

Patient Experience Measures from the CAHPS® American Indian Survey

Types of Measures.....	1
List of Measures in the American Indian Survey	1
Reporting American Indian Survey Measures.....	2
Appendix: Survey Items Organized by Measure	4

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.^{1, 2, 3} To learn about the calculation of scores for composite measures, read about [analyzing CAHPS survey data](#).
- **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.

List of Measures in the American Indian Survey

The CAHPS American Indian Survey produces measures that represent the experiences of respondents in the following areas:

- Getting care quickly (composite of 4 items)
- Getting needed care (composite of 5 items)
- How well health professionals communicate (composite of 9 items)

¹ 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.

² 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.

³ 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.

- 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)

* 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.

The appendix shows which survey questions are included in each measure.

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 advice developed for the CAHPS Clinician & Group Survey:

- [How To Report Results of the CAHPS Clinician & Group Survey](#) (Aligning Forces for Quality, Robert Wood Johnson Foundation)
- [Developing a Public Report for the CAHPS Clinician & Group Survey: A Decision Guide](#) (Aligning Forces for Quality, Robert Wood Johnson Foundation)
- [Aggregating and Analyzing CAHPS Clinician & Group Survey Results: A Decision Guide](#) (Aligning Forces for Quality, Robert Wood Johnson Foundation)

Learn more about reports on quality for consumers:

- [Reporting Results to Consumers](#) (AHRQ CAHPS Web site)
- [TalkingQuality](#) (AHRQ Web site)

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.

Learn more about [improving patients' experiences with primary and specialty care](#).

Related resource: [The CAHPS Ambulatory Care Improvement Guide](#)

Appendix: Survey Items Organized by Measure

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

Getting Needed Care		
Q9	Patient got medical help or advice needed after regular hours	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q30	Easy to get appointments with specialists	
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	Response Options <ul style="list-style-type: none"> • Definitely yes • Somewhat yes • Somewhat no • Definitely no

How Well Health Professionals Communicate

Q36	Provider explained things in a way that was easy to understand	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
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	Response Options <ul style="list-style-type: none"> • Yes • No

Helpful, Courteous, and Respectful Office Staff

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

Guidance About Your Personal Health*

Q21	Patient and provider talked about diet and eating habits	Response Options <ul style="list-style-type: none"> ● Yes ● No
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	Response Options <ul style="list-style-type: none"> ● Yes ● No
Q59	Patient felt provider judged patient unfairly or treated patient with disrespect because of blood quantum level	Response Options <ul style="list-style-type: none"> ● Yes ● No ● Not sure

Shared Decisionmaking*

Q49	Provider talked about pros and cons of choices for treatment or health care	Response Options <ul style="list-style-type: none"> ● Definitely yes ● Somewhat yes ● Somewhat no ● Definitely no
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	<p>Response Options</p> <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
-----	---	--

Patients' Ratings

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

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