

Patient Experience Measures from the CAHPS® Clinician & Group Survey

Introduction1

Types of Measures.....1

Measures from Core Survey Items2

Measures from Supplemental Items.....2

Guidance on Reporting Clinician & Group Survey Measures3

Appendixes

 Appendix A: Measures for the Adult Survey5

 Appendix B: Measures for the Child Survey.....7

 Appendix C: How to Calculate Composite Scores for Reporting9

Documents Available for the CAHPS Clinician & Group Survey

This document is part of a comprehensive set of instructional materials that address implementing the Clinician & Group Survey, analyzing the data, and reporting the results. All documents are available on the Agency for Healthcare Research and Quality's Web site:

www.cahps.ahrq.gov. For assistance in accessing these documents, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.

For descriptions of these documents, refer to *What's Available for the Clinician & Group Survey 3.0*.

Questionnaires

- *CAHPS Clinician & Group Survey: Overview of the Questionnaires*
- *Clinician & Group Survey 3.0* (Adult and Child, English and Spanish)
- *Clinician & Group Survey 2.0* (Adult and Child, English and Spanish)
 - *12-Month Survey 2.0*
 - *Patient-Centered Medical Home Survey 2.0*
 - *Visit Survey 2.0*

Supplemental Items

- *Supplemental Items for the Adult Survey*
- *Supplemental Items for the Child Survey*
- *About the Health Literacy Item Set for Clinicians & Groups*
- *About the Cultural Competence Item Set*
- *About the Health Information Technology Item Set*
- *About the Patient-Centered Medical Home (PCMH) Item Set*

Survey Administration Guidelines

- *Preparing a Questionnaire Using the CAHPS Clinician & Group Survey*
- *Fielding the CAHPS Clinician & Group Survey*
- *Sample Notification Letters and Emails for the CAHPS Clinician & Group Survey*
- *Sample Telephone Script for the CAHPS Clinician & Group Survey*
- *Translating CAHPS Surveys*

Data Analysis Program and Guidelines

- *CAHPS Analysis Program (SAS)*
- *Preparing and Analyzing Data from the CAHPS Clinician & Group Survey*
- *Instructions for Analyzing Data from CAHPS Surveys*

Reporting Measures and Guidelines

- *Patient Experience Measures from the CAHPS Clinician & Group Survey*

Introduction

This document reviews the types of patient experience measures associated with the CAHPS Clinician & Group Survey 3.0, 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 Clinician & Group Survey generates three types of measures for reporting purposes:

- **Rating measures** are based on items that use a scale of 0 to 10 to measure respondents' assessments of their own or their child's provider. This measure is sometimes referred to as the "global rating" or "overall rating."
- **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 from the core items¹ in the survey are reliable and valid measures of patients' experiences.^{2, 3, 4}

See **Appendix C** 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*.

- **Single-item measures** are individual survey questions that did not fit into composite measures. Both the core survey as well as the supplemental item sets contain many items that can be reported individually. These single-item 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

¹ As discussed in *Preparing a Questionnaire Using the CAHPS Clinician & Group Survey*, core items are survey questions that are always included in the instrument in order to ensure standardization and comparability across survey users. Supplemental items are optional questions that users can add in order to customize the instrument.

² 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.

³ 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.

⁴ 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.

measure reflects performance on just one survey question in contrast to the multiple questions represented by composite measures.

Measures from Core Survey Items

The Clinician & Group Survey 3.0 produces the following measures:

- Getting timely appointments, care, and information (composite of 3 items)
- How well providers communicate with patients (composite of 4 items)
- Providers' use of information to coordinate patient care (composite of 3 items in the Adult Survey; composite of 2 items in the Child Survey)
- Helpful, courteous, and respectful office staff (composite of 2 items)
- Patients' rating of the provider (1 item)

These measures have been shown to have reliability at the practice site-level and are recommended for all types of reporting. Descriptions of these measures and lists of the survey questions included in each measure are provided in **Appendix A** for the Adult Survey and **Appendix B** for the Child Survey.

The measure names, or labels, listed above and in the appendices are recommended for use in both public and private reports. They are the product of expert input as well as extensive testing with consumers.

If your survey refers to “this doctor” instead of “this provider,” please reword the measure labels as well to refer to doctors rather than providers.

Measures from Supplemental Items

This document does not yet include measures from the supplemental items that can be added to this survey. The CAHPS team is in the process of reviewing and updating those items to better meet the needs of users of this survey.

As of October 2015, only the Adult version of the Patient-Centered Medical Home Item Set has been revised for the Clinician & Group Survey 3.0. The 3.0 version of this item set offers one measure for the purposes of public reporting:

- Talking with you about taking care of your own health (composite of 2 items)
 - Anyone in provider's office talked with patient about specific health goals
 - Anyone in provider's office asked if there were things that made it hard for patient to take care of health

For information about other measures available from supplemental items, please refer to the documents available for the 2.0 version of the Clinician & Group Survey at <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html>. If you choose to use those older items, please contact the CAHPS User Network at cahps1@westat.com or 1-888-492-9261 for guidance on incorporating them into the current version of the survey.

Guidance on Reporting Clinician & Group Survey Measures

Users of the CAHPS Clinician & Group Survey may report the results of the survey publicly to inform health care consumers and/or privately to inform health care providers and other stakeholders 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.

