



The CAHPS Ambulatory Care Improvement Guide

Practical Strategies for Improving Patient Experience

Section 1: About the CAHPS Ambulatory Care Improvement Guide

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Overview of the CAHPS Ambulatory Care Improvement Guide

The CAHPS Ambulatory Care Improvement Guide is a comprehensive resource for health plans, medical groups, and other providers seeking to improve their performance in the domains of quality measured by CAHPS surveys. Use this guide to help your organization:

- Cultivate an environment that encourages and sustains quality improvement;
- Analyze the results of CAHPS surveys to identify strengths and weaknesses; and
- Develop strategies for improving performance.

The Guide includes the following sections:

1. About the CAHPS Ambulatory Care Improvement Guide
2. Why Improve Patient Experience?
3. Are You Ready to Improve?
4. Ways to Approach the Quality Improvement Process
5. Determining Where to Focus Efforts to Improve Patient Experience
6. Strategies for Improving Patient Experience with Ambulatory Care

1. About the CAHPS Ambulatory Care Improvement Guide

1. ABOUT THE CAHPS AMBULATORY CARE IMPROVEMENT GUIDE

The extensive and growing use of the CAHPS surveys in ambulatory settings has created a demand for practical strategies that health plans, medical groups, physician practices, and other organizations can use to improve patients' experiences with care. The CAHPS Ambulatory Care Improvement Guide is designed to help meet this need. It is aimed at executives, managers, physicians, and other staff who are responsible for assessing patient experience and improving the quality of health care services.

1.A. What Surveys Are Addressed by This Guide?

The guide is structured around the aspects of patient experience with health care assessed by two CAHPS surveys: the CAHPS Health Plan Survey and the CAHPS Clinician & Group Survey.

What are CAHPS surveys?

The Agency for Healthcare Research and Quality's Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. The family of CAHPS surveys includes instruments designed to assess patient experience with health plans, physician practices, hospitals, and other providers of health care. All CAHPS surveys are standardized, which means that results can be compared by survey users across the country. As a result, these surveys enable providers to identify their strengths and weaknesses with respect to patient experience and evaluate their performance over time.

The [CAHPS Health Plan Survey](#) is a tool for collecting standardized information on enrollees' experiences with health plans and their services. Since its launch by the Agency for Healthcare Research and Quality (AHRQ) in 1997, this survey has become the national standard for measuring and reporting on the experiences of consumers with their health plans, including Medicare, Medicaid and commercial plans. To be accredited by the National Committee for Quality Assurance, health plans must submit the results of a modified version of the commercial questionnaire. The Centers for Medicare & Medicaid Services (CMS) also administers a version of the [CAHPS Health Plan Survey designed for Medicare beneficiaries](#).

The [CAHPS Clinician & Group Survey](#) asks patients to evaluate their experience with health care providers and staff in doctors' offices. Since its release by AHRQ in 2007, this survey has been implemented by medical practices and groups, health systems, health plans, regional and community-based collaboratives, accreditation and certification organizations, and State and Federal agencies, including CMS.

The guide does not currently address the needs of organizations that use the CAHPS Hospital Survey (HCAHPS) or other CAHPS surveys. However, much of the guidance about the prerequisites for effective quality improvement, the cyclical approach to

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implementing improvement strategies, and the process of analyzing performance issues is pertinent to all organizations seeking to improve patients' experiences with care.

1.B. What Can I Find in this Guide?

The CAHPS Ambulatory Care Improvement Guide has several parts:

- **Why Improve Patient Experience?** A compelling case for health care organizations to focus on improving their patients' experience with care.
- **Are You Ready to Improve?** An overview of behaviors common to health care organizations that have been effective in providing positive experiences with care.
- **Ways to Approach the Quality Improvement Process.** A walk through the basic steps of a CAHPS-related quality improvement initiative.
- **Determining Where to Focus Efforts to Improve Patient Experience.** A discussion of ways to analyze data from CAHPS surveys in order to identify opportunities to improve and various approaches to gathering additional information to help inform selection of strategies for improvement.
- **Strategies for Improving Patient Experience with Ambulatory Care.** Descriptions of strategies that health care organizations can implement in order to help improve consumers' and patients' experiences with care.

