



Surveys and Tools to
Advance Patient-Centered Care



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The Evolution of CAHPS: A 20 Year Perspective

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Monday October 5, 2015, 1:30 to 3:00

Crystal Gateway Marriott Hotel and Convention Center

Agenda

- What are the major lessons across the past 20 years?
- How has CAHPS changed patient assessment and patient-centered care?
- Taking stock: Where are we now?

What are the major lessons learned
across the past 20 years?

Christine Crofton

Evolution of CAHPS

1995

2015

**CAHPS data
collected from:**

10M

Over 146M people

N of surveys:

1 Health Plan

6+ Ambulatory care

10+ Facility care

6+ Supp item sets

Evolution of CAHPS, cont'd

Organizations Collecting CAHPS data:

1995

NCQA
CMS Medicare

2015

NCQA
CMS Medicare
CMS CMMI
CMS Healthcare Exchanges
State Medicaid agencies
US OPM
US DOD
Acute care hospitals
Hemodialysis facilities
Home health care agencies

Evolution of CAHPS, cont'd

1995

2015

**Organizations
collecting
CAHPS data:**

Healthcare Exchange insurers
Outpatient surgical centers
Accountable care orgs

Coming soon:

Emergency Department
Hospice
In-center rehabilitation facilities
Cancer care
Long-term care facilities

Evolution of CAHPS, cont'd

1995

**Uses of CAHPS
data:**

Consumer choice
Large purchasers
Accreditation

**Communication
of survey results:**

Print media

2015

Consumer choice
Large purchasers
Accreditation
Pay for Performance
Quality Improvement
Outcome measurement
Policy decisions

Electronic media

Lesson 1: Design Principles

Develop Design Principles

- To ensure reliable and valid data
- To promote transparency
- To enable other organizations to produce high quality CAHPS data

Design Principles

- Emphasis on consumers/patients
- Extensive testing with consumers
- Reporting about actual experiences
- Standardization across materials, procedures
- Multiple versions for diverse populations

Principle 1: Emphasis on Patients

Only the patient knows:

- How well their pain was controlled during a hospital stay
- Whether a provider explained things in a way that was easy to understand
- How often the provider's office staff treated him or her with courtesy and respect.

Discovering What Patients Want to Know

- Focus groups with members of target population
- Focus groups with other individuals
- Literature reviews
- Environment scans

Principle 2: Extensive Testing with Consumers

Cognitive testing

- Confirms that items, response options are understood as developer intended
- Is conducted in iterative rounds
- In English and in Spanish
- Participant ‘thinks out loud’ while completing the questionnaire or
- Participant is interviewed in detail after completing the questionnaire

Principle 2: Testing with Consumers, cont'd

Field testing

- To assess the effectiveness and feasibility of survey administration procedures and guidelines
- To determine validity, reliability and other psychometric properties

Principle 3: Reporting About Actual Experiences

Survey focus =

Patient experience of care
rather than simple satisfaction

Principle 3: Reporting About Experiences, cont'd

Reports of experience are more:

- Actionable
- Understandable
- Specific
- Objective

than general ratings.

Principle 3: Reporting About Experiences, cont'd

How satisfied were you?

vs.

How often did this provider:

- Explain things in a way you could understand?
- Treat you with courtesy and respect?
- Listen carefully to you?
- Spend enough time with you?
- See you within 15 minutes of appointment time?

Principle 4: Standardization

Instrument

- Every user administers items the same way

Protocol

- Sampling, communicating with potential respondents, and data collection procedures are standardized

Analysis

- Standardized programs and procedures

Reporting

- Standard reporting composites and presentation guidelines

Principle 5: Multiple Versions for Diverse Populations

Designed for all types of users

- Medicare
- Medicaid
- Commercial population

In English and Spanish

Lesson 2: Identify and include stakeholders

- Include key stakeholders in every phase of the design and development process.

Who are the key stakeholders in CAHPS?

