

Proposed Changes to the CAHPS Clinician & Group Survey

The Agency for Healthcare Research and Quality's (AHRQ) CAHPS Consortium is recommending changes to the CAHPS Clinician & Group (CG-CAHPS) Survey and the Patient-Centered Medical Home (PCMH) Item Set. These recommendations are based on feedback from survey users and stakeholders as well as analyses of multiple data sets.

AHRQ is calling for public comment on the proposed changes through a *Federal Register* Notice. The final set of changes will likely be incorporated into a new version of the CG-CAHPS Survey (version 3.0) that will be released in mid- to late-2015. An overview of the process and timeline for reaching final recommendations is provided below.

The following principles have guided the CAHPS Consortium's recommendations for changes to this survey:

- a) To minimize the burden of surveys on patients and providers and to ensure consistency across multiple mandates for patient experience surveying, it is essential to work with key stakeholders to develop a ***single core survey***.
- b) It is critical to balance suggestions to shorten the survey with requests to add content (such as a measure of care coordination), while retaining the core topic areas of access, communication, and office staff interactions, and a provider rating. Revisions to item wording should also be evaluated to ensure relevance to current care practices.
- c) All recommended changes should be grounded in analyses conducted to identify items that maximize the reliability of the CG-CAHPS reporting measures. The proposed changes aim to balance the importance of the measures to patients and stakeholders with the reliability and validity of the measures.

Proposed Changes to the Core CG-CAHPS Survey

This section reviews the proposed changes. Specific changes by composite measure and at the item level can be found in detail in Appendices A and B, respectively.

Resulting Number of Items in the Core Survey: With the following recommended changes, the final core survey will be reduced from 34 items to 31 items.

1. **Survey reference time period:** AHRQ recommends changing the reference time period of the CG-CAHPS Survey from "In the last 12 months" to "In the last 6 months."

Rationale: This change will make the survey consistent with the versions being implemented by CMS, including the ACO CAHPS Survey and the CAHPS Survey for PQRS. A study that randomized patients to a 12-month or 6-month survey version yielded similar CAHPS scores at the practice site level.

2. Access composite measure

AHRQ recommends reducing the number of items in this composite measure from 5 items to 3 items (see table below). The two remaining items will be moved to the supplemental item set for this survey.

Current composite: 5 items	Recommended composite: 3 items
<ul style="list-style-type: none">• Got urgent care appointment	<ul style="list-style-type: none">• Got urgent care appointment
<ul style="list-style-type: none">• Got appointment for check up or routine care	<ul style="list-style-type: none">• Got appointment for check up or routine care
<ul style="list-style-type: none">• Got answer to medical question the same day	<ul style="list-style-type: none">• Got answer to medical question the same day
<ul style="list-style-type: none">• Got answer to medical question after office hours	<i>Moved to supplemental item set.</i>
<ul style="list-style-type: none">• Wait time for appointment to start	<i>Moved to supplemental item set.</i>

Rationale: The items retained in the composite measure are important to patients and stakeholders, have good reliability, and include multiple aspects of access. Because very few patients seek answers after office hours, this item does not add sufficiently to a core measure of access. While the item about wait time for appointments remains an important assessment of access, the item-scale correlation for this item was lower than the correlations for the other items included in the recommended composite measure.

Also, access items that use the wording “phoned this provider’s office” will be revised to “contacted this provider’s office” to account for the emerging preference of stakeholders for items that encompass the multiple ways in which patients may reach out to the provider’s office. Cognitive testing of the use of “contacted” rather than “phoned” will be conducted to ensure that respondents correctly understand the intent of these questions.

3. Communication composite measure

AHRQ recommends reducing the number of items in this composite measure from 6 items to 4 items (see table below).

Current composite: 6 items	Recommended composite: 4 items
<ul style="list-style-type: none">• Explains things in a way that is easy to understand	<ul style="list-style-type: none">• Explains things in a way that is easy to understand
<ul style="list-style-type: none">• Listens carefully	<ul style="list-style-type: none">• Listens carefully
<ul style="list-style-type: none">• Gives easy to understand instructions	<i>Moved to supplemental item set.</i>
<ul style="list-style-type: none">• Knows important information about medical history	<i>Added to new measure of care coordination.</i>
<ul style="list-style-type: none">• Shows respect for what you have to say	<ul style="list-style-type: none">• Shows respect for what you have to say
<ul style="list-style-type: none">• Spends enough time	<ul style="list-style-type: none">• Spends enough time

Rationale: The proposed 4-item composite is consistent with the communication measure in the CAHPS Health Plan Survey. "Gives easy to understand instructions" is similar to "Explains things in a way that is easy to understand." The item "Knows important information about medical history" will be added to a new measure of care coordination (see below).

