

Development of CAHPS® Home Health Care Survey as a Measure of Quality

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Why Develop a Home Health Survey?

- Uniformly measure home health care by agencies from a patient perspective
- Compare the care provide by different agencies
- Expansion of CAHPS instruments

Methods: Survey Development Process

Formative Res:

- 1) Interviews w/ consumers/ Family Members
- 2) Call for Measures
- 3) Review of Surveys
- 4) Technical expert guidance

Develop Draft

- 1) Draft survey
- 2) Cognitive testing
- 3) Technical expert review
- 4) Revise survey

Test Survey:

- 1) Field test
- 2) Analyze data

Finalize Survey:

- 1) Technical expert review
- 2) Additional analyses
- 3) Finalize survey

Formative Research: Goals

- Understand participants' experiences with care
- Understand how participants conceptualize quality of care
- Determine the level of control participants feel they have their home health care.

Formative Research: Interviews

- 18 interviews: 10 consumers/family members currently receiving care; 9 discharged from care
- 9 interviews in Boston, MA and 9 in Triangle area of NC

Select Overall Findings: Formative Research

- Rs did not perceive that they had substantial control or choice over their home health care
- Rs had difficulty attributing care to a specific agency
- Rs generally understood who provided care (nurse, PT/OT)

Areas of interest Identified from Formative Research

- Consumers/family members identified multiple areas to measure:
 - 11 areas related to consumer knowledge of home health care
 - ◆ 13 interpersonal qualities
 - ◆ 8 behaviors/technical skills
 - ◆ 8 concerns about home health care

Additional Sources of Information

- Call for measures
- Review of surveys
- Technical Expert Guidance

Development of Draft Survey

Items developed from domains based on formative research

- ◆ Interaction with home health agency
- ◆ Access to care
- ◆ Interaction with staff
- ◆ Shared decision-making and control
- ◆ Other services
- ◆ Overall ratings and recommendation

Application of CAHPS Design Principles

1. Include questions which respondent is the best or only source of information
2. Include topics that stakeholders have identified as being important
3. Focus on reports of “whether” and “how often” something occurs
 - more actionable
 - ratings often subject to the emotional state of the respondent

Cognitive testing of draft survey

- Conducted 1 small round of 7 participants and a larger second round with 19 participants
- Participants were currently receiving home health or received it in the last couple of months
- First round survey had 82 items; the second round survey had 62 items

What is Cognitive Testing?

- Based on a model of question-response process: comprehension, retrieval, judgment formation, and response production
- Participants verbalize their thoughts as they respond to survey questions
- Trained interviewer asks scripted, probing, follow-up questions to gain additional information
- Interviewer transcribes notes, notes are analyzed and used to guide question and response scale revisions



Cognitive Testing Results & Revisions

Telescoping: Multiple respondents included information from different episodes or care in the last 3 months when they should have answered about the last four weeks.

Changed to: when you started care **or** in the last 2 months

Inapplicability: Several items were not relevant: ...did staff show family/friends how to help?...did staff include your family/friends in your care as much as you wanted?

Deleted

Comprehension: Some Rs found words or items difficult to understand: home health aide, skilled care provider, help you get around your home

Used titles of staff & modified language

Field Test Sample

- 34 agencies participated from 15 states
- 20 not-for-profit, 14 for-profit; 10 hospital-based, 24 free-standing; 12 part of a larger chain, 21 individual agencies, 1 was government based
- Respondents had care in October and/or November 2007 and had 4 or more skilled care visits
 - ◆ Emphasis on skilled care visits, because Medicare certifies only agencies that at least provide skilled home health care.

Field Test

- Survey process: 2 mailings with phone follow-up
- Average number of respondents per HHA was 90
- Response rate of 40% (n=3614) (raw RR = 48%)
- 32% from mail, 8% from phone

Composite Development

- Exploratory factor analysis
- Item internal consistency
- Scaling success
- Agency-level reliability
- Conceptual intent of the items
- Qualitative information from consumers and Technical Expert Panel

Field Test Results

■ Reliability Results

- ◆ Internal consistency reliability estimates for composites ranged from 0.73 to 0.84.
- ◆ HHA-level reliability ranged from 0.35 to 0.41

- Some items had few responses and were deleted
- TEP suggested limiting the size of the survey to decrease burden

Creation of Supplemental Items

- When there were too few people answering the Q
 - ◆ Speak different languages? (Did not correlate with other items)
 - ◆ Three items relating to having and solving a problem (Too few cases)
 - ◆ Rating of agency (two few cases & highly correlated with rating of care)

Creation of Supplemental Items (continued)

- When the Q was not critical, but worked well in cognitive testing or in other surveys
 - ◆ Care follow a stay in facility? (not found to be critical)
 - ◆ Care start as soon as you needed? (did not fit into a composite)
 - ◆ Staff behave in a professional manner? (Similar to other items)
 - ◆ Staff really care about you? (Similar to other items)
- In order to have information in R's own words
 - ◆ An open ended item to end to ask about care

Deleting Items

- Did not fit into a composite
 - ◆ How long did you wait for care to start?
- Rare and does not measure quality
 - ◆ Was one of your providers a speech or respiratory therapist?
 - ◆ Was one of your providers a social worker or mental health worker?

Deleting Items (continued)

- Not critical and does not measure quality
 - ◆ How many home health providers did this agency send?
 - ◆ In the last 2 months of care, did you have any pain?
- Low response rate
 - ◆ Three items on getting help after hours deleted: similar items asking about getting help during regular hours were changed to reflect **any** time.

Final Three Composites

1. Care of Patient

- informed and up-to-date about care
- treat gently as possible
- courtesy and respect
- any problems with care from agency

Final Three Composites

2. Communication

- tell you about care/services
- inform you about arrival time
- explain things
- listen carefully
- if requested help/advice did R receive it on same day

Final Three Composites

3. Specific Care Issues (Medication & Pain)

- explain how to set up home
- talk about meds
- ask to see your meds
- talk about pain
- talk about purpose of meds
- talk about when to take meds
- talk about important side effects of meds

Upcoming

- Instrument will be put in public domain
- Centers for Medicare & Medicaid Services submitted to NQF for endorsement
- CMS plans to use this nationally as well
- Agencies can use results from this survey for quality improvement purposes

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