

CENTER FOR  
HEALTHCARE  
**TRANSPARENCY**

**CHT Pilot Project Webinar**

Short Form Patient Experience Survey

**November 18th, 2015**

**Massachusetts Health Quality Partners  
California Healthcare Performance Information System**

# Meeting Agenda

- Introductions
- Context for the Pilot Study
- Pilot Hypotheses
- Study Design and Fielding
- Study Findings
- What's Next
- Final Thoughts

# Imperative for Advancing Patient Experience

- Capturing the patient voice is fundamental to transforming our health care system into a more patient-centered system.
- Good experience of care matters to patients and their families and is an essential element of health care quality.
- An established body of evidence indicates that the quality of the patient-physician interaction has direct impact on improved clinical outcomes.
- Patients must have access to quality information, as well as cost information to truly assess value in purchasing.
  - Public reporting of patient experience survey results is increasingly important as the health care system transitions to be more driven by consumer choices.

Source: 2014 MHQP White Paper Advancing the Ambulatory Patient Experience Measurement and Reporting Agenda *Supported by the Center for Healthcare Transparency*

# Imperative for Innovation

- *Data collection and reporting methods are outdated and expensive.*
- Unprecedented rapid adoption and preference for new modes of communication have affected response to traditional mail surveys
- *Patient experience survey results are not broadly available and health care lags behind other industries in capturing and reporting user reviews.*
- *Duplicate survey programs and instruments undermine the success of all programs and increasing survey fatigue.*

# Partners in PES Short Form Pilot Project

- **Massachusetts Health Quality Partners (MHQP)**
  - Biannual survey of primary care practices starting in 2006; annual survey since 2013
  - Survey covers PCPs at the practice site level for adults and children. Also offer an individual provider-level sample.
  - Pilot project staff:
    - Jan Singer, VP of Programs: [jsinger@mhqp.org](mailto:jsinger@mhqp.org)
    - Amy Stern, Sr. Project Manager for PES: [astern@mhqp.org](mailto:astern@mhqp.org)
    - Barbra Rabson, CEO: [brabson@mhqp.org](mailto:brabson@mhqp.org)
- **California Healthcare Performance Information System (CHPI)**
  - Annual survey of CA medical groups for Pay For Performance since 2001
  - Survey covers PCP/Specialists at Medical Group level for adults. Also offer a pediatric-level sample and physician-level sample.
  - Pilot project staff:
    - Rachel Brodie, Director of Performance Information: [rbrodie@pbgh.org](mailto:rbrodie@pbgh.org)
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    - Melanie Mascarenhas, Project Coordinator: [mmascarenhas@pbgh.org](mailto:mmascarenhas@pbgh.org)

# How Do We Measure Patient Experience?

## Scientifically valid and reliable methods, designed with these principles:

- Patients who received care are the best and/or only source of the information.
- Patients define aspects of care that are most important to them.
- Reporting is based on actual experiences not perceptions.
- Measurement methods are standardized to enable comparison.
- Surveys are appropriate for heterogeneous populations.
- Instruments are tested with consumers.

AHRQ CAHPS measurement principles

# Advancing Patient Experience Measurement and Reporting

- **The CHT Short Form Pilot Project addresses key priorities identified by national experts in patient experience measurement:**
  - Collect information in ways that are better, faster, cheaper to increase value and support sustainability
- **Other priorities can also be supported through use of a validated short email format**
  - Make patient experience survey results more timely and useful to providers
  - Make patient experience survey results more available and useful to consumers, payers and employers.
- **Better capture the patient's voice in reporting about experience**

MHQP - National Meeting November 18, 2014 – *Advancing Ambulatory Care Patient Experience Measurement and Reporting*

# Improving Value: Capturing the Patient Voice

*“He was in and out like a tornado. He talks faster than I do which is almost impossible! That would be OK except I never once felt like we had completed any one thing. He just repeated what I said, typed it into the computer and suddenly he was handing me 2 papers he printed out and he was gone. When I tried to figure out what I was supposed to do from his nurse, she really couldn't get an answer either. So I called the Clinic when I got home, and STILL could not get an answer. So I just went out on my own and took care of things myself.”*

# Pilot Study Design

- Two pilot sites in different markets.
- Data collected at the practice and medical group levels, depending on pilot site.
- New methods of patient experience surveying tested and evaluated.
- Same statistician and survey vendor.



