The Evolving CG-CAHPS Landscape: What’s Next for Ambulatory Practices?

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Agenda

- CAHPS Program Overview
- Current CG-CAHPS Landscape
  - Measurement
  - Reporting
- CAHPS Consortium Research and New Directions
  - Survey content
  - Sampling and data collection
  - Patient narratives
CAHPS Program

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - Funded primarily by the Agency for Healthcare Research and Quality (AHRQ)
  - Develops standardized surveys and related products, including the CAHPS Database

- CAHPS Surveys
  - Assess patients’ experiences with care
  - Developed for both ambulatory and facility-based care
CAHPS Family of Surveys

Facility Surveys
- Hospital
- In-Center Hemodialysis
- Nursing Home

Ambulatory Care Surveys
- Clinician & Group (CG-CAHPS)
- Health Plan
- Surgical Care
- ECHO® (Behavioral health)
- Dental Plan
- American Indian
- Home Health Care
CAHPS Family of Surveys

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  - American Indian
  - Home Health Care

www.cahps.ahrq.gov
CG-CAHPS Survey

• Core measures:
  • Access to care and information
  • Provider communication
  • Interactions with office staff
  • Rating of provider

• Multiple survey versions:
  • 12-Month, 6-Month, Visit version

• No single national standard
CAHPS Clinician & Group Survey

CG-CAHPS Core Survey* + Supplemental Items = Customized CAHPS Survey

* NQF endorsed
CG-CAHPS Versions

CG-CAHPS Core Survey + Specialists Health Promo. SDM Edu meds… = ACO/PQRS Survey

CG-CAHPS Core Survey + CAHPS PCMH Item Set = CAHPS PCMH Survey

CG-CAHPS Core Survey + Supplemental items = Custom CAHPS Survey
External drivers of CG-CAHPS

- NQF Measures Application Partnership
  - Recommends use of CG-CAHPS for all Federal measurement/reporting/payment programs
- CMS ACO and PQRS initiatives
- Medicare Physician Compare
- Regional alliances and collaboratives
- State mandates and initiatives
- Patient-Centered Medical Home initiatives
- Medical board certification
Impact of Multiple Requirements

Allina Health

12 Month

ACO

PQRS

Internal QI and payment incentive

PCMH

MDH

CMS

health reform

NCQA

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Current Landscape: Public Reporting

- Consumer awareness and use of public reports remain low, but:
  - Experience of “patients like me” is valued
  - Information seeking is on the rise
- Most reports are still at the group or practice site level
- Few reports integrate patient experience with other performance measures
- Emerging interest in “summary measures” that simplify comparisons
Current Landscape: Patient Comments

- Lifescript
  - Get Reviews & Information on 720,000 Doctors Nationwide

- Vitals
  - Where doctors are examined
  - Real people. Real reviews.

- RateMDs.com
  - Find and Rate Doctors and Dentists

- Angies List

- Book of Doctors
  - Connecting Patients with Doctors

www.cahps.ahrq.gov
Mounting stakeholder concerns

- Cost and administrative burden to practices and clinicians
- Response burden on patients and families
- Persistent clinician skepticism about the value of patient experience
- Worries over representativeness of posted comments and threats to reputation
- Persistent confusion among survey users
- Technical challenges, especially for small practices
Strategies for Minimizing Cost and Burden

- Strategies for reducing survey “unit cost”
  - Improve efficiency of survey items
  - Develop more efficient administration methods
  - Improve data sources for contact information

- Strategies for reducing number of units
  - Adopt a common core across all survey versions
  - Align multiple survey requirements
  - Integrate samples for multiple uses
CAHPS Consortium Proposed Changes to CG-CAHPS

- Key principles guiding revisions:
  - Achieve a *common core* across all CG-CAHPS versions
  - Balance concerns over length with desire for robust content
  - *Improve efficiency* of existing domains
  - Update item wording to match current practice
  - *Maximize reliability and validity* when considering tradeoffs
CAHPS Consortium Proposed Changes to CG-CAHPS Core

- **Change** *reference period* from 12- to 6-months
- **Access**: move from 5 to 3 items, and change “phone” to “contact”
- **Communication**: move from 6 to 4 items*
- **Office Staff**: retain existing 2 items
- **Care Coordination**: create 3-item composite*
- **Provider Rating**: retain existing item
- **Net change**: reduce core from 34 to 31 items
CAHPS Consortium Proposed Changes to Adult PCMH Item Set

