



THE CAHPS DATABASE

Summary of Research Projects Using the Research Data Files from the CAHPS Database

March 2016



This document is in the public domain and may be used and reprinted without permission except those copyrighted materials noted for which further reproduction is prohibited without specific permission of copyright holders.

No investigators have any affiliations or financial involvement (e.g., employment, consultancies, honoraria, stock options, expert testimony, grants or patents received or pending, or royalties) that conflict with material presented in this report.

TABLE OF CONTENTS

Research projects are listed by name of the principal researcher, in alphabetical order.

	Page
<u>Introduction</u>	1
<u>CAHPS Health Plan Survey Database Research Projects</u>	2
<u>ANDERSEN, Bruce</u> . “A Comparison of Crow and Northern Arapaho CAHPS Responses to the American Indian Sample in the National CAHPS Benchmarking Database”	3
<u>BIAS, Thomas</u> . “Evaluation of the Affordable Care Act in West Virginia”	4
<u>BONITO, Arthur</u> . “An Evaluation of the Ohio 1115 Waiver: Comparing the Health Plan Ratings and Care Experiences of Ohio Medicaid Managed Care Plan Participants”	5
<u>CLEARY, Paul D</u> . “Case-Mix Adjustment of CAHPS 2.0 Reporting Composites”	6
<u>CLEARY, Paul D</u> . “Comparison of Beneficiary Perceptions of Specialty Care across Insurance Types”	7
<u>DECKER, Jennifer</u> . “Gender Differences in Consumer Experience with Health Care”	8
<u>DESAI, Akash</u> . “Early Care Experiences under the Affordable Care Act”	9
<u>DEGENHOLTZ, Howard</u> . “Teaching Health Care Management Students to Use CAHPS Data”	10
<u>DONOVAN, Kara Ann</u> . “Assessing Quality of Care for Children and Youth with Special Health Care Needs in Colorado”	11
<u>DOWNS, Amy</u> . “Establishing and Tracking a Variety of Health Systems Metrics Using the CAHPS Database”	12
<u>EREKSON, David</u> . “To Determine National Percentile Rankings for Select Health Commercial Plan on Key CAHPS Questions”	13
<u>ESELIUS, Laura</u> . “Case-Mix Adjustment of ECHO Survey Reports and Ratings”	14
<u>EVENSEN, Christian</u> . “VA SHEP Survey Compare”	15
<u>FISHER, William P</u> . “Application of Potential Probabilistic Conjoint Measurement (PCM) Models to CAHPS”	16
<u>FONGWA, Marie</u> . “Evaluating the Psychometric Equivalence of Health Care Reports and Ratings by Older Whites and African Americans”	17
<u>GRAHAM, Joanne</u> . “Assessment of CalPERS Member Health Plan Satisfaction using the NCBD Benchmarks”	18
<u>HARGRAVES, J. Lee</u> . “Psychometric Properties of CAHPS 2.0 Reporting Composites”	19

TABLE OF CONTENTS (continued)

Research projects are listed by name of the principal researcher, in alphabetical order.

	Page
<u>HAYS, Ron D.</u> “Impact of Race/Ethnicity on Consumer Assessments of Health Care”.....	20
<u>HICKS, Giselle.</u> “TRICARE Multiyear Surveys Indicate Problems with Access to Care for Nonenrolled Beneficiaries”	21
<u>HWANG, Joan.</u> “Racial and Ethnic Disparities in Parents’ Ratings of Access to and Experiences with Pediatric Care”.....	22
<u>KALLAUR, Paul.</u> “Attributes that Distinguish High-rated Plans from Low-rated Plans”.....	23
<u>KELLER, San.</u> “Analysis of Items within the CAHPS 2.0 Adult Core Survey to Inform Further Development of G-CAHPS”	24
<u>KIM, Minah.</u> “A Comparison of Patient Evaluations of Their Health Care Services Between Medicaid and Commercial Populations”.....	25
<u>LEWIS, LaQuanda.</u> “A Regional Comparison of Consumers’ Perceptions of Doctors’ Communication Based on the Race/Ethnicity and Education of Respondents to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey”.....	26
<u>LIED, Terry.</u> “Medicaid Recipients Experience with Health Care: A Comparative Study Using CAHPS Data from the National CAHPS Benchmarking Database”.....	27
<u>MANOCCHIA, Michael.</u> “The Impact of For-Profit, Managed Care Firms on Patient Experiences: Results from the National CAHPS Benchmarking Database”	28
<u>MIKOVICH, Kaden.</u> “Population Health Measures: Assessment and Design”.....	29
<u>OTANI, Koichiro.</u> “How Do Consumers Evaluate Their Providers? A New Paradigm with CAHPS Data”	30
<u>SANGL, Judith.</u> “Comparison of CAHPS Adult Survey Results with CAHPS Child Survey Results”	31
<u>SCHONE, Eric.</u> “Comparing CAHPS Survey Results for Military Health System Beneficiaries to the CAHPS Benchmarks”	32
<u>SCHWALBERG, Renee.</u> “Gender Differences in Consumer Experience with Health Care”.....	33
<u>SEGAL, Mary.</u> “Evaluating Health Choices Program: Pennsylvania’s Medical Assistance Plan for Persons with Disabilities”	34
<u>SETHI, Amrita.</u> “The Effect of the Affordable Care Act among Beneficiaries Enrolled in Medicaid Managed Care Organization”.....	35

TABLE OF CONTENTS (continued)

Research projects are listed by name of the principal researcher, in alphabetical order.

	Page
<u>STOLOFF, Peter H.</u> “Evaluation of the TRICARE Program: FY 2000—FY 2003 Reports to Congress”	36
<u>THOMAS, Leela.</u> “Medicaid Recipients’ Assessment of Health Care Services in Oklahoma”	37
<u>THOMPSON, Joseph W.</u> “Descriptive Results from Parents’ Experience of Health Care for Their Children: A Summary CAHPS Experience to Date”	38
<u>TRYTKO, Rodney L.</u> “2015 Disparity in Care Report”	39
<u>WILKINS, Victoria.</u> “The Association between CAHPS Composites and Global Ratings of Outpatient Pediatric Care among Hispanics with Varying Levels of English Language Proficiency”	40
<u>ZASLAVSKY, Alan.</u> “Analysis of Factors Influencing Variations in CAHPS Scores”	41
<u>ZEMA, Carla.</u> “Analysis of CAHPS Results for Children with Special Health Care Needs”	42
<u>ZEMA, Carla.</u> “Comparison and Benchmarking for RWJF’s Aligning Forces for Quality and/or AHRQ’s Chartered Value Exchange Communities”	43
<u>ZWEIFLER, John.</u> “Comparison of California HMO CAHPS Scores to the CAHPS Database Benchmarks”	44
<u>CAHPS Clinician & Group Survey Database Research Projects</u>	45
<u>AHMEDOV, Mohir.</u> “Comparison of Asian versus Non-Hispanic White and Adult versus Child CAHPS Clinician and Group Survey Responses”	46
<u>BIAS, Thomas.</u> “Evaluation of the Affordable Care Act in West Virginia”	47
<u>BOWEN, Shane.</u> “National CG-CAHPS Physician Specialty Benchmarks”	48
<u>DALE, Stacy.</u> “Evaluation of the Comprehensive Primary Care Initiative”	49
<u>DING, Xin (David).</u> “Access the Quality of Health Care Experience and Outcome across Different Physician Specialty”	50
<u>HAMER-MCGHEE, Jacqueline.</u> “A Retrospective Review of Patient Satisfaction Scores in Georgia and Louisiana”	51
<u>HSIAO, Janey.</u> “Association of Physician and Practice Characteristics with Patients Experiences of Care”	52

TABLE OF CONTENTS (continued)

Research projects are listed by name of the principal researcher, in alphabetical order.

	Page
<u>HUGE, Michael.</u> “Analyzing Drivers of Physician and Practice Ratings across Different Specialties within the CG-CAHPS Database”	53
<u>MATTHEWS, Gregory.</u> “Military Healthcare System Patients and Satisfaction Ratings”	54
<u>MULHAUSEN, Paul.</u> “Benchmarking Methodology to Score CAHPS Measures of the Patient Experience in the CMS Innovation Center (CMMI)”	55
<u>NEMBHARD, Ingrid.</u> “Increasing Patient-Centered Care: Does Membership in a Collaborative Help?”	56
<u>PLUMMER, Otho.</u> “Predictors of Provider Rating and Endorsement by Patients”	57
<u>POLL, Justin.</u> “Making More Direct Comparison between the CG-CAHPS Visit Survey Database Scores and Intermountain Healthcare Scores”	58
<u>SCHAEFER, Jim.</u> “PCMH SHEP and the CG-CAHPS Comparative Database”	59
<u>SMITH, Scott.</u> “Predictors of Overall Provider Ratings in Medical Offices and Outpatient Settings”	60
<u>ZEMA, Carla.</u> “Comparison and Benchmarking for RWJF’s Aligning Forces for Quality and/or AHRQ’s Chartered Value Exchange Communities”	61
<u>CAHPS Hospital Survey Database Research Projects</u>	62
<u>ANGST, Corey.</u> “Isolating the Effects of it on Performance: An Empirical Test of Complementarities and Competition in US Hospitals”	63
<u>BELUE, Rhonda.</u> “Evaluating Racial/Ethnic Disparities in Patient Perceptions of Hospital Quality”	64
<u>DING, Xin (David).</u> “Assessing the Quality of Health Care Experience and Outcome across Different Organizational Ownership and Ethnicities”	65
<u>ELLIOT, Marc.</u> “Evaluation of Potential Approaches for CAHPS Hospital Survey Measures in Hospital Pay-for-Performance”	66
<u>EVENSEN, Christian.</u> “VA SHEP Survey Compare”	67
<u>HAYS, Ron.</u> “Evaluation of Value Added of the H-CAHPS+ 9 Questions Used in the 2006 CHART Project”	68
<u>LANDON, Bruce.</u> “The Relationship between Technical Quality and Patient Experiences with Care in United States Acute Care Hospitals”	69
<u>LYNCH, Judith.</u> “TRICARE Inpatient Satisfaction Survey”	70

TABLE OF CONTENTS (continued)

Research projects are listed by name of the principal researcher, in alphabetical order.

	Page
<u>MANDAVILLE, Amy.</u> “An Analysis of Factors Affecting H-CAHPS Scores and Their Impact on Medicare Reimbursement to Acute Care Hospital”.....	71
<u>MCHUGH, Matthew.</u> “Nursing Factors and Their Effect on Patient Satisfaction”	72
<u>ROMLEY, John.</u> “Has Public Reporting of Patient-Reported Measures of Hospital Performance Stimulated Quality Improvement among Poor”.....	73
<u>SORRA, Joann.</u> “Exploring Relationships among Several AHRQ Measures of Hospital Quality and Functioning”	74
<u>WEECH-MALDONADO, Robert.</u> “Impact of Cultural and Linguistic Standards on Patients’ Experience with Inpatient Hospital Care”	75
<u>ZHU, Junya.</u> “Examining the Variation in and Factors Influencing Patient Perceptions of their Hospital Experience”.....	77

INTRODUCTION

This document presents a brief summary of the investigator-initiated research projects that have been undertaken with data files obtained from the CAHPS Health Plan, Clinician & Group and Hospital Surveys Databases. Each research project summary includes the project title, the name and contact of the principal researcher, a brief project description, and the current status of results and/or publications from the research.

Researchers are invited to submit applications for analysis projects to the CAHPS Database. Applicants must submit a written request with basic information about the research question(s) to be addressed, analyses to be conducted, and a description of the products that will result from the research. Upon approval, a data release agreement must be signed committing the researcher to specific procedures for safeguarding the confidentiality of the data. Guidelines for submitting applications for use of research files are posted on the CAHPS Database web site at: <https://cahpsdatabase.ahrq.gov/DataResearchers.aspx>

CAHPS HEALTH PLAN SURVEY DATABASE RESEARCH PROJECTS

Since the inception of the CAHPS Health Plan Database in 1998, a total of 72 applications have been received and approved by the CAHPS Database. Research that ultimately did not use the CAHPS Database data was not included in this report. These projects have examined a variety of topics, including the following:

- Disparities in CAHPS scores by racial and ethnic characteristics of respondents;
- Comparison of adult and child CAHPS survey results;
- Analysis of case-mix factors affecting CAHPS scores;
- Differences in CAHPS scores at the state level; and
- Comparison of CAHPS scores between civilian and military beneficiaries.