# Pilot Study Questions

1. Will a short form survey provide comparable answers and rank providers similarly when compared with existing long form statewide surveys?
2. Will email approaches give sufficient response rates and rank providers in a comparable way?
3. Will open-ended narrative questions elicit meaningful and actionable information?

# Fielding Differences Table

	MA STATEWIDE	MHQP PILOT	CA PAS	PILOT
<b>SURVEY MATERIALS</b>				
Total number questions	61	23	55	24
Patient comments	Web option	Web option/email	N/A	Web option/email
Email invite	N/A	✓	Optional/TBD by groups	✓
<b>SURVEY FIELDING</b>				
Wave 1	4/30/2015	Email survey 5/13/15 with standard mail one week later.	Email survey 12/15/14 with reminder one week later. Non-respondents to email receive standard mailing one month following first email.	Email survey 2/25/15 with reminder one week later. Non-respondents to email receive standard mailing two weeks following first email.
Wave 2	6/2/2015	Email survey 5/20/15 with standard mail three weeks later.	Standard Mail 2/13/15	Standard Mail 4/8/2015
Wave 3	N/A	Email survey 5/26/15	N/A	N/A
CATI	N/A	N/A	3/13/15	N/A
Data collection closed	7/2/15	7/10/15	4/12/15	4/29/15
<b>SENDER</b>				
Health Plan	✓	Email & mail	N/A	N/A
Group or Practice Site	N/A	N/A	Email & mail	✓

# Example of the Short Survey

## EXPERIENCES WITH YOUR DOCTOR SURVEY

### YOUR DOCTOR

- Our records show that you got care from the doctor named below in the last 12 months.  
  
Is that right?  
 Yes  
 No → *If No, go to Question 21 on Page 2*
- Is this the doctor you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?  
 Yes  
 No

### YOUR CARE FROM THIS DOCTOR IN THE LAST 12 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

- In the last 12 months, how many times did you visit this doctor to get care for yourself?  
 None → *If None, go to Question 21 on Page 2*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times
- In the last 12 months, did you phone this doctor's office to get an appointment for an illness, injury or condition that needed care right away?  
 Yes  
 No → *If No, go to Question 7*
- In the last 12 months, when you phoned this doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?  
 Never  
 Sometimes  
 Usually  
 Always
- Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?  
 Yes  
 No

### MANAGING YOUR CARE

- In the last 12 months, how often did this doctor explain things in a way that was easy to understand?  
 Never  
 Sometimes  
 Usually  
 Always
- In the last 12 months, how often did this doctor listen carefully to you?  
 Never  
 Sometimes  
 Usually  
 Always
- In the last 12 months, how often did this doctor seem to know the important information about your medical history?  
 Never  
 Sometimes  
 Usually  
 Always
- In the last 12 months, how often did this doctor spend enough time with you?  
 Never  
 Sometimes  
 Usually  
 Always
- In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?  
 Yes  
 No
- In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?  
 Yes  
 No

### YOUR EMOTIONAL HEALTH

- In the last 12 months, did you and anyone in this doctor's office talk about things in your life that worry you or cause you stress?  
 Yes  
 No

## COORDINATING YOUR CARE

- In the last 12 months, did this doctor order a blood test, x-ray, or other test for you?  
 Yes  
 No → *If No, go to Question 17*
- In the last 12 months, when this doctor ordered a blood test, x-ray, or other test for you, how often did someone from this doctor's office follow up to give you those results?  
 Never  
 Sometimes  
 Usually  
 Always
- Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?  
 Yes  
 No → *If No, go to Question 19*
- In the last 12 months, how often did this doctor (named in Question 1) seem informed and up-to-date about the care you got from specialists?  
 Never  
 Sometimes  
 Usually  
 Always

## OVERALL RATING OF DOCTOR

- Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?  
 0 Worst doctor possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best doctor possible
- Would you recommend this doctor to your family and friends?  
 Definitely Yes  
 Probably Yes  
 Not Sure  
 Probably Not  
 Definitely Not

## OVERALL RATING OF CARE

- Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate all your health care from all doctors and other health providers that you have seen in the last 12 months?  
 0 Worst care possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best care possible

## ABOUT YOU

- In general, how would you rate your overall health?  
 Excellent  
 Very good  
 Good  
 Fair  
 Poor
- What is the highest grade or level of school that you have completed?  
 8th grade or less  
 Some high school, but did not graduate  
 High school graduate or GED  
 Some college or 2-year degree  
 4-year college graduate  
 More than 4-year college degree
- Are you of Hispanic or Latino origin or descent?  
 Yes, Hispanic or Latino  
 No, not Hispanic or Latino
- What is your race? Mark one or more.  
 White  
 Black or African American  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 American Indian or Alaska Native  
 Other

# Open-Ended Questions

- Online survey included option to answer set of open-ended questions.
- Respondents were randomly chosen to receive one of two sets of questions to elicit responses.

