

Greetings and Welcome to the Web Cast Introducing the CAHPS Database Online Reporting System

At this time all participants are in listen only mode. A Question and Answer session will follow the presentation.

As a reminder this conference is being recorded.

It is now my pleasure to introduce Janice Ricketts, the CAHPS database Manager.

>> Janice Ricketts: Thank you, Stephanie. Good afternoon, everyone and welcome to the Introduction of the CAHPS Database Online Reporting System which is sponsored by the Agency for Healthcare Research and Quality
Today's webcast will provide you with an overview of the CAHPS database, a live demonstration of the new online system for reporting CAHPS survey results, and also information about the submission requirements for the CAHPS Clinician & Group survey.

You can listen to today's presentation either by streaming audio through your computer speakers or by joining us by telephone by calling the toll-free number provided in your e-mail. That number is 866-469-3239. The access code is 353-323-099.

At the end of the presentation we will have a Q&A session. You can submit your questions at any time during the webcast by typing your question in the text box under the Q&A box located at the lower right portion of your screen and press send to submit your question. We will answer those at the end of the session.

If you have a technical question, you can go ahead and send those to us. If you are having difficulty with your computer or sound issues through the phone line, we will answer those questions throughout the webcast immediately.

If you need help, you can select the info tab at the top of your screen. That will provide you, again, the conference number to call in. We encourage you to call in by the conference line if you have any trouble with the audio portion through your computer speakers. Also, if you have any technical problems throughout, you can call the technical support line for the CAHPS database at 888 808-7108.

During this presentation you might also experience and slight lag in the advancement of your slides. This could be due to some settings on your computer's speed or with your Internet connection.

A replay of today's event and the PowerPoint slides will be available on the CAHPS website beginning Monday, April 27.

Now, I will turn this over to Dale Shaller who is the Managing Director of the CAHPS Database.

Introducing the CAHPS Database Online Reporting System Web Cast

>>Dale Shaller: Thanks, very much, Janice. I want to add my welcome to everyone joining the webcast today and to thank you for your interest in learning more about the new online reporting system. We are really very excited about the capabilities of the system and the benefits that it will provide to users of the CAHPS Surveys and to those that participate in the CAHPS database. Our agenda for today will begin with a brief overview of the CAHPS database. We will move onto the main event, which will be the demonstration of the online reporting system that Janice will conduct. We will follow that with a quick overview of the submission specifications that we have developed for the CAHPS Clinician and Group survey. That is to give users of the Clinician and Group surveys the information they need to submit their information to the CAHPS Database. We will conclude with an outline of next steps followed by the Q&A session that Janice referred to.

Now, I know that many of you are familiar with the CAHPS database. We also know from our webcast registration that some of you are not. Briefly, let me just outline that the CAHPS Database is the national repository of data contributed on a voluntary basis by the users of the different CAHPS Surveys. It is funded by the Agency for Healthcare Research and Quality and Westat is part of the CAHPS User Network. The database is designed for two major applications. The first is to support benchmarking with national comparative data to help users of CAHPS surveys assess their survey results and identify opportunities for improvement. We also maintain research data files that we make available through authorized user agreements to support research on patient assessments of their care and to support improvements and ongoing survey design and implementation.

So, the database consists of three major components. The first, the oldest and definitely the largest under way since 1998 is the Health Plan Survey database. We have over 10 years of data and millions of records for the health plan and sponsors that were in the Medicaid and Medicare sectors. We also have a H CAHPS or hospital survey database with three years of data from 2005, 2006 and 2007. Beginning in 2008 we no longer receive direct submissions from hospitals to populate the Hospital Survey database. Instead, we have entered into a partnership with CMS, the Center's for Medicare and Medicaid Services that provide H-CAHPS data through their Hospital Compare website. Our decision to partner with CMS is to make sure that the information we present in our reports that will come to us in the near future is consistent with the national data reported by CMS. That is how we are transitioning our Hospital Survey component to be in line with CMS. We will say more about that later on today.

Our newest component of the national database we are creating for the clinician and Group surveys. We are organizing this as a major focus of our efforts this year and in the next year to make sure that the CAHPS Clinician and Group survey that was endorsed by the National Quality Forum in July of 2007 have comparative data available for users. We will be feeding that information into the online reporting system that we will demonstrate for you today as that data is submitted to us.

So, for each survey component that we maintain, whether it is Health Plan, Hospital or the Clinician and Group we develop a series of products that are listed here. The first is the annual chart book that presents summary level survey results for the particular instrument. Those results are presented by either sector or geographic location or some organizational characteristic that we know are of interest to users so they can compare their results to organizations like them. I want to emphasize that in the published reports, the chart books and the research files, we never identified individual health plans or hospitals or medical groups or individual clinicians by name. We have agreements in place with each one of the sponsors of the surveys or user's of surveys so that their identities are never revealed.

