

# Adapting the CAHPS® Clinician and Group Survey to the American Indian Population



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## How Well Doctors Communicate

Q14	In the last 12 months, how often did this doctor explain things [about your child's health] in a way that was easy to understand?
Q15	In the last 12 months, how often did this doctor listen carefully to you?
Q17	In the last 12 months, how often did this doctor give you easy to understand instructions about taking care of these health problems or concerns?
Q18	In the last 12 months, how often did this doctor seem to know the important information about your/[your child's] medical history?
Q19	In the last 12 months, how often did this doctor show respect for what you had to say?
Q20	In the last 12 months, how often did this doctor spend enough time with you/[your child]?

### Response Format

- Never
- Almost Never
- Sometimes
- Usually
- Almost Always
- Always

# Choctaw Nation Health Services and Agency for Healthcare Research and Quality

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- Charles Darby
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# Choctaw Nation of Oklahoma

- First in U.S. to build a tribally-owned hospital with tribal funding
- Choctaw Nation Health Care Center, located in Talihina, OK:
  - 145k square foot health facility with 37 hospital beds for inpatient care and 52 exam rooms in outpatient clinic.
  - Five comprehensive health centers
  - Accredited by The Joint Commission
  - Provide care to about 50k Native Americans in 11 counties in southeastern OK

Google maps

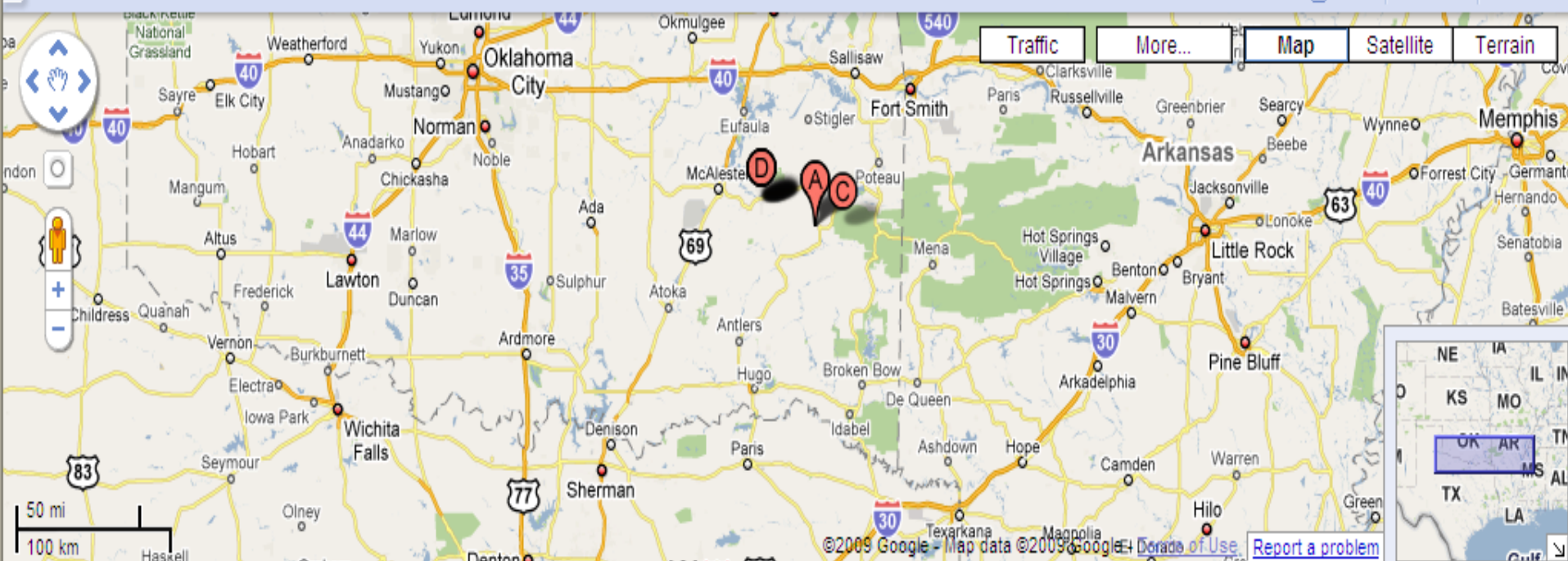
One Choctaw Way, Talihina, Oklahoma

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# Study Objectives

- Develop survey to assess ambulatory health care at Choctaw Nation Health Services clinics
- Begin benchmark of patients' experiences with Choctaw Nation health care facilities
- Compare patients' experiences across clinics
- Provide input into development of a national American Indian Survey

# Process (1)

- Choctaw Nation Health Services (CNHS) approached AHRQ in late 2003 to explore develop of a survey
- AHRQ and RAND reviewed literature on working with American Indian, low-income, and vulnerable populations.
  - Employed a community-based participatory research model in which all partners were equal.
- Research team included CNHS staff, one of who was an enrolled member of the Choctaw Nation.