A Comparison of Crow and Northern Arapaho CAHPS Responses to the American Indian Sample in the National CAHPS Benchmarking Database

Principal Researcher: Dr. Bruce Andersen

Brief Description:

A randomized sample of enrolled Crow and Northern Arapaho Tribal members residing on or near the Crow Reservation in Montana, and the Wind River Reservation in Wyoming, were administered a modified CAHPS instrument in 2005. The objective is to compare these responses with the American Indian sample responses in the CAHPS Database.

Data:

Adult Commercial and Medicaid, 2005

Child Commercial and Medicaid, 2005

Current Status:

Data was used in an internal report.

Contact:

Dr. Bruce Andersen

Black Hills State University

Vasudha Narayanan

Westat

1650 research Blvd.

Rockville, MD 20850

VasudhaNarayanan@westat.com

Evaluation of the Affordable Care Act in West Virginia

Principal Researcher: Thomas Bias, Ph.D.

Brief Description:

The West Virginia Health Research Center in the School of Public Health has been tasked by the West Virginia Offices of the Insurance Commission with evaluating the impact of the Affordable Care Act on health, economics, and service provision in the state. As part of that evaluation, they are interested in seeing how consumer assessments of health care change over time in the state. Their research takes a broad snapshot of baseline consumer assessment measures and reports them to the Insurance Commission to help gain an understanding of the state of consumer assessments in the years leading up to the Insurance Exchange going live.

Data:

CG-CAHPS, 2010-2012

HP-CAHPS, 2010, 2011 & 2013

Current Status:

The findings were published in:

Annual Evaluation Report on the West Virginia Health Insurance Marketplace

Contact:

Thomas Bias, Ph.D.

Health Research Center, West Virginia University

P.O. Box 9136

Morgantown, WV 26051

304-293-2306

An Evaluation of the Ohio 1115 Waiver: Comparing the Health Plan Ratings and Care Experiences of Ohio Medicaid Managed Care Plan Participants

Principal Researcher: Arthur Bonito, Ph.D.

Brief Description:

The objectives of this study are to:

1. Compare the experiences and plan ratings of Ohio Medicaid managed care beneficiaries in 1998, 2000, and 2001.
2. Compare the experiences and plan ratings of Ohio Medicaid managed care beneficiaries who completed CAHPS® surveys in 2001 to Medicaid managed care beneficiaries in other states who also completed CAHPS® surveys in 2001.
3. Compare the experiences and plan ratings of Ohio Medicaid managed care beneficiaries in 2001 to those of commercially insured beneficiaries in Ohio managed care plans in the same year.
4. Conduct separate analyses of Adult and Child CAHPS® data as described above.

Data:

Adult Commercial and Medicaid, 2001

Child Commercial and Medicaid, 2001

Current Status:

Research results were published in:

Bonito, AJ, et al. Factors Affecting the Satisfaction of Participants in Ohio's Medicaid Managed Care Plans. Final Report Prepared for Centers for Medicare and Medicaid Services. RTI International Project Number 08507.002. September 30, 2004.

Contact:

Arthur J. Bonito, Ph.D.

Director, Program on Health Care Organization, Delivery, and
Access RTI International

Box 12194

3040 Cornwallis Rd.

Research Triangle Park, N.C. 27709

Tel: 919-541-6377

Fax: 919-990-8454

ajb@rti.org

Case-Mix Adjustment of CAHPS 2.0 Reporting Composites

Principal Researcher: Paul D. Cleary, Ph.D.

Brief Description:

This study evaluates different case-mix models for adjusting plan level scores based on the children's version of CAHPS 2.0.

The objective of this study is to compare different models for case-mix adjustment of CAHPS plan level scores and to assess both the degree to which member characteristics are related to CAHPS scores and the amount of inter-plan variability when selecting potential adjusters.

Data:

Child Commercial and Medicaid

Current Status:

Research results were published in:

Zaslavsky, A.M., Zaborski, L.B. & Cleary, P.D. (2002) Factors affecting response rates to the Consumer Assessment of Health Plans Study survey. *Medical Care*, 40(6), 485-499

Contact:

Paul D. Cleary, Ph.D.

Harvard Medical School Children's Hospital, JB-335300

Longwood Ave.

Boston, MA 02115

203-785-2807

Paul.Cleary@Yale.edu

Comparison of Beneficiary Perceptions of Specialty Care across Insurance Types

Principal Researcher: Paul D. Cleary, Ph.D.

Brief Description:

A number of studies indicate that type of health insurance is an important predictor of beneficiaries' access to specialty care. Much less is known regarding the magnitude and correlates of variation within and between insurance types in such access. Analysis of the requested data allows us to investigate the plan and market level factors associated with variation in reported specialty care across insurance types (Medicaid, Medicare, Commercial).

Data:

Adult Medicaid and Commercial, 2008 – 2011

Current Status:

They decided that the original project could be improved by linking the CAHPS database to state policy surveys on the implementation of state specialty care access policies. Those data were received mid-January (from HHS) about two weeks ago. They now have merged the data and are revising our analysis plan. In summary:

They have obtained surveys detailing state Medicaid policies to improve access to primary and specialty care for managed care recipients. This project has three aims

- 1) Examine whether the implementation of specialty access standards for Medicaid managed care plans have been associated with increased ratings of access to care from enrollees
- 2) Determine the extent to which the type and scope (how restrictive) of specialty access standard matters in improving care
- 3) Explore whether specialty access standards have been effective in reducing insurance (private vs. Medicaid) based disparities in access to specialty services.

Contact:

Paul R. Cleary, Ph.D.
Harvard Medical School Children's Hospital, JB-335
300 Longwood Ave.
Boston, MA 02115
203-785-2807
Paul.Cleary@Yale.edu

Gender Differences in Consumer Experience with Health Care

Principal Researcher: Jennifer Decker

Brief Description:

The primary objective of this study: 1. Examine the relationship between item(s) within a dimension to the global ratings for interaction or confounding (i.e. demographics, etc.). 2. Identify specific interacting areas that may affect the global rating of health care, personal doctor, specialist, and health plan. 3. Secondly describe patient's assessment of health care among those covered in the US.

Data:

Adult Commercial and Adult Medicaid, 2007 and 2008

Current Status:

U.S. Department of Health and Human Services, Health Resources and Services Administration. Women's Health USA 2010. Rockville, Maryland: U.S. Department of Health and Human Services, 2010.

["Satisfaction with Health Care", page 73 of print version, accessible online at:

<http://mchb.hrsa.gov/whusa10/hsu/pages/314shc.html>]

Contact:

Jennifer Decker

Altarum Institute

4 Milk Street 3rd Floor

Portland, ME 04102

207-772-1410

Jennifer.Decker@altarum.org

Early Care Experiences under the Affordable Care Act

Principal Researcher: Akash Desai

Brief Description:

The primary objective of the study is to provide policy-makers and other health care stakeholders with on-the-ground information about early consumer and provider experiences with Covered California plans. The information will be used to provide policy recommendations for quick course-corrections to improve consumer satisfaction with Covered California health plans.

To understand consumers' early experiences under the ACA, AIR conducts two main tasks: (1) focus groups with consumers newly insured under a commercial plan and (2) interviews with representatives from primary care organizations in California where consumers receive care.

Data:

Adult Medicaid, 2013
Adult Commercial, 2011

Current Status:

B Farrar, G Wang, L Koester, et al. (2014) Patient and Providers Speak: Early Care Experiences under the ACA. Oakland, CA: California HealthCare Foundation; Available at:

<http://www.chcf.org/publications/2014/06/patients-providers-early-care-aca>.

Contact:

Akash Desai
American Institute of Research
2800 Campus Drive Suite 200
San Mateo, CA 94403
650-843-8272
adesai@air.org

Teaching Health Care Management Students to Use CAHPS Data

Principal Researcher: Howard Degenholtz

Brief Description:

The objective of the proposed project is to teach Masters in Health Administration (MHA) students to understand and use CAHPS health plan data.

Second year MHA students are required to take a course called “Managing the Health of Populations.” In this course, students learn to use statistical concepts to evaluate real world management problems using examples from different parts of the health care system. Graduates of the MHA program work at health systems and managed care plans. In both settings, CAHPS data play an increasing role in the daily work of management. Providing students hands on experience using CAHPS data will help them be smart consumers of information when they are in decision making roles.

Data:

Adult Commercial, 2005

Current Status:

Data used for didactic purposes in a course on Managing the Health of Populations. Students analyze the data and complete several assignments.

Contact:

Howard Degenholtz
Department of Health Policy and Management
University of Pittsburgh
Pittsburgh, PA 16802
412-647-5860
degen@pitt.edu

Assessing Quality of Care for Children and Youth with Special Health Care Needs in Colorado

Principal Researcher: Kara Ann Donovan, M.S.P.H.

Brief Description:

In this project, the CAHPS Database data files are used to monitor the progress of Colorado's health care program for children and youth with special health care needs progress in meeting maternal and child health (MCH) outcome measures for 2002-2004. These data are compared to children and youth without special health care needs for the same years. Analyzing Colorado's progress in meeting the MCH outcome measures, and the differences between children with and without special health care needs, helps to support state and federal program evaluation and planning.

Data:

Adult and Child Medicaid, 2001-2004

Current Status:

Research findings were presented as part of a CAHPS User Network Webcast on "CAHPS in the States: Collaboration and Innovation to Maximize Public Resources" on Wednesday, September 14, 2005.

Contact:

Kara Ann M. Donovan, MSPH
Epidemiologist & Statistician
Children and Youth with Special Health Care Needs Section
Colorado Department of Public Health & Environment
PSD-HCP-A4
4300 Cherry Creek Drive South
Denver, CO 80246-1530
(303) 692-2417
kara.donovan@state.co.us

Establishing and Tracking a Variety of Health Systems Metrics Using the CAHPS Database

Principal Researcher: Amy Downs

Brief Description:

The Colorado Health Institute (CHI) is under contract with The Center for Improving Value in Health Care (CIVHC) to establish and track a variety of health systems metrics. One of the metrics being tracked is how respondents to the CAHPS rated their health care over the last 12 months (on a scale of 1 to 10). CHI will be tracking the Colorado average and how it compares to the national average. At this point, CHI seeks baseline data for 2010 for both Colorado and the U.S.

Data:

Adult commercial, 2009 and 2010

Adult Medicaid, 2009 and 2010

Current Status:

No publication was made. The data was used to calculate baseline for provider performance measurement, and the information was documented internally. No further study using the data.

Contact:

Amy Downs

The Colorado Health Institute

303 E. 17th Ave Suite 930

Denver, CO 80203

702-382-7091

downsa@coloradohealthinstitute.org

To Determine National Percentile Rankings for SelectHealth Commercial Plan on Key CAHPS Questions

Principal Researcher: David Erikson

Brief Description:

The objective of this study is to calculate specific percentile rankings for SelectHealth as it compares to other plans across the nation. They currently are only receiving general quartile percentages in comparison to national scores.

Data:

Adult Commercial, 2007

Current Status:

Research findings were presented in an internal report.

Contact:

David Erikson
Strategic Planning & Research
36 South State
21st Floor
Salt Lake City, UT 84111
Tel: (801) 442-3709
email: David.Erikson@imail.org

Case-Mix Adjustment of ECHO Survey Reports and Ratings

Principal Researcher: Laura Eselius, M.P.H., Ph.D.

