



A Decade of Advancing Patient-Centered Care:  
**The 10th National CAHPS® User Group Meeting**




## Using CAHPS Surveys for Quality Improvement

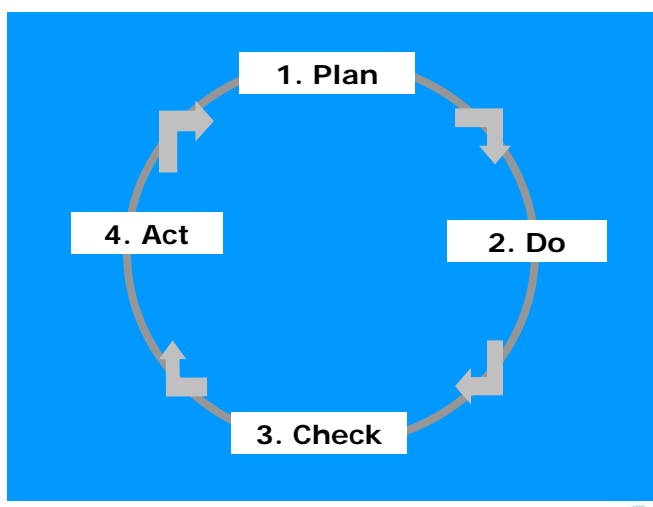

Margarita Hurtado, Ph.D., M.H.S.  
American Institutes for Research (AIR)  
Baltimore, March 30, 2006



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## Using CAHPS Surveys for Quality Improvement: The QI Cycle (PDCA)




1. Plan

2. Do


3. Check

4. Act



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## 1: PLAN

### Identify Opportunities for Improvement and Plan Strategy

- Examine CAHPS survey results (including supplemental QI items if available, population differences)
- Define potential opportunities for improvement from CAHPS survey
- Gather additional information to define specific areas for improvement
- Establish QI team
- Establish goals for improvement
- Investigate potential strategies


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## 1. PLAN: Examine CAHPS survey results

### Example of a Provider Report


# INSIGHT


INTO DIALYSIS CARE QUALITY 2005



A CAHPS® IN-CENTER HEMODIALYSIS SURVEY OF PATIENTS

This guide presents information about the experiences of Medicare beneficiaries on hemodialysis at ABC Dialysis Center. You can use this guide to better understand ABC Dialysis Center's strengths and weaknesses and help you develop strategies to improve performance and provide even better care.





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## 1. PLAN: Examine CAHPS survey results



### Supplemental QI Items

- 25 QI supplemental items available
- Topics
  - Coordination of care (communication between providers)
  - Access to care (appointments, after-hours care)
  - Information and materials for consumers (effectiveness, usefulness)
  - Customer service (problem resolution, representative's knowledge, representative's politeness)
- Testing shows most items work well, discriminate across plans, provide useful information for QI, could increase composite scores

Developed by RAND team



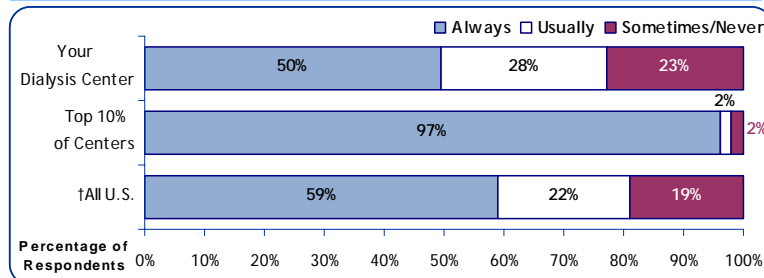
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## 1. PLAN: Define potential areas for improvement Using Level of Performance

**"How often did you feel that the dialysis center staff really cared about you as a person?"**



† = The national average for this score is significantly higher than your dialysis center's.

NOTE: This was the single item most highly correlated with both staff and center ratings. Equivalent item for nephrologists is the one most highly correlated with doctors' rating.