# Process (2)

- Kickoff meeting in February 2004 at CNHS Talihina clinic
- Discussed data ownership, data dissemination, and publication of results at beginning of the study with CNHS staff.
- Got approval of the study through the Choctaw Nation IRB and Tribal Council
- Monthly conference calls
- Scheduled project meetings to avoid major Choctaw Nation events, celebrations and holidays



# Process (3)

- Worked with CNHS to identify domains of interest
- Reviewed instruments already used by CNHS
- Drafted items based on Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group Survey
- CNHS reviewed and provided feedback on draft items
  - Adapted measures to reflect organizational structure of CNHS ambulatory clinics and user population

# Process (4)

- Jointly
  - Developed recruitment and data collection protocols
  - Selected sites for cognitive interviews
  - Outlined a sampling plan for the field test
  - Resolved issues as they came up.

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# Revisions to CAHPS Clinician/ Group Survey (1)

- Because primary care providers at CNHS clinics include both doctors and nurse practitioners, items were modified to ask about the patient's doctor or nurse



# Revisions to CAHPS Clinician/ Group Survey (2)

- Substituted “health professional” for “health provider” because it is more widely used and recognized by CNHS patients.
- Assessed
  - Shared decision making
  - Coordination of care
  - Health education
  - Perceived discrimination

# Cognitive Testing

- Conducted 20 in-person cognitive interviews with CNHS patients from 3 clinics to evaluate the draft survey instrument (Summer, 2004)
- Patients asked to complete the questionnaire and provide feedback on item wording and their interpretation of the questions.
- Survey instrument modified as a result of findings

# Field Testing: June-August, 2005

- 1200 patients who had received care at 1 or more of 5 CNHS clinics (240 from each clinic) in the past 6 months
- Mail survey (advance notification letter, two survey mailings, reminder, and thank you letter with \$10 Walmart gift card)
- Response rate = 58% (n= 696 completes)

# Survey Content

- Hypothesized 7 multi-item scales:
  - Getting care quickly (5 items)
  - Getting needed care (5 items)
  - Communication with providers (9 items)
  - Shared decision making (2 items)
  - Health education (5 items)
  - Clerks and receptionists (2 items)
  - Perceived discrimination (6 items)
- Coordination of care (single item)
- Global ratings of primary care provider and clinic

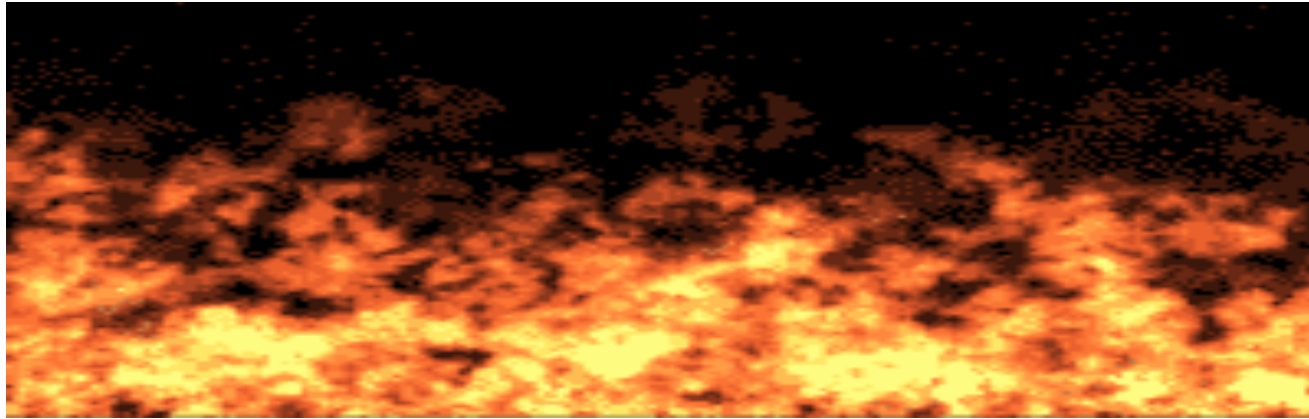


# Analysis Summary

- Items tended to correlate most highly with the scale they were intended to represent.
- Item-scale correlations indicate that the 6 perceived discrimination items did not coalesce into a homogenous scale.
- Alpha reliability estimates for the scales ranged from 0.66 (getting needed care) to 0.92 (clerks and receptionists).
- Inter-scale correlations range: 0.07 (health education with discrimination) to 0.54 (communication with getting needed care).

# Conclusion

The Tribal/Federal/Private partnership between CNHS, AHRQ, and the RAND Corporation represents a successful model for collaboration and community-based participatory research with an American Indian Tribe.



Weidmer-Ocampo, B., Johansson, P., Dalpoas, D., Wharton, D., Darby, C, & Hays, R. D. (2009). Adapting CAHPS® for an American Indian population. Journal of Healthcare for the Poor and Underserved. 20, 695-712.

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