Brief Description:

Experience of Care and Health Outcomes (ECHO) survey data will be used to develop a case-mix adjustment model for the ECHO survey by examining the impact of individual characteristics on the respondents' reports and ratings of behavioral health care. Differences in plan type are examined. Additional analyses to be conducted include:

1. What set of reporting measures is suggested by the factor structure of individual-level responses to the ECHO survey? Is the factor structure similar in subgroups of consumers defined by payer type (commercial versus Medicaid)? Is the factor structure similar in subgroups of consumers defined by reason for treatment (alcohol or drug use versus other behavioral health concerns)? How reliable are the proposed reporting measures for discriminating among health plans?
2. Do plan ratings need to be adjusted for casemix differences before comparisons are made?
3. Do subgroup differences in reports and ratings reflect differences in quality or differences in reporting tendencies?

Data:

Echo Data

Current Status:

The following papers were completed as part of dissertation requirements in the Department of Health Care Policy, Harvard Medical School in June 2004:

Eselius, L. Composite Measures for Reporting Consumer Assessments of Behavioral Health Care Quality: The Factor Structure, Internal Consistency, and Plan-Level Reliability of Measures from the Experience of Care and Health Outcomes (ECHO) Survey. June 24, 2004.

Eselius, L. Casemix Adjustment of Consumer Reports and Ratings of Managed Behavioral Health Care and Health Plans. June 24, 2004.

Eselius, L. Consumer Ratings of Behavioral Health Care and Health Plans: Does Variation Reflect Quality Differences or Reporting Biases? June 24, 2004.

A presentation on "Assessing the Quality of Behavioral Health Care and Health Plans Using Consumer Reports and Ratings" was made at the AcademyHealth Meeting on June 26, 2005.

Several papers will be submitted for publication based on this research.

Contact:

Laura Eselius, M.P.H., Ph.D.

Department of Health Care Policy, Harvard Medical

180 Longwood Avenue

Boston, MA02115

Laura_Eselius@brown.edu

VA SHEP Survey Compare

Principal Researcher: Christian Evensen

Brief Description:

The Veterans Health Administration's (VHA's) Office of Quality Performance (OQP) has changed the content of their Survey of Healthcare Experiences of Patients (SHEP) so that it is built around CAHPS rather than the NRC-Picker inpatient and outpatient Dimensions of Care surveys. The proposed research is to support the transition from the old surveys to the new surveys (herein designated as SHEP-Picker and SHEP-CAHPS, respectively).

The objectives of this research include comparing the SHEP-CAHPS to internal and external benchmarks. The SHEP-CAHPS instruments cover both hospital and ambulatory care. The hospital SHEP-CAHPS is built around the CAHPS Hospital Survey. The ambulatory SHEP-CAHPS is built around the CAHPS Health Plan Survey 4.0.

Data:

Adult Commercial, 2007 and 2008
H-CAHPS, 2006 and 2007

Current Status:

The data was used in an internal report that was delivered to a client.

Contact:

Christian Evensen
American Institutes for Research (AIR)
101 Conner Dr. Suite 301
Chapel Hill, NC 27514
919-918-2310
cevensen@air.org

Application of Potential Probabilistic Conjoint Measurement (PCM) Models to CAHPS

Principal Researcher: William P. Fisher, Jr., PhD

Brief Description:

This research project demonstrates the potential that Probabilistic Conjoint Measurement (PCM) models offer for measuring health-related variables derived from the CAHPS survey.

Data:

HP-CAHPS, 1997-1999

Current Status:

Research results have been presented as follows:

Fisher, William P., George Karabatos. 2000. Making the case for fundamental measurement with MEPS/CAHPS quality of care data: From concrete counts of survey responses to abstract measures of health care quality. Third International Outcome Measurement Conference, Rehabilitation Institute of Chicago, June.

Fisher, William P., George Karabatos, John Ware. 2000. Fundamental measurement of quality of care: Results from the MEPS and the CAHPS. (Four-paper symposium w/ discussant, Session 4083.0) American Public Health Association, Boston, November.

Fisher, William P., George Karabatos. 2002. Making the case for fundamental measurement: The MEPS/CAHPS quality of care scales. In Nikolaus Bezzucko, Rasch Measurement in the Health Sciences. Chicago: MESA Press.

The MEPS and CAHPS quality of care scales were included in a comparison with a scale developed in a Tulane/LSU collaboration in this presentation:

Fisher, William P., Karen DeSalvo, Joel Devine, Jaime Morris, Anne Yeoman. 2001. Measuring quality care among residents of a housing project. International Conference on Objective Measurement, sponsored by AHRQ, VA HSR&D, National Cancer Institute, and the Institute for Objective Measurement. University of Illinois at Chicago, October 19-20.

Contact:

William P. Fisher, Jr., Ph.D.

Associate Professor Biometry & Genetics

LSU Medical Center

1901 Perdido Street

New Orleans, LA

70112 (504) 568-8083

(504) 568-8500

wfishe@lsuic.edu

Evaluating the Psychometric Equivalence of Health Care Reports and Ratings by Older Whites and African Americans

Principal Researcher: Marie Fongwa, RN, MPH, Ph.D.

Brief Description:

This study will examine differences in missing data and ratings of care among CAHPS race and age variables.

Data:

Adult Commercial and Medicaid, 2002

Current Status:

Preliminary results were presented at the 8th Annual UCLA Research Conference on Aging. The following article has been submitted for publication:

Fongwa, M. N., Cunningham, W., Gutierrez, P. R., & Hays, R. D. Comparison of reports and ratings of ambulatory care between older African Americans and Whites using CAHPS® 2.0 survey data.

Contact:

Marie N. Fongwa, RN, MPH, Ph.D.
UCLA School of Nursing
700 Tiverton Ave.
3-238 Factor Building
Box 956917
Los Angeles, CA 90095-6917

Assessment of CalPERS Member Health Plan Satisfaction using the NCBD Benchmarks

Principal Researcher: Joanne Graham, PhD, RD

Brief Description:

CalPERS conducts an annual CAHPS based health plan member survey to evaluate member satisfaction and recent plan experiences. As the third largest purchaser of health care in the US, CalPERS has no comparison reference for commercial data in order to determine program strength or areas of improvement. To determine and compare survey results for top box score items as well as composite among CalPERS commercial respondents against CAHPS commercial database. The same comparisons will be conducted with the CalPERS and National CAHPS Medicare data.

Data:

Adult Commercial, 2011

Current Status:

Evaluation of the CalPERS health plan satisfaction using 2011 adult commercial health plan survey data was not completed. This project was redirected and will not utilize the data as previously planned. The data has been destroyed and any future data needs will prompt us to resubmit a request at that time.

Contact:

Joanne Graham
CalPERS - Center for Innovation
400 P Street, Suite 5100
Sacramento, CA 95814
(916)795-1044
Joanne_Graham@CalPERS.CA.GOV

Psychometric Properties of CAHPS 2.0 Reporting Composites

Principal Researcher: J. Lee Hargraves, PhD

Brief Description:

The purpose of this study is to evaluate the reliability and validity of the CAHPS 2.0 reporting composites for the both adult and child Medicaid and Commercial populations.

Data:

Adult Commercial and Medicaid, 1999

Current Status:

The following paper was published as a result of this research:

Hargraves, J. L., Hays, R.D., and Cleary, P.D. (2003). Psychometric properties of the Consumer Assessment of Health Plans Study (CAHPS®) 2.0 adult core survey. *Health Services Research*, 38, 1509-1527.

Contact:

J. Lee Hargraves, PhD
Health Researcher
Center for Studying Health System Change
600 Maryland Avenue SW, Suite 550
Washington, DC 22015
(202) 554-7569
(209) 484-9258
lhargraves@hschange.org

Impact of Race/Ethnicity on Consumer Assessments of Health Care

Principal Researcher: Ron Hays, PhD

Brief Description:

This analysis aims to address the following specific research questions:

- Do consumer reports and ratings of health plans vary by race/ethnicity?
- Do the psychometric properties of the consumer reports and ratings of health plans differ by race/ethnicity?
- Are differences in reliability of measurement explained or accounted for by educational attainment?
- Are differences in consumer reports and ratings of health plans evident in both the private sector and in the Medicaid population and for adult versus child surveys?

Data:

Access to CAHPS 1.0 data approved from April 1999 through February 2000. Access to the CAHPS Database 1999 data approved through February 2001. Access to NCBDB 2000 data approved through May 2002.

Current Status: The following articles have been published as a result of this research:

Elliott, M.N., Swartz, R., Adams, J., Spritzer, K.L., and Hays, R.D. (2001). Case-mix Adjustment of the National CAHPS Benchmarking Data 1.0: A Violation of Model Assumptions? *Health Services Research*, 36:3 (July 2001), 555-573.

Weech-Maldonado, R., Morales, L. S., Spritzer, K., Elliott, M., and Hays, R. D. (2001). Racial and Ethnic Differences in Parents' Assessments of Pediatric Care in Medicaid Managed Care. *Health Services Research*, 36:3 (July 2001), 575-594.

Morales, L.S., Elliott, M.N., Weech-Maldonado, R., Spritzer, K.L., and Hays, R.D. (2001). Differences in CAHPS Adult Survey Ratings and Reports by Race and Ethnicity: An Analysis of the National CAHPS Benchmarking Data

1.0. *Health Services Research*, 36:3 (July 2001), 595-617.

Marshall, G.N., Morales, L.S., Elliot, M., Spritzer, K., and Hays, R.D. (2001). Confirmatory Factor Analysis of the Consumer Assessment of Health Plans Study (CAHPS) 1.0 Core Survey. *Psychological Assessment*, 13:2, 216-229.

Weech-Maldonado, R., Morales, L.S., Elliott, M., Spritzer, K., Marshall, G., and Hays, R.D. (2003). Race/Ethnicity, Language and Patients' Assessments of Care in Medicaid Managed Care. *Health Services Research*, 38(3): 789-808.

Weech-Maldonado, R., Elliott, M., Morales, L. S., Spritzer, K. L., Marshall, G., and Hays, R. D. (2004). Health plan effects on patient assessments of Medicaid managed care among racial/ethnic minorities. *Journal of General Internal Medicine*, 19, 136-145.

Contact:

Ron D. Hays, PhD
Professor, RAND Health Program
RAND
1700 Main Street
Santa Monica, CA, 90407
(310) 794-2294
(310) 206-0732 FAX
hays@rand.org

TRICARE Multiyear Surveys Indicate Problems with Access to Care for Nonenrolled Beneficiaries

Principal Researcher: Giselle Hicks

Brief Description:

The National Defense Authorization Act (NDAA) for Fiscal Year 2008 directed the Department of Defense (DOD) to conduct separate annual surveys of beneficiaries and civilian health care providers in fiscal years 2008 through 2011 to determine the adequacy of access to care for beneficiaries who use the TRICARE Standard and Extra options (non-enrolled beneficiaries). The NDAA also directed GAO to review a series of issues related to the processes, procedures, and analyses used by DOD to determine the adequacy of the number of health care and mental health care providers that currently accept non-enrolled TRICARE beneficiaries as patients.

Data:

Adult Commercial, 2006
Adult Medicaid, 2006

Current Status:

The report published by GAO, Defense Health Care: TRICARE Multiyear Surveys Indicate Problems with Access to Care for Nonenrolled Beneficiaries, GAO-13-364 (Washington, DC: April 2, 2013).

Contact:

Giselle Hicks
GAO
441 G Street NW, Room 5H36
Washington, DC 20548
(202) 512-2779
hicksg@gao.gov

Racial and Ethnic Disparities in Parents' Ratings of Access to and Experiences with Pediatric Care

Principal Researcher: Joan Hwang, Ph.D.

Brief Description:

This research assesses the racial/ethnic patterns in parents' reports of children's experience of care among Medicaid recipients in the CAHPS Database in 2001. The study also compares these patterns to those found in the 2000 MEPS-PAQ (which includes data from late 2000 and early 2001 that will be comparable to the CAHPS Database 2001 data set).

Data:

Child Medicaid 2000

Current Status:

The results were used in an internal report.