For the health plan sponsors that contributed to us, over the past we produced a series of custom sponsor reports that compare the individual results to selected benchmarks. In recent years, we have limited that service to Medicaid and SCHIP sponsors.

You can see that our new online reporting system will allow us to extend this feature to all sponsors of the health plan and clinician and groups that submit data to us directly. I mentioned that we maintain research files. Again de-identified data is available to researchers that submit an application to us that we review and approve. The researcher agreed to protect the confidentiality of the data they receive from us. Finally we provide special analyses and reports on an as needed basis as resources and time permit.

So, now, I turn to the major focus of the webcast today and just a few words of introduction before Janice begins the online demonstration. The system we are launching today is, eventually, going to be operational for all CAHPS Surveys that we maintain through the CAHPS database. It will replace the benchmark tables and charts that, historically, we have made available as PDF or Word or Excel documents. The system will have two main components or portals. The first is a Public portal that will be accessible to anyone that visits the site, and will be accessible from the main CAHPS website. That will provide the ability to anyone to look at the summary-level data, including frequencies and bar charts and trend charts, everything that we have, historically, made available through our summary-level chart books. Then, we will also have a second dimension to the system, a private or password-protected portal. That will be accessible only to users that directly submit their data to us. This will allow them to view their own results compared to selected benchmarks. We will show you how that aspect will work, as well. The initial launch that will be made available early next week will include only health plan data from 2007/2008, but our aim is to very quickly add data for the Clinician and Group survey, again, dependent on those who are using the survey and submit data to us. We are entirely dependent on receiving data from users of surveys to submit their data to us and specifications that we need to make sure that all of the different ways in which the survey data are implemented can actually be pulled together and made comparable for these kind of national comparative data.

So, that is an intro to the online reporting System demonstration which Janice will do. I am pleased to turn it back to Janice now for that.

Live Demonstration of the Online Reporting System

>> Janice Ricketts: Thank you, Dale. Today I will walk you through a brief demonstration of our new online interactive reporting system. This website was designed for reporting CAHPS Survey results. As you will see here, we have the CAHPS comparative database. This site will be available April 27th and be accessible from the main CAHPS website, which is www.cahps.ahrq.gov. Beginning on Monday, you will see a link in the left-hand navigation called Comparative Data. Under that, you have a choice of viewing the results for Health Plan, Clinician and Group and Hospital and also there is a tab for additional resources.

This site was originally designed to replace all of the benchmark tables and charts in PDF reports that we have produced in the past. When the site is launched, I stress that it will only contain results from the CAHPS Health Plan Survey. In the future results will be made available for all types of CAHPS surveys that the database does support. We plan to add Clinician and Group data and will be opening a data submission system also to allow users to submit data to the database sometime later this summer.

We will also be adding an H CAHPS section to the site where we will be obtaining the data directly from CMS which will allow us to continue to provide our hospital survey results to users as we have in the past.

This welcome page is an overview of the types of results that you can expect to see. You can look at frequencies and responses to specific questions and then some custom one-way and two-way frequencies.

You can view the benchmark results in a bar chart format and be able to trend results across two years of the data as it becomes available.

Currently, for the health plan data, we will be able to trend across the two most recent years. As we add Clinician and Group and Hospital data, that will not be made available immediately, but will eventually be added once we have data.

So, I will select health plan data. As I said, today's demonstration will be based on the health plan section of the site. As you enter the site, whether you are in health plan, clinician and group or hospital, you will see the same type of navigation.

Here you will see tabs across the top with different ways to look at the data. The first tab will always be information and background about that particular survey data. Here it gives you some information regarding the health plan data and here we have commercial data, Medicaid and Medicare. The commercial data we obtained under an agreement between the CAHPS Database and NCQA. With the Medicaid data we independently collect that data through our online submission system here at the CAHPS Database. The Medicare data that you will also see in the site is obtained from CMS and that is from participants that are enrolled in managed-care plans. There is a table at the bottom that shows the number of health plans and the number of respondents for each of the types of data.

Now I will go through each of these sections and tell you a little bit about them and what you can expect to see here. At the very top of the page you will be able to select one of the two years of data. Like I said we will have the two most current years of data when available and for the health plan we have the two years which is 2007 and 2008. I will select 2008 data. Once we have data in the fall available, we will be refreshing the site. This would then contain 2008 and 2009 data for the health plan Survey.

You can look at different survey data by adult Medicaid 4.0, child Medicaid 4.0 and 3.0. The prior year was a transition period and there was a movement from the 3.0 to the 4.0 for the child Medicaid survey and also there's data for the Medicare for plans 4.0.

For today's purposes I will look at the Medicaid 4.0 Survey results. So, as you see here, there is a list of questions pertaining to the adult Medicaid 4.0 survey. This will list all of the questions. These are in the order by the section of the actual survey itself. You can select these to view the frequencies of a particular question and also can perform one-way and two-way frequencies, which I will show you in a bit. If I select question four, got care of as soon as you needed, that I do see that the number of responses and the percent for that particular item. While we are here, I want to explain a couple of the other features that now appeared on the page. In the top corner there is an export button which will allow you to export this particular data in a Table format out to Excel. You can save that data on your computer system. Then, also, the second one is to add to my report, which will go in the report section, which I will talk about in detail a little later.

