

# Patient Experience Measures for the CAHPS® American Indian Survey

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## Introduction

This document discusses the types of reports you may produce for the CAHPS American Indian Survey, the types of measures the survey produces, and the composite and rating measures generated by the results of the American Indian Survey.

It also provides a basic overview of how the CAHPS 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* in *Get the American Indian Survey and Instructions*. For guidance on how to select and display survey scores, refer to *How To Report Results of the CAHPS Clinician & Group Survey*. For assistance, please contact the CAHPS Help Line at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov) or 1-800-492-9261.

## Types of Reports

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 the reader can use to assess and compare the performance of providers and identify the ones that best meet his or her needs. To that end, the presentation of measures and scores must be concise and easily digestible.

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 (i.e., 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.

## Types of Measures

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

- **Rating measures**, which 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."
- **Composite measures** (also known as reporting composites), which combine results for closely-related items that have been grouped together. Composite measures are strongly recommended for both public and private reporting because they keep the reports comprehensive yet of reasonable length. Psychometric analyses also indicate that they are reliable and valid measures of patients' experiences.<sup>1, 2, 3</sup>
- **Individual items**, which are survey questions that did not fit into the composite measures. These measures may be included in public reports, but they are especially useful in reports for providers and other internal audiences that use the data to identify specific strengths and weaknesses.

## Measures Based on the American Indian Survey

The American Indian Survey produces the following eight composite measures and one rating measure:

- Getting care quickly (4 items)
- Getting needed care (5 items)
- How well health professionals communicate (9 items)
- Courteous and helpful office staff (2 questions)
- Guidance about your personal health (5 items)\*
- Perceived discrimination because of tribal affiliation (2 items)\*
- Shared decisionmaking (2 items)\*
- Coordination of care (1 item)\*
- Patients' ratings (2 items)

\* Please note that the CAHPS Consortium has not developed and tested labels for these composite measures.

<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.

**Appendix A** lists the questions for each of the measures in the CAHPS American Indian Survey.

## How to Calculate Composite Scores for Reporting

All users of CAHPS surveys can apply the SAS®-based CAHPS analysis programs (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 at **Get the American Indian Survey and Instructions**. For assistance, please contact the CAHPS Help Line at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov) or 1-800-492-9261.

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.

**Appendix B** spells out the first two steps in greater detail. The macro 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*.

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

Getting Care Quickly		
Q4	Patient got appointment for urgent care as soon as needed	<b>Response Options</b>
Q7	Patient got appointment for non-urgent care as soon as needed	
Q5	How long patient waited between trying to get an appointment and seeing a doctor or health professional	<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>
Q11	Patient informed of wait time for appointment	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Yes, somewhat</li> <li>• No</li> </ul>

Getting Needed Care		
Q9	How often patient got the medical help or advice needed during regular hours	<b>Response Options</b>
Q31	How often patient got the medical help or advice needed	
Q36	How often it was easy to get the care, tests or treatment the patient needed	
Q56	How often patient got the prescription medicine needed through clinic	
Q55	Ease of getting prescription medicine needed through provider	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Yes, somewhat</li> <li>• No</li> </ul>

**How Well Health Professionals Communicate**

Q37	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>
Q38	Provider explained things in a way that was easy to understand	
Q39	Provider showed respect for what patient had to say	
Q40	Provider spent enough time with patient	
Q42	How often provider explained the purpose medicines in a way that was easy to understand	
Q44	How often did provider explain what to do if illness or health condition got worse or came back, in a way that was easy to understand	
Q46	Someone from provider's office followed up with patient to give results of blood test, x-ray, or other test	
Q47	Provider explained test results in a way that was easy to understand	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Q21	Provider encouraged patient to talk about your health concerns	

**Courteous and Helpful Office Staff**

Q52	Clerks and receptionists helpful	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Usually</li> <li>• Always</li> </ul>
Q53	Clerks and receptionists courteous and respectful	

**Guidance About Your Personal Health\***

Q22	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>
Q23	Patient and provider talked about the exercise or physical activity	
Q26	Provider advised patient to quit smoking or stop using tobacco	
Q27	Provider recommended or discussed medication to help patient smoking or using tobacco	
Q28	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.)

Q59	Patient felt provider judged them unfairly or treated them with disrespect because of your tribal affiliation?	<b>Response Options</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Q60	Patient judged you unfairly or treated you 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\***

Q50	Provider talked about pros and cons of choices in treatment or health care	<b>Response Format</b> <ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Yes, somewhat</li> <li>• No</li> </ul>
Q51	Provider asked what patient thought was best for patient	

**Coordination of Care\***

Q17	Provider seemed informed and up-to-date about the care from specialists	<b>Response Format</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**

Q29	Rating of provider	<b>Response Options</b> <ul style="list-style-type: none"> <li>• 0 (Worst) – 10 (Best)</li> </ul>
Q57	Rating of clinic	

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

## Appendix B: Applying the Proportional Scoring Method to American Indian Survey Composites

Given a composite with five 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” =  $(P11 + P21 + P31 + P41 + P51) / 5$

PC2 = Composite proportion who said “sometimes” =  $(P12 + P22 + P32 + P42 + P52) / 5$

PC3 = Composite proportion who said “usually” =  $(P13 + P23 + P33 + P43 + P53) / 5$

PC4 = Composite proportion who said “always” =  $(P14 + P24 + P34 + P44 + P54) / 5$

To download the analysis programs and instructions for using them, go to **Get the American Indian Survey and Instructions**.

To learn more about the scores you can use for reporting purposes, refer to *How To Report Results of the CAHPS Clinician & Group Survey*.