CAHPS Consortium

Grantees—RAND and Yale

User Network Contractor—Westat

AHRQ CAHPS team

High-volume CAHPS users

CMS

NCQA

Key CAHPS stakeholders, cont'd

Consumers

Published research articles

Published survey results

Focus Groups

Cognitive Testing

Consumer advocacy organizations

Public comment process

Key CAHPS stakeholders, cont'd

Technical expert panel

Content specialists

Co-funders

Field test sites

Data vendors

Government organizations (OMB, HHS, Congress)

Gatekeepers to target audience

Professional associations

Dissemination and promotion team

Standardized Procedures and Analyses

Ensure High-Quality, Comparable Survey Data

- Implementation procedures
 - Authorized survey vendors must meet minimum business requirements and complete training
 - Vendors must follow detailed guidelines regarding sampling protocols, modes of survey administration, and data coding and data file preparation
- Case-mix adjustment aims to “level the playing field”
 - To remove predictable effects of differences in patient characteristics, statistical models predict what each provider’s score would be for a standard patient population

Evolution of CAHPS, Part II

How has CAHPS changed patient assessment and patient-centered care?


Susan Edgman-Levitan


Impact on the Patient's Experience of Care

- CAHPS Improvement Guide published in 2003
 - Most popular item on the AHRQ CAHPS website
 - Currently being updated


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In this section:

Quality Improvement

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The CAHPS Improvement Guide

Read about the information you can find in this guide and the organizations responsible for its development.

[Why Improve Patient Experience?](#)
 Learn how improving patient experience may lead to positive clinical and business outcomes

[Are You Ready To Improve?](#)
 Learn about the behaviors of organizations that are successful in providing positive experiences with care.

[Analysis of CAHPS Results](#)
 Explore strategies for identifying the best opportunities for improvement.

[Quality Improvement Steps](#)
 Learn how to implement interventions to achieve specific performance goals.

[Browse Interventions](#)
 Find strategies for improving specific aspects of patients' experience with care.

[Resources](#)
 Resources based on different sections of the site and addressed by intervention types.

[About The CAHPS Improvement Guide](#)
 Read about the information you can find in this guide and the organizations responsible for its development.

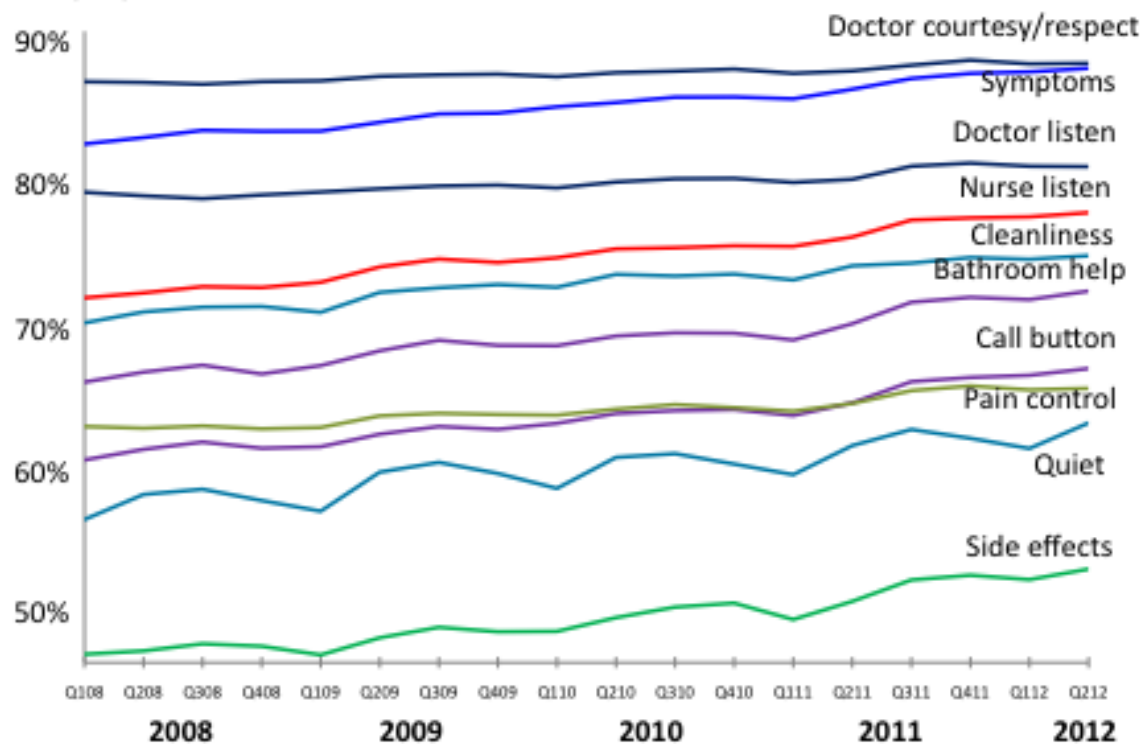
Topics Across the Clinician & Group and Health Plan Surveys