• Retaining
  • Information on care on evenings, weekends, or holidays
  • Self-management (2 items)
  • Provider talked with you about things that worry or cause stress
  • Provider informed and up-to-date on care from specialists
  • Provider talk about all medicines taking (moved to core survey)

• From 18 items to 6 items
Next Steps for Alignment

- AHRQ CAHPS Consortium public comment through Federal Register (Jan-Feb 2015)
- Further testing of Communication and Care Coordination (spring 2015)
- Release recommendations (summer 2015)
- Continue working with CMS, NCQA, and other stakeholders to understand impact of recommendations on ACO, PQRS, and other programs using CG-CAHPS Survey
What would integration look like?
Key elements of integrated sampling

- Common CG-CAHPS core survey
- Prioritization of sampling
- Identification of patients for CMS “blackout” periods
- Non-conflicting administration mode(s)
- Vendor ability (and willingness) to integrate sampling
Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

PRIMER

The Evolving Landscape for the CAHPS Clinician & Group Survey: Understanding and Navigating Multiple Surveying Requirements

November 2014

The CAHPS Clinician & Group Survey (CG-CAHPS) has become the national standard for assessing patient experience in ambulatory care practices. As its use becomes more widespread, practices are beginning to face multiple requirements to collect and report survey results using different versions of the survey. These versions include:

About Aligning Forces for Quality

Aligning Forces for Quality (AF4Q) is the Robert Wood Johnson Foundation’s signature effort to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real
Maximizing Value

- Conduct periodic “high stakes” surveys complemented by ongoing, targeted qualitative methods for improvement
  
  • Leverage the engagement power of narratives for both consumers and clinicians:
    
    • Add value to public reports for consumers
    • Help motivate and inform quality improvement
    • Motivate patients to report on their experience
  
  • Develop improved methods for both “eliciting” and reporting narratives
CAHPS Elicitation Research

- Goal: Collect patient narrative comments that are complete, balanced, understandable, and representative
- Short sequence: 5 open-ended questions
- Experimental design:
  - Placement: beginning versus end of CAHPS survey
  - Mode: phone versus web elicitation
- Comparison against “gold standard” interviews
Elicitation Protocol: 5 Questions

1. What are the most important things that you look for in a healthcare provider and his or her staff?

2. When you think about the things that are most important to you, how do your provider and his or her staff measure up?

3. Now we’d like to focus on anything that has gone well in your experiences with your provider and his or her staff over the past 12 months. Please explain what happened, how it happened, and how it felt to you.
4. Next we’d like to focus on any experiences with your provider and his or her staff that you wish had gone differently over the past 12 months. Please explain what happened, how it happened, and how it felt to you.

5. Please describe how you and your provider relate to and interact with each other.
Assessment Methods

• Matched Sample
  • 54 elicitations paired with interviews to test fidelity
  • Even mix of web- and phone-based elicitations

• Expanded Web Sample
  • Additional elicitations to test for SES response biases
  • Total of 378 web elicitations
Overview of Results

• Overall performance of elicitation protocol:
  • Completeness:  Moderate fidelity
  • Balance:     High fidelity
  • Understandable:  Fairly high fidelity
  • Representativeness:  Modest variation

• Elicitation mode comparisons:
  • Phone outperforms web
Plans for Real-World Testing

• Short-term opportunities
  • Adding 5Q protocol to MHQP (MA) and CHPI (CA) pilot tests of CG-CAHPS short form vs. long form surveys
  • Assess operational feasibility, methods of feedback reporting, and value of narratives to practices and clinicians

• Longer-term testing plans
  • Seeking field partners for testing of rigorous designs comparing 5Q protocol to alternatives
CAHPS Public Reporting Research

• Companion research to elicitation study

• How does adding patient comments to online reports of physician performance affect:
  
  • Consumer engagement with the information?
  
  • Understanding and use of CAHPS and clinical measures of performance?

  • Quality of consumer decision-making?
SelectMD 1.0 Experiment

- SelectMD: A fictitious public reporting website designed with content, format, and functionality typical of “real world” sites
- Participants from a representative sample of U.S. households with Internet access
- Assigned randomly to 1 of 6 experimental arms with different combinations of measures
- Hidden tracking system monitored click patterns and time spent on each page
- Pre- and post-survey questions
Key Findings

- Comments lead to increased engagement
  - Overall experience, likelihood to use and recommend
  - Time spent and actions taken
- Comments draw attention away from other metrics
  - Less probing on CAHPS, HEDIS measures
- Comments undermine decision quality
  - Selection of doctors with lower performance scores
SelectMD 2.0 Experiment

• Build on findings from SelectMD 1.0 to develop and test new displays
  • CAHPS, HEDIS, patient safety, patient comments
  • Updated website design and functionality
• Experimental arms will include:
  • Amazon style reporting of comments and scores
  • Tagged comments to let users choose topics of interest
  • Navigator-assisted site review
## Performance Overview

A summary of ratings for each doctor.

