Advancing the Science of Patient Experience Assessment

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CAHPS Family of Surveys

Facility Surveys
- Hospital (HCAHPS)
- In-Center Hemodialysis
- Nursing Home
- Hospice

Ambulatory Care Surveys
- Health Plan
- Clinician & Group (CG-CAHPS)
- Cancer Care
- Surgical Care
- ECHO® (Behavioral health)
- American Indian
- Home Health Care
- Outpatient and Ambulatory Surgery
- Home and Community-Based Services

www.ahrq.gov/cahps
Core CAHPS Design Principles

• Focus on topics for which patients are the best or only source of information

• Include patient reports and ratings of experiences – not “satisfaction”

• Base question items and survey protocols on extensive stakeholder input and rigorous development and evaluation

• All surveys and supporting materials are available for free
Survey Development Process

- Literature Review/Environmental Scan
  - What can be learned from prior studies and surveys?

- Stakeholder Input
  - Which topic areas are most important to stakeholders (e.g., clinicians, provider groups)? What do survey experts recommend?

- Technical Expert Panel

- Focus Groups & Interviews
  - What matters most to patients and their families?

- Cognitive Interviews
  - Are draft survey questions interpreted correctly and consistently across respondents?

- Field Test
  - Which survey items and administration procedures result in the most accurate and comparable data?
Updates and Additions to CAHPS Survey Suite

• CG-CAHPS 3.0

• Cancer Care

• Home and Community-Based Services
Facilitating Use of CAHPS Surveys

• Supplemental items
  • Reconciliation
  • Search tool on CAHPS site
    https://www.ahrq.gov/cahps/surveys-guidance/item-sets/search.html

“Your CAHPS” tool

• Web-based and interactive, allows users to identify CAHPS survey content by domain of care, composite, and by unit of interest (e.g., health plan, medical group)

• Creates tailored survey using CAHPS guidance on item wording and placement
CAHPS Patient Narrative Elicitation Protocol (NEP)

- A **structured series** of 5 open-ended questions that:
  - Prompts survey respondents to tell a *clear and comprehensive story* about their experience with a provider and his/her office staff
  - **Complements** the closed-ended survey questions
  - Provides *value-added information* helpful to both patients and clinicians
- Experimental and field testing show high degree of conformance to “gold standard” interviews
2017 Field Test of Encouragement to Complete NEP

• Randomized three ways of encouraging patients to continue on with survey and complete CAHPS Narrative Elicitation Protocol (NEP) in web-based survey of patients.

  • 1) Standardized invitation to complete as presented in the online guidance document.

  • 2) Invitation emphasized the utility of the information to clinicians ("providers can use this information to know what is working well or what needs improvement").

  • 3) Invitation emphasized that "clinicians really value your comments."

• Response rates were 60%, 74% and 77%, respectively.
Value of Narratives for Quality Improvement

- Illustrate concrete and actionable examples of aspects of care already being measured
- Highlight missing aspects of existing composite
- Identify domains of care that are important to patients but not included on CG-CAHPS surveys
Data Collection Modes

- Mail, phone, and mixed mode
- Web is less expensive but response rates tend to be lower than traditional methods (best used as part of mixed mode data collection)

Bergeson, S. C., Gray, J., et al. (2013). CG CAHPS®: Comparing an e-mail invitation and web-based data collection with a mailed invitation and survey. Primary Health Care: Open Access, 3(1);132.


In-office Administration

• Distribution of surveys to less than 75% of potential patients in some practices

• Requires staff dedicated to survey administration
  • Can’t use clinical care or patient-facing office staff
  • May be more costly than mail administration


• While online reviews, open-ended questions, single-item surveys, and customized provider surveys may be useful for expediently informing providers’ internal quality improvement efforts…

• Systematic and standardized measurement is needed to ensure fair comparisons between providers for the purposes of public reporting and pay-for-performance.
Plans for Future Research (1)

• Narratives
  • Screening for actionable content in comments
  • Testing use of Natural Language Processing (NLP) methods for automating analysis
  • Refining protocol based on further implementations
    • Pilot test with New York-Presbyterian
    • Use in service recovery with MetroPlus Health Plan
• Development of protocols for other settings
  • Cancer care (team-based treatment)
  • Inpatient care (institution-based treatment)
Plans for Future Research (2)

- Evaluating different modes of data collection
  - Web, tablet, smart phone


- Easier version of CAHPS Clinician & Group Survey
  - Simplification of survey for safety net population

- New item development
  - Care coordination and shared decision-making
  - Patient engagement and patient safety
To Ask a Question

To submit a question, type your question here and hit submit.

Click on the “Q&A” icon to get the Q&A window to appear.