Contact:

Joan Hwang, PhD
Center for Outcomes and Effectiveness Research
Agency for Health Care Research and Quality
301-594-8943
jhwang@ahrq.gov

Attributes that Distinguish High-rated Plans from Low-rated Plans

Principal Researcher: Paul Kallaur

Brief Description:

The objective of the research is to support quality improvement efforts of Child Medicaid health plans. CSS proposes to do so by developing a regression model of member satisfaction. The model will identify actionable variables that drive member ratings of their plan. With states offering their own Medicaid plans and different insurers administering the plans, there is a lot of variation in member ratings of various health plan attributes. The proposed research seeks to identify those plan attributes that distinguish high-rated plans from low-rated plans.

Data:

Child Medicaid, 2013 and 2014

Child CHIP, 2013 and 2014

Current Status:

The objective of this study was to isolate a set of plan attributes, or key drivers, that distinguish high-rated plans from low-rated plans, and highlight industry best practices on the key driver measures. Regression analysis was performed between health plan rating and plan attributes (predictors) controlling for interdependencies among the predictors and other factors that may influence ratings (e.g., member demographics, utilization patterns, etc.).

CSS has not published any papers on the findings.

Contact:

Paul Kallaur

Center for the Study of Services

1625 K St. NW 8th FL

Washington, DC 20006

202-454-3030

pkallaur@cssresearch.org

Analysis of Items within the CAHPS 2.0 Adult Core Survey to Inform Further Development of G-CAHPS

Principal Researcher: San Keller, Ph.D.

Brief Description:

This research includes factor and regression analyses of CAHPS 2.0 Adult Core survey item data to inform the development of a shorter Group CAHPS (G-CAHPS) survey. A qualitative comparison (content analysis) of G-CAHPS and CAHPS 2.0 Adult Core surveys indicates that many of the G-CAHPS items are similar or identical to the CAHPS 2.0 Core Survey items. Thus, analyses of the CAHPS 2.0 data provide information of use to this project.

Data:

Adult Commercial, 2002

Current Status:

Findings have been used to inform development of Ambulatory CAHPS modules as part of the CAHPS II research and development effort.

Contact:

San Keller, Ph.D.
Principal Research Scientist
American Institutes for Research (AIR)
1506 East Franklin Street, Suite 200
Chapel Hill NC 27514
919-967-8271
sankeller@air.org

A Comparison of Patient Evaluations of Their Health Care Services Between Medicaid and Commercial Populations

Principal Researcher: Minah Kim, Ph.D.

Brief Description:

This study examines how Medicaid patients' evaluation of their health care services is different from those of commercially insured patients controlling for differences in patient characteristics between the populations.

Data:

Child Commercial and Medical, 2000

Current Status:

This research was published in:

Kim, M., Zaslavsky, A.M., Cleary, P.D. Adjusting Pediatric Consumer Assessments of Health Plans Study (CAHPS) Scores to Ensure Fair comparisons of Health Plan Performance. *Medical Care* 43(1): January 2005.

Contact:

Minah Kang Kim, Ph.D.
Department of Public Policy and Administration
School of Social Sciences
Ewha Womans University
Seoul, Korea
82-2-3277-4100
minahkang@ewha.ac.kr

A Regional Comparison of Consumers' Perceptions of Doctors' Communication Based on the Race/Ethnicity and Education of Respondents to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Principal Researcher: LaQuanda Lewis

Brief Description:

Across major regions in the United States is there an association between the race/ethnicity and education status of consumers and their perceptions of their doctors' communication skills.

In conducting this study, research questions (specific aims) that guide this project are:

1. From a consumer's perspective, are doctors communicating effectively when providing health care?
2. Are there any regional differences in consumers' perceptions based on their race/ethnicity and education status?

Data:

Adult Commercial and Medicaid, 2003-2006

Current Status:

The study findings are archived at Morehouse school of Medicine.

Contact:

LaQuanda Lewis

Research Student

Morehouse School of Medicine), Community Advanced Practice Nurses, Inc.

Community Advanced Practice Nurses, Inc.

173 Boulevard NE

Atlanta, GA 30312

404-658-1500

laquanda_c_lewis@yahoo.com

Medicaid Recipients Experience with Health Care: A Comparative Study Using CAHPS Data from the National CAHPS Benchmarking Database

Principal Researcher: Terry Lied, Ph.D.

Brief Description:

The CMS Center for Medicaid and State Operations (CMSO) is attempting to improve health care quality in both the Medicaid and SCHIP programs. CMSO is currently attempting to develop comparative performance data for both the FFS and managed care delivery systems through encouraging states to report performance measures for the Medicaid population. Data from the CAHPS Database will allow CMSO to supplement HEDIS performance data with CAHPS data. The CAHPS data will be used to assess Medicaid recipient reported experience with health care on a nationwide or nearly nationwide basis.

Data:

Commercial and Medicaid, 2001, 2002, and 2003

Current Status:

This research was published in:

Lied, T.R. 2003 Medicaid Versus Commercial Beneficiary Experience with Care. *Health Care Financing Review*. 26(4):109-116. Summer 2005.

Contact:

Terry R. Lied, Ph.D.

The Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid and State Operations

Finance, Systems, and Quality Group

Division of Quality Systems Management

7500 Security Blvd.

Mail Stop: S3-13-15

Baltimore, MD 21244-1850

410-786-8973

tlied@cms.hhs.gov

The Impact of For-Profit, Managed Care Firms on Patient Experiences: Results from the National CAHPS Benchmarking Database

Principal Researcher: Michael Manocchia, PhD

Brief Description:

This project compares the quality-of-care perceived by patients enrolled in managed care for investor-owned and not-for-profit HMOs based on the CAHPS 2.0 survey.

Data:

Adult Commercial

Current Status:

Ngo–Metzger, Quyen; Michael P. Massagli; Brian R. Clarridge; Michael Manocchia; Roger B. Davis; Lisa I. Iezzoni; and Russel S. Phillips. 2003. “Linguistic and Cultural Barriers to Care: Perspectives of Chinese and Vietnamese Immigrants.” *JGIM: Journal of General Internal Medicine* 18(1): 44-53.

Contact:

Michael Manocchia, PhD
Outcomes Research Scientist
Health and Addictions Research, Inc.
Boston, MA
(617) 266-9219 ext. 105
(617) 266-9271
mmanocchia@har.org

Population Health Measures: Assessment and Design**Principal Researcher:** Kaden Milkovich***Brief Description:***

The Centers for Medicare and Medicaid Services (CMS) contracted with Arbor Research Collaborative for Health (Arbor Research) to research and outline a strategy for the development and implementation of population health performance measures for use in CMS populations and programs under the Measure and Instrument Development and Support (MIDS) contracting vehicle, Population Health Measures: Assessment and Design. This objective includes developing a set of high-impact outcome measures that address important gaps in identified Health Behavior measure areas of tobacco use and obesity.

Arbor Research requested openly available public use files (PUFS) 2013-14 Medicaid CAHPS survey data to assess the feasibility of implementing a tobacco use or obesity outcome measure for an enrolled beneficiary population of focus [Medicaid].

Data:

Adult Medicaid, 2013-2014

Current Status:

General analyses were completed and key findings were described as part of multi-stage information gathering process to develop measure specifications that could be readily implemented in existing CMS programs and populations of focus, and to inform recommendations for data collection and measure reporting infrastructure investments. While lacking questions regarding obesity, Medicaid CAHPS does include questions related to tobacco use

Contact:

Kaden Milkovich
Arbor Research Collaborative for Health
340 E. Huron, Suite 300
Ann Arbor, MI 48104
734-665-4108

kaden.milkovich@arborresearch.org

How Do Consumers Evaluate Their Providers? A New Paradigm with CAHPS Data

Principal Researcher: Koichiro Otani, Ph.D.

Brief Description:

The purpose of this study is to investigate the effect of patients' reactions to three health care attributes (1. getting care without long waits, 2. how well their doctors communicate, and 3. courtesy, respect, and helpfulness of office staff) on their overall satisfaction with the quality of care and service (people's rating of their care). The first aim of the study is to determine whether patients simply average out their reactions to multiple attributes mathematically (compensatory response) or whether their evaluation is overly affected by either highly positive or highly negative healthcare attributes (noncompensatory response). The second aim is to focus on the reactions to individual attributes in relation to overall patient satisfaction. Given that an attribute is strongly related to overall patient satisfaction, is the relationship linear or curvilinear? If it is curvilinear, does it display a diminishing marginal return function or an increasing marginal return function?

Data:

Adult Commercial and Medicaid, 2002 and 2003

Current Status:

Publication:

Otani, K. (2006). Enrollees' Global Rating Process of Health Care with the National CAHPS® Benchmarking Database. *Health Care Management Review*, 31(3), 205-212.

Contact:

Koichiro Otani, Ph.D.
Indiana University-Purdue University, Fort Wayne
2101 E. Coliseum Blvd.
Neff Hall 260
Fort Wayne, IN
46805 260-481-6347
otanik@ipfw.edu

Comparison of CAHPS Adult Survey Results with CAHPS Child Survey Results

Principal Researcher: Judith Sangl, PhD

Brief Description:

This project seeks to determine if there are any differences in member satisfaction ratings between adults for their own care and adults' opinion of their experiences with their children's care: (1) among different plans, and (2) among different racial/cultural groups, and (3) among different types of insurance (commercial versus Medicaid).

Data:

HP-CAHPS

Current Status:

Preliminary findings were presented to the NCQA Committee on Performance Measurement in May 2000 and AHSR in June 2001. Findings have been published in:

Zhan, Chunliu MD, PhD; Sangl, Judith ScD; Meyer, Gregg S. MD, MSc and; Zaslavsky, Alan M. PhD.
Consumer Assessments of Care for Children and Adults in Health Plans: How Do They Compare?
Medical Care: Volume 40(2) February 2002 pp 145-154

Contact:

Judith Sangl, Sc.D.
Health Scientist Administrator
Agency for Healthcare Research and Quality (formerly AHCPR)
Center for Quality Measurement and Improvement
2101 E. Jefferson Street, Suite 201
Rockville, MD 20852
(301) 594-1702
jsangl@ahrq.gov

Comparing CAHPS Survey Results for Military Health System Beneficiaries to the CAHPS Database Benchmarks

Principal Researcher: Eric Schone

Brief Description:

MPR intends to compare ratings and CAHPS composite scores and their components for the MHS to national commercial benchmarks derived from the CAHPS Database. The research aims to test whether the MDS scores are significantly different from the benchmark figures and construct the CAHPS composites from the CAHPS Database data, case-mix adjusting the composites from the CAHPS Database data, case-mix adjusting the composites and their components. The results of this procedure serve as internal benchmarks.

Data:

Adult Commercial, 1999-2011

Child Commercial, 1999-2011

Current Status:

The findings were included in internal reports.

Contact:

Eric Schone

Mathematica Policy Research

600 Maryland Ave, S.W. Suite 550

Washington, DC 20024

202-484-4839

eschone@mathematica-mpr.com

Gender Differences in Consumer Experience with Health Care

Principal Researcher: Renee Schwalberg

Brief Description:

While many measures of the quality of health care exist, few focus on the quality of health care provided to women. HEDIS measures, for example, are not generally analyzed by sex, so analyses of the quality of women's health care are limited to those measures that address services specific to women, such as mammograms and perinatal care.

Data:

Adult Commercial and Medicaid, 2005 and 2006

Current Status:

The results were published in: Information from the CAHPS database was included in the 2007 and 2008 editions of HRSA's annual Women's Health USA publication.

Contact:

Renee Schwalberg
Health Systems Research, Inc.
4 Milk Street, 3rd Floor
Portland, ME 04101
(207) 772-1410
RSchwalberg@hsrnet.com

Evaluating Health Choices Program: Pennsylvania's Medical Assistance Plan for Persons with Disabilities

Principal Researcher: Mary Segal

Brief Description:

The objective of the project is to compare our results to those from a group of medical assistance respondents in Pennsylvania, unselected for disability/non-disability.