## UCLA Verbatim Questions

1. Please tell us how this provider's office could have improved the care and services you received in the last 12 months.
2. Please describe something about this provider or health care provider that delighted or disappointed you.
3. Please describe something about the staff at this office--the receptionists or nurses--that delighted or disappointed you.

# Open-Ended Questions

## CAHPS Open-Ended Questions

Now we want to hear how you would describe, in your own words, your experiences with this provider and his or her staff—for example, a nurse or receptionist- over the past 12 months.

1. What are the most important things that you look for in a healthcare provider and his or her staff?
2. When you think about the things that are most important to you, how do your provider and his or her staff measure up?
3. Now we'd like to focus on anything that has gone well in your experiences with your provider and his or her staff over the past 12 months. Please explain what happened, how it happened, and how it felt to you
4. Next we'd like to focus on any experiences with your provider and his or her staff that you wish had gone differently over the past 12 months. Please explain what happened, how it happened, and how it felt to you.
5. Please describe how you and your provider relate to and interact with each other.
6. Thank you for all your comments. This next question requires you to rate your experiences on a scale. To help others interpret your overall comments about this provider and his or her staff, would you say your comments were:
  1. Almost entirely negative
  2. Mostly negative, but some positive
  3. An even mix of negative and positive
  4. Mostly positive, but some negative
  5. Almost entirely positive

# Improving Value: Capturing the Patient Voice

*I look for a doctor who spends time with me addressing my concerns and is available when needed. [DR NAME] is wonderful for the most part; however, I do think she should be following up on abnormal test results HERSELF. Particularly for patients who have a history of asking questions.*

*The staff who makes these calls often know very little about the abnormal test results, so you end up going back and forth with them over and over while they deliver messages to [DR NAME] or a colleague. [DR NAME] has always spent the perfect amount of time with me at my annual exams. She takes her time and thoughtfully listens to my questions/concerns. ..Unless you have an appointment with her, [DR NAME] is IMPOSSIBLE to get ahold of. Unfortunately [DR NAME]'s staff and her practice of having her staff return phone calls and deliver abnormal test results has caused me to consider finding a new PCP.*

# Improving Value: Capturing the Patient Voice

*My doctor listened to a serious concern I was having, his advise was to follow up with a particular treatment and he would check up on me in 2 follow up appointments. That treatment proved to be very effective and I feel better now. Also, my doctor's nurse always treats me like a person and she's very caring with me. / My only concern with my doctor's office is the front desk staff. They should understand that even though people are waiting they should follow professional and ethical behavior. In other words, just because we are in the waiting room pending to go inside doesn't mean that we need to listen out loud to their personal conversations or listen to back door parties. / My doctor and I always talk face to face when I go to the appointments and check ups. In a few occasions, he or his nurse have responded to email concerns or a message sent through the Dispatch (non-urgent). I understand that he has many patients, just the fact that he got back to me meant a lot. And in office visits, we always talk like "two people" face to face.*

# Pilot Study Findings: Short Form

**Will a short form survey provide comparable answers and rank providers similarly when compared with existing long form statewide surveys?**

- **Comparable Results for Doctors** – *Distribution of responses at the doctor level were the same with small exceptions and doctors were ranked similarly at the item level using long and short form versions in both states.*
- **Comparable Results for Practices (MA) and Medical Groups (CA)** – Practices and groups were ranked similarly at the item level in both the short and long forms in both states.

# Pilot Study Findings: Short Form

- **Short Form Response Rates**
  - In MA, *mail response rates were substantially higher with the short form.*
  - In CA, response rates were the same for long and short form.
  - Difference between states likely related to shorter time in the field for the CA short form.
- **Short Form Reliability**
  - In both states, *most items had better reliability in the short form* than the long form.

