

Research AND (RAND)

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Westat, Rockville, MD



Acknowledgment of Support

- ✓ Cooperative agreements from the Agency for Healthcare Research and Quality (U18 HS09204 and U18 HS016980).

- ✓ MemSahib Indian Cuisine

RAND Update

- Process and outcome evaluations of demo sites (lines 12-38)
 - UCLA clinician-group
 - HealthPlus of Michigan
- Case studies
 - http://www.cahps.ahrq.gov/content/resources/QI/RES_QI_Intro.asp
 - UCLA BRITE, UCLA APCA, and North Texas dialysis center
- Peer-reviewed journal articles

Analyses of CAHPS C-G Survey Data

- *Psychometric properties of CAHPS C-G items and composites*
- *Differences in perceptions of adult and child care*
- *Reports and ratings by insurance (Medicare versus commercial)*
- *Trends over time and differences by medical specialty*

Reports Team

- Knowledge Networks Experiments
 - Physician Choice
 - Health Plan Choice
- Review of Surveys
 - Survey Care
 - Health Literacy
 - Cultural comparability

Health+ Website Experiment

- Randomly assigned to get encouragement to visit website with information on doctors
- Those in the encouragement condition were more likely to access the provider directory and
 - Among regular internet users, those in the encouragement condition picked higher quality doctors (as measured by an index that includes CAHPS scores).
 - This was not mediated by going to the directory, however

HIT Abstract for AAPOR, May 12-15, 2011

Arizona Grand Resort, Phoenix

RAND and Kaiser Permanente field-tested a survey on consumer exposure to and use of health information technology (HIT) as part of the Consumer Assessment of Health Providers and Systems project (CAHPS®). We assessed respondents' experience with their doctor and use of several types of HIT including: appointment setting via a website or e-mail, e-mail communication with doctor's office, requesting prescription refills via a website or e-mail, HIT use by doctors and its perceived helpfulness, consumer use of doctor's office website, ease of using website, accuracy and timeliness of patient information or results posted on website. We used the Internet as the primary mode of data collection and mail as the secondary mode. We included a test of a post-paid incentive against no incentive. The sample of 3,600 patients was randomly divided into the experimental group, which was offered a \$5 incentive (cash for mail and choice of cash or Target e-certificate for Internet mode) for completing the survey, and the control (no incentive) group. The response rate was 8% higher for the experimental group (57% vs. 49%) and two-thirds of the Internet respondents in the experimental group chose cash. The proportion of surveys completed via the Internet did not differ significantly between the experimental and control groups (73% vs. 72%). There were no significant differences in the age, gender, education, health status, reports of care experience, or ratings of care experience between respondents in the experimental and control groups. The incentive group had more Asian respondents than the control group (8% vs. 4%). The incentive increased the response rate (and reduced bias associated with nonresponse). Participants in the experimental group do not differ significantly from the control group. Limited data is available on non-responders and analysis of that data to identify differences between responders and non-responders is pending.

Health Literacy

- HCAHPS field test
 - A hospital in Iowa and a hospital in Oregon will participate.
- Beverly presented at the annual Health Literacy conference in North Carolina.
- Draft of health plan health literacy item set to be cognitively tested.

American Sign Language CAHPS

- Steven Barnett, University of Rochester, Associate Professor of Family Medicine and Community & Preventive Medicine (K08).



- **Barnett S**, Schlehofer D, Sutter S (2010). Adapting CAHPS® for Use in American Sign Language (ASL). AHRQ 12th CAHPS & 2nd SOPS User Group Meeting: Patient Experience & Patient Safety Culture, Baltimore MD (April 20)

Differential Item Functioning

Setodji, C. M., Reise, S. P., Morales, L. S., Fongwa, M. N., & Hays, R. D. (in press). Differential item functioning by survey language among older Hispanics enrolled in Medicare managed care: A new method for anchor item selection. Medical Care.

Objective: To propose a permutation based approach of anchor item detection and evaluate differential item functioning (DIF) related to language of administration (English vs. Spanish) for nine questions assessing patients' perceptions of their providers from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Medicare 2.0 survey.

Method and Study Design: CAHPS 2.0 health plan survey data collected from 703 Hispanics who completed the survey in Spanish were matched on personal characteristics to 703 Hispanics that completed the survey in English. Steps to be followed for the detection of anchor items using the permutation test are proposed and these tests in conjunction with item response theory were used for the identification of anchor items and DIF detection.

Results: Four of the questions studied were selected as anchor items and three of the remaining questions were found to have DIF ($p < .05$). The three questions with DIF asked about seeing the doctor within 15 minutes of the appointment time, respect for what patients had to say, and provider spending enough time with patients.

Conclusion: Failure to account for language differences in CAHPS survey items may result in misleading conclusions about disparities in health care experiences between Spanish and English speakers. Statistical adjustments are needed when using the items with DIF.

Pediatric HCAHPS?



- Alex Chen, USC Pediatrics
 - Children's Healthcare Association (CHCA) CEO
 - Roberta Williams, ex-chair of Children's Hospital LA (pediatric cardiologist) emailed Don Berwick
 - R01 to NICHD on medical chart review for autism

Questions?