- Access to care
- Provider communication
- Customer service
- Care coordination
- Shared decision making
- Comprehensiveness
- Health promotion and education
- Self-management
- Access to specialists
- Cultural competence
- Plan information
- Cost of care
- Overall rating

Impact of Public Reporting and VBP

Hospitals are improving patient experience measures

Quarterly top-box score

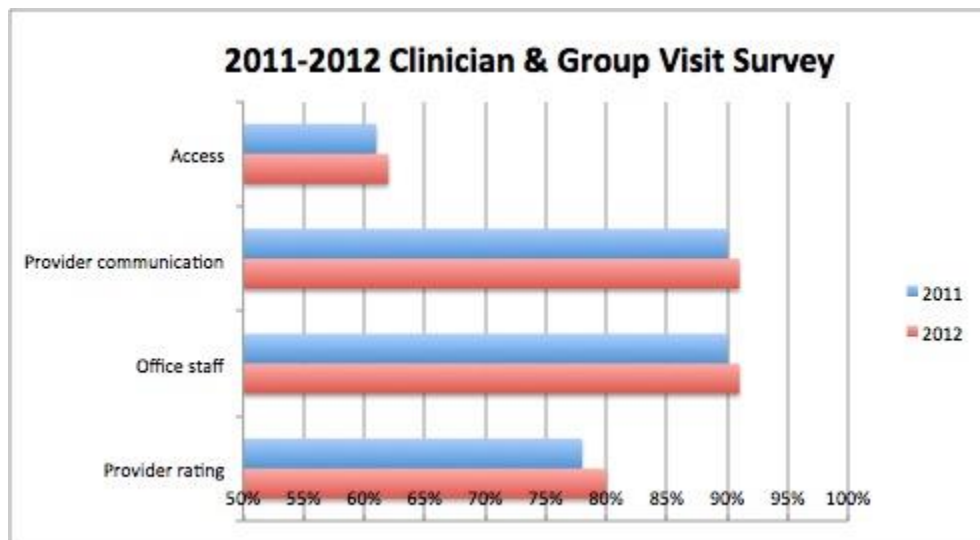


CAHPS Health Plan Survey Improvements

HEALTH PLAN RATING OF 8, 9 OR 10					
YEAR	COMMERCIAL		MEDICAID	MEDICARE	
	HMO	PPO	HMO	HMO	PPO
2012	65.3	57.9	73.5	–	–
2011	66.1	58.4	73.5	88.5	87.7
2010	64.2	58.6	72.4	87.5	86.6
2009	62.7	57.3	70.7	84.4	81.9
2008	64.3	59.7	72.7	85.5	83.8
2007	61.9	56.8	70.7	85.9	82.6
2006	63.0	59.5	70.1	86.7	84.1

HEALTH PLAN RATING OF 9 OR 10					
YEAR	COMMERCIAL		MEDICAID	MEDICARE	
	HMO	PPO	HMO	HMO	PPO
2012	41.4	33.3	56.3	–	–
2011	42.1	33.9	55.6	63.9	58.5
2010	40.3	33.7	54.7	62.7	56.9
2009	38.3	32.4	52.5	59.0	52.2
2008	39.1	34.2	55.3	60.7	53.4
2007	37.1	31.8	53.3	61.1	52.9
2006	38.0	35.9	52.4	61.7	53.9

CG-CAHPS Improvement



Internal Organizational Factors to Support Improvement

- 1) Top leadership engagement,
- 2) A strategic vision clearly and constantly communicated to every member of the organization,
- 3) Involvement of patients and families at multiple levels,
- 4) A supportive work environment for all employees,
- 5) Systematic measurement and feedback,
- 6) The quality of the built environment; and,
- 7) Supportive information technology.