The site was designed so that users would be able to download specific items or pieces of information throughout the site and be able to download what they needed and be able to walk away with their own individual, customized report. As we go along I will add a couple of things to that so you will be able to see that feature in the report builder later on. A default name is provided: shows the frequencies section that you have selected and question four was the item I selected. I will add that to my report. I have the ability to change that file name if I would like to. For now, I will continue on. That is, actually, added to my custom report list. I can go on and look at other data.

Also, from this frequency overview page here, we can go look at frequency analysis and be able to run one-way and two-way frequencies. So, here, I have the option of selecting one or more questions that I would like to look. In this case, the getting needed care composite. I can select either or both of the questions there. I can continue on to ratings, at any of the composites, the ratings. The items are set for the health plan survey and also any of the other questions that are not a part of a composite or reading or item said. As we continue with the clinician group or hospital, these elections would vary according to those specific surveys. First of all, we have the 1-which frequency with question 23 and 27 that I have selected. I did that by selecting one of the tab links at the bottom. Here I see a one-way frequency on each of the questions, question 23 and also question 27, the first one being how easy was it to get appointments with specialists and the other was how often was it easy to get the necessary care, test or treatment? Again, you will see the number of responses and the percent for each and the total.

>> Now, I am going to go back to also run a two-way frequency with question 23. I have selected that and will now run a two-way frequency. I get another page that will allow me to cross that with either another question or a selected characteristic. At the top of the page you will see the question I have already selected, question 23, how easy was it to get appointments with specialists is are listed there for me to see that that is the first item for the frequency. I then can come down. Is automatically is check year for you. I can cross that with, like I said, other questions, a reading item or even some specific characteristics. In this case, I will choose the self-reported health status. Again, depending on the component, whether it is hospital or clinician and group, this listing of characteristics would change. For hospitals it would be something like bedside, teaching, status, ownership, the type of things you have seen in the past in the chartbooks. Then another feature is that once you have a display at any time here, at the top of the page there is the print page link. You can select that and it will provide you a full-page print and strip out the left navigation and the header. That way, you will have the specific data here displayed so you can easily print that.

Here for the two-way frequency, I have question 23, how easy was it to get appointments with specialists by the respondents self reported health status. You will see the number responded and the percent. They are crossed with a different question. You will see question 36 by excellent, very good, good, fair and poor.

Now, I will move onto the benchmark section of the site. Here we give you an overview of what you will be able to see here on the site. What you can see here are the results in bar chart format that many of you are used to seeing from the CAHPS Database over the years in health plan specific sponsor reports or the health plan chartbooks. Then, also, the hospital chartbook displayed in the 3-part bar chart distribution. It gives you a little information and background about what are the composites. How many items make up a composite. What are the ratings. There is the actual list of the HEDIS items themselves for you to review. These results will be shown by national, regional and product type, specifically for the health plan survey. This is a list of the type of benchmarks I can look at, the composites, overall ratings and any particular HEDIS item.

Once I have selected the getting needed care composite, I will see the specific items for that composite. If I select how well doctors communicate composite, I would then see at the bottom of the screen the four questions that make up that doctors that communicate well composite. Once I have selected a benchmark and have selected any of the relative items below, I want to view results.

So, now, you will see the results for the composite. Here, you will see not only the 3-part bar chart distribution or the National, region and product type, but you will see the arrows. The up is above the mean value of the sponsor and the down arrow would mean it is below the mean value of the sponsor or plan mean. If there is no arrow at all, it means there was no significant difference. Then, of course, these break outs of national, region and product type would differ across the different populations sections

when we get to hospital and clinician and group. One other feature here is that we now have another item here in the list of things we can do on this page. That is to view as table. We have the ability here that you can actually see the same results that were in the bar chart but in a Table format. You can easily print these. I am going to, add it to my report, again, so that we can have that at a later use.

So, now, I will move onto the trending section. Here, as you can see, we see the composites and ratings and HEDIS questions for 2007 and 2008 adult Medicaid 4.0 that I have selected earlier on in the session. I can look at individual items or the composite itself for a particular year, if I am interested in jumping back and forth or to the far right I can select the trend data link here. What I selected is both years of data, the 2007 and 2008. As you will see, these are similar to that format as the benchmark section, but there is two years of data displayed for each item, the National, region and product type. Again, the up and down arrows will appear.