4. Office Staff composite measure

This composite measure will be retained with no changes. It includes two items: "Helpful" and "Treats with courtesy and respect."

One common question that stakeholders ask is why these items reference "clerks and receptionists," which are not the terms that health care professionals use. CAHPS surveys use terminology that is interpreted consistently by patients even if the item wording seems inaccurate to health care professionals. These items were intended to assess patients' interactions with front office staff; during cognitive testing, respondents consistently understood that "clerks and receptionists" referred to those staff.

5. Follow up on test results

AHRQ will retain this item, which will be added to the new composite measure for care coordination (see below).

6. Care coordination composite measure

AHRQ recommends adding a new composite measure of care coordination to CG-CAHPS. Care coordination is an important aspect of patient experience that is commonly assessed by CAHPS surveys. The Consortium's goal was to develop a care coordination composite measure that could be standardized across CAHPS surveys. The CAHPS Medicare Survey includes a 10-item measure,¹ but a shorter measure may make standardization more likely.

The new care coordination composite would consist of three items:

- Follow up on test results (from the CG-CAHPS core survey)
- Knows important information about medical history (from the CG-CAHPS core survey)
- Provider talked about all prescription medicines being taken (from the PCMH Item Set)

Since two of the items are already part of the core survey, this new composite requires the addition of only one item to the core survey.

Proposed Changes to the Patient-Centered Medical Home (PCMH) Item Set

The PCMH Item Set is a collection of supplemental items that ask about experiences with the domains of a medical home. The combination of the core CG-CAHPS Survey with the PCMH Item Set constitutes the CAHPS PCMH Survey. The PCMH Survey has been used by the National Committee for Quality Assurance (NCQA) as part of its PCMH Recognition Program. (See "Related Efforts" below.)

AHRQ recommends changes to the PCMH Item Set that would reduce the number of items from 18 to 6. Consequently, the PCMH Survey would be reduced from 52 items to 37 items. For a summary of the changes, refer to the table below the list of recommendations.

7. Shared decision making

AHRQ recommends moving the three items in this composite measure to the general set of supplemental items.

Rationale: The items require large sample sizes to achieve acceptable unit-level reliability.

8. Self-management support

AHRQ recommends retaining these items.

Rationale: While reliability estimates were mixed for different data sets, NCQA and their stakeholders have deemed these items critical to PCMH.

¹ Hays, R. D., Martino, S., Brown, J., Cui, M., Cleary, P., Gaillot, S., & Elliott, M. (2014). Evaluation of a care coordination measure for the Consumer Assessment of Healthcare Providers and System (CAHPS®) Medicare Survey. *Medical Care Research and Review*, 71, 192-202

9. Attention to mental or emotional health

AHRQ recommends retaining the item “Things that cause worry or stress” and moving the other two items (“Depression screening” and “Personal or family problems”) to the general set of supplemental items.

Rationale: AHRQ agrees with NCQA’s recommendation that three items are not necessary to capture comprehensiveness. The retained item is most correlated with the overall composite.

10. Information on getting care on evenings, weekends, and holidays

AHRQ recommends retaining this single item, which is also regarded by NCQA’s stakeholders as critical for inclusion for PCMH.

11. Getting care on evenings, weekends, and holidays

AHRQ recommends moving this single item to the general set of supplemental items.

Rationale: The number of responses in most practice-based surveys is insufficient to achieve reliability.

12. Days wait for urgent care

AHRQ recommends moving this single item to the general set of supplemental items.

Rationale: AHRQ supports NCQA’s recommendation regarding this item.

13. Reminders between visits

AHRQ recommends moving this single item to the general set of supplemental items.

Rationale: AHRQ supports NCQA’s recommendation regarding this item.

