

## Assessing Patient-Centered Medical Homes from the Patient's Perspective: Developing the CAHPS PCMH Survey

### Slide 1

The work that I'm going to describe is work that we've been doing with the CAHPS Consortium and CAHPS is an entity that's been underway since 1995, funded by the Agency for Healthcare Research and Quality.

The acronym stands for the Consumer Assessments of Health Providers and Systems, and this is an initiative that has been designing patient experience of care surveys to evaluate care from the patient's perspective in multiple different settings.

### Slide 2

This is just a quick slide. The CAHPS Consortium now consists of two major grantees: a team from Yale, which I am part of, and a team from RAND and we also have a CAHPS User Network that is supported by Westat, and there are several other government and private organizations that have all been involved in this work.

### Slide 3

This is a quick overview of the CAHPS surveys. They are designed to evaluate the things that only patients can tell us about the quality of care they receive and one comment I want to be sure not to forget is that there are many aspects of care that patients actually are the only ones who can judge these things.

### Slide 4

We comfort ourselves by tracking how quickly we provide access, after-hours care, communication, all the documentation that we have in our practices in the chart, but if the patient doesn't say that they understood what we were trying to communicate to them or they actually got in when they needed care, then it doesn't really matter what we have in our systems. We really have to have both sides of this to be successful.

Another feature of the CAHPS surveys is that everything we do is in the public domain so these are free and available to anyone to use, including technical assistance from the survey users' network.

Some of the design principles that we use in creating these instruments, they also focus on the things that patients tell us they value most so you won't see any questions in a hospital survey about parking or the food. That's not at the top of what patients value and they also clearly understand what contributes to high-quality clinical care versus things that are more like an amenity, and they also judge the things that only patients can judge. So we don't ask questions

that are a judge of technical quality, because that's not something that consumers can really accurately tell us about.

The surveys are a combination of reports and ratings, and we did that because when we talk to physicians, administrators, nurses, and other people that would be expected to respond to the data, they were very confused and frustrated in many cases by ratings of satisfaction.

They understood that ratings are inherently biased by age, education, socioeconomic status, gender, etc. So they felt great when they performed well, but if they didn't perform well, then everybody started saying, "Well you know, I make all my patients happy, but you don't make a certain type of patient happy" and they didn't know actually how to respond to the data.

So a reports question, instead of asking someone to rate their overall satisfaction with how their doctor communicates, we asked very specific things: Did your doctor explain your diagnosis in a way you could understand? Did you receive your test results in a timely fashion? And lots of other aspects of communication that we know matter.

If someone says no, you have a pretty clear idea of where you need to begin your improvement work, so they're much more actionable and they reduce bias.

Everything we do is standardized so that we know that when you do a mail survey and someone else does the same survey by phone, we know how to adjust the results by the various modes and lots of other things so that we make sure that when these are used, we're comparing apples to apples.

We also have a national benchmarking database and that's a database that sort of functions like a bank.

If you put your CAHPS data in, then you get comparative data back and it actually now has reporting technology so that you can look at your own results, you can analyze your own results for yourself as well as look to do that for how you compare with others. All of the surveys are available in lots of different languages, and they're also available in adult and pediatric versions.

#### Slide 5

The survey that we are specifically designing to evaluate a patient's experience with a patient-centered medical home is a combination of the CAHPS Clinician/Group Survey, which was designed to measure care at the level of an individual clinician or a practice and there are core items there that have all been NQF approved, and then we've added a number of items that are either supplemental items from the CAHPS survey database or other supplemental items from other instruments that we think may do a good job of measuring some of the aspects of the patient-centered medical home.

#### Slide 6

The survey domains include access, communication -- and the communication focuses on care from other providers as well as care from the providers in the practice and the care team and that includes nurse practitioners, PAs, and other people in the practice.

We're also trying to evaluate coordination, comprehensiveness, shared decision-making, whole-person orientation, and self-management support, all things that are part of the joint principles for the patient-centered medical home.

### Slide 7

The development process has been fast and furious, but it also has followed the typical process that we use, so we conducted a literature review, we've had two technical expert panels -- I know there are some people in the room that have been part of those -- the CAHPS team conducted its own technical expert panel and review, and NCQA has a separate technical expert panel that has done the very same thing.

We also have gotten a lot of focus group feedback, and that's been very interesting and actually very encouraging for me, because when we decided to do the focus groups to look at the domains that should be in the survey and whether patients actually understood what those were, we felt that it would be best to start with patients that had been receiving care in well-established practices that are very much a medical home and what we found out is that, first of all, they love the care they're receiving, they clearly distinguish it from the care that they received in other types of practices in the past, and although they may be a little bit confused -- but I actually am optimistic that this is changing -- about the term "medical home," they know they are in the medical home, and they are very happy to be there, so that was very, very encouraging for us.

And then we also did cognitive testing. This is something that I find enormously valuable, because in our experience, if you don't do this in the development of a survey, you actually really have no idea whether the survey is measuring what you think it is.

So every time we create a new question or composite whatever, we actually give the survey to people, we sit down with them, and we talk to them about everything they thought about if they answered question by question by question. It is very humbling, and it also explains, I think, why it's hard to come up with good items very quickly.

This is a very informative process, and we've done this several times, actually, with patients around the country as part of testing this instrument.

### Slide 8

We are field testing the instrument starting in a couple of weeks in 20 practices in Massachusetts. We have lots of partners that are field testing the instrument around the country. The new survey is going to be included as part of the NCQA Patient Centered Medical Home Recognition Standards, so hopefully it will be used broadly, and we also have a standardized survey protocol and analytic tool that will be part of this.

### Slide 9

This is the time line, and it's something that you can see, but basically we think that all of the analytic work will be done in the spring of 2011, and that we anticipate that the survey will be finished hopefully in the summer or early fall.