So, now, I will move onto the next section, which is the chart book. As I said, many of you have downloaded these chart books off of our main CAHPS site over the years. We have continued to provide that information to you here on this site. Now, it will be available online but in a way that you can drill down to specific results that you would like to see instead of through a PDF format file that you have downloaded from the website previously. For the health plan database we provide cross sector comparisons for the commercial, Medicare and Medicaid population. I am going to select the survey of version for 4.0 and the getting needed care composite, again. Again, here, at the box you will see the two questions that make up that getting needed care composite. I will review those results. Here you will see, again, very similar to the same display that you have seen earlier for the chartbook in the 3-part bar chart. They are very similar. You will see the comparisons across the adult Commercial data for the two years and also the adult Medicaid and child Medicaid and the Medicare data.

So, our next section of the site is the report builder. This feature allows you to select a type of information and result you would like to download as a specific report and is divided into several sections. First is information about the CAHPS database. There is an overview, a composition of what data is in the database over the 10 year period. There's some definitions of composite items or regions, if you are unsure of that. At any point, if you would like to view a document before you download it, you would select the PDF link. That will bring up the file in PDF. You can look at that and see if it's something you want to include or not in your report. You can select many items from here. The next section is the results. Here, again, we provide a little bit of background on how to read the results. This would give you information, again, definitions of the up and down arrows in order to read the report. Also, you can see demographic characteristics or utilization characteristics here. You can select those items to download. I will select a few items here. Then, you have a choice of some of the composite results, the overall ratings, again, the HEDIS items that you saw earlier throughout the site. The one feature I want to show you at the bottom is the your analysis results. These are the couple of items that while I was in the session I had saved these to my report for later download. These will appear here and you can select these to download in the

customized file. Now that I have done the download and selected files, this will save a file on my computer. We also provide you a listing here of the file definition and the file names and some information regarding the name of the zip file that was downloaded. And little bit of information at the bottom. If you are not sure where the file was downloaded, and did not see that in the process here, but you have a pop-up box where you want to download the file. Sometimes some settings will automatically save into a default download folder and you are not sure where that is. Again, it lets you know what the file name is to look for on your system if you are trying to find that file. Also, how to unzip a file. If you do not have winzip on your computer, we direct you to the website for a free version of the software in order to open the file. Of course, at any time if you have any questions or problems with the data files themselves or the download process, you can call us immediately at 888-808-7108. We have also provided the e-mail address here. You can contact us and we will help you through the process.

Private – Password Protected Portion of the Reporting System

So, now, that was an overview of the public portion of the site. As Dale said we also have a private portion which I will now move on to. For those that administered the CAHPS survey according to the CAHPS specifications and submitted data to us here at the CAHPS database, you will have access to view your own survey results in a password protected site and be able to compare those to the national benchmarks. Anyone that has participated in CAHPS database and has the data available here will be contacted by the CAHPS database and receive information and a password and how to access their account. When you come in here, you can select the login link and be able to log into the site. Also here at the top of the page there was a help button if you have any trouble getting in. You can select that. Again, that always has our information on how to contact us if you need help. I will log in as an actual participant. There are a few extra features that I will point out as we go along. I am now log in as the Westat group and my name will appear here so that I know that I am in that part of the site. I can log back out at any time and also select the my account link and be able to change my password or update my profile.

So, I will show you a few things that are a little different here, but pretty much the whole look and feel will be the same. There is the same information about what comprises the health plan database and the same tabs across the top, frequencies, benchmarks, trending, chartbook and report builder. The frequency page will display frequencies for not only the data that you saw previously but also for your own, independent results.

Here, again, I will select questions to view the results for and view the one-way frequency and what data I want to view of my data that was submitted to the CAHPS database. All plans combined is a total of all of my plans. At the bottom there is the total of all of the adult Medicaid 4.0 plans that were submitted for 2008 or do I only want to see a couple of the plans that were submitted for my organization? In that case I will select a couple of these just to show you how they compare across your plans if you would like to do that. At any time you can select all of those and I look at them all. For Today I will only show you a few so the table is not so long. You will see for the Westat

group, here are the results for question 23, how easy was it to get appointments with specialists and how often was it easy to get necessary care, tests or treatment? These are the results, specifically, for my data for the three plans, Plan A, B and C. At the bottom of the page it will tell you the results, the date and time you generated the results, in case you want to print this page or, again, at this to your report, which I will do here, again, so we have made few more items in that list. I will show you that, again, later. We display a default name for that particular file. But you can feel free to change that if you would like.

Now on to the benchmark section. That has the same look and navigation of the Public site. This will let you view your own results. Here I am looking at the getting needed care composite and going to view the results just for that composite. Again, here, you will see we have the Medicaid 4.0 data, very similar to what you saw before with the national, regional and products site for 2008. In addition since I am logged in as a sponsor I will see the Westat group organization as a whole and all of the plans that made up the group. Again, this information for C and G will be specifically for the clinician and group surveys when we report that data on the site. So, again, here, you see the same up and down arrows as you did on the other portion of the public portion of the site.