Data:

Adult and Child Medicaid, 2005 and 2006

Current Status:

Research results were published in:

Evaluating the HealthChoices Program: Pennsylvania's Medical Assistance Program for Persons with Disabilities. Gibbons E, Segal M, and the staff at the Institute on Disabilities. Final report to the Pennsylvania Developmental Disabilities Council on Grant #4100027247, May 2007.

Satisfaction reported by Pennsylvania's Medical Assistance program enrollees with and without disabilities. Segal M, Caruso G, Bryen D. Presentation at the annual meeting of the Association of University Centers on Disabilities, Washington DC, November 2007.

Satisfaction with a Medical Assistance program reported by persons with and without disabilities. Segal M, Gibbons E, Caruso G. Submitted to the Review of Disability Studies, February 2008.

Contact:

Mary Segal
Research Scientist at Temple University
Temple University
Philadelphia, PA
215-204-1978
segalm@temple.edu

The Effect of the Affordable Care Act among Beneficiaries Enrolled in Medicaid Managed Care Organization

Principal Researcher: Amrita Sethi

Brief Description:

The purpose of this quantitative ex-post facto study is to determine if there were significant differences in consumer experience for beneficiaries enrolled in non-profit and for profit Medicaid managed care organizations to include the beneficiaries health care services used, their personal doctor, health care services provided by specialists and beneficiaries interaction with their health plan.

Data:

Adult Medicaid, 2010-2012

Current Status:

Dissertation is in publication process. The research was accepted with the publication date on the dissertation of December 27th, 2014.

Contact:

Amrita Sethi
University of Phoenix
1224 E. Derringer Way
Chandler, AZ 85286
480-776-7691
Amritasethi@cox.net

Evaluation of the TRICARE Program: FY 2000—FY 2003 Reports to Congress

Principal Researcher: Peter Stoloff, PhD

Brief Description:

The TRICARE health care program evaluation use responses to the Survey of DoD Health Care Beneficiaries to evaluate the changes in access to and quality of care which have taken place since the inception of TRICARE. Since many of the questions in the DoD survey are based upon CAHPS items, this project compares responses of those from the DoD population receiving their health care from TRICARE with individuals represented in the CAHPS database on common CAHPS items. The comparison is limited to adult respondents.

Data:

Adult Commercial and Medicaid, 1999-2002

Current Status:

This project was been conducted for four years, resulting in the following publications:

Stoloff, P., Lurie, P., et.al., *Evaluation of the TRICARE Program: FY 2003 Report to Congress*, Center for Naval Analyses and Institute for Defense Analysis, Nov 2003.

Stoloff, P., Lurie, P., et.al., *Evaluation of the TRICARE Program: FY 2002 Report to Congress*, Center for Naval Analyses and Institute for Defense Analysis, Nov 2002.

Stoloff, P., Lurie, P., et.al., *Evaluation of the TRICARE Program: FY 2001 Report to Congress*, Center for Naval Analyses and Institute for Defense Analysis, Nov 2001.

Stoloff, P., Lurie, P., et.al., *Evaluation of the TRICARE Program: FY 2000 Report to Congress*, Center for Naval Analyses and Institute for Defense Analysis, Nov 2000.

Contact:

Peter H. Stoloff, Ph.D. Director,
TRICARE Evaluation Center for Naval Analyses
4401 Ford Avenue
Alexandria, VA 22302
(703) 824-2244
stoloffp@cna.org

Medicaid Recipients' Assessment of Health Care Services in Oklahoma

Principal Researcher: Leela Thomas, PhD

Brief Description:

The objectives of this study are:

- a) To compare the experiences and satisfaction of Medicaid recipients in different types of health care delivery systems.
- b) To compare the experiences and satisfaction of Medicaid recipients in different years and in different populations, such as adults, children, and children with special needs.
- c) To compare the experiences and satisfaction of Medicaid recipients in Oklahoma with other States.
- d) To compare the experiences and satisfaction of Medicaid recipients with the commercially insured population.

Data:

Medicaid and Commercial

Current Status:

Selected study findings were presented at the 5th National CAHPS User Group Meeting in October 1999. Two abstracts have been accepted at the Pediatric Academic Societies Annual Meeting in April 2001.

Contact:

Leela Thomas, Ph.D. Assistant Professor University of Oklahoma
School of Social Work, Rhyne Hall,
1005 S. Jenkins
Norman, OK 73019-1060
(405) 325-1400
lethomas@ou.edu

Descriptive Results from Parents' Experience of Health Care for Their Children: A Summary CAHPS Experience to Date

Principal Researcher: Joseph W. Thompson

Brief Description:

This study examines results obtained from surveys of parents about their experiences in achieving health care for their children. These results are obtained from available information from the CAHPS Database and will constitute a convenience sample of submitted results for children in both Medicaid and commercial populations. Three stages of analyses are determined by 1) data availability; and 2) dissemination opportunities.

Data:

Child Commercial and Medicaid

Current Status:

Publication:

Quality of care for children in commercial and Medicaid managed care. Thompson JW et al. JAMA. (2003)

Contact:

Joseph W. Thompson, MD, MPH Assistant Professor
University of Arkansas School for Medical Sciences
Suite 605
5800 West 10th Street
Little Rock, AR 72204
(501) 660-7581
(501) 660-7543
thompsonjosephw@exchange.uams.edu

2015 Disparity in Care Report

Principal Researcher: Rodney L. Trytko, MD

Brief Description:

Health disparities are an enormous problem. They refer to the differences in health and health care received among groups of people and are typically related to underuse of effective, evidence-based care. Through the population health lens, disparities in care can be seen as the failure of effective population management. The goal is to eliminate those disparities in Washington State.

They are looking to explain the disparities among the Medicaid population in Washington State. The plan is to explore for various factors that may be potential barriers to care in order to include it in our 2015 report for educational purposes, and then collaboratively work with the partner groups to eliminate those barriers.

Data:

Adult Medicaid, 2011-2013

Current Status:

The project is still in progress.

Contact:

Rodney L. Trytko, MD
Washington Health Alliance
600 Stewart ST
Seattle, WA 98101
509-220-6808
rodtrytko@gmail.com

The Association between CAHPS Composite and Global Ratings of Outpatient Pediatric Care among Hispanics with Varying Levels of English Language Proficiency

Principal Researcher: Victoria Wilkins MD, MPH

Brief Description:

The study proposes to examine the association between composite measures of parent experiences with their child's care and global ratings of that care across Hispanic populations of varying English language proficiency. The study also examines the relative contribution of composites of parent experience on their global ratings of care. This ultimately facilitates development of quality improvement interventions tailored to have a meaningful impact for the targeted groups and potentially reduce disparities in health care.

Data:

Child Medicaid, 2003-2006

Current Status:

The following article has been published as a result of this research:

Wilkins V, Elliott MN, Richardson A, Lozano P, Mangione-Smith R. The association between care experiences and parent ratings of care for different racial, ethnic, and language groups in a Medicaid population. *Health Serv Res.* 2011 Jun;46(3):821–839

Contact:

Victoria Wilkins MD, MPH
NRSA Fellow, General Pediatrics
Child Health Institute, University of Washington
6200 NE 74th St. Suite 210
Seattle, WA 98115-8160
206-221-4607
vwilkins@u.washington.edu

Analysis of Factors Influencing Variations in CAHPS Scores

Principal Researcher: Alan Zaslavsky, PhD

Brief Description:

This project includes the following four analyses of CAHPS 2.0 survey data:

- Analysis of CAHPS 2.0 data for an employed population to determine a small set of dimensions describing the between-plan variation on the CAHPS report items.
- Analysis to determine how scale transformations or collapsing of categories might best be applied to improve between-plan discrimination.
- Analysis of amount of variation contributed by different geographic levels (region, MSA and plan) to plan-level CAHPS in a commercial data set.
- Analysis of relationships between CAHPS scores and plan characteristics (including tax status, national versus local ownership, size) and benefit design.

Data: Access to CAHPS 2.0 data approved through April 2001.

Current Status:

Publication:

Zhan C, Sangl J, Meyer G, Zaslavsky AM. Consumer assessments of care for children and adults in health plans: How do they compare? *Med Care* 2002;40(2):145–154.

Contact:

Alan M. Zaslavsky
Associate Professor of Statistics
Department of Health Care Policy
Harvard Medical School
180 Longwood Ave.
Boston, MA 02115
(617) 432-2441
(617) 432-0173
zaslavsk@hcp.med.harvard.edu

Analysis of CAHPS Results for Children with Special Health Care Needs

Principal Researcher: Carla Zema, Ph.D.

Brief Description:

The primary objective of this study is to explore differences in the experiences of care between children with and without special health care needs. A secondary objective of the study is to provide examples of the uses of results to illustrate the value of the information to survey sponsors.

Data:

Child Medicaid, 2002

Current Status:

The analysis conducted for this project was published in a NCBD Fact Sheet on “Quality of Care for Children with Special Health Care Needs”.

Contact:

Carla Zema
Saint Vincent College
300 Fraser Purchase Rd.
Latrobe, PA 15650
(724) 972-4141
carla@zemaconsulting.com

Comparison and Benchmarking for RWJF's Aligning Forces for Quality and/or AHRQ's Chartered Value Exchange Communities

Principal Researcher: Carla Zema

Brief Description:

The objective of the study is to create comparison and benchmarking for RWJF's Aligning Forces for Quality and/or AHRQ's Chartered Value Exchange communities.

Data:

CG-CAHPS (all years)

HP-CAHPS, 2010 & 2011

Current Status:

The data was used in an internal report.

Contact:

Carla Zema

Saint Vincent College

300 Fraser Purchase Rd.

Latrobe, PA 15650

(724) 972-4141

carla@zemaconsulting.com

Comparison of California HMO CAHPS Scores to the CAHPS Database Benchmarks

Principal Researcher: Dr. John Zweifler

Brief Description:

The primary objectives of this study are:

1. To compare California HMO quality to other CA product lines including SCHIP and Medicaid, as well as to national benchmarks, on selected CAHPS measures.
2. To evaluate racial & ethnic disparities between CA HMOs compared to other CA product lines including SCHIP and Medicaid, as well as to national benchmarks, on selected CAHPS measures, while controlling for known variables including age, gender, highest grade level completed, and overall health rating.
3. To compare CA HMO CAHPS scores to national benchmarks after controlling for age, gender, race ethnicity, overall health rating, and highest grade level completed.

Data:

Adult Medicaid, 2004-2005

Current Status:

Research results were published in:

Zweifler J, Hughes S, Lopez RA. Controlling for race/ethnicity: A comparison of California commercial health plans CAHPS scores to NCBD benchmarks. *Int J Equity* 2010;9:4.

<http://www.ncbi.nlm.nih.gov/pubmed?term=Controlling%20for%20race%2Fethnicity%3A%20a%20comparison%20of%20California%20commerical%20health%20plans%20CAHPS%20scores%20to%20NCBD%20benchmarks>

Contact:

Dr. John Zweifler,
Medical Consultant Office of the Patient Advocate
980 9th Street 5th Floor, Suite 500
Sacramento, CA 95814
Washington, DC 20024
916-322-8909
jzweifler@dmhc.ca.gov

CAHPS CLINICIAN & GROUP SURVEY DATABASE RESEARCH PROJECTS

Since the inception of the CAHPS Clinician & Group Database in 2011, a total of 25 applications have been received and approved by the CAHPS Database. Research that ultimately did not use the CAHPS Database data was not included in this report. These projects have examined a variety of topics, including:

- Predictors of Provider Rating and Endorsement by Patients;
- Assess the Quality of Health Care Experience and Outcome across Different Physician Specialties;
- Analyzing drivers of physician and practice ratings across different specialties within the CG-CAHPS database; and
- Predictors of Overall Provider Ratings in Medical Offices and Outpatient Settings.

Comparison of Asian versus Non-Hispanic White and Adult versus Child CAHPS Clinician and Group Survey Responses

Principal Researcher: Mohir Ahmedov

Brief Description:

Previous studies have found that Asians report worse experiences with care than non-Hispanic whites. It is unclear the extent to which this finding results true differences in care versus differential item functioning. Some research has found that reports and ratings of child care are more positive than for adult care. But these studies have included only a limited number of sites. The extent to which these results generalize across multiple sites is unknown. The proposed study examines differential item functioning in Asians versus non-Hispanic whites using the CAHPS clinician and group survey. In addition, this study uses the same data to compare reports and ratings of care for adult versus pediatric care.

