The Evolution of the
CAHPS Clinician & Group Survey:
Design and Testing of a Visit-Specific Instrument

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Overview

- **Growing user interest in a visit-specific instrument**
- **CAHPS Consortium identified need for both:**
  - Visit-specific
  - Last 12 months
- **Pilot test in MN will inform design of visit-specific instrument**
- **Users should decide which version best fits their needs**

The Minnesota Call for a "Visit-Specific" Version

- **MN Community Measurement (MNCM) and 9 medical groups piloting a process to collect and report patient experience data at the clinic-site level in Minnesota**

- **Selected CAHPS early on as the standard instrument**

- **Developed model of "direct data submission" by medical groups through one-on-one discussions with participants**

- **#1 Aim: To build a standardized approach, while honoring medical group's expressed concerns**

- **Top concerns:**
  - Use our current survey vendor
  - Survey about the patient's visit

Why Develop a Visit-Specific Version?

- **Feedback from MN medical groups told us that framing questions about a specific visit:**

  - is the most common reference used in existing medical group surveys

  - has more face validity and credibility with practitioners than "last 12 months"

  - is considered to have more direct application to internal quality improvement activities

- **Based on feedback from MN and other markets, CAHPS Consortium decided to create a visit-specific version**

Development Process

- **Sub-group of Ambulatory CAHPS (A-CAHPS) Team developed an initial set of questions**
  - Questions based on existing core survey items
  - Decision to forego additional cognitive testing
- **Draft questions reviewed by A-CAHPS Team**
- **Initial draft distributed to MN Implementation Group for review and comment**
- **Revised drafts were developed and refined to create a final instrument suitable for the MNCM pilot project**

Item Content

- **Adapted question content from the 12-month core:**
  - Access (4 questions): required the most changes, shifting from 12-month to visit-specific time frame
  - Doctor communication (6 questions): identical content
  - Office staff (2 questions): identical content
  - Doctor rating question: identical content
  - Added "would you recommend" question
  - Added open-ended question ("how this doctor's office could have improved")
  - Deleted 3 chronic condition questions in the demographics section
- **32 questions in total (including screener items)**

New Instrument Elements

- **New respondent confirmation questions at the beginning to verify:**
  - Respondent visit with a specific named doctor
  - Respondent visit on a specific date
  - Whether the specified date was the most recent visit
- **New question wording to reflect "your visit" instead of "in the last 12 months"**
- **New response scale wording to pertain to "your visit"**
  - Access questions: yes/no
  - Communication and office staff questions:
    - Yes, definitely
    - Yes, somewhat
    - No

Key Issues for Testing: Visit-Specific vs. 12-Month

- **Sample sizes needed at clinic site level for adequate reliability**
- **Response rates**
- **Question scores and site ranking**
- **Item analysis:**
  - % floor
  - % ceiling
  - % missing
  - Item-composite correlations

Test Design

- **Testing partner: Allina Medical Clinics**
- **Two of largest clinics (out of 37 sites)**
- **Allina will field both:**
  - Visit-specific survey
  - 12-month survey
- **Sample sizes and mode will be same for both versions**
- **Yale Team will conduct analysis**

Other Issues for Future Testing

- **4-point vs. 6-point response scales (in the 12-month version)**
- **Equivalence of different modes:**
  - Mail
  - Telephone
  - IVR (touch and voice-activated)
  - Internet
- **Different mail protocols:**
  - Postcard vs. no postcard
- **Different referents:**
  - "this doctor" vs. "health care provider"