And for trending. Again, it looks pretty much the same as we saw before. You have the same choices here regarding composites and items and overall ratings and which year you want to see data. You can also see the data across the two most recent years. This will be in this case the most two recent years of data that you have submitted to the CAHPS database. So, here you will see, again, the national, regional and product type distributions. But below that you see your specific group or sponsor data and results for each of the plans that were in your group.

The chartbook section I will not show you again but it will look the same as the public portion of the site.

So, on to the report builder. I want to show you a few little differences here you would not have seen on the Public site. First of all, you see information about the CAHPS database, the same type of documents here that were available to you before such as definitions and an overview that you can select to download in your report. Under results, you will see a few more items here. Below How to read the results, you will see two things that are new. One is the list of the plans that participated in the CAHPS health plan database for 2008 and the differences summary also. I want to point out that even though the last two items, demographic characteristics and utilization characteristics were displayed on the public side, on the private side, you will see that same table, but what you also see is a column with your data results there. Then, again, you can select the various composites or ratings or any of the item sets. And again, at the very bottom you will see the your analysis results. Here you will see the items that I had moved to my account early on. I can select those and down all those into my customized downloaded file. I do want to stress, too, that these items are saved while you are in the current session. If you need to come back into the site a week or so later,

you would then have to select them again. You would not have any of the prior analysis results listed there. It would only be the current for whatever you have done in the current session. So, now, that concludes the demonstration portion of the presentation on the comparative database online reporting system.

I will now hand it back over to Dale to tell us a bit about the clinician and Group survey.

>>Dale Shaller: Great. Thank you, so much, Janice.

What we have been able to show you today is how the system will work and how- beginning next Monday, you can go to the CAHPS site and actually view what Janice was showing you on the online reporting system with the CAHPS health plan data that we have for 2007/2008. As we get data from 2009 later this spring, early summer, that will be loaded and be made available in the fall of 2009. I mentioned before about the hospital stay for data. Have a number of hospital and hospital systems on the webcast today. I want to clarify that through our partnership through CMS, we will be adding summary-level H CAHPS data based on the March 2009 release that appear in hospital compare. The timing for that will be later this year. We will not have the private component of the site available for H CAHPS, at least initially, in the next year or so. That will depend on working on a relationship with CMS where we might eventually have hospital-level information that could be viewed in the private side.

The next phase that we are focusing on now beyond the health plan data is the clinician and Group survey data. What we are trying to put together here is analogous to what you saw with the health plan data and to give you an idea of the kind of reporting categories that we will be displaying, I have listed here some of the major categories that have been suggested and that we have been planning to capture in the submission requirements for the clinician and Group survey data. This is based on input from our advisory group and medical groups that have been early adopters of the surveys. We will have a benchmark by location which will be region, state or MSA, urban or rural and if we can keep the location on the zip code of the group, the practice of the clinician or even the respondent. We will have a category reporting results by physician specialty, internal medicine, pediatrics and special team designations like that from the American Board of American specialties. We can display by size of group of practice and where we will use a metric. We have decided to use the total number of patient visits per year as a way of classifying practices by size. We will have not made very specific definition of that so that when groups and practices submit their data, they will be able to give us an accurate count of patient visits per year. We will have characteristics related to ownership, deletion of the practice such as hospital-based or medical school or community health center VA, military or similar designations.

To give you a sense of how we envision this, we put together a mockup here. This is an example of a screen that you might see on the Public site. You can see on the left hand menu bar instead of being with the health plan section of the online reporting system, you now see a carot pointing to Clinician and Group. That is where you want to go for

this comparison. This shows a bar chart of arrangement where what you are looking at is the distribution of results here for the national distribution and then by region and specialty we have categorized things as primary, Surgical Care, it emerged as medicine or other. This practice size the designation in terms of the visits per year, just to give you a sense of what the comparative reporting might look like for the clinician and Group survey. On the private side, it would also be similar that you come in and log in because you contribute data to us and our a participant and have access to your results that you have contributed and can compare them to selected benchmark. This shows you, for example, one of the access composite's on getting appointments and care when needed, you would say, group one where you might have three individual practice site locations that you have submitted. You can look at your practice site level results, your group overall results and compared to what does it need to specialty the site. In this case shows primary-care in Region one and national distribution purposes if you a sense of how this might appear when we actually have the data in the database to present this component.

So, I mentioned that this is a focus of ours now. We are focusing on this because of the growing implementation of the clinician and Group survey and the growing importance in the nation. There are a number of efforts under way. I cannot summarize them in detail now, but just to give you a sense, the aligning--Alighting forces for quality and chartered by exchange will include patient experienced measures to in their healthcare quality measurement and reporting activities. A number of health plans and medical groups are beginning to adopt the clinician and Group survey and the Department of Defense has implementing it for the last two years and the American Board of measure Medical specialties has been looking at requiring the doctor communication component of the clinician and Group survey as part of it maintenance requirements moving forward. So, given all of this activity, the demand for comparative data is growing. We get calls every day looking for benchmarks for clinician and Group data. We would like to be able to respond to that. The only way we can do that is by creating a unified, standardized approach for users to submit their data to us and, thereby, be able for us to compare or compile the comparative data in a way that is organized and comparable across the various implementation projects. So, to give you an a sense, then, of the landscape of the clinician and Group surveys, there are several different versions of in play today but the most of the activity is centered around the 12-month reference period either using a 4-point or 6-point scale, describing the frequency of an event from the point of view of the patient. There are child and adult primary-care versions, and adult specialty version and a visit specific with several medical groups in Minnesota. The CAHPS group will be making specifications of the specific versions of clinician group available later this year.