14. Care Coordination items

The PCMH Item Set includes two items related to care coordination. These items did not combine to form a composite measure. As noted above, AHRQ recommends moving the item “Provider talked about all the prescription medicines being taken” into the core survey for the new measure of care coordination. AHRQ also proposes changing the current Yes-No response scale for this item to a Never/Sometimes/Usually/Always frequency response scale. The second item, “Provider informed and up-to-date on care from specialists,” would remain in the PCMH Item Set.

Summary of Proposed Changes to PCMH Item Set

Composites/Items	Proposed Decision
Shared decision making	
<ul style="list-style-type: none"> Reasons to start or stop taking medicine 	<i>Moved to general set of supplemental items.</i>
<ul style="list-style-type: none"> Reasons not to start or stop taking medicine 	<i>Moved to general set of supplemental items.</i>
<ul style="list-style-type: none"> Provider asked you what you thought was best for you 	<i>Moved to general set of supplemental items.</i>
Self-management support	
<ul style="list-style-type: none"> Someone in the provider's office talked with you about specific goals for your health 	Retained in PCMH item set
<ul style="list-style-type: none"> Someone in the provider's office talked with you about things that make it hard for you to take care of your health 	Retained in PCMH item set
Attention to mental or emotional health	
<ul style="list-style-type: none"> Things that cause worry or stress 	Retained in PCMH item set
<ul style="list-style-type: none"> Depression screening 	<i>Moved to general set of supplemental items.</i>
<ul style="list-style-type: none"> Personal or family problems 	<i>Moved to general set of supplemental items.</i>
(Single items not included in any composite measures)	
<ul style="list-style-type: none"> Information on getting care on evenings, weekends, and holidays 	Retained in PCMH item set
<ul style="list-style-type: none"> Getting care on evenings, weekends, and holidays 	<i>Moved to general set of supplemental items.</i>

Composites/Items	Proposed Decision
<ul style="list-style-type: none"> Days wait for urgent care 	<i>Moved to general set of supplemental items.</i>
<ul style="list-style-type: none"> Reminders between visits 	<i>Moved to general set of supplemental items.</i>
<ul style="list-style-type: none"> Provider informed and up-to-date on care from specialists 	Retained in PCMH Item Set
<ul style="list-style-type: none"> Provider talked about all the prescription medicines being taken 	<i>Moved to the core survey for the new Care Coordination measure.</i> Change a Yes-No response scale to a frequency response scale (i.e., Never/Sometimes/Usually/Always).

Related Efforts

AHRQ has been working closely with the Centers for Medicare & Medicaid Services (CMS), our partner in the CAHPS Consortium, throughout this process to achieve alignment with the CAHPS Survey for ACOs and the CAHPS for PQRS Survey. For specific questions about these surveys, contact the ACO CAHPS team at acocahps@hcqis.org or 1-855-472-4746 or the PQRS CAHPS team at pqrscahps@hcqis.org.

As noted above, the National Committee for Quality Assurance (NCQA) currently uses the CAHPS PCMH Survey as part of its PCMH Recognition Program. NCQA recently issued their own proposal for changes to the survey that may be used for this program in the future. Please direct questions about NCQA's use of the PCMH Survey to their customer support at (888) 275-7585 or customersupport@ncqa.org.

Process and Timeline

The following table provides a timeline for key activities in the process of finalizing the recommended changes to the CG-CAHPS Survey and the PCMH Item Set.

Activity	Timeframe
Analyses to finalize recommendations	Aug-Sept 2014
Discussions with key stakeholders	Oct-Dec 2014
Public comment through <i>Federal Register</i> Notice	Jan-Feb 2015
Release of final recommendations and updated survey	Summer 2015

The timing of the release of the final recommendations and updated survey depends on the feedback received through the public comment process and whether additional testing is necessary to address that feedback. In March 2015, AHRQ will announce any changes to this timeline along with a summary of the public comments.

Implications for the CAHPS Database

Depending on the timing of the release of the final recommendations, AHRQ anticipates that CG-CAHPS Survey users will begin making the transition to the revised survey in 2015. Submissions to the CAHPS Database in spring 2016 will cover all data collected in 2015. Therefore, the CAHPS Database will collect both the current version (CG-CAHPS version 2.0) and the revised version that will be released in 2015 (CG-CAHPS version 3.0).

