



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




**Using CAHPS Survey Results:
Reporting to the Public**

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Overview



- **Why report CAHPS results to the public**
- **Challenges to overcome in public reporting**
- **Key lessons from a decade of CAHPS report design and reporting research**

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Why do public CAHPS reports?



- **CAHPS surveys were *designed to be reported* to consumers/patients**
- **The survey items have been chosen not just because they represent important domains of patient experience BUT**
- **Because consumers and patients have told us that**
 - They care about these domains
 - They want to hear about these domains from other consumers and patients

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Why do public CAHPS reports?



- **CAHPS reports can provide support for a range of decisions and actions that are taken by individual consumers and patients**
 - Choosing a health plan
 - Choosing a health care provider or facility
 - Sharing information with family, friends, neighbors and co-workers
 - Starting a conversation with health professionals such as physicians, nurses and discharge planners
- **Keep in mind, CAHPS results are likely to be, and ought to be, only one factor in choice**

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Why do public CAHPS reports?



- **What role does public reporting play in improving health care quality?**
 - Channel One: shifting market share to affordable plans and providers who perform well
 - Through individual choices
 - Through choices made by purchasers, health plans, and even providers (e.g. where to refer a patient)
 - Channel Two: driving internal quality improvement by health plans and providers
 - Even when major shifts in market share are neither expected or experienced
 - Primarily because plans and providers value their reputation and
 - CAHPS results are often quite actionable

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Challenges to Overcome



- **Health care and health insurance are inherently complex and unfamiliar**
- **The language used by health professionals is highly technical and filled with jargon**
- **Literacy, including numeracy and web literacy, varies a lot and is very low among some groups, including older Americans, who use much more health care**
- **The public is not really aware**
 - that there are poor quality plans and providers
 - that quality varies across plans and providers
- **Many consumers either have, or believe they have, limited choices**

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Challenges to Overcome



- **Consumers and patients only pay attention to health insurance and health care at key decision points; some decision points are predictable but many are not**
- **The public is (appropriately) skeptical about unfamiliar information, unless it is from a highly trusted source**
- **Looking at quality information is not a lot of fun (no matter how compelling we find it)**
- **The politics of health care often leads to reports that are difficult for consumers to understand**

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Key lessons from a decade of CAHPS



- **For reports to work, people have to**
 - Know they exist
 - Find or get them
 - Look at them for at least a few minutes
 - Find reported measures relevant and meaningful
 - Have confidence in the data
 - Be able to navigate the report easily
 - Easily understand both text and graphics
 - Be able to interpret and integrate the information
 - Be able to use the information for their desired purpose

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Key lessons from a decade of CAHPS



- **Reports need to be:**

- Written in plain English (or plain Spanish, etc.)
- Use graphical presentations of data that make it very easy to identify high and low performers
- As short as possible (actually, even shorter than that)
 - Reports can be “layered” so those who want more detail can get it without scaring off those who don’t
- Attractive and “clean” in design (no gimmicks)
- Easy to navigate

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Key lessons from a decade of CAHPS



- **Planning for an effective report**

- Start thinking about and setting aside resources for report design and dissemination as soon as possible
- Learn about your audience(s)
 - You are nothing like your audience
 - You must develop the report from THEIR perspective not yours
- Identify who needs to be involved; make sure the mix of stakeholders is well balanced and the voice of the consumer/patient is really heard
- While technical issues of scoring are important, report design and dissemination go way beyond those issues

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Key lessons from a decade of CAHPS



- **Designing an effective report**

- There is evidence about what works and what does not – use it whenever possible!
 - Use Talking Quality
 - Use the CAHPS User Network staff
 - When it comes out, use Jeanne McGee's Resource Guide
 - Get key publications that synthesize CAHPS and other important reporting research, such as
 - Kanouse et al., "Reporting on health care quality: a guide to the galaxy"
 - Shaller et al., "Consumers and quality driven health care: A Call to Action"
 - California Health Care Foundation White Paper by Shaller et al.: "Consumers in Health Care: The Burden of Choice"

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Key lessons from a decade of CAHPS



- **Designing an effective report**

- CAHPS data do not have to be reported on their own – it can be combined with other quality data, and data about other issues
- For a major public report, especially the first time out, audience testing is very useful
 - Even if you cannot test, get expert review
- Also get consumer feedback once the report is out
- Don't have unrealistic expectations about the impact of initial reports
 - using comparative quality information is an entirely new behavior which will take time to be adopted by the public

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Key lessons from a decade of CAHPS



- **Do not forget about dissemination and promotion**
 - Even the best designed report will be meaningless unless it is disseminated and promoted to the audience effectively
 - Timing and method of dissemination are both important
 - Promotion should be ongoing, since people will only use the information “just in time”
 - Local experts in social marketing, commercial marketing, health communication and even advertising can help you in this part of the work
 - Design your strategies to fit your audience rather than people like you (remember, your audience is nothing like you)

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A final thought



- **Many people who work in the world of health care quality have great technical skills but are “light” on skills needed to produce a good report**
- **Sponsors may need to rethink the mix of people on their team to make sure those skills are represented**
- **Serious skill training may also be needed – what do you think?**

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