What we would like to let you know that while all of these different versions are in use, we will be able to support all of them and, hopefully, there will be a kind of coming together and a domination of two or three major versions of the survey moving forward. In the initial phases of adoption, we will be supporting all of the various versions of the clinician group's survey. We have developed submission requirements or specifications for each of these and all would include these basic elements. We would be asking you

to tell us about how the survey was administered, what mode was used, the sample frame size, response rate, information about the vendor that was used. As always, we want a copy of the survey instrument that was used. We would ask you to complete a very simple user agreement as we do with sponsors that participate in the database that protect the data that you submit to us. We agreed to only use it for the purposes that are stated. Then, we would have three separate data files for this to their set of surveys. One is related to the sample data that we would be looking for one record of the individual that was in the sample from, whether or not they responded to the survey that allows us to look at the overall response rates within that sample frame. We would want to know things like the disposition of the survey, the date it was completed, gender, Bertha year of the patient that responded, zip code, the last day of their visit and all of the responses to the individual CAHPS items. All of this would be linked together across the files by a and System of IDs. There would be a Group, practice site and physician-level ID. That helps us to keep it straight. On the group filed we would be looking for the location of the group and kind of characteristics I was talking about earlier in terms of ownership and size and the same with the practice site. We would be looking for this information to be submitted to us according to these very detailed data lay outs that we have produced. We ask you to submit the data to us in a flat aura at ascii file. Those file layouts are available today on the CAHPS website, which is the clinician and Group survey of the CAHPS database and part of the CAHPS website. You could go on there today and download submission specifications and review those and let us know if you have any questions. As Janice mentioned, the comparative data set in terms of the online reporting system will be available beginning next Monday, April 27. Everything that Janice just showed you will be available online for your own review at your own convenience beginning next week.

The reason we are launching all of this now and going through this is to let you know the capabilities of the system. It works today for health plan data and work tomorrow for moving forward with the CAHPS clinician and Group survey data to the extent that those using the survey said that the data to us so we can compile it and fit it in the system and make it operational for you in the ways you just saw. Send us your data is really a major part of what we are asking you to do and to do that along the lines of the submission specifications that are published on the website. We also want to just call your attention to an upcoming webcast on the 23rd of June, which will go into more detail on updates to the day for clinician and Group survey, what is happening with implementation and a little bit of a refresher on the comparative data that are available through the online reporting system. So, we have taken 60 minutes to, basically, introduce the system, talk about how it works and what it can do for you, to tell you about our plans for moving forward with the clinician and groups are the component, where we are with H CAHPS and how that will develop with our partnership with CMS. But we would like you to do is participate. After the webcast, you will get a feedback survey just on this particular event. We would want you to be able to send us right now any questions that you have that we can respond to.

We will open the webcast up for that portion of question and answers right now. I will invite Janice back. Janice will be serving as a moderator. You have questions at your end. I will turn it back to you.

Questions and Answer Session:

>> Janice: Thank you, Dale. I want to introduce two other CAHPS database members that are here with me today that will help also answers some of the questions one of them is John Rauch who is the technical adviser for the CAHPS database and Mike Hornbostel who is the lead on the clinician and Group data collection.

Q. Will these slides be available online?

A. Yes, they will be available on the CAHPS website early next week. The Powerpoint slides, unfortunately, will not show the live demo part of the presentation. However, a replay of the entire webcast will be available also next week on the CAHPS website that you can link to and view.

Q. We are interested in the health plan survey but had not submitted data yet to the database. We are wondering if we still have time to submit that data? Can you still submit data for this year and participate?

A: We will be collecting the health plan CAHPS data June 8th through 26. The clinician and Group data collection will be announced soon but will most likely will be later in 2009.

Q: Do you plan to include trends for more than two years of data? Also, why only two years of data?

A: I think the answer is a 2-part answer. One is technical the other is of practicality. In terms of technical support for the site and our update content available on an ability to show the information in a--We decided to issue two years update. If you want to apply for the research--we would be happy to review that in a research file for multiple years updated two years is insufficient. We are happy to entertain future updates in later releases of our software. If we are starting to see multiple people have interesting axing multiple years of data beyond two for inclusion in the benchmarks, we will consider that. We designed the software to do two years, for now.

