

1. Goals and Audience
2. Measures
3. Subject and level of reporting
4. Context and other content
5. Benchmarks and comparisons to peers
6. Scoring
7. Display
8. Functionality
9. Outreach
10. Evaluation
Goals and Audience

- What is the purpose of providing this information?
  - Who may have a use for this information?
  - Who is the target audience?
  - What will visitors do with the information?
    - Will practices use it for quality improvement? For medical home certification?
    - Will payers and purchasers use it for value-based purchasing?
    - Will consumers use it to gather information about providers?
Your Role as an Information Provider

- Where else could potential users get information?
- How can you complement rather than compete with or duplicate other efforts?
- What should/can you do that others can’t or won’t?
Measures

- Which CAHPS composites and items will be publicly reported?
  - Composite measures
  - Rating measures
  - Other individual items
Subject and Level of Reporting

- Whose survey results will be publicly reported?
  - Subject could be:
    - Primary care providers for adults
    - Pediatricians
    - Specialists
  - Level of reporting could be:
    - Group
    - Site
Context and other content

- At a minimum, need to explain…
  - Whose performance was measured
  - What was measured
    - How information was collected
    - How scores were calculated (methodology)
  - What this information tells you
  - Why it matters
  - How the information can be used (and can’t be used)
Example: Content Provided by the Puget Sound Health Alliance

- What do we mean by patient experience?
- Why is patient experience important?
- How is patient experience different than patient satisfaction?
- What survey did the Alliance use?
- Is this the first patient experience survey covering the Puget Sound area?
- How was patient privacy protected in gathering these results?
- Learn more in our report *Your Voice Matters: Patient Experience with Primary Care Providers in the Puget Sound Region.*
- Learn more about *Your Voice Matters.*
Benchmarks and Comparisons to Peers

- To whom will you compare an entity’s performance?

- Geography of possible benchmarks:
  - Maine
  - Northeast US
  - All US
Benchmarks for Clinician Performance

Possible benchmarks include:
- Practice site, group, or system average
- Average for community, state, region, or nation
- Peer comparisons by practice type
- Normative standard or benchmark; for example:
  - 90th percentile
  - “Best in class” (top performer)
  - Achievable Benchmark of Care (ABC)
Scoring Options

Which score(s) will you focus on for each entity?

- **Option 1: Full Distribution (Numbers)**

  **Composite**: Getting timely appointments, care and information

<table>
<thead>
<tr>
<th></th>
<th>Percent of Respondents</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never + Sometimes</td>
<td>Usually</td>
<td>Always</td>
</tr>
<tr>
<td><strong>Maine</strong></td>
<td>15%</td>
<td>75%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Practice A</strong></td>
<td>20%</td>
<td>60%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Practice B</strong></td>
<td>5%</td>
<td>75%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Practice C</strong></td>
<td>10%</td>
<td>60%</td>
<td>30%</td>
</tr>
</tbody>
</table>
Option 1: Full Distribution (Graphic)

<table>
<thead>
<tr>
<th></th>
<th>Getting Timely Appointments, Care &amp; Information</th>
<th>Helpful, Courteous &amp; Respectful Staff</th>
<th>How Well Provider Communicates with Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maine</strong></td>
<td>[Scale Representation]</td>
<td>[Scale Representation]</td>
<td>[Scale Representation]</td>
</tr>
<tr>
<td><strong>Practice A</strong></td>
<td>[Scale Representation]</td>
<td>[Scale Representation]</td>
<td>[Scale Representation]</td>
</tr>
<tr>
<td><strong>Practice B</strong></td>
<td>[Scale Representation]</td>
<td>[Scale Representation]</td>
<td>[Scale Representation]</td>
</tr>
<tr>
<td><strong>Practice C</strong></td>
<td>[Scale Representation]</td>
<td>[Scale Representation]</td>
<td>[Scale Representation]</td>
</tr>
</tbody>
</table>
Option 2: “Top Box” Score

<table>
<thead>
<tr>
<th></th>
<th>Getting Timely Appointments, Care &amp; Information (Percent reporting “Always”)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maine</strong></td>
<td>10%</td>
</tr>
<tr>
<td>Practice A</td>
<td>20%</td>
</tr>
<tr>
<td>Practice B</td>
<td>20%</td>
</tr>
<tr>
<td>Practice C</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Top Box Score**

