

# Patient Experience Measures from the CAHPS® American Indian Survey

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## Introduction

This document reviews the types of patient experience measures associated with the CAHPS American Indian Survey, lists the survey's composite and rating measures, and offers basic guidance on reporting the survey results to consumers and other audiences.

## Types of Measures

Like all CAHPS surveys, the CAHPS American Indian Survey generates three types of measures for reporting purposes:

- **Composite measures** (also known as reporting composites) combine results for closely related items that have been grouped together. Composite measures are strongly recommended for both public and private reporting because they allow for reports that are comprehensive, yet of reasonable length. Psychometric analyses also indicate that composite measures are reliable and valid measures of patients' experiences.<sup>1, 2, 3</sup>

See **Appendix B** for a basic overview of how the survey items are combined to come up with composite measures; for details on how the CAHPS analysis program calculates composite measures, please see *Instructions for Using CAHPS Analysis Programs*.

- **Rating measures** are based on items that use a scale of 0 to 10 to measure respondents' assessments of their provider. This measure is sometimes referred to as the "global rating" or "overall rating."
- **Single-item measures** are individual survey questions that did not fit into the composite measures. These measures are especially useful in reports for providers and other internal audiences that use the data to identify specific strengths and weaknesses. When reporting single-item measures, it is important to indicate that the measure reflects performance on just one survey question in contrast to the multiple questions represented by composite measures.

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<sup>1</sup> McGee J, Kanouse DE, Sofaer S, Hargraves JL, Hoy E, Kleimann S. Making survey results easy to report to consumers: How reporting needs guided survey design in CAHPS®. *Med Care*. 1999 Mar;37(3 Suppl):MS32-40.

<sup>2</sup> Solomon LS, Hays RD, Zaslavsky AM, Ding L, Cleary PD. Psychometric properties of a group-level Consumer Assessment of Health Plans Study (CAHPS) instrument. *Med Care*. 2005 Jan;43(1):53-60.

<sup>3</sup> Hays RD, Chong K, Brown J, Spritzer KL, Horne K. Patient reports and ratings of individual physicians: an evaluation of the DoctorGuide and Consumer Assessment of Health Plans Study provider-level surveys. *Am J Med Qual*. 2003 Sep-Oct;18(5):190-6.

## Measures from the American Indian Survey

The CAHPS American Indian Survey produces seven composite measures, one single-item measure, and two rating measures:

- Getting care quickly (composite of 4 items)
- Getting needed care (composite of 5 items)
- How well health professionals communicate (composite of 9 items)
- Helpful, courteous, and respectful office staff (composite of 2 questions)
- Guidance about your personal health (composite of 5 items)\*
- Perceived discrimination because of tribal affiliation (composite of 2 items)\*
- Shared decisionmaking (composite of 2 items)\*
- Coordination of care (single item)\*
- Patients' rating of the provider (single item)
- Patients' rating of the clinic (single item)

\* Please note that the CAHPS Consortium has not developed and tested labels for these measures. The measure labels in this document reflect preliminary label names based on similar concepts tested for other survey instruments.

**Appendix A** lists the survey questions included in each measure.

## Guidance on Reporting American Indian Survey Measures

Users of the CAHPS American Indian Survey may report the results of the survey publicly to inform American Indians receiving care at tribal health care facilities, and/or privately to inform providers at those facilities and support their efforts to improve patients' experiences with care. While the basic content included in these reports may be the same, the specific content should differ because the purposes differ.

In reports intended for consumers, the goal is to provide information that people can use to assess and compare the performance of providers and identify those that best meet their needs. Survey results are typically reported along with other measures of quality and safety. For that reason, the presentation of measures and scores must be concise and easily digestible. The use of composite measures rather than individual items is one way to avoid "information overload" among consumers.

For guidance on reporting CAHPS survey results to consumers, refer to the following resources:

- **Reporting Results to Consumers** (AHRQ CAHPS Web site): <http://www.ahrq.gov/cahps/consumer-reporting/index.html>
- **TalkingQuality** (AHRQ Web site): <http://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/index.html>
- **How To Report Results of the CAHPS Clinician & Group Survey:** <http://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>
- **Developing a Public Report for the CAHPS Clinician & Group Survey: A Decision Guide:** <http://forces4quality.org/node/6810>

A report intended for providers and other internal audiences must also be clear and concise, but can and should contain more information in order to support use of the results to identify relative strengths and weaknesses. These reports need to provide trend data (when available) and different kinds of comparators, such as local or State averages and percentiles. They can also provide a greater level of detail, such as results at the item level, results for supplemental items, and the full range of survey responses (e.g., the percent that gave each possible response). With this information, providers are equipped to analyze their data and take steps towards improving their patients' experiences.

For guidance on improving CAHPS survey results, visit the **Quality Improvement** section of the CAHPS Web site (<http://www.ahrq.gov/cahps/quality-improvement/index.html>) and specifically **The CAHPS Ambulatory Care Improvement Guide** (<http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>).

## Appendix A: Measures for the CAHPS American Indian Survey

Organizations reporting the results of the CAHPS American Indian Survey can use the following measure labels in reports for consumers and other audiences.