Q: Will single downloadable PDF files be available for the benchmark data as you have provided in the past on the CAHPS website rather than having to go in and gather it in several pieces?

A: At this time you will need to go into the report builder section and be able to select those individual items. We will be working and adding pieces to the site and making that a little bit more user-friendly as we go forward. You can easily download. Another question is, I work for a large organization and want to know if we can have multiple

users to access the private portion of our data? Multiple users can have access to your protected areas to look at your results. However, the person responsible for the account during the submission process will be contacted and given access when your data becomes available with the online reporting system. Only that person can request additional members from your organization to be given access by contacting us. Which you have contacted us we will provide other users in your Organization access.

Q. I want to compare my specific results to specific regional competitors, are we able to do that?

A: I am not sure I quite understand the question and what database we are referring to, which the CAHPS Survey. Generally speaking, we can show multiple regional results for a CAHPS survey for gobos original benchmarks would be available for you along with your own plan level or clinician Group CAHPS day as a comparison. The system so far does not allow you to choose which regional competitors you would like to see. That is not a feature we have designed.

Q: We want to know if the June 23rd webcast will include any results or information about the visit specific version of the survey that is currently under way in Minnesota?

A: One of the main segments of the three segments of that webcast, one of them will be presented by a representative of the participating Medical Group in Minnesota that has experience with the Survey. That is one of the topics that we know there is growing interest in. That will be included on the 23rd.

Q: Is there a cost to participate. Are there any fees associated with submitting data or accessing the reporting system?

A: No. There is no cost for submitting data or accessing the online comparative database or downloading any information from there or accessing the CAHPS website. This is all funded by the Agency for Healthcare Research and Quality.

Q: Are the benchmarks' adjusted with mode adjusted, etc., and if so, would my organization results also similarly be adjusted?

A: For the hospital CAHPS data, the answer is, yes, they are adjusted for mode. As of now, as Dale and Janice were explaining earlier, there will not be individual hospital-level results available through the CAHPS database through the system. If you are referring to the health plan results for an individual plan, the answer is, yes, your individual results are adjusted for risk but not mode.

Q: For the data the CAHPS Database collected and reported for clinician and groups, will that be for the doctor only or collected for other clinicians and groups?

A: The data we are collecting will not be at the physician level. We will be reporting the data at the Practice level and group level.

Q: A participant is wondering if we are currently working with the VA hospital?

A: No, we are not currently working with the VA hospital, but we are happy to talk with them. Can I add to my answer on the clinician and Group survey database? Initially, we will be presenting the online results at the group and practice level if you are a contributor and have access to the private password-protected area of the site. We do recognize that many practices are going beyond the site level to collect individual doctor-level data. It is kind of a question of capacity and scale. We would like at some point to be able to support individual physician comparisons, again, on the private side of the website. Initially, we just do not think that we will be able to do that in the short term. It is a matter of being able to track physician identifiers that might be at one side or the other side and is a complex situation. We cannot promise that in the near term. But, over time, we would like to move in that direction.

Q: Will aligning forces for their quality groups that are participating such as the checkbooks have their information submitted to the database on their behalf by the check book?

A: We will be able to take that question up with each individual aligning forces program. We have ongoing conversations with the checkbook initiative and have had an agreement from the very beginning that the data that they collect through that initiative, they will contribute to the CAHPS database. So, the answer is, yes. We are happy to have conversations with each one of those markets just to be sure that everyone is clearly understanding what that means.

Q: We have another question. When will the 2009 CAHPS health plan data be available on the online reporting system?

A: That data will be available in the Fall. We will be collecting that CAHPS medicaid data through our submission system in June, and with the agreement with NCQA we will be obtaining the commercial data this summer. The results for the plan data will be available on the online reporting system in the fall, September 2009.

>> Dale: I just want to add, because we do get the commercial plan data at this point from NCQA by agreement with the plans to submit to NCQA, those commercial plans do not need to submit directly to us. That is pretty clear, but I wanted to make that point.

Q: When do you anticipate that the visit-specific survey will be available for specialty care and physician groups?

A: I mentioned earlier that there was a pilot of the visit-specific survey in Minnesota with nine groups. We have completed the pilot and analyze the results. Those results will be reported in Minnesota publicly in May . We did not test with one Group for where we look how we--Instrument performed with the 12-month reference period. We are looking at those now and based on that we will put together recommendations for a more widely available instrument for the [indiscernible] survey. I would think that sometime later this year it will be posted on the CAHPS website. If someone wants to get into the field tomorrow to do visit-specific surveying, they can contact us to have that conversation. There is an instrument that has been used and performed quite well.

Q: Will the CAHPS hospital survey chartbook be available on Monday, April 27th.

A: The short answer is, no. The Hospital CAHPS chartbook type results will be available during the summer. We are rolling out the reporting system with health plan data first.

Q: Since we report H CAHPS through the vendor to CMS, will participants have access to the password-protected portal to the individual hospital data even though H CAHPS will not be available for over a year?