Data:

Complete set of CG-CAHPS data, 2011

Current Status:

Dissertation: Mohir Ahmedov (2013). “Are worse perceptions of care for Asians due to lower quality of care or differences in response tendencies?”

Contact:

Mohir Ahmedov
UCLA
3777 Mentone Ave
Los Angeles, CA
323-396-0314
m.ahmedov@gmail.com

Evaluation of the Affordable Care Act in West Virginia

Principal Researcher: Thomas Bias, Ph.D.

Brief Description:

The West Virginia Health Research Center in the School of Public Health has been tasked by the West Virginia Offices of the Insurance Commission with evaluating the impact of the Affordable Care Act on health, economics, and service provision in the state. As part of that evaluation, they are interested in seeing how consumer assessments of health care change over time in the state. The research takes a broad snapshot of baseline consumer assessment measures and reports them to the Insurance Commission to help gain an understanding of the state of consumer assessments in the years leading up to the Insurance Exchange going live.

Data:

CG-CAHPS, 2010-2012

HP-CAHPS 2010, 2011 & 2013

Current Status:

The findings were published in:

Annual Evaluation Report on the West Virginia Health Insurance Marketplace

Contact:

Thomas Bias, Ph.D.

Health Research Center, West Virginia University

P.O. Box 9136

Morgantown, WV 26051

304-293-2306

National CG-CAHPS Physician Specialty Benchmarks

Principal Researcher: Shane Bowen, Ph.D.

Brief Description:

Currently, there is no national clinic site level aggregate database available for the Clinician & Groups CAHPS survey. Therefore the only benchmarking data available are the percentile tables available on the AHRQ website. Many of the CG-CAHPS survey participants that are served by Avatar Solutions have requested more complete percentile information including specifically a) The ability to translate their item and composite top box scores into national percentile ranks and b) The ability to have percentile information by physician specialty grouping.

The objective of this project is to use the national CG-CAHPS database to generate clinic site level aggregate item and composite score distributions. This would be done both at the overall level and for each of the seven provider specialty groups provided in the database. Using these score distributions, Avatar Solutions could then provide participating clinic sites with the following:

- National percentile rank equivalents for each of their CG-CAHPS item and composite scores at the overall level.
- National percentile rank equivalents for each of their CG-CAHPS item and composite scores for each relevant provider specialty group.
- National percentile tables for all CG-CAHPS items and composites for each of the seven provider specialty groups.

In turn this information would be used for more accurate performance evaluation, goal setting and performance improvement initiatives.

Data:

Adult Visit, 2012-2013

Adult 12 Month/PCMH, 2012- 2013

Current Status:

Raw data was used to generate clinic site level aggregate scoring data for all items and composites broken out by physician specialty code, region and ownership status. Aggregate data files generated are used to create item and composite score distributions at the clinic site level that can be restricted to specialty, region, ownership or any combination. These score distributions allow the calculation of percentiles for CG-CAHPS scores based on the required comparative group.

No papers or publications were generated from this data. Only the aggregate score distributions detailed above.

Contact:

Todd Schaefer

Avatar

1000 Primera Blvd., Ste. 3144

Lake Mary, FL 32746

tschaefer@avatarsolutions.com

Evaluation of the Comprehensive Primary Care Initiative

Principal Researcher: Stacy Dale

Brief Description:

The Centers for Medicare & Medicaid Innovation (CMMI) of the Centers for Medicare & Medicaid Services (CMS) launched the Comprehensive Primary Care Initiative (CPC) in October 2012 to promote collaboration between public and private health care payers to improve primary care delivery and to achieve the “three-part aim” in health care delivery—better health care, better health outcomes, and lower costs—while also improving provider experience. Currently, 31 distinct payers participate along with CMS to serve over 300,000 Medicare fee-for-service beneficiaries and nearly 1.3 million patients of other participating payers in 497 primary care practices. Mathematica and its main subcontractor, Group Health Research Institute, are conducting a five-year, mixed-methods, rapid-cycle evaluation that will provide CMS, practices, and regions with regular, formative feedback. The evaluation will conduct impact and implementation studies to answer these research questions: Which regions, payers, practices, and patients participated in CPC? Why? What characteristics distinguish them? What payment, data, and learning did CMS and the other payers provide? How did practices use these supports? How did practices change the way they delivered care and what facilitated or impeded progress? What were the effects on quality, service use, costs, patient experience, and clinician and staff experience? How do the results differ across regions and across subgroups of practices and patients? What factors account for the different degrees of success in achieving the goals of the initiative, or the speed of getting there? Are the implications and findings for the replication and spread of CPC?

Data:

Adult 12 month 2012

Adult PCMH 2012

Current Status:

They administered a survey containing CAHPS questions to a sample of patients from CPC practices. In December 2014, they compared these data to benchmarks constructed from the 2012 Clinician & Group CAHPS database. They have not produced publications for this project containing comparisons to the benchmarks constructed from the CAHPS database.

Contact:

Stacy Dale

Mathematica Policy Research

600 Alexander Park

Princeton, NJ 08540

609-275-2268

jclark@mathematica-mpr.com

Assess the Quality of Health Care Experience and Outcome across Different Physician Specialties

Principal Researcher: Dr. Xin (David) Ding

Brief Description:

The data is used to assess the quality of health care experience and outcome across different physician specialties. The products resulting from this research will include conference presentations and academic papers.

Data:

CG-CAHPS, 2011-2012

Current Status:

Ding, X. (2015), The Impact of Service Design and Process Management on Clinical Quality: An Exploration of Synergistic Effects, 36, 103-114, Journal of Operations Management

Ding, X. (2014), The Effect of Experience, Ownership and Focus on Productive Efficiency: A Longitudinal Study of U.S. Hospitals, Journal of Operations Management, 32(1), 1-14

Peng, X., Ye, Y., Ding, X. (May 2015), Does IT Help Improve Experiential Quality in Complex Service Operations? A Multi-level Empirical Investigation, Production and Operations Management Society Annual Meeting, Washington, D.C.

Ding, X. (November 2014), The Effect of Experience, Ownership and Focus on Productive Efficiency: A Longitudinal Study of U.S. Hospitals, Decision Sciences Annual Meeting, Tampa, FL.

Ding, X. (June 2014), The Effect of Experience, Ownership and Focus on Productive Efficiency: A Longitudinal Study of U.S. Hospitals, Service Science and Management Forum, Beijing, China

Contact:

Dr. Xin (David) Ding
Department of Information and Logistics Technology, University of Houston
Department of Information and Logistics Technology
Technology II Building, Room 230 C
Houston, TX 77204
713-743-4095
xding@Central.UH.EDU

A Retrospective Review of Patient Satisfaction Scores in Georgia and Louisiana

Principal Researcher: Jacqueline Hamer-McGhee

Brief Description:

The objective of this project is to determine if there is a statistically significant difference between patient satisfaction scores for different regions in Georgia and Louisiana.

- a. To determine if patients satisfaction scores between two different groups are affected by advanced primary care initiatives in Georgia and Louisiana.
- b. To provide health care executives with information they can use to make informed decisions about implementing an enhanced primary concept to increase patient satisfaction scores.
- c. To support research that may improve patient satisfaction scores.

Data:

Adult Visit, 2010-2013

Current Status:

She finished her analysis and started drafting the report.

Contact:

Jacqueline Hamer-McGhee
Dwight David Eisenhower Army Medical Center
Building 300 Hospital Road
Fort Gordon, GA 30905
706.787.3568
jacqueline.s.hamer-mcghee.civ@mail.mil

Association of Physician and Practice Characteristics with Patients Experiences of Care

Principal Researcher: Janey Hsiao, PhD, MHS

Brief Description:

The objective of the study is to evaluate whether physician and practice characteristics are associated with different aspects of patients experiences of care and to examine whether the relationship changed over time.

Data:

Adult 12-Month, 2011-2013

Adult 12-Month PCMH, 2011-2013

Current Status:

She needs the provider level ID to complete the study.

Contact:

Janey Hsiao

AHRQ

540 Gaither Road

Rockville, MD 20850

301-427-1335

Janey.Hsiao@ahrq.hhs.gov

Analyzing Drivers of Physician and Practice Ratings across Different Specialties within the CG-CAHPS Database

Principal Researcher: Michael Huge

Brief Description:

The objective of the study is to better understand how different components of the CG-CAHPS survey drive overall ratings and “willingness to recommend” ratings across different specialties within the CG-CAHPS database.

Data:

Adult Visit, 2010-2012

Adult 12-Month, 2010-2012

Current Status:

The findings are used in an internal report. The results indicate that their numbers are in line with current CAHPS scores. This adds validity to their findings.

Contact:

Michael Huge

Medstatix

48-5C West Chestnut Street Suite 300

Lancaster, PA 17603

614-746-2472

mike@medstatix.com

Military Healthcare System Patients and Satisfaction Ratings

Principal Researcher: Gregory Matthews

Brief Description:

CAHPS benchmarks are used by the Defense Health Agency to understand military healthcare system (MHS) patient satisfaction ratings. However, the population of patients in the MHS is very likely to be systematically different on a number of important characteristics that may influence patient satisfaction. For example, military health patients are likely younger than the patients whose ratings are used to create CAHPS benchmarks, and may seek more care from providers in particular specialties, such as orthopedics. There may be other important differences between the two populations, which the Defense Health Agency may want to consider in its interpretations of MHS patient satisfaction survey results. This study would compare the CAHPS survey sample to the MHS sample to understand whether demographic or health-related differences exist between the populations, and whether these differences systematically impact the satisfaction scores of MHS patients.

Data:

CG-CAHPS 2012 - 2014

Current Status:

They are analyzing age distributions of patients in CAHPS data to compare to age distributions of patients in Military Health System.

Contact:

Gregory Matthews
Altarum Institute
2000 M St NW Suite 400
Washington, DC 20063
202-776-5188

Gregory.matthews@altarum.org

Benchmarking Methodology to Score CAHPS Measures of the Patient Experience in the CMS Innovation Center (CMMI)

Principal Researcher: Paul Mulhausen

Brief Description:

The CPC initiative is a multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care. Primary care practices participating in this initiative will be given resources to better coordinate primary care for their Medicare patients. CMMI is developing a method for shared savings that includes measures of the patient experience of care. To do this effectively, the CPC will score performance results on the CPC CAHPS survey against benchmarks developed from the nationally-representative sample found in the National CAHPS Benchmarking Database.

Data:

CG-CAHPS, 2012 and 2013

Current Status:

They are still in the process of using the 2013 CG-CAHPS data to develop a benchmark which will be used to determine which practices in the current CMMI CPC initiative program will be able to share in any savings generated by the project. They are very close to having a finalized benchmark which was developed from the 2013 CG-CAHPS data that included practices which had at least one primary care provider in combination with the CAHPS data from our initiative program. Finally, they used the CAHPS41 macro (using SAS 9.3 software) to determine adjusted means at the practice-level which were used to calculate the benchmarks.

Contact:

Paul Mulhausen, MD
Telligen, Inc.
1776 West Lakes Parkway
West Des Moines, Iowa 50266
515-440-8504
PMulhausen@telligen.com

Increasing Patient-Centered Care: Does Membership in a Collaborative Help?

Principal Researcher: Ingrid Nembhard

Brief Description:

This project uses the visit-specific version of the CAHPS Clinician & Group Survey (CG-CAHPS) in conjunction with the Leading a Culture of Quality (LCQ) survey of organizational culture to assess the relationship between patient safety culture and patient-centered care in primary care clinics. In addition to cross-sectional analyses, they will conduct longitudinal analyses of the relationship. Lastly, they will use these files to evaluate the impact of primary care clinics' participation in a collaborative (i.e., LCQ Action Group) on the delivery of patient-centered care and on patient-safety culture in primary care clinics.