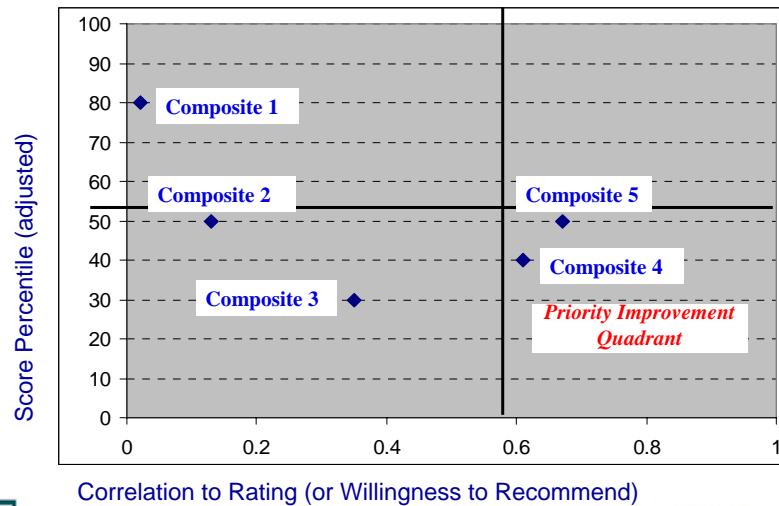


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## 1. PLAN: Define potential areas for improvement Using Correlations of Composites with Ratings



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U.S. Department of Health and Human Services  
1/9/04

## 2. DO: Develop and Test Strategy

- Define specific intervention(s)
- Define measures to monitor progress, criteria and benchmarks
- Implement interventions
- Adapt/adjust interventions to organizational context

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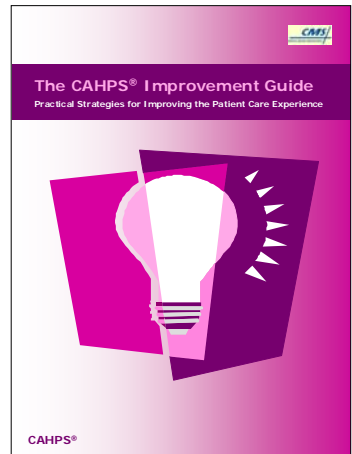
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## 2. DO: Define specific interventions for QI

### The CAHPS QI Guide

- Many examples of improvement strategies
- Topics include communication, customer service, access to care
- Focuses on health plans but many applicable to provider settings
- Also provides information on planning and implementing QI

Developed by Harvard team



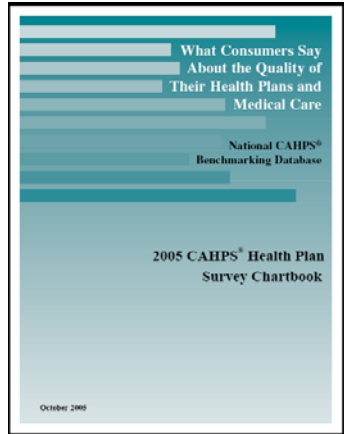
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## 2: DO: Define measures to monitor progress, define criteria and benchmarks


### The National CAHPS Benchmarking Database

- Voluntary reporting of CAHPS survey results
- Provides detailed benchmark information
- Health plan survey data available: Medicare, Medicaid, commercial
- Chartbook available with Hospital Survey data




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### 3. CHECK: Monitor Strategy

- Gather data on measures selected to monitor progress
- Analyze data on measures to monitor progress
- Evaluate progress made against predefined criteria
- Implement further changes as needed





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### 4. ACT: Reassess Strategy and Respond

- Implement CAHPS survey again and examine changes in scores for areas chosen
- Assess what worked and what didn't work
- Modify strategy, if needed
- Introduce improvements into the organization on a broader scale, as appropriate
- Start the cycle again



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## Using CAHPS Surveys for QI : Lessons

- CAHPS surveys can provide useful information for QI
- Need to plan for QI **before** the survey (oversampling; supplemental QI items).
- Consumer reports are not appropriate for QI; need item-level information.
- Benchmarks should include top performers, not just averages.
- You may encounter resistance with respect to use of patient-reported data for QI -- be prepared with evidence on validity and reliability of CAHPS surveys.
- Most providers have not used QI to improve patient experiences. They will need training.
- Involve patients and staff in QI process-- they know best
- It is very difficult to change organizations. It takes time and perseverance.



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## Using CAHPS for QI : Experiences

- In-Center Hemodialysis Survey
  - Project with Dialysis Centers and ESRD Networks to improve patient care experiences
- Clinician & Group Survey
  - Project with Institute for Clinical Systems and Improvement (ICSI) to improve care experiences
- Health Plan Survey
  - Defining supplemental QI items
  - NCQA Health Plan Accreditation
  - Medicaid to assess plans they contract with and examine program performance
- Hospital Survey
  - Projects with hospitals such as UCLA



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## More Resources on CAHPS and QI available at:



<https://www.cahps.ahrq.gov>