<table>
<thead>
<tr>
<th>Percent of Respondents</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine</td>
<td>10</td>
</tr>
<tr>
<td>Practice A</td>
<td>20</td>
</tr>
<tr>
<td>Practice B</td>
<td>20</td>
</tr>
<tr>
<td>Practice C</td>
<td>30</td>
</tr>
</tbody>
</table>
## Scoring Options

### Option 3: Average Score

<table>
<thead>
<tr>
<th></th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maine</strong></td>
<td>82%</td>
</tr>
<tr>
<td><strong>Practice A</strong></td>
<td>80%</td>
</tr>
<tr>
<td><strong>Practice B</strong></td>
<td>85%</td>
</tr>
<tr>
<td><strong>Practice C</strong></td>
<td>88%</td>
</tr>
</tbody>
</table>

### (Numbers)

<table>
<thead>
<tr>
<th></th>
<th>Getting Timely Appointments, Care &amp; Information</th>
<th>Helpful, Courteous &amp; Respectful Staff</th>
<th>How Well Provider Communicates with Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maine</strong></td>
<td>88%</td>
<td>85%</td>
<td>81%</td>
</tr>
<tr>
<td><strong>Practice A</strong></td>
<td>85%</td>
<td>90%</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Practice B</strong></td>
<td>85%</td>
<td>78%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Practice C</strong></td>
<td>80%</td>
<td>82%</td>
<td>88%</td>
</tr>
</tbody>
</table>

### (Graphic)
Other Scoring Issues

- Whether to show relative performance
  - If so, relative to what?
- Consistency with other reported information in the community
Display

- How will you display the results?
  - Numbers versus graphics
  - Composites versus items

- How will you organize the entities?
  - In alphabetical order
  - By geography (e.g., zip code, town)
  - By group or system
  - By performance

- How will you handle non-participants?
Results of CG-CAHPS Pilot: Maine

Maine Health Management Coalition:  
www.getbettermaine.org

**Maine Doctor Ratings**
What Patients Say:  
A survey of patient experiences when visiting their doctor's office

![Graph showing patient ratings](image)

### Participating Physician Groups
- Husson Family Medicine
- Husson Internal Medicine
- Family Medicine of Brewer
- Norridgewock Health Center Internal Medicine
- Redington Family Practice
- Redington Medical Primary Care

<table>
<thead>
<tr>
<th>Higher scores are better.</th>
<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>
<td>90%</td>
</tr>
<tr>
<td>Family Medicine of Brewer</td>
<td>Data collection in process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husson Family Medicine</td>
<td>77%</td>
<td>90%</td>
<td>86%</td>
<td>62%</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>Number of patient surveys: 357</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husson Internal Medicine</td>
<td>78%</td>
<td>88%</td>
<td>90%</td>
<td>65%</td>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td>Number of patient surveys: 467</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norridgewock Health Center Internal Medicine</td>
<td>Data collection in process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Results of CG-CAHPS Pilot: Detroit

Greater Detroit Area Health Council: www.mycarecompare.org
Example of Displaying Top-Box Score: Minnesota

Minnesota Community Measurement:
www.mnhealthscores.org

<table>
<thead>
<tr>
<th>Getting Care When Needed</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>Fairview Riverside Primary Care Clinic</td>
<td>67%</td>
<td>92%</td>
<td>97%</td>
</tr>
<tr>
<td>Fairview Uptown Clinic</td>
<td>53%</td>
<td>91%</td>
<td>79%</td>
</tr>
<tr>
<td>HealthPartners - Riverside</td>
<td>56%</td>
<td>80%</td>
<td>75%</td>
</tr>
<tr>
<td>Hennepin County Medical Center (HCMC) Clinics - Richfield Clinic</td>
<td>57%</td>
<td>89%</td>
<td>76%</td>
</tr>
<tr>
<td>Fairview Northeast Clinic</td>
<td>51%</td>
<td>92%</td>
<td>88%</td>
</tr>
<tr>
<td>Hennepin County Medical Center (HCMC) Clinics - Downtown Medicine Clinic</td>
<td>51%</td>
<td>90%</td>
<td>78%</td>
</tr>
<tr>
<td>Hennepin County Medical Center (HCMC) Clinics - Internal Medicine Clinic at Parkside</td>
<td>48%</td>
<td>89%</td>
<td>76%</td>
</tr>
<tr>
<td>Women’s Health Clinic</td>
<td>53%</td>
<td>Not Enough Data</td>
<td>Not Enough Data</td>
</tr>
</tbody>
</table>
Example of Displaying Relative Performance: Massachusetts

