

Patient Experience Measures from the CAHPS® Health Plan Survey

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Documents Available for the CAHPS Health Plan Surveys

This document is part of a comprehensive set of instructional materials that address implementing the Health Plan Survey, analyzing the data, and reporting the results. All documents are available on the Agency for Healthcare Research and Quality's Web site: www.ahrq.gov/cahps. 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 CAHPS Health Plan Survey 5.0*.

Questionnaires

- *CAHPS Health Plan Survey: Overview of the Questionnaires*
- *Health Plan Survey 5.0* (Adult and Child, English and Spanish)
 - *Medicaid Survey 5.0*
 - *Commercial Survey 5.0*

Supplemental Items

The CAHPS team is currently reviewing all supplemental items for the 5.0 version of the Health Plan Survey. As the supplemental items are finalized, they are published on the Web site at <http://ahrq.gov/cahps/surveys-guidance/item-sets/index.html>.

- *About the Item Set for People with Mobility Impairments*
- *About the Item Set for Children with Chronic Conditions*

Survey Administration Guidelines

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

Data Analysis Program and Guidelines

- *CAHPS Analysis Program (SAS)*
- *Instructions for Analyzing Data from CAHPS Surveys*

Reporting Measures and Guidelines

- *Patient Experience Measures from the CAHPS Health Plan Survey*

Introduction

This document reviews the types of patient experience measures associated with the core and supplemental items in the CAHPS Health Plan Survey 5.0,¹ 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

The CAHPS Health Plan Survey generates two types of results for reporting purposes:

- **Rating measures** are based on items that use a scale of 0 to 10 to measure respondents' assessment of their health plan and the quality of care received over a specified period of time. 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 items in the survey are reliable and valid measures of patients' experiences.^{2, 3}

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

¹ As discussed in *Preparing a Questionnaire Using the CAHPS Health Plan 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 Hargraves JL, Hays RD, Cleary PD. Psychometric properties of the Consumer Assessment of Health Plans Study (CAHPS™) 2.0 adult core survey. *Health Serv Res*. 2003 Dec;38(6 Pt 1):1509-27.

Measures from Core Survey Items

The Health Plan Survey 5.0 produces the following measures:

- Getting needed care (composite of 2 items)
- Getting care quickly (composite of 2 items)
- How well doctors communicate (composite of 4 items in the Adult Survey; composite of 5 items in the Child Survey)
- Health plan customer service (composite of 2 items)
- Enrollees' rating of their health plan (1 item)
- Enrollees' rating of their health care (1 item)
- Enrollees' rating of their personal doctor (1 item)
- Enrollees' rating of their specialist (1 item)

These measures have been shown to be reliable 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

Measures from Supplemental Items

Users of the Health Plan Surveys may choose to customize their questionnaires with supplemental items. Among the many supplemental items available for this survey, only the Item Set for Children with Chronic Conditions generates composite measures and single-item measures:

- Access to prescription medicines (1 item)
- Access to specialized services (composite of 3 items)
- Having a personal doctor or nurse who knows the child (composite of 3 items)

- Shared decisionmaking (composite of 3 items)
- Getting needed information (1 item)
- Coordination of care and services (composite of 2 items)

The items in each of these measures are listed in [Appendix C](#).

Users of this item set have the option of reporting these measures to complement the core survey measures. However, while these measures have been validated and tested, they do not all achieve high reliability at the recommended sample sizes. For that reason, these measures may not be appropriate for public reports, although they can be used in reports intended to inform and support efforts to improve children's experience.

Learn more in [About the Item Set for Children With Chronic Conditions](#).

Guidance on Reporting Health Plan Survey Measures

Users of the CAHPS Health Plan Survey may report the results of the survey publicly to inform health care consumers and/or privately to inform administrative and clinical leaders at health plans and support their efforts to improve enrollees' experiences. 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 health plans and identify those that best meet their needs. Survey results are typically reported along with other measures of quality as well as information on costs and provider networks. For that reason, the presentation of CAHPS 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 Health Plan Survey to consumers, refer to –

- The **Consumer Reporting** section of the CAHPS Web site:
<http://www.ahrq.gov/cahps/consumer-reporting/index.html>
- **TalkingQuality**: <http://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/index.html>

A report intended for administrative and clinical leaders 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 (i.e., the percent that gave each possible response). 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, health plans are equipped to analyze their performance and take steps towards improving their enrollees' experiences.

For guidance on improving CAHPS survey results, refer to –

- The **Quality Improvement** section of the CAHPS Web site:
<http://www.ahrq.gov/cahps/quality-improvement/index.html>
- **The CAHPS Ambulatory Care Improvement Guide**:
<http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>

Appendix A: Measures for the Adult Survey

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

Please note that the only difference between the Medicaid and commercial versions is the reference period: 6 months for Medicaid enrollees and 12 months for commercial enrollees.