Data:

Access to the Minnesota Community Measurement Visit-Specific CAHPS Clinician & Group Pilot Survey Data (2008)

Current Status:

Nembhard, I.M., V.S. Northrup, D. Shaller, P.D. Cleary. 2012. Improving Organizational Climate for Quality and Quality of Care: Does Membership in a Collaborative Help? . Medical Care 50(Supplement) S74–S82.

Presented at:

Academy of Management Annual Meeting, Boston, MA, August 2012
Academy Health Annual Meeting, Orlando, FL, June 2012

Contact:

Ingrid Nembhard
Yale School of Public Health, Yale University
60 College Street, P.O. Box 208034
New Haven, CT 06520
203-785-3778
ingrid.nembhard@yale.edu

Predictors of Provider Rating and Endorsement by Patients

Principal Researcher: Otho Plummer, Ph.D.

Brief Description:

In the CG-CAHPS Adult Visit Questionnaire questions 25 and 26 address two consequences of the overall patient experience with a provider. Question 25 requests the patient to provide a "Rating" of the provider, and Question 26 requests a level of "Endorsement" of the provider, expressed as a willingness to recommend the provider to intimates. These questions represent most clearly the overall significance to patients of the objective aspects of their encounter with the provider and the demographic aspects of their lives. This project is intended to illuminate those aspects of the patient experience that most strongly shape these overall evaluations.

Data:

Adult Visit, 2012

Current Status:

The project is still in progress.

Contact:

Otho Plummer, Ph.D.
University Research Solutions, LLC
123 S. 8th Street
Columbia, MO 65201
573-864-3206
plummero@missouri.edu

Making More Direct Comparisons between the CG-CAHPS Visit Survey Database Scores and Intermountain Healthcare Scores

Principal Researcher: Justin Poll

Brief Description:

Intermountain Healthcare recently administered the CG-CAHPS Visit Survey 2.0 to a randomly selected sample of our primary care patients (e.g., Family Practice, Internal Medicine, and Obstetrics/Gynecology). The survey was administered by phone.

The benchmarking results (e.g., Top Box Scores) that are available on the CG-CAHPS website are broken down into different comparison groups (e.g., average Top Box scores for Internal Medicine patients, average Top Box scores for patients who completed the survey by phone); however, the break outs are not combined across variables (e.g., average Top Box scores for Internal Medicine patients who completed the survey by phone). They would like to see more targeted, apples-to-apples, comparisons between their results and the database. Using the CG-CAHPS research files would enable them to perform these more direct comparisons themselves.

Data:

Adult Visit, 2011

Current Status:

Data was used to create some benchmarks for internal use.

Contact:

Justin Poll, PhD
Intermountain Healthcare
36 S. State Street
Salt Lake City, UT 84111
801-442-3032

justin.poll@imail.org

PCMH SHEP and the CG-CAHPS Comparative Database

Principal Researcher: Jim Schaefer

Brief Description:

The Veterans Health Administration (VHA) collects CAHPS Clinician & Group survey data via its Survey of Healthcare Experiences of Patients (SHEP) program. Recently VHA has made national news for issues surrounding patient access. In an effort to better understand the nature and scope of the problem, VHA is requesting patient-level data from the CG-CAHPS research files. Access to these files will allow VHA staff to perform a detailed comparison of the CG-CAHPS research files and VHA data while controlling for differences that may have a significant impact on scores; difference such as mode, region, age, gender, race/ethnicity, mental and physical health, provider and practice type, and practice ownership amongst others.

Data:

Adult Visit, 2012

Adult 12-Month, 2012

Adult 12-Month with PCMH supplemental items, 2012

Current Status:

The data will not be used for any publications but for internal comparisons only.

Contact:

Jim Schaefer

Department of Veterans Affairs, Clinical Analysis and Reporting, Office of Informatics and Analytics

800 Capitola Drive Unit 2

Durham, NC 27713

919-474-3914

James.Schaefer@va.gov

Predictors of Overall Provider Ratings in Medical Offices and Outpatient Settings

Principal Researcher: Scott Smith

Brief Description:

The objective of the study is to use multilevel logistical regression to determine whether various socio-economic, provider-patient relationship, and survey administration variables, as well as the three survey composites (provider communication, access to care, courteous/helpful staff) are predictors of provider ratings and willingness to recommend.

Data:

Adult Visit, 2010 and 2011

Current Status:

The following article has been published as a result of this research:

Smith S, Dyer, N. (2012). Provider Satisfaction, Provider Communication, and Patient-Centered Care in Outpatient Settings and Medical Offices. 2012 National Communication Association. Orlando, FL: Nov 15-18.

Contact:

Scott Smith
Westat
1600 Research Blvd
Rockville, MD 20850
301-251-8288
scottsmith@westat.com

Comparison and Benchmarking for RWJF's Aligning Forces for Quality and/or AHRQ's Chartered Value Exchange Communities

Principal Researcher: Carla Zema

Brief Description:

The objective of the study is to create comparison and benchmarking for RWJF's Aligning Forces for Quality and/or AHRQ's Chartered Value Exchange communities

Data:

CG-CAHPS, 2010 & 2011

HP-CAHPS, 2010 & 2011

Current Status:

The data was used in an internal report.

Contact:

Carla Zema

Saint Vincent College 300

Fraser Purchase Rd. Latrobe,

PA 15650

(724) 972-4141

carla@zemaconsulting.com

CAHPS HOSPITAL SURVEY DATABASE RESEARCH PROJECTS

Since the inception of the Hospital CAHPS Database in 2005, a total of 25 applications have been received and approved by the CAHPS Database. Research that ultimately did not use the CAHPS Database research files was not included in this report. These projects have examined a variety of topics, including:

- Disparities in CAHPS scores by racial and ethnic characteristics of respondents;
- Analysis of additional 9 questions to add value to existing survey items;
- Differences in cultural and linguistic standards that affect scores; and
- Comparison of technical quality and patient experiences in acute care hospitals.

Isolating the Effects of it on Performance: an Empirical Test of Complementarities and Competition in US Hospitals

Principal Researcher: Corey Angst

Brief Description:

The primary objective of this study:

- a. Recent literature suggests that hospitals realize performance benefits through the possession of valuable and rare IT resources. Literature frequently addresses the link between IT and the potential for competitive advantage, yet, an empirical link between IT and competition has not been explored. It has also been shown that there is a relationship between process level performance and IT adoption. Combining these two concepts, it is our contention that competition among hospitals can enhance the relationship between IT adoption and performance (quality and cost).
- b. The CAHPS data will be matched to the HIMSS Analytics IT adoption data that is currently licensed to Notre Dame.

Data:

H-CAHPS, 2006 and 2007

Current Status:

A paper was published using H-CAHPS data

Queenan, C., C. M. Angst, S. Devaraj. 2011. Doctors' Orders – If they're electronic, do they improve patient satisfaction? A complements/substitutes perspective, *Journal of Operations Management*. 29(7-8) 639-649.

Contact:

Corey Angst
University of Notre Dame
348 Mendoza College of Business
Notre Dame, IN 46556
574-631-4772
cangst@nd.edu

Evaluating Racial/Ethnic Disparities in Patient Perceptions of Hospital Quality

Principal Researcher: Rhonda BeLue

Brief Description:

The objective of the study is to investigate the effect of hospital characteristics, including type of facility and regional health care characteristics, on racial/ethnic disparities in patient perceptions of the hospital encounter and quality of care.

Data:

H-CAHPS, 2005

Current Status:

Racial/Ethnic Disparities in Patient Perceived Quality of Hospital Care. Poster presented by R. BeLue at the AcademyHealth Annual Meeting, Orlando, FL, 3-5, 2007.

Contact:

Rhonda BeLue
The Pennsylvania State University,
University Park, PA 16802
814-865-6898
rb10@psu.edu

Assessing the Quality of Health Care Experience and Outcome across Different Organizational Ownership and Ethnicities

Principal Researcher: Dr. Xin (David) Ding

Brief Description:

It has been well established in the cross-cultural literature that people from different ethnic backgrounds tend to hold different cultural beliefs and view things differently. In this study, they will investigate how the ethnic background affects the experience and quality perception and outcome across healthcare providers by controlling their ownerships. Specifically, the analysis aims to address the following research questions:

Q1 - How does the ethnic backgrounds affect the perceived communications with doctors, nurses, and medications;

Q2 - How does the variety of communication factors drives the outcome assessments (e.g., overall rating and willingness to recommend) across ethnic groups;

Q3 - How does the ownership and organizational type affect the health care experience and outcome?

Data:

H-CAHPS 2005, 2006 and 2007

Current Status:

The findings are presented in “Improving Patient Experience: The Effects of Complexity and Health Information Technology” DSI conference in Tampa, FL., November 2014

Contact:

Dr. Xin (David) Ding

Department of Information and Logistics Technology, University of Houston

Department of Information and Logistics Technology

Technology II Building, Room 230 C

Houston, TX 77204

713-743-4095

xding@Central.UH.EDU

Evaluation of Potential Approaches for CAHPS Hospital Survey Measures in Hospital Pay-for-Performance

Principal Researcher: Marc Elliot

Brief Description:

CMS wishes to incorporate CAHPS Hospital Survey Measures as well as process measures in its Value-Based Purchasing Hospital Pay for Performance Initiative. RAND has developed two potential approaches in conjunction with CMS and wishes to determine the distribution of the resulting hospital-level scores from each approach to inform CMS decisions regarding the use of CAHPS Hospital Survey Measures.

Data:

H-CAHPS. 2006.

Current Status:

CMS REPORT TO CONGRESS: Plan to Implement a Medicare Hospital Value-Based Purchasing Program, November 21, 2007.

Contact:

Marc Elliot
RAND Corporation
1700 Main Street
Santa Monica, CA 90407
310-794-2294
elliott@rand.org

VA SHEP Survey Compare

Principal Researcher: Christian Evensen

Brief Description:

The Veterans Health Administration's (VHA's) Office of Quality Performance (OQP) has changed the content of their Survey of Healthcare Experiences of Patients (SHEP) so that it is built around CAHPS rather than the NRC-Picker inpatient and outpatient Dimensions of Care surveys. The proposed research is to support the transition from the old surveys to the new surveys (herein designated as SHEP-Picker and SHEP-CAHPS, respectively).

The objectives of this research include comparing the SHEP-CAHPS to internal and external benchmarks. The SHEP-CAHPS instruments cover both hospital and ambulatory care. The hospital SHEP-CAHPS is built around the CAHPS Hospital Survey. The ambulatory SHEP-CAHPS is built around the CAHPS Health Plan Survey 4.0.

Data:

Adult Commercial 2007 and 2008
H-CAHPS 2006 and 2007

Current Status:

The data was used in an internal report that was delivered to a client.

Contact:

Christian Evensen
American Institutes for Research (AIR)
101 Conner Dr. Suite 301
Chapel Hill, NC 27514
919- 918-2310
cevensen@air.org

Evaluation of the Value Added of the H-CAHPS+9 Questions Used in the 2006 CHART Project

Principal Researcher: Ron D. Hays, PhD

Brief Description:

The Steering Committee of the California Hospital Assessment and Reporting Task Force (CHART) decided in the fall of 2005 to use the H-CAHPS 27-item survey as the primary measure of patient experience in the first year of the CHART project. The H-CAHPS survey assesses the following domains: communication with nurses (3 items), communication with doctors (3 items), physical environment (2 items), responsiveness of hospital staff (2 items), pain control (2 items), communication about medicine (2 items), discharge information (2 items), global rating of the hospital (1 item), and would you recommend the hospital to friends and family (1 item). The remainder of the survey consists of 4 screening items and 5 background items (self-rated health, education, ethnicity, race, language spoken at home).