Massachusetts Health Quality Partners: www.mhqp.org

<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>Beth Israel Deaconess Healthcare - Boston (Adult Survey)</strong></td>
<td>🌟🌟🌟🌟🌟</td>
<td>🌟🌟🌟🌟🌟</td>
<td>🌟🌟🌟🌟🌟</td>
<td>🌟🌟🌟🌟🌟</td>
</tr>
<tr>
<td><strong>Brookline Associates (Adult Survey)</strong></td>
<td>🌟🌟🌟🌟🌟</td>
<td>🌟🌟🌟🌟🌟</td>
<td>🌟🌟🌟🌟🌟</td>
<td>🌟🌟🌟🌟🌟</td>
</tr>
</tbody>
</table>

*click on the measure name to learn more information about the measure
*click on the stars to learn about how patients answered each survey question
### Example of Displaying Relative Performance: Puget Sound, WA

<table>
<thead>
<tr>
<th>View &amp; Compare</th>
<th>Puget Sound Health Alliance: <a href="http://www.wacommunitycheckup.org">www.wacommunitycheckup.org</a></th>
</tr>
</thead>
</table>

**VIEW & COMPARE**

- **Medical Groups**
- **Clinics**
- **Hospitals**
- **Patient Experience**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Getting Timely Appointments, Care and Information</th>
<th>How Well Providers Communicate with Patients</th>
<th>Helpful, Courteous and Respectful Office Staff</th>
<th>Patient’s Rating of the Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Average</td>
<td>56%</td>
<td>81%</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>Allenmore Internal Medicine - MultiCare</td>
<td>BETTER than average</td>
<td></td>
<td>BETTER than average</td>
<td></td>
</tr>
<tr>
<td>Auburn MultiCare Clinic</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Auburn MultiCare Clinic Medical Office Building</td>
<td>AVERAGE</td>
<td>BELOW average</td>
<td>AVERAGE</td>
<td></td>
</tr>
<tr>
<td>Bastyr Center for Natural Health</td>
<td>BETTER than average</td>
<td>BETTER than average</td>
<td>BETTER than average</td>
<td></td>
</tr>
<tr>
<td>Bellevue Family Medicine Associates</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td></td>
</tr>
<tr>
<td>Bothell Clinic - Lakeshore Clinic</td>
<td>AVERAGE</td>
<td>BETTER than average</td>
<td>AVERAGE</td>
<td></td>
</tr>
<tr>
<td>Burien Family Medicine - Highline Medical Group</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td>AVERAGE</td>
<td></td>
</tr>
</tbody>
</table>
Functionality

- How will users navigate through the information?
- What will they be able to do with it?
- Includes:
  - Ability to search
  - Ability to limit what’s displayed
  - Ability to sort or rank entities by one or more criteria
  - Ability to view multiple levels of information
  - Ability to download data
Outreach

- How will the target audience find out about this site?
- How will you communicate what’s available and how it can be used?
  - What communication channels are available?
  - How much effort can you devote to this?
  - Can you piggyback on other communications to pertinent audiences?
Evaluation

- How will you decide whether to do this again?

- Options include:
  - Process evaluation:
    - How went well? What didn’t?
    - What could you do better next time?
  - Outcome evaluation:
    - How did you expect this survey and reporting initiative to affect stakeholders?
    - What effects did it actually have?
Other Issues

- Making data available to practices and others
- Trends, if survey administered again
Questions?

Next up: Overview of the CAHPS Database
National CAHPS Database
-- Aggregation and scoring of Maine’s CAHPS PCMH Survey data
-- National and regional benchmarks
-- Online reporting system

Practice Sites

Survey data

Vendor A

Vendor B

Vendor C

Practice site reports

Survey data

Nan

Nan

Nan

MHMC Public Report (PTE)

DHA Public Report

National CAHPS Database

-- Aggregation and scoring of Maine’s CAHPS PCMH Survey data
-- National and regional benchmarks
-- Online reporting system

CG-CAHPS Database Private Online Reporting System
(password-protected site-specific results)

Patients and consumers

Purchasers

Other public audiences

Health plans, systems, providers
Issues for Consideration in Maine

- Audience
- Level of reporting
- Measures to be reported
- Scoring display
- Benchmarks and comparison groups
- Contextual information
- Functionality and decision support
- Duration
Audience

**Issue**: Who should be the primary audience(s) for the DHA public reporting website?

**Discussion**: There are many audiences for this data - consumers, payers, policymakers, employers – each requiring different levels of detail and explanation. For other publicly reported quality measures, MQF’s role is to assure data integrity and to make data available for others to interpret for specific audiences.