Getting Needed Care		
The survey asked enrollees how often it was easy for them to get appointments with specialists and get the care, tests, or treatment they needed through their health plan.		
Q9	Easy for respondent to get necessary care, tests, or treatment	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q18	Respondent got appointment with specialists as soon as needed	

Getting Care Quickly		
The survey asked enrollees how often they got care as soon as needed when sick or injured and got non-urgent appointments as soon as needed.		
Q4	Respondent got care for illness/injury as soon as needed	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q6	Respondent got non-urgent appointment as soon as needed	

How Well Doctors Communicate		
The survey asked enrollees how often their personal doctor explained things clearly, listened carefully, showed respect, and spent enough time with them.		
Q12	Doctor explained things in a way that was easy to understand	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q13	Doctor listened carefully to enrollee	
Q14	Doctor showed respect for what enrollee had to say	
Q15	Doctor spent enough time with enrollee	

Health Plan Customer Service

The survey asked enrollees how often customer service staff were helpful and treated them with courtesy and respect.

Q22	Customer service gave necessary information/help	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q23	Customer service was courteous and respectful	

Enrollees' Ratings

The survey asked enrollees for several ratings on a scale of 0 to 10, with 0 being the worst and 10 being the best.

Q8	Rating of all health care	Response Options <ul style="list-style-type: none"> • 0-10
Q16	Rating of personal doctor	
Q20	Rating of specialist	
Q26	Rating of health plan	

Appendix B: Measures for the Child Survey

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

Please note that the only difference between the Medicaid and commercial versions is the reference period: 6 months for Medicaid enrollees and 12 months for commercial enrollees.

Getting Needed Care		
The survey asked enrollees how often it was easy for them to get appointments for their child with specialists and get the care, tests, or treatment the child needed through their health plan.		
Q9	Easy for child to get necessary care, tests, or treatment	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q21	Respondent got child an appointment with specialists as soon as needed	

Getting Care Quickly		
The survey asked enrollees how often their child got care as soon as needed when sick or injured and got non-urgent appointments as soon as needed.		
Q4	Child got care for illness/injury as soon as needed	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q6	Child got non-urgent appointment as soon as needed	

How Well Doctors Communicate		
The survey asked enrollees how often their child's personal doctor explained things clearly both to the parent and to the child, listened carefully, showed respect, and spent enough time with the child.		
Q12	Doctor explained things in a way that was easy to understand	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q13	Doctor listened carefully to respondent	
Q14	Doctor showed respect for what respondent had to say	
Q16	Doctor explained things in a way that was easy for child to understand	
Q17	Doctor spent enough time with child	

Health Plan Customer Service

The survey asked enrollees how often customer service staff were helpful and treated them with courtesy and respect.

Q25	Customer service gave necessary information/help	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
Q26	Customer service was courteous and respectful	

Enrollees' Ratings

The survey asked enrollees for several ratings on a scale of 0 to 10, with 0 being the worst and 10 being the best.

Q8	Rating of all health care	Response Options <ul style="list-style-type: none"> • 0-10
Q19	Rating of personal doctor	
Q23	Rating of specialist	
Q29	Rating of health plan	

Appendix C: Measures from the Item Set for Children With Chronic Conditions

The CAHPS Item Set for Children With Chronic Conditions can be incorporated into the Child Questionnaire and used to generate separate composite measures for the population of children identified as having special health care needs.

To learn more about this item set, read *About the Item Set for Children With Chronic Conditions*.

Parents' Experience with Prescription Medicines		
CC23	Easy to get prescription medicines	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always

Parents' Experience Getting Specialized Services for Their Child		
CC9	Easy to get special medical equipment	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
CC12	Easy to get special therapy	
CC15	Easy to get treatment or counseling	

Family-Centered Care		
Parents' Experience with the Child's Personal Doctor or Nurse		
Q17	Doctor talked with respondent about how the child is feeling, growing, or behaving	Response Options <ul style="list-style-type: none"> • Yes • No
CC20	Doctor understood how medical, behavioral, or other health conditions affect child's day-to-day life	
CC21	Doctor understood how child's medical, behavioral, or other health conditions affect the family's day-to-day life	

Family-Centered Care

Parents' Experience with Shared Decision-making

CC2	Doctor or other health provider told respondent there was more than one choice for child's treatment or health care	Response Options <ul style="list-style-type: none"> • Yes • No
CC3	Doctor or other health provider talked about the pros and cons of each choice for child's treatment or health care	
CC4	Doctor or other health provider asked respondent which choice was best for child	

Parents' Experience with Getting Needed Information about Their Child's Care

CC1	Respondent's questions answered by child's doctors or other health providers	Response Options <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always
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Parents' Experiences with Coordination of Their Child's Care

CC7	Respondent got the help needed from doctors or other health providers in contacting child's school or daycare	Response Options <ul style="list-style-type: none"> • Yes • No
CC18	Someone from child's health plan, doctor's office, or clinic helped coordinate child's care among different providers or services	

Appendix D: 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 *Get Health Plan Surveys and Instructions*: <http://www.ahrq.gov/cahps/surveys-guidance/hp/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”).

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 Doctors Communicate” 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” = $(P14 + P24 + P34 + P44) / 4$