A: Just to repeat what we have noted before, at the moment we are just going to get aggregate level data in our agreement with CMS in producing benchmark results for all hospitals. There will not be individual hospital-level results available. As Dale mentioned we are thinking about working with CMS to get individual data so as a Private user you can come onto the site and see the results. That has not been settled and I do not have a time frame of when that might occur.

Q: When will the data use agreements be available online? I think both for the health plan and clinician and Group?.

A: On the website next week we will have the health plan Data Use Agreement and it will be a few more weeks before we have the clinician and Group data use agreement available.

Q: Do you have plans in the future to add nursing home to the database?

A: No. This question comes up-as people are aware, I am sure, the CAHPS family of Surveys is more than just the health plan, hospital and clinician and Group. Those three are the ones that we have agreed and contacted with AHRQ that we will support to the CAHPS database. The other service clubs that are out there and in use including nursing home and [indiscernible] dialysis Center Surveys and persons with mobility impairment surveys, behavioral health Surveys, there are a number of instruments that are CAHPS-related. We would like to be able to support all of that. It is a question of resources and what we can do. We have set the priorities on these three. That is not to say that at some future point, pending demand and corresponding resources available from either the federal government or through other sources of funding we might be able to support the nursing home survey, but not within the foreseeable future and not under the current terms of our contract with AHRQ.

Q: With the move from version 3.0 to the version 4.0 This year for the health plan survey, will trending show both the year versions, and if so will there be a notation about the version changes?

A: I think you are talking about the health plan survey. Typically, in the past as we have done throughout our annual chartbook is a separate section for those items that are separated by version 3.0 and version 4.0 for the items that do not trend or are comparable. The short answer is, yes, we show both. In terms of notation, I believe the in one of the documents downloaded from the side there will be a crosswalk showing the difference between version three by zero and four by zero. If memory serves, for the commercial--They are only anticipating collecting for when zero Surveys for this year for

the adult numbers. My memory is a little poor and I do not recall if NCQA is collecting data from version 3.0 for child.

Janice: The answer is that they are not collecting 3.0 health plan survey data anymore for child. Only 4.0.

For the transition periods between years we do try to accommodate both versions.

Q: Can you cover the log in information and how you get access, again.

A: Once the data is loaded into the interactive reporting system, in this case data for health plans, you will be provided the information in an email which includes, user ID and password for accessing the health plan data for 2007/2008 that are already in our system. You should be getting an e-mail on Monday the 27th when it goes live to give you access to that portion of the site. That e-mail communication will be directed to the person responsible for the account during the submission process. That would be the sponsor person, the person that was responsible for the account at that time. If you need others to have access, please contact us. In that case, maybe that person is no longer at your organization and you would not be contacted because you are new and we have not heard from you yet. Please feel free to give us a call through the CAHPS help line or to send us an e-mail. We will see that you have access to your results.

Q: Can individual hospitals submit H CAHPS data?

A: We are currently not accepting direct hospital CAHPS and submissions directly to the us. We have disagreement with CMS and beginning this year we will be obtaining the information from CMS for the hospital data.

I want to remind you today that if you do have any questions after today's presentation, you can always contact us through the help line or through the NCBD mailbox and ask your question at a later date. You will see the slide for further information.

For the CAHPS database, which is cahps.ahrq.gov, you can link to the database directly from there and find different information about submitting data to the database and requirement documents.

Also you will be able to see a replay of today's event next week and copies of the slides will be posted there on the website.

Again, anytime you have any questions even through the submission process or if you are on the online reporting system, please always feel free to give us a call at our toll-free help line or send us an e-mail to the e-mail box.

>> Dale: I did notice a couple of more questions that have come in that we can answer. Someone asked if you will be able to provide the numerators for the results from the bar charts that are shown on the one side of the system and the denominator's shown part of the question is where are the enumerators? They are not shown on the 3-part bar chart. They are expressed as proportions. You can get to the enumerators by running individual frequencies on the survey items and finding the results in the frequency

sections. I think for the CAHPS composite measures, when it is an item that comprises more than one Survey item, I am not sure if the system gives enumerators for those elements.

If someone has a question that we have not answered, would you mind submitting your question one more time? Thank you.

Q: We have another question. If the organization is unaware of those that submitted information, can we contact your organization to see who submitted that?

A: Generally, the answer is no, in order to have the information protected, there are specific ways we treat the data. One of the things is that we do not release information about who has submitted information by name. If you would like to contact someone who submitted something and worked with them, I am sure that you could work out something between the two Parties. At the database we will not release the names.

>> We have a few more minutes if anyone has any questions, please submit them.

We have no more questions at this time.

So, I would like to thank you for attending today's webcast.

If you do have any questions in the future, please feel free to contact us. Thank you.

As you exit today, you will be asked to answer a short survey for us. Your feedback is very valuable to us. Please complete the survey upon exiting today.

Thank you.

>> [Event concluded]