Shaller D. "Patient-Centered Care: What Does It Take?" New York: The Commonwealth Fund. Publication No. 1067, November 2006.

External Factors to Support Improvement

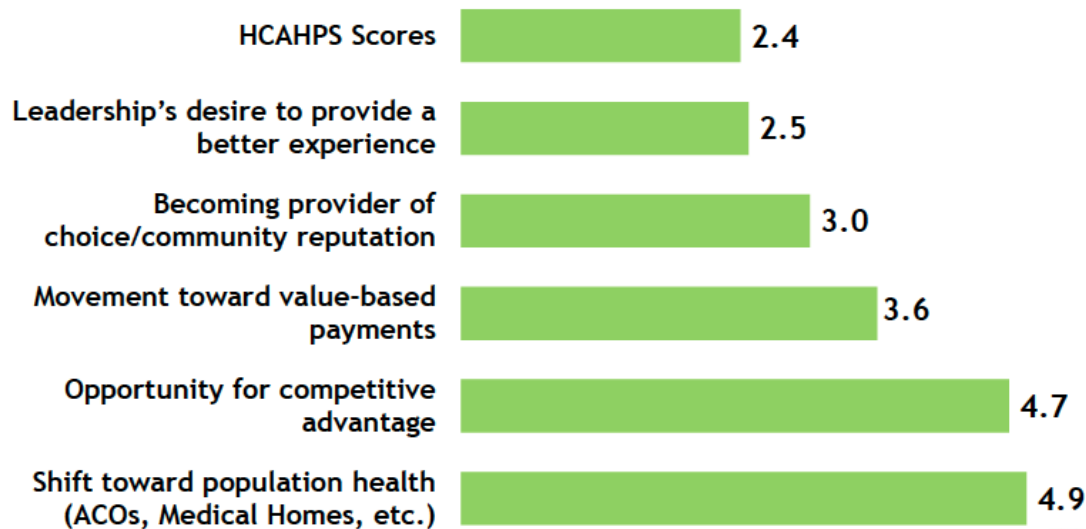
- 1) Public reporting of standardized measures
- 2) Value-based purchasing,
- 3) Accreditation and certification requirements, and;
- 4) Growing demand for accountability and transparency by consumers and patients.

Do Healthcare Leaders Care?

THE BERYL
INSTITUTE

HCAHPS scores and leadership are key factors in providing great PX

Please rank order the following factors in terms of how important each one is in driving your organization toward providing a great patient/family experience (1=most important; 6= least important).



catalyst
Healthcare Research

Better Care Experiences are Associated with Better Patient Adherence

- Zolneriak & Dimatteo (2009) meta-analysis of 127 studies shows:
 - Higher non-adherence among patients whose physicians communicate poorly
 - Substantial improvements in adherence among patients whose physician participated in communication skills training
- Better **patient-reported provider communication** related to higher:
 - Diabetics' adherence to hypoglycemic medication (Ratanawongsa et al., 2013)
 - Veterans' diabetes self-management (Heisler et al. 2002)
 - Blacks' hypertension medication adherence (Schoenthaler et al. 2009)
 - Breast cancer patients' adherence to tamoxifen (Kahn et al. 2007;Liu et al. 2013)
 - Rates of colorectal cancer screening (Carcaise et al. 2008)
 - Preventive health screening and health counseling services (Flocke et al. 1998)
- Greater **patient trust in physician** related to:
 - Better adherence to diabetes care recommendations (Lee & Lin 2009)
 - More preventive services among low-income Black women (O'Malley et al. 2004)

Better Care Experiences are Often Associated with Better Care Processes

- Jha et al. (2008) found that **hospitals with highest HCAHPS scores** did **better on clinical processes of care measures**, including acute myocardial infarction (AMI), congestive heart failure (CHF), pneumonia, and surgery than hospitals with lowest scores.
- Patients' **overall ratings of hospitals** were positively associated with **hospital performance on pneumonia, CHF, AMI, and surgical care** (Isaac et al. 2010) and **process indicators for 19 different conditions** (Llanwarne et al. 2013).
- **Overall ratings and willingness to recommend hospital** were lower in hospitals that consistently perform poorly on **cardiac process measures** (Girota et al. 2012).
- Findings regarding associations between **outpatient experiences of care** and **care processes are mixed**.