**Staff recommendation**: The site should be a repository of survey results and not focus on any one audience. Other sites, such as *Get Better Maine*, are better positioned to apply survey results to the needs of other audiences.
**Level of Reporting**

**Issue:** At what level will survey results be reported?

**Discussion:** Sampling and administration for the DHA survey was at the practice site level. Multiple practice sites may make up a practice group. Multiple groups may be included within a health system. Depending on how a practice site submits its survey data to the CAHPS Database, it will be possible to group practice sites by medical group or health system scores.

**Staff recommendation:** Organize practice sites by medical group and/or health system (as identified in practice site registration documents) but do not develop an aggregate score for the group or system. This will alleviate issues when not all practices within a group or system participated and/or when data are not available to weight aggregate scores by size of participating practice.
**Grouping of Survey Results**

**Issue:** Will survey results for adult/primary care, adult/specialist and child surveys be reported together or separately?

**Discussion:** Some survey questions across the three surveys are the same; others are different. In the past, CAHPS combined specialist with primary care given the small number of specialist surveys received.

**Staff recommendation:** Separately report adult/primary care, adult/specialist and child surveys. Use benchmarks from comparable groups when available.
Measures to be Reported

**Issue**: Should responses to all survey questions be reported?

**Discussion**: The CAHPS-Adult PCMH survey has 52 items; the child version has 66. Most items in both surveys can be rolled up and reported by composite areas (see handout).

**Staff recommendation**: Report at the composite level with link to individual items. This allows viewers to see easy summary data while also making full information to those who wish the detail.
**Scoring Display**

**Issue:** How should practice site scores be reported?

**Discussion:** The CAHPS survey uses a 4-point scale for responses to most survey questions: never, sometimes, usually, always. There are 3 common approaches to displaying a practice’s scores: full distribution, “top box” and average score. Each have their own advantages and disadvantages.

**Recommendation:** Display top box scores to be consistent with National CAPHS Database public reporting site.
Benchmarks and Comparison Groups

**Issue**: What benchmarks and comparison groups should be used?

**Discussion**: The CAHPS Database can compare Maine practices to national, regional and state benchmarks for all core questions included in the PCMH survey. Since this is the first year for use of PCMH supplemental items, the availability of regional and national benchmarks will depend on the total number of PCMH surveys submitted to CAHPS.

**Staff recommendation**: Compare to CAHPS benchmarks where available and Maine aggregate. Pending final survey count in Maine, separately report primary care and specialty care.
Level of Contextual Information

**Issue**: In addition to survey results, what additional information should be included on the website?

**Discussion**: Public reporting of patient experience data is new in Maine. The CAHPS-PCMH survey may not be known by readers. There is a lot of research about the importance of patient experience data and how they can be measured and used. However, a lot of text and background generally are not read.

**Staff recommendation**: It will be important to set the context for why and how this initiative was undertaken and to acknowledge the leadership of those who participated. Use short version of labels describing survey composites and items. Provide links for more detailed descriptions of the instrument and its use. Distinguish between MQF reporting and PTE through narrative and cross links.
**Functionality of Website**

**Issue**: What features should the website have to facilitate use.

**Discussion**: There are many features that would be helpful yet costly to implement. Some include: search functions, mapping, downloading, data tiering, pop-ups for defining terms, comparisons across a defined subset of practices.

**Staff recommendation**: In keeping with its primary purpose as a repository, do not invest in significant functional enhancements. Include search function by name of practice site and, potentially, town.
Duration

**Issue**: How long will results be posted?

**Discussion**: As a new initiative, practices do not want to be penalized for participating by having their results publicly reported indefinitely or after new data are available. DHA’s other public reports are generally updated for all sites at a single point in time so that information is from comparable sources and time periods.

**Staff recommendation**: Post for a minimum of 12 months
Next Steps

- Follow-up on any outstanding decisions
- Determine whether/how to promote the site
- Develop mock-up