PROJECT SUMMARY

Alignment of CAHPS® Ambulatory Care Surveys

Aims
In response to growing concerns about the cost and burden of multiple requirements for patient experience surveys in ambulatory care settings, the CAHPS team is supporting efforts to move toward a common set of core items for the CAHPS Clinician & Group (CG-CAHPS) Survey, a coordinated sampling process, more efficient survey administration, and greater consistency in reporting methods.

Anticipated Benefits
Alignment of survey requirements around a common core instrument can help reduce the burden to patients and medical practices by supporting multiple uses of the data. It also provides consistent information for "high-stakes" purposes, such as public reporting and value-based purchasing. Survey users retain the flexibility to meet specific information needs by adding optional supplemental items (e.g., such as the Patient-Centered Medical Home items).

Approach
The CAHPS team met with several key stakeholders to explore opportunities for aligning requirements with changes to the core CG-CAHPS Survey. Members of the CAHPS team also participated in a multi-stakeholder initiative to develop a national "roadmap" for advancing ambulatory patient experience measurement and reporting, which includes the goal of creating better alignment of existing survey programs and survey instruments.

Successful alignment must consider survey content, sampling methods, survey administration, and reporting methods:

- Alignment around survey content refers to the use of a common core based on the same reference time period, question order, question item wording, and response options.
- Alignment around sampling will require integration approaches that maximize the use of multiple, overlapping samples. This approach creates the required sample first and then adds additional samples as needed to achieve internal targets for improvement, provider compensation, and other purposes.
- Alignment around survey administration refers to both the use of common administration methods (e.g., mail, telephone, interactive voice response [IVR], Web) for different survey requirements as well as the ability to make statistical adjustments so that the results are comparable.
- Comparable reporting methods include the use of composite measures that consist of the same items and consistent labeling of measures to avoid confusion in uses such as public reporting.
Progress to Date
In July 2015, the CAHPS Consortium released a new CG-CAHPS Adult Survey 3.0 that incorporated several changes to shorten the survey while adding a new measure of care coordination. The CG-CAHPS Survey 3.0 represents an important step toward alignment by making the reference time period consistent with the 6-month versions of the surveys used by the Centers for Medicare & Medicaid Services (CMS) for its CAHPS Survey for Accountable Care Organizations (ACOs) and CAHPS Survey for the Physician Quality Reporting System (PQRS). CAHPS team members also are working with regional improvement collaboratives in Maine, Michigan, and Minnesota to identify opportunities for aligning multiple survey requirements and to assure comparability in analysis and reporting of survey results by different entities in the same region.

Next Steps
The CAHPS team will continue testing improvements to the core survey while also working with CMS, NCQA, regional improvement collaboratives, and other stakeholders to align the core survey measures, and to coordinate sampling, administration, and reporting approaches.

Related Publications