Comments and Questions

AHRQ encourages your feedback and input as we consider adopting these recommendations. Please submit any questions or comments regarding these recommendations to the CAHPS User Network at cahps1@westat.com or 1-800-492-9261.

APPENDIX A. Recommended Changes to CG-CAHPS Core Survey Measures

This table shows the specific changes that are being proposed to the reporting measures from the CG-CAHPS core survey and the PCMH Item Set. The PCMH items are shaded yellow in the table. The recommended change from a 12-month time reference to a 6-month time reference is not indicated in the table.

CG-CAHPS items	Current CG-CAHPS measures	Proposed measure changes for CG-CAHPS	
Access			
Q6. In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away , how often did you get an appointment as soon as you needed? R: N/S/U/A	Getting Timely Appointments, Care, and Information (5 items)	Revised access composite (3 items)	
Q8. In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? R: N/S/U/A			Move to supplemental items
Q10. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? R: N/S/U/A			Move to supplemental items
Q12. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed? R: N/S/U/A		Move to supplemental items	
Q13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time? R: N/S/U/A		Move to supplemental items	

CG-CAHPS items	Current CG-CAHPS measures	Proposed measure changes for CG-CAHPS
Communication		
Q14. In the last 12 months, how often did this provider explain things in a way that was easy to understand? R: N/S/U/A	How Well Providers Communicate with Patients (6 items)	Revised communication composite (4 items)
Q15. In the last 12 months, how often did this provider listen carefully to you? R: N/S/U/A		
Q19. In the last 12 months, how often did this provider show respect for what you had to say? R: N/S/U/A		
Q20. In the last 12 months, how often did this provider spend enough time with you? R: N/S/U/A		
Q17. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns? R: N/S/U/A		Move to supplemental items
Q18. In the last 12 months, how often did this provider seem to know the important information about your medical history? R: N/S/U/A		Move to Care Coordination composite measure
Office Staff		
Q24. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? R: N/S/U/A	Respectful, Courteous, and Helpful Office Staff (2 items)	Unchanged
Q25. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? R: N/S/U/A		
Provider Rating		
Q23. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	Patients' Rating of Provider	Unchanged

CG-CAHPS items	Current CG-CAHPS measures	Proposed measure changes for CG-CAHPS
Care Coordination (new)		
Q18. In the last 12 months, how often did this provider seem to know the important information about your medical history? R: N/S/U/A		Care coordination composite measure (3 items)
Q22. In the last 12 months, when this provider ordered a blood test, x-ray or other test for you, how often did someone from this provider's office follow up to give you those results? R: N/S/U/A		
PCMH15/CR6. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking? R: Y/N	In the last 12 months, how often did you and anyone in this provider's office talk about all the prescription medicines you were taking? R: N/S/U/A	

APPENDIX B. Specific Item Recommended Changes

This table shows the specific changes that are being proposed to the CG-CAHPS core survey and the PCMH Item Set. The PCMH items are shaded yellow in the table. The recommended change from a 12-month time reference to a 6-month time reference is not indicated in the table.

CG-CAHPS items (*indicates a skip pattern)	CAHPS Proposed changes
Q1. Our records show that you got care from the provider named below in the last 12 months. Name of provider label goes here Is that right? R: Y/N*	
Q2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt? R: Y/N	
Q3. How long have you been going to this provider? R: <6m; 6m-<1yr; 1yr-<3yr; 3yr-<5yr; 5+yr	
Q4. In the last 12 months, how many times did you visit this provider to get care for yourself? R: 0*;1;2;3;4;5-9;10 or more times	
Q5. In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury or condition that needed care right away ? R: Y/N*	change from "phone" to "contact"
Q6. In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away , how often did you get an appointment as soon as you needed? R: N/S/U/A	change from "phoned" to "contacted"
PCMH1. In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away ? R: Same day;1d;2-3d;4-7d;>7d	Move to supplemental items
Q7. In the last 12 months, did you make any appointments for a check-up or routine care with this provider? R: Y/N*	
Q8. In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? R: N/S/U/A	
PCMH2. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays? R: Y/N	