Each section includes brief lists of published studies, Web sites, books, and other resources that address the various issues discussed in the guide.

1.C. What Performance Issues Are Addressed in the Guide?

This guide suggests quality improvement strategies that can address a variety of performance issues assessed by CAHPS surveys of ambulatory care. Table 1-1 indicates which issues are addressed by the two surveys. Some topics are covered by "core" survey items, which are items that must be included in a given version of a survey in order for it to qualify as a CAHPS instrument. Other topics are addressed by [supplemental CAHPS items](#) that survey users could choose to add to their instruments. Some of these optional topics have already been incorporated into specific versions of a survey, such as CMS's Medicare Advantage Survey and Qualified Health Plan Enrollee Survey.

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Table 1-1. Full list of topics addressed in the guide, organized by survey

	Health Plan Survey	Clinician & Group Survey
Access to care	C	C
Communication between patients and providers	C	C
Communication about costs of care	S	S
Coordination of care	S	C
Cultural competence	S	S
Customer service	C	C
Health plan information	S	
Health promotion/Education	S	S
Integration of behavioral health		S
Self-management		S
Shared decision-making	S	S

C=Core items

S=Supplemental items

For most of these topics, an organization’s performance is reported for a composite measure, which combine the results for two or more closely related questions into one score. Table 1-2 lists the core composite measures from the Health Plan Survey and the Clinician & Group Survey.

Table 1-2. Core composite measures in the CAHPS Health Plan Survey and the CAHPS Clinician & Group Survey

	Health Plan Survey	Clinician & Group Survey
Core Topics		
Access to care	<ul style="list-style-type: none"> Getting need care Getting care quickly 	<ul style="list-style-type: none"> Getting timely appointments, care, and information
Communication between patients and providers	<ul style="list-style-type: none"> How well doctors communicate 	<ul style="list-style-type: none"> How well providers communicate with patients
Care coordination		<ul style="list-style-type: none"> Providers’ use of information to coordinate patient care (<i>new to version 3.0</i>)
Customer service	<ul style="list-style-type: none"> Health plan customer service 	<ul style="list-style-type: none"> Helpful, courteous, and respectful office staff

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1.D. What Information Can I Find About Improvement Strategies?

The guide presents a variety of ideas for improving the patient's and consumer's experience of care organized by topic area (e.g., access, communication, customer service). The descriptions of the strategies are intended to give you enough information to determine whether the idea is pertinent to your organization and worth further investigation. Specifically, the summaries of each strategy cover the following questions:

- What are the problems shaping the patient's or member's experience with the health care organization?
- What is the practice that can help address this problem? What is its purpose? What benefits does it offer to patients, providers, and plans?
- How has it been implemented?
- What are the published results of an evaluation (if any)?
- What are some sources of additional information on the strategy?

1.E. How Do I Select a Strategy?

The strategies outlined in this guide represent a range of possible solutions. When you review your options, keep these considerations in mind:

- **Appropriateness for your organization:** Some strategies are more appropriate for health plans, while others are better suited to medical groups and physician practices. In some cases, the strategies are directed at both types of organizations, but one will have to take the lead.
- **Resources and time available:** Some strategies are easy and inexpensive to implement, while others are much more logistically complex and require a significant investment of money, resources, and time. If you find a strategy that seems appropriate but overwhelming, it's fine to "start small"—perhaps by tackling one component of the strategy, or even by stepping back to assess your organization's readiness for the change. You may also want to explore ways to stage the implementation of one or more strategies to make them more feasible.
- **How quickly you need to see results:** As you review your options, consider the immediate and long-term goals of your organization, as well as its constraints. Some strategies are likely to address the performance issue directly, while others may have an indirect impact. Some may allow you to see results right away, whereas others may take months or even years to make a measurable difference.

1.F. Who is Responsible for This Guide?

The CAHPS Ambulatory Care Improvement Guide was produced by a team of researchers associated with the Yale School of Public Health with funding from the Agency for Healthcare Research and Quality. It builds on the original CAHPS

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Improvement Guide released in 2003, which was developed with the support of the Centers for Medicare & Medicaid Services (CMS) for the benefit of Medicare health plans. Since that time, the Guide has been updated a few times, expanded to address the needs of different kinds of health plans and provider organizations, and transformed to be more accessible through the Web.