# Pilot Study Findings: Email

- **Email Information Quality**
  - Provider organizations are not yet collecting email addresses in a systematic way.
    - There is significant variability in collection and quality of information collected to support email data collection.
- **Response Rates**
  - MA email response rates were higher than expected (21.5%) but lower than the mixed mode result implemented by CA (33%)
- **Comparability**
  - Email short forms provided comparable results at the item level to both long and short form mail surveys, even if they are not followed up with a mail survey protocol.

# Pilot Study Findings: Composites

Composite	Content	Alpha*	% Scaling Success
Communication	<ul style="list-style-type: none"> <li>• Doctor gives clear explanations</li> <li>• Doctor listens carefully</li> <li>• Doctor knows medical history</li> <li>• Doctor spends enough time</li> </ul>	0.88	100
Access	<ul style="list-style-type: none"> <li>• Getting care right away</li> <li>• Information about care after hours</li> </ul>	0.26	88
Talk	<ul style="list-style-type: none"> <li>• Doctor talks about stress</li> <li>• Doctor talks about goals</li> <li>• Doctor talks about things that make care hard</li> </ul>	0.65	100
Coordination	<ul style="list-style-type: none"> <li>• Doctor is informed about specialty care</li> <li>• Doctor follows up after tests</li> </ul>	0.57	75
Summary	<ul style="list-style-type: none"> <li>• Doctor rating</li> <li>• Willingness to recommend</li> </ul>	0.84	100

\*Cronbach's alpha

# CAHPS Consortium Analysis of Pilot Study Patient Narratives

Aspects of care most often mentioned by respondents in MA and CA according to question set

Aspect of care	3-question protocol		5-question protocol		
	MA (N = 433)	CA (N = 189)	MA (N = 419)	CA (N = 174)	
Provider communication	47%	49%	72%	68%	
Office staff	65%	76%	46%	52%	Aspect referred to most often
Access to care	38%	34%	47%	43%	Aspect referred to least often
Technical competence	30%	28%	59%	50%	
Time spent with patient	21%	19%	31%	28%	
Caring	51%	59%	76%	76%	
Thoroughness	5%	9%	12%	9%	

# CAHPS Consortium Analysis of Pilot Study Patient Narratives (cont.)

**Response rates were similar for the two versions of the protocol within each sample.**

- Answered at least one question: 24.5% CHPI; 17.8% MHQP

**There were strong positive associations between the overall valence of narratives and all CAHPS measures.**

- A high degree of positivity in comments on both sets of questions.

**Impact of patient characteristics on response:**

- Lower response rates:
  - lower educational attainment, younger age, and Asian race.
- More positive narratives:
  - older patients and, in MA, male patients
- Race, ethnicity and educational background were not associated with the overall valence or positive nature of patient narratives

# Study Limitations

- PCP only
- Adult only
- CA survey field time for pilot shorter than traditional CA survey field time
- Single-language survey dissemination
- No telephonic follow up

# Pilot Study Takeaway Messages

1. Findings suggest short form surveys will produce comparable results and *higher response rates for lower costs*.
2. Email responses were directionally comparable to mail responses but many physician organizations *do not have the capacity to reach patients electronically*.
3. Patients will share their experiences through structured open ended questions; more *work needs to be done around how to collect and use this data*.

# Next Steps

1. Test short form survey administration on larger scale.
2. Test composite measures that need further development
3. Test impact of more frequent surveying
4. Evaluate pediatric short form survey
5. Establish survey administration best practices for multi-modal administration

# Opportunities for National Alignment

## Improve Data Collection Methods

- Need policy guidance to help address data system security concerns and data use privacy concerns
- Need incentives for providers/health plans to collect patients' preferred method of contact (email, text) and to share with RHICs

## Alignment of Survey Programs

- Reduce number of different surveys and/or increase overlap of a common “core” set of measures.
- Provide RHICs and others with methods guidance on using a single survey collection process for multiple purposes

## Improve Survey Relevance:

- Better engage providers and consumers through patient narrative and more timely individual provider results

# Final Thoughts from CA & MA



# Resources from Pilot

Please visit the [CHT website](#) to find resources produced by this pilot:

- Fielding Guide
- Literature Review
- Findings Report

**The Center for the Study of Services:**

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# Thank You!

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# Questions?