Getting Care Quickly		
Q4	Patient got appointment for urgent care as soon as needed	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
Q7	Patient got appointment for non-urgent care as soon as needed	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Same day</li> <li>• 1 day</li> <li>• 2-3 days</li> <li>• 4-7 days</li> <li>• 8-14 days</li> <li>• 15 days or longer</li> </ul>
Q5	How long patient waited between trying to get an appointment for urgent care and seeing a provider	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Definitely yes</li> <li>• Somewhat yes</li> <li>• Somewhat no</li> <li>• Definitely no</li> </ul>
Q11	Patient informed of wait time for appointment	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Definitely yes</li> <li>• Somewhat yes</li> <li>• Somewhat no</li> <li>• Definitely no</li> </ul>

Getting Needed Care		
Q9	Patient got medical help or advice needed after regular hours	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
Q30	Easy to get appointments with specialists	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Definitely yes</li> <li>• Somewhat yes</li> <li>• Somewhat no</li> <li>• Definitely no</li> </ul>
Q35	Easy to get needed care, tests or treatment	
Q55	Patient got needed prescription medicine through clinic	
Q54	Easy to get needed prescription medicine through clinic	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Definitely yes</li> <li>• Somewhat yes</li> <li>• Somewhat no</li> <li>• Definitely no</li> </ul>

**How Well Health Professionals Communicate**

Q36	Provider explained things in a way that was easy to understand	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
Q37	Provider listened carefully to patient	
Q38	Provider showed respect for what patient had to say	
Q39	Provider spent enough time with patient	
Q41	Provider explained the purpose of medicines in a way that was easy to understand	
Q43	Provider explained in a way that was easy to understand what to do if illness or health condition got worse or came back	
Q45	Someone from provider's office followed up with patient to give results of blood test, x-ray, or other test	
Q46	Provider explained test results in a way that was easy to understand	
Q20	Provider encouraged patient to talk about health concerns	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

**Helpful, Courteous, and Respectful Office Staff**

Q51	Clerks and receptionists were helpful	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
Q52	Clerks and receptionists were courteous and respectful	

**Guidance About Your Personal Health\***

Q21	Patient and provider talked about diet and eating habits	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Q22	Patient and provider talked about the exercise or physical activity	
Q25	Provider advised patient to quit smoking or stop using tobacco	
Q26	Provider recommended or discussed medication to help patient quit smoking or using tobacco	
Q27	Provider recommended or discussed methods or strategies other than medication to help patient quit smoking or using tobacco	

**Perceived Discrimination Because of Tribal Affiliation\***

(Note: This is not a general measure of discrimination.)

Q58	Patient felt provider judged patient unfairly or treated patient with disrespect because of tribal affiliation	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Q59	Patient felt provider judged patient unfairly or treated patient with disrespect because of blood quantum level	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>

**Shared Decisionmaking\***

Q49	Provider talked about pros and cons of choices for treatment or health care	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Definitely yes</li> <li>• Somewhat yes</li> <li>• Somewhat no</li> <li>• Definitely no</li> </ul>
Q50	Provider asked what patient thought was best for patient	

**Coordination of Care\***

Q17	Provider seemed informed and up-to-date about care from specialists	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
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**Patients' Ratings**

Q28	Rating of provider	<b>Response Options</b> <ul style="list-style-type: none"> <li>• 0 (Worst) – 10 (Best)</li> </ul>
Q56	Rating of clinic	

\* Note: The CAHPS Consortium has not developed and tested labels for these composite measures.

## Appendix B: How to Calculate Composite Scores for Reporting

All users of CAHPS surveys can apply the SAS®-based CAHPS Analysis Program (also referred to as the CAHPS macro) to calculate performance scores for individual items (including the rating measure) and composite measures. The analysis programs and instructions for using those programs are available in the *CAHPS American Indian Survey and Instructions*: <http://www.ahrq.gov/cahps/surveys-guidance/american-indian/instructions/instructions.html>.

The calculation of CAHPS survey composites uses a proportional scoring method, which basically generates a proportion for each response option.

There are three basic steps to this approach:

1. Calculate the proportion of patient responses in each response category for each item in a composite.
2. Combine these proportions for all items in a composite.
3. Adjust for the case-mix of the patients who evaluated each provider to allow comparison of scores across providers.

The details of the first two steps are spelled out below. The CAHPS Analysis Program handles these calculations as well as the case-mix adjustment.

This approach provides users with several options for reporting. Two recommended strategies are average scoring and “top box” scoring, which involves reporting only the score for the most positive categories (e.g., the proportion of patients reporting “always”). To learn more about these strategies, go to *How To Report Results of the CAHPS Clinician & Group Survey*:

<http://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>.

### Applying the Proportional Scoring Method to Clinician & Group Survey Composites

Given a composite with four items, where each item has four response options, a provider’s score for that composite is the proportion of responses (excluding missing data) in each response category. The following steps show how those proportions are calculated:

#### **Step 1 – Calculate the proportion of cases in each response category for the first question**

P11 = Proportion of respondents who answered “never”

P12 = Proportion of respondents who answered “sometimes”

P13 = Proportion of respondents who answered “usually”

P14 = Proportion of respondents who answered “always”

Follow the same steps for the second question:

P21 = Proportion of respondents who answered “never”

P22 = Proportion of respondents who answered “sometimes”

P23 = Proportion of respondents who answered “usually”

P24 = Proportion of respondents who answered “always”

Repeat the same procedure for each of the questions in the composite.

**Step 2 – Combine responses from the questions to form the composite**

Calculate the average proportion responding to each category across the questions in the composite. For example:

PC1 = Composite proportion who said “never” =  $(P11+P21+P31+P41) / 4$

PC2 = Composite proportion who said “sometimes” =  $(P12+P22+P32+P42) / 4$

PC3 = Composite proportion who said “usually” =  $(P13+P23+P33+P43) / 4$

PC4 = Composite proportion who said “always” =  $(P14+P24+P34+P44) / 4$