Development and Testing of the CAHPS Elicitation Protocol

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Goals for narrative elicitation: specifics

We aspired to collect narratives that are:

- **Complete**: provide a full picture of the experiences that matter to the patient describing them
- **Balanced**: accurately reflect both positive and negative aspects of the patient's experiences
- **Meaningful**: convey a story that is coherent to others and allows them to assess its relevance
- **Representative**: capture experiences across a range of health status and demographic groups
Aspirations: Protocol that can augment CAHPS surveys

- Short Sequence: 5-7 open-ended questions; 5-10 minutes

Experimental Design: Comparing elicited narratives to “gold standard” interviews

- Total of 332 elicitations;
  - 20% by phone, 80% by web
  - 50% before CAHPS questions, 50% after

- Matched Sample: 54 elicitations compared with interviews

Evaluation Method: Narrative and textual analysis

- Protocol refined through two rounds of elicitation testing
Applying goals for narrative elicitation
CAHPS 5-Question Elicitation Protocol

1. What are the most important things that you look for in a healthcare provider and his or her staff?

2. When you think about the things that are most important to you, how do your provider and his or her staff measure up?

3. Now we’d like to focus on anything that has gone well in your experiences with your provider and his or her staff over the past 12 months. Please explain what happened, how it happened, and how it felt to you.

4. Next we’d like to focus on any experiences with your provider and his or her staff that you wish had gone differently over the past 12 months. Please explain what happened, how it happened, and how it felt to you.

5. Please describe how you and your provider relate to and interact with each other.
Illustrating less effective elicitation, from “matched” respondents

• A less fulsome elicitation

Q1. There knowledge about my health condition and how helpful they are

Q2. Top notch and there knowledge about my conduction has been very helpful in my recovery

Q3. I don't know what you mean by "gone well" every time I have been there everything has gone well.

Q4. Not a thing

Q5. I like my doctor
Illustrating more effective elicitation, from “matched” respondents

• A more fulsome elicitation

Q1. Want someone who treats me as an individual rather than just another person walking in. Want someone who has already looked at my records and knows why I am there. Want answers to my questions in complete responses instead of one-word answers. Who will listen to what I have asked and responded intelligently even if having to ask me to rephrase my question or repeat the question.

Q2. All outstandingly except the insurance clerk. Clerks know me by name, nurse is friendly yet professional and on task. Doctor gives me all the time I need, with time for questions and his observations on my complete health.

Q3. Had a pain so severe in my back that I could hardly move. Rather than call for an appointment, went to the office and asked if possible to see doctor. Without hesitation, was told that doctor could see me though I might have to wait a while. Saw doctor and determined that I could have one of two things. Ordered ultrasound to eliminate one reason. Prescribed some pain medication. Had ultrasound within two days (morning) and I had a call from my doctor by that afternoon to give me the results.

Q4. Switched my husband to a different medicare advantage plan and soon realized that our doctor was not on the plan. Commented to doctor on next visit that my husband would not see him this year and gave him reason. He asked me to speak with the insurance clerk and see what could be done to get him enrolled with that insurance provider. His clerk was short, curt, uninterested the several times I contacted her. Will have to wait another year to get me husband enrolled in a provider who has our doctor on the plan.

Q5. I trust my doctor. His approach is exactly what I like. Straight to the point yet asks questions that I realize have my well-being in mind (even if they are ones I would rather avoid). Tells me the consequences of not following his instructions but also gives me the option of continuing to not follow his orders but the end results of that (with a smile).
Quantified Results 1: Completeness

Fidelity of Reported Experiences

Overall Match: 10 Domains
Orientation
Access
Communication
Caring
Ample Time
Thorough
Competent
Shared Decisions
Staff
Coordination

Full Sample
Phone Sample
Web Sample
Quantified Results 2: Balance

Fidelity of Positive vs. Negative Assessments

- Pos vs. Neg: Mentions
- Pos vs. Neg: Line Count
- Synthetic Code: Assessing MD
- Synthetic Code: Assessing Office

Balance of Positives and Negatives Matches Between Elicitation and Interview
Quantified Results 3: Narrative Coherence

Attributes of the Narratives

- COHERENCE
- Texture
- Completeness

Full Sample
Phone Sample
Web Sample
Quantified Results 4: Representativeness

Elicitation Performance by Subsets of Respondents

- Full Sample
- HS Education
- Seriously Ill
- Elderly (65+)
Field testing the protocol in real world settings

- **Response Rates** (of survey completers) in multiple contexts
  - California: 24.5%
  - Massachusetts: 17.9%

- **Fatigue**: Response rates by question
  - Q1: 14.8%
  - Q5: 14.4%

- **Compare effectiveness** of multiple protocols: 3Q vs. 5Q
  - Word Count: 3Q 73.9  5Q 114.4
  - Scope (of 7): 3Q 2.57  5Q 3.44
  - Valence (% positive): 3Q 77.1%  5Q 86.2%
Value of narrative feedback for quality improvement

• THREE distinct areas of added value
  • Illustrate concrete and actionable examples of aspects of care already being measured
  • Highlight missing aspects of exiting composite measures
  • Highlight domains of care that are important to patients but not included on CG-CAHPS surveys
# Frequency of Responses: By Health Status

<table>
<thead>
<tr>
<th>Item</th>
<th>Round 2: Full Sample</th>
<th>Healthy</th>
<th>Chronically Ill</th>
<th>Seriously Ill</th>
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<tbody>
<tr>
<td>Perceived Competence</td>
<td>17.50%</td>
<td>17.00%</td>
<td>16.00%</td>
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<tr>
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<td>Access</td>
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<td>15.00%</td>
<td>16.60%</td>
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<tr>
<td>Coordination</td>
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<tr>
<td>Ample Time</td>
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<tr>
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</table>

*Source: Calculated from authors’ own data*
Purpose #1: Illustrate concrete and actionable aspects of existing composite measures

• Concrete examples from office staff:

I appreciate staff that are calm and efficient from appointment clerk to nurse who goes over Dr. instructions for my treatment.

They made a followup appointment for me, but only contacted me by email. As a result I missed the appointment as I did not read it until after the scheduled date and time.
Purpose #2: Highlight missing aspects of existing composite measures

- Concrete examples from coordination of care: fostering connections with other clinicians

She has encouraged me to start walking/running and I completed a 5K with my daughter. I have faced severe depression and who encouraged me to see a clinical social worker who used an unconventional treatment – brainstorming – which was very effective.

She followed through on referring me, and then what the other provider did for my problem. My main provider then called to see if everything was going better. She even ran some blood tests to make sure my blood count was improving.
Purpose #3: Highlight unmeasured domains of care

• Assistance with billing and coverage:

Went in to discuss a prescription that my new insurance refused to cover. Discussed why the insurance refused to cover it. They thought it was too dangerous for a person my age. We discussed pros and cons and decided to continue the medication.

I got a bill from my doctor's office recently that was different than my normal bill so I went to the office and asked the secretary at the office what the bill was for and she was unable to give me the answer I was looking for. Instead she gave me a phone number to call even though the bill came from that office.
Purpose #3: Highlight unmeasured domains of care

• Empathy and emotional connectedness:

He answered questions with a lot of detail and didn’t try to “handle” me. I felt as though I was speaking to an honest expert treating me as an equal.

He comes into the room with a smile he ask how im doing and ask him how he is an he sits down an we talk about how ive been doing I tell him an he gives me medicine if I need it or he ajusts my medicine if needed after hes done I tell him a joke an he leaves the room laughing

I wish Dr R would realize that I am a sissy and spend a little more time with me to make sure my visits are not painful.
To Ask a Question

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

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