CG-CAHPS items (*indicates a skip pattern)	CAHPS Proposed changes
PCMH3. In the last 12 months, did you need care for yourself during evenings, weekends, or holidays? R: Y/N*	Move to supplemental items - insufficient number of responses to achieve reliability (item plus screener)
PCMH4. In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays? R: N/S/U/A	
Q9. In the last 12 months, did you phone this provider's office with a medical question during regular office hours? R: Y/N*	change from "phone" to "contact"
Q10. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? R: N/S/U/A	change from "phoned" to "contacted"
Q11. In the last 12 months, did you phone this provider's office with a medical question after regular office hours? R: Y/N*	Move to supplemental items (item plus screener) Change from "phoned" to "contacted"
Q12. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed? R: N/S/U/A	
PCMH5. Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits? R: Y/N	Move to supplemental items
Q13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time? R: N/S/U/A	Move to supplemental items
Q14. In the last 12 months, how often did this provider explain things in a way that was easy to understand? R: N/S/U/A	
Q15. In the last 12 months, how often did this provider listen carefully to you? R: N/S/U/A	
Q16. In the last 12 months, did you talk with this provider about any health questions or concerns? R: Y/N*	Move to supplemental items (item plus screener)
Q17. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns? R: N/S/U/A	

CG-CAHPS items (*indicates a skip pattern)	CAHPS Proposed changes
Q18. In the last 12 months, how often did this provider seem to know the important information about your medical history? R: N/S/U/A	
Q19. In the last 12 months, how often did this provider show respect for what you had to say? R: N/S/U/A	
Q20. In the last 12 months, how often did this provider spend enough time with you? R: N/S/U/A	
Q21. In the last 12 months, did this provider order a blood test, x-ray or other test for you? R: Y/N*	
Q22. In the last 12 months, when this provider ordered a blood test, x-ray or other test for you, how often did someone from this provider's office follow up to give you those results? R: N/S/U/A	
PCMH6/SD1. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine? R: Y/N*	Move to supplemental items - insufficient number of responses to achieve reliability (4 items)
PCMH7/SD2. Did you and this provider talk about reasons you might want to take a medicine? R: Y/N	
PCMH8/SD3. Did you and this provider talk about reasons you might not want to take a medicine? R: Y/N	
PCMH9/SD4. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you? R: Y/N	
Q23. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	
PCMH10. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see any specialists? R: Y/N*	
PCMH11. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists? R: N/S/U/A	

CG-CAHPS items (*indicates a skip pattern)	CAHPS Proposed changes
<p>Please answer these questions about the provider named in Question 1 of this survey.</p> <p>PCMH12. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health? R: Y/N</p>	
<p>PCMH13. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health? R: Y/N</p>	
<p>PCMH14. In the last 12 months, did you take any prescription medicine? R: Y/N*</p>	Move to core survey (Care Coordination composite; item plus screener)
<p>PCMH15. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking? R: Y/N</p>	In the last 12 months, how often did you and anyone in this provider's office talk about all the prescription medicines you were taking? R: N/S/U/A
<p>PCMH16. In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed? R: Y/N</p>	Move to supplemental items
<p>PCMH17. In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress? R: Y/N</p>	
<p>PCMH18. In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness? R: Y/N</p>	Move to supplemental items
<p>Q24. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? R: N/S/U/A</p>	
<p>Q25. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? R: N/S/U/A</p>	
<p>Q26. In general, how would you rate your overall health? R: Excellent; Very good; Good; Fair; Poor</p>	
<p>Q27. In general, how would you rate your overall mental or emotional health? R: Excellent; Very good; Good; Fair; Poor</p>	
<p>Q28. What is your age? R: 18-24;25-34;35-44;45-54;55-64;65-74;75+</p>	

CG-CAHPS items (*indicates a skip pattern)	CAHPS Proposed changes
Q29. Are you male or female? R: Male; Female	
Q30. What is the highest grade or level of school that you have completed? R: 8th or less; Some HS; HS grad; Some college;4-yr college grad;>4yr college degree	
Q31. Are you of Hispanic or Latino origin or descent? R: Yes, Hispanic or Latino; No, not Hispanic or Latino	
Q32. What is your race? Mark one or more. R: White; Black or Afr Am; Asian; Native Haw or Oth Pacific Isl; Amer Ind or Alaska Native; Other	
Q33. Did someone help you complete this survey? R: Y/N*	
Q34. How did that person help you? Mark one or more. R: Read Q; Wrote answers I gave; Answered for me; Translated; Other way	