Another strategy is to limit the number of patient experience measures in a report; all measures from the core survey are recommended for consumer reports, but the use of measures from the supplemental items should be carefully considered. Report sponsors have to weigh the trade-off between offering an array of performance scores and overwhelming consumers with more information than they can process.

For guidance on reporting results of the Clinician & Group Survey to consumers, refer to –

- ***How To Report Results of the CAHPS Clinician & Group Survey:*** <https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/HowtoReportResultsofCGCAHPS080610FINAL.pdf>.
- ***Developing a Public Report for the CAHPS Clinician & Group Survey: A Decision Guide:*** <http://forces4quality.org/node/6810>
- The ***Consumer Reporting*** section of the CAHPS Web site: <https://cahps.ahrq.gov/consumer-reporting/index.html>
- ***TalkingQuality:*** <https://cahps.ahrq.gov/consumer-reporting/talkingquality/index.html>

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 any supplemental items, and the full range of survey responses (e.g., the percent that gave each possible response). Moreover, these reports can include measures from the supplemental item sets that did not achieve a high enough level of reliability at the suggested sample sizes to be recommended for public reporting. A high level of reliability is not necessary for a measure to provide useful information for quality improvement. With this information, providers are equipped to analyze their performance 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 (<https://cahps.ahrq.gov/quality-improvement/index.html>) and specifically *The CAHPS Ambulatory Care Improvement Guide* (<https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html>).

Appendix A: Measures for the Adult Survey

Organizations reporting the results of the CAHPS Clinician & Group Adult Survey can use the following labels and descriptions of the composite and rating measures in reports for consumers and other audiences.

Getting Timely Appointments, Care, and Information

The survey asked patients how often they got appointments for care as soon as needed and timely answers to questions when they contacted the office.

Q6	Patient got appointment for urgent care as soon as needed	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q8	Patient got appointment for non-urgent care as soon as needed	
Q10	Patient got answer to medical question the same day he/she contacted provider's office	

How Well Providers Communicate with Patients

The survey asked patients how often their providers explained things clearly, listened carefully, showed respect, and spent enough time with the patient.

Q11	Provider explained things in a way that was easy to understand	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q12	Provider listened carefully to patient	
Q14	Provider showed respect for what patient had to say	
Q15	Provider spent enough time with patient	

Providers' Use of Information to Coordinate Patient Care

The survey asked patients how often their providers knew their medical history, followed up to give results of tests, and asked about prescription medications being taken.

Q13	Provider knew important information about patient's medical history	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q17	Someone from provider's office followed up with patient to give results of blood test, x-ray, or other test	
Q20	Someone from provider's office talked about all prescription medications being taken	

Helpful, Courteous, and Respectful Office Staff

The survey asked patients how often office staff were helpful and treated them with courtesy and respect.

Q21	Clerks and receptionists were helpful	Response Options <ul style="list-style-type: none">• Never• Sometimes• Usually• Always
Q22	Clerks and receptionists were courteous and respectful	

Patients' Rating of the Provider

The survey asked patients to rate their provider on a scale of 0 to 10, with 0 being the worst and 10 being the best.

Q18	Rating of provider	Response Options <ul style="list-style-type: none">• 0-10
-----	--------------------	--

Appendix B: Measures for the Child Survey

Organizations reporting the results of the CAHPS Clinician & Group Child Survey can use the following labels and descriptions of the composite and rating measures in reports for consumers and other audiences.

Getting Timely Appointments, Care, and Information

The survey asked parents how often they got appointments for a child's care as soon as needed and timely answers to questions when they contacted the office.

Q13	Child got appointment for urgent care as soon as needed	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q15	Child got appointment for non-urgent care as soon as needed	
Q17	Respondent got answer to medical question the same day he/she contacted provider's office	

How Well Providers Communicate with Patients

The survey asked parents how often their providers explained things clearly, listened carefully, showed respect, and spent enough time with the child.

Q18	Provider explained things in a way that was easy to understand	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q19	Provider listened carefully to respondent	
Q21	Provider showed respect for what respondent had to say	
Q22	Provider spent enough time with child	

Providers' Use of Information to Coordinate Patient Care

The survey asked parents how often the providers knew their child's medical history and followed up to give results of tests.

Q20	Provider knew important information about child's medical history	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q24	Someone from provider's office followed up with respondent to give results of blood test, x-ray, or other test	

Helpful, Courteous, and Respectful Office Staff

The survey asked parents how often office staff were helpful and treated them with courtesy and respect.

Q26	Clerks and receptionists were helpful	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q27	Clerks and receptionists were courteous and respectful	

Patients' Rating of the Provider

The survey asked parents to rate their child's provider on a scale of 0 to 10, with 0 being the worst and 10 being the best.

Q25	Rating of provider	Response Options <ul style="list-style-type: none"> • 0-10
-----	--------------------	--

Appendix C: 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 Clinician & Group Survey and Instructions*: <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.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*: <https://cahps.ahrq.gov/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, in the “How Well Providers Communicate with Patients” composite (four questions), calculations would be as follows:

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” = $(P14 + P24 + P34 + P44) / 4$

To download the analysis programs and instructions for using those programs, go to *Get the Clinician & Group Survey and Instructions*: <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html>.