Source: Better Health Coalition

### Show me:
- Male and female doctors
- With any amount of experience

<table>
<thead>
<tr>
<th>Doctor Name</th>
<th>Use of Effective Treatments</th>
<th>Methods to Reduce Medical Errors</th>
<th>Patient Survey Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orson Alban, MD</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Male, 12 years of experience</td>
<td>view details</td>
<td>view details</td>
<td>view details</td>
</tr>
<tr>
<td>Dorinda Bekki, MD</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Female, 16 years of experience</td>
<td>view details</td>
<td>view details</td>
<td>view details</td>
</tr>
<tr>
<td>Candice Cindy, MD</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Female, 22 years of experience</td>
<td>view details</td>
<td>view details</td>
<td>view details</td>
</tr>
<tr>
<td>Anderson Clinton, MD</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Male, 12 years of experience</td>
<td>view details</td>
<td>view details</td>
<td>view details</td>
</tr>
<tr>
<td>Raphael Digby, MD</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Male, 3 years of experience</td>
<td>view details</td>
<td>view details</td>
<td>view details</td>
</tr>
</tbody>
</table>
Elements of a National Strategy

- Agreement on a common core for a single, national standard
- Alignment of survey requirements to enable integrated sampling
- Guidance on using narratives to maximize the value of patient experience measures
- Combination of public and private financing
- Continued innovation in reporting and improvement at the state and community level
Thank You!

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Results: Completeness

Fidelity of Reported Experiences

- Overall Match: 10
- Orientation
- Access
- Communication
- Caring
- Ample Time
- Thorough
- Competent
- Shared Decisions
- Staff
- Coordination

Full Sample
Phone Sample
Web Sample
Results: Balance

Balance of Positive vs. Negative Assessments
(Ratio of Assessment from Elicitation Over Assessment from Interview)

- Pos vs. Neg: Mentions
- Pos vs. Neg: Line Count
- Synthetic Code: Assessing MD
- Synthetic Code: Assessing Office
- Pos vs. Neg: Emotions Expressed

Balance of Positives and Negatives Matches Between Elicitation and Interview
Results: Narrative Coherence

Comprehension of Narrative
(Synthetic Code For Elicitation Over Code for Interview)

- COHERENCE
- Texture
- Completeness
- Consistency

- Full Sample
- Phone Sample
- Web Sample

0% 20% 40% 60% 80% 100% 120%
Fulsomeness of Reported Experiences
By Health Status

Overall Match: 10 Domains

- Full Sample
- Healthy
- Chronically Ill
- Seriously Ill
CG-CAHPS Survey Versions

12 month
- Access
- Provider Communication
- Office Staff
- Provider Rating

Visit
- Access
- Provider Communication
- Office Staff
- Provider Rating

PCMH
- Access
- Provider Communication
- Office Staff
- Provider Rating
CG-CAHPS Survey Versions

12 month

- Access
- Provider Communication
- Office Staff
- Provider Rating

Visit

- Access
- Provider Communication
- Office Staff
- Provider Rating
- Recommend Provider

PCMH

- Access
- Provider Communication
- Office Staff
- Provider Rating
- Attention to Mental Health
- Self-Management Support
- Shared Decision Making
CMS Use of CAHPS Surveys

• HCAHPS
• Surveys based on CG-CAHPS
  • Accountable Care Organizations (ACOs)
  • Physician Quality Reporting System (PQRS)
• Surveys based on CAHPS Health Plan Survey
  • Medicare FFS, Medicare Advantage
  • Qualified Health Plan (QHP) for Health Insurance Marketplace plans
  • Medicaid and SCHIP
• Other surveys
  • Home Health (HHCAHPS)
  • In-Center Hemodialysis (ICH CAHPS)
CAHPS Surveys: Coming Soon

- Ambulatory Care Surveys
  - CMS-sponsored development:
    - Home and Community-Based Services
  - NCI-AHRQ sponsored development:
    - Cancer Care

- Facility Surveys
  - CMS-sponsored development:
    - ED, Hospice, Ambulatory Surgery Center