Data:

H-CAHPS, 2006

Current Status:

The following article has been published as a result of this research:

Rothman, A. A., Park, H., Hays, R. D., Edwards, C., & Dudley, R. A. (2008). Can additional patient experience items improve the reliability of and add new domains to the CAHPS® Hospital survey? *Health Services Research, 43* (6), 2201-2222

Contact:

Ron D. Hays, PhD
RAND Health Program, RAND
1700 Main Street
Santa Monica, CA, 90407
(310) 794-2294
hays@rand.org

The Relationship between Technical Quality and Patient Experiences with Care in United States Acute Care Hospitals

Principal Researcher: Bruce Landon

Brief Description:

The primary objective of this study is:

1. To determine the relationship between hospital technical quality of care, as measured by the HQA, and patient experiences with care as measured using CAHPS.
2. To determine the relationship between hospital characteristics and quality of care, with a particular focus on comparing these

Data:

H-CAHPS 2006

Current Status:

Research results were published in:

Isaac T, Zaslavsky AM, Cleary PD, Landon BE. The Relationship between Patients' Perception of Care and Measures of Hospital Quality and Safety. *Health Serv Res*; 2010, Aug; 45(4): 1024-40.

Dr. Isaac may have presented these data at the SGIM national meeting.

Contact:

Bruce Landon
Harvard Med School, Dept. of Health Care Policy
180 Longwood Ave.
Boston, MA 02115-5899
617-432-3456
landon@hcp.med.harvard.edu

TRICARE Inpatient Satisfaction Survey

Principal Researcher: Judith Lynch

Brief Description:

The purpose of TRISS is to assess TRICARE beneficiary satisfaction with recent inpatient care experiences provided by the direct care system—that is, care/services received from military treatment facilities) and by non-military facilities network facilities (referred to as purchased care) worldwide. The goals of this project, which continues and expands on the initiative first begun in fiscal year 2001, are to:

- Assist the TRICARE Management Activity in its efforts to conduct performance-based decision making;
- Provide timely, quality information and data for program evaluation, performance management, and guidance for Military Treatment Facility (MTF) quality improvement efforts; and
- Assist in benchmarking the Military Health System to its civilian counterparts.

Data:

H-CAHPS, 2005 and 2006

Current Status:

Technical Reports prepared as follows:

TRICARE Inpatient Satisfaction Survey – Overall Survey Results of Hospital Inpatients: July-September 2006: Final Report, Technical report prepared for the Office of the Assistant Secretary of Defense (Health Affairs), Health Program Analysis and Evaluation by RTI International, October 30, 2007.

TRICARE Inpatient Satisfaction Survey – Survey Results of Hospital Inpatients in Air Force Military Treatment Facilities (MTFs): July-September 2006: Final Report, Technical report prepared for the Office of the Assistant Secretary of Defense (Health Affairs), Health Program Analysis and Evaluation by RTI International, October 30, 2007.

TRICARE Inpatient Satisfaction Survey – Survey Results of Hospital Inpatients in Army Military Treatment Facilities (MTFs): July-September 2006: Final Report, Technical report prepared for the Office of the Assistant Secretary of Defense (Health Affairs), Health Program Analysis and Evaluation by RTI International, October 30, 2007.

TRICARE Inpatient Satisfaction Survey – Survey Results of Hospital Inpatients in Navy Military Treatment Facilities (MTFs): July-September 2006: Final Report, Technical report prepared for the Office of the Assistant Secretary of Defense (Health Affairs), Health Program Analysis and Evaluation by RTI International, October 30, 2007.

Contact:

Judith Lynch
RTI International
701 13th Street, NW, Suite 750
Washington, DC 20005-3967
202-728-2080
jtl@rti.org

An Analysis of Factors Affecting H-CAHPS Scores and Their Impact on Medicare Reimbursement to Acute Care Hospitals

Principal Researcher: Amy Mandaville

Brief Description:

The objective of the research is to compare the patient satisfaction scores between teaching hospitals and/or trauma hospitals and those of the national average.

Data:

H-CAHPS, 2005-2007

Current Status:

There was no practical difference found between patient satisfaction scores between major teaching hospitals, minor teaching hospitals, and non-teaching hospitals. Nurse interactions with patients had more impact on hospital ratings than doctor interactions. Finally, pain control ratings indicated that patients who usually had pain control rated hospitals higher than patients who always had their pain controlled.

Contact:

Amy Mandaville
Texas State University 703
Georgetown, TX 78628
512-587-8402
AM1807@txstate.edu

Nursing Factors and Their Effect on Patient Satisfaction

Principal Researcher: Matthew McHugh

Brief Description:

This research has two main aims.

1) Aim 1: To examine the relationship between the nurses' work environment, staffing, skill mix, RN-physician collaboration and patient satisfaction.

Hypothesis: Better nurse work environment, higher nurse to patient staffing ratios, higher proportions of BSNs, and high RN-physician collaboration are associated with higher patient satisfaction.

2) Aim 2: To evaluate the degree of disparity between whites and non-whites and to understand whether differences in nurse reported characteristics explain variations in patient satisfaction.

Hypothesis: Better nurse work environment, higher nurse to patient staffing ratios, higher proportion of BSNs, and high RN-physician collaboration decrease disparities between whites and non-whites.

Data:

H-CAHPS, 2006-2008

Current Status:

The study is still in progress.

Contact:

Matthew McHugh

Center for Health Outcomes and Policy Research, University of Pennsylvania

418 Curie Blvd, RR

Philadelphia, PA 19104

215-898-5673

mchughm@nursing.upenn.edu

Has Public Reporting of Patient-Reported Measures of Hospital Performance Stimulated Quality Improvement among Poor Performers

Principal Researcher: John Romley, Ph.D.

Brief Description:

While there is evidence of improvement in patient experience in the first two years of H-CAHPS public reporting (Elliott et al. 2010), it is unclear whether these improvements were driven by low-performing hospitals, and to what degree these improvements varied with the level of market competition. Our research team – consisting of Marc Elliott (RAND), John Romley (University of Southern California), and Peter Huckfeldt (RAND) – has produced a manuscript that analyzes trends in H-CAHPS performance, according to baseline performance under voluntary public reporting. The analysis indicates that hospitals that performed worse at baseline subsequently improved more. Health Services Research has invited us to revise our manuscript, and asked us to address H-CAHPS performance prior to public reporting.

Thus, the objective of this request is to obtain the CAHPS Database data on H-CAHPS performance prior to public reporting, so that they can revise our manuscript for resubmission and contribute to a better understanding of H-CAHPS performance and the role of public reporting.

Data:

H-CAHPS, 2005 and 2006

Current Status:

Revising manuscript for resubmission to Health Services Research

Contact:

John Romley, Ph.D
Rand/University of Southern California
3335 S. Figueroa St. Unit A
Los Angeles, CA 90089
213-821-7965
romley@healthpolicy.usc.edu

Exploring Relationships among Several AHRQ Measures of Hospital Quality and Functioning

Principal Researcher: Joann Sorra

Brief Description:

Explore the relationships among several AHRQ measures of hospital quality and safety which reflect different perspectives on hospital performance. In particular, to analyze the associations at the hospital level between measures in the Consumer Assessment of Healthcare Providers and Systems Hospital Survey (H-CAHPS), the Hospital Survey on Patient Safety Culture (HSOPSC), and the AHRQ Quality Indicators (QIs). In addition, the study will explore the relationships between the measures in these datasets and the hospital clinical quality measures in the JCAHO ORYX Measures. The analysis will demonstrate the degree of consistency between the datasets at the hospital and hospital functional unit level. Identifying relationships between quality measures may also help hospitals focus their quality improvement efforts on areas that will have the most impact.

Data:

H-CAHPS, 2006

Current Status:

Publication:

Sorra, J. Khanna, K., Dyer, N., Mardon, R., and Famolaro, T. (2012). Exploring relationships between patient safety culture and patients' assessments of hospital care. *Journal of Patient Safety*, 8(3), 131-139.

Presentation:

Sorra, J., Mardon, R., Khanna, K., Dyer, N., Famolaro, T., and Battles, J. (2009, March). Linking hospital patient safety culture to patient outcomes and experiences with care. Presented at the International Forum on Quality and Safety in Health Care, Berlin, Germany.

Contact:

Joann Sorra
Westat
1650 Research Blvd
Rockville, MD 20850
301-294-3933
joansorra@westat.com

Impact of Cultural and Linguistic Standards on Patients' Experience with Inpatient Hospital Care

Principal Researcher: Robert Weech-Maldonado

Brief Description:

This study examines the relationship between hospital's adherence to the national standards for culturally and linguistically appropriate services (CLAS) standards and racial/ethnic disparities in patient experiences with inpatient care. The proposed study has three specific research aims:

1. To analyze whether patient assessments of hospital care vary by race/ethnicity and language.
2. To determine the organizational and market characteristics associated with adherence to the CLAS standards.
3. To explore whether hospitals' adherence to the CLAS standards are related to diverse patients' experiences with inpatient care.

Data:

H-CAHPS, 2006

Current Status:

Research results were published in:

Morales, L. S., Elliott, M. N., Weech-Maldonado, R., Spritzer, K.L., & Hays, R. D. (2001). Differences in CAHPS® adult survey ratings and reports by race and ethnicity: An analysis of the National CAHPS® Benchmarking Data 1.0. Health Services Research, *36*, 595-617.

Weech-Maldonado, R., Morales, L. S., Spritzer, K., Elliott, M., & Hays, R. D. (2001). Racial and ethnic differences in parents' assessments of pediatric care in Medicaid managed care. Health Services Research, *36*, 575-594.

Weech-Maldonado, R., Morales, L. S., Elliott, M., Spritzer, K. L., Marshall, G., & Hays, R. D. (2003). Race/ethnicity, language and patients' assessments of care in Medicaid managed care. Health Services Research, *38*, 789-808.

Weech-Maldonado, R., Elliott, M., Morales, L. S., Spritzer, K. L., Marshall, G., & Hays, R. D. (2004). Health plan effects on patient assessments of Medicaid managed care among racial/ethnic minorities. Journal of General Internal Medicine, *19*, 136-145.

Fongwa, M. N., Cunningham, W., Weech-Maldonado, R., Gutierrez, P. R., & Hays, R. D. (2006). Comparison of data quality for reports and ratings of ambulatory care by African Americans and White Medicare managed care enrollees. Journal of Aging and Health, *18*, 707-721.

Weech-Maldonado, R., Fongwa, M., Gutierrez, P., & Hays, R. D. (In press). Language and regional differences in evaluations of Medicare managed care by Hispanics. Health Services Research.

Contact:

Robert Weech-Maldonado

Department of Health Services Research, Management, and Policy College

of Public Health and Health Professions, University of Florida 101 S.

Newell Drive, Room 4151

Gainesville, FL 32610-0195

352-273-6080

rweech@php.ufl.edu

Examining the Variation and Factors Influencing Patient Perceptions of Their Hospital Experience

Principal Researcher: Junya Zhu

Brief Description:

The purpose of the study is to explore important ways in which patient perceptions of their experience overall and by dimension vary by certain selected factors, such as patient characteristics (race and ethnicity, language, self-reported health), hospital services (medical, surgical, OB), hospital characteristics (teaching status, ownership, percentage of minority patients, percentage of non-English speaking patients), geographic areas, and within-or cross-level interaction effects.

Data:

H-CAHPS, 2007

Current Status:

Publications:

Zhu J. Patient experience with hospital care: examining the factor structure, measurement invariance, predictors, and sources of variation using the H-CAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey [Doctoral dissertation]. Waltham, MA: Brandeis University. 2013.

Zhu J, Weingart SN, Ritter GA, Tompkins C, Garnick DW. Racial/ethnic disparities in patient experience with communication in hospitals: real differences or measurement errors? Under review

Racial/Ethnic Disparities in Patient Experience with Hospital Care: Real Differences or Measurement Errors? Podium Presentation, AcademyHealth's Annual Research Meeting, Baltimore, MD, 2013.

Variation in and Predictors of Patient Experience with Hospital Care: A Three-Level Analysis. Poster Presentation, AcademyHealth's Annual Research Meeting, Boston, MA, 2010.

Contact:

Junya Zhu
Brandeis University
415 South Street Mailstop 035
Waltham, MA 02454
630-802-6972
zhujunya@brandeis.edu