Better Care Experiences are Often Associated with Better Clinical Outcomes

- Positive patient experiences may provide unique benefit to clinical outcomes for AMI patients over and above clinical quality performance:
 - Meterko et al. (2010): Better **patient-centered hospital care** associated with better **1-year survival**, controlling for comorbidity, clinical, and demographic factors
 - Glickman et al. (2010): Higher **patient ratings** associated with lower **hospital inpatient mortality**, controlling for hospitals' clinical performance
- One much-publicized study (Fenton et al. 2013) reported a negative relationship between patient-provider communication with all providers seen in the last year and total health care and prescription drug spending, inpatient admissions, and mortality.

No Inherent Trade-Off Between Strong Performance on Patient Experience and Other Quality Performance

Among dozens of studies examined in a recent systematic review, the vast majority found either positive or null associations between patient experiences and best practice clinical processes, lower hospital readmissions, and desirable clinical outcomes.

Anhang Price R, Elliott MN, et al. 2014. "Examining the role of patient experience surveys in measuring health care quality." *Medical Care Research & Review*. 71(5):522-54

Beyond Public Reporting and Pay for Performance, There is a Business Case for Patient Experience

- Patients keep or change providers based upon their experiences of care.
 - Lied et al. (2003) reported that the mean voluntary disenrollment rate was 4 times higher for health plans in the lowest 10% of overall plan ratings compared to those in the highest 10% in the CAHPS Health Plan survey.
- Better patient-reported experiences correlate with lower medical malpractice risk.
 - Fullman et al. (2009) found that for each drop in minimum satisfaction along a five-step scale of “very good” to “very poor,” the likelihood of being named in a malpractice suit increased by 21.7%.
- Efforts to improve patient experience may also result in greater employee satisfaction, reducing turnover.
 - Rave et al. (2003) described how a focused endeavor to improve patient experience at one hospital also resulted in a 4.7% reduction in employee turnover.

Part III – Taking Stock Where Are We Now?

Caren Ginsberg, PhD
AHRQ

Where Are We Now?

- Tremendous growth over the past 20 years
 - Number of surveys
 - Uses for the surveys
 - Languages
 - Patients reached
 - Facilities/health plans covered
- All with using the same CAHPS design principles
- Demonstrable improvements

Taking Stock

- Consumer use of CAHPS data
- Managing requests for new surveys
- Education about the value of patient experience
- Keeping surveys current
- Data collection
- AHRQ's CAHPS Consortium's unique role

Use of CAHPS Data for Consumer Choice

- Are consumers using CAHPS information?
- What information are consumers looking for?
- What information are consumers using?
 - Patient experience scores
 - Narrative comments

Managing Requests for New Surveys

- Prioritizing need for new instruments vs. use of existing core and supplemental items
 - Examples: PCMH, HIT, Health Literacy



Maximizing Education about the Value of Patient Experience Feedback

- Ongoing need to educate healthcare leaders, clinicians, administrators and staff about the value of patient experience feedback.
 - Patient experience vs patient satisfaction
 - Myths about CAHPS surveys
 - VBP and public reporting

Keeping Surveys Current

- Updating survey items, sampling, and data collection options across multiple stakeholders
- Goal: avoid disruption in reporting and ongoing survey efforts/ consider budget and time constraints

Data Collection

- Electronic Survey Administration
 - Is it feasible?
 - What will it look like?
 - What are our priorities?



AHRQ's CAHPS Consortium Unique Role

- Neutral convener
- Science partner
- Manages broad stakeholder input
- Maintains integrity of products

QUESTIONS? COMMENTS?