

Studying the doctor-patient relationship: Assessing patient perceptions of health care

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Challenges in Clinical Health Services (HS 265)

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"Doctor, I'm not sure I can trust you."

Fullam et al. (2009) Medical Care

- 612 physicians studied from large academic medical center in midwest from 1998-2006
- 11% named in lawsuits brought against the hospital and/or physicians of the hospital
- Press Ganey hospital satisfaction survey
 - Time doctor spent you, concern for your questions & worries, how well kept you informed, friendliness/courtesy, skill

Risk of Malpractice Suit (Surgical Specialist)

7%	if “very good”
8%	if “good”
10%	if “fair”
12%	if “poor”
14%	if “very poor”

HS265

- Ahmedov, Mohirjon
- Eisert, Christian Michael Phi
- Frencher, Stanley Keith, Jr.
- Green, Jonas
- Hahn, Erin Elizabeth
- Link, Patrick Edwin
- Matula, Sierra R.
- Richards, Adam Kimball
- Saft, Howard Lawrence
- Secola, Rita Lynne



Rita

Erin?



Sierra

Mohirjon



Christian

**Howard?
Jonas?**



Adam

Patrick ➡



⬅️ **Stanley**



Teams (A & B)

- What is patient satisfaction with care?
- What domains should be measured?
- How should it be measured?
- How can patient satisfaction data be used?

Issues

- Purpose
- Spheres and domains
- Periodic or visit-specific?
- Items
 - Number of response options
 - Global ratings versus reports
- Mode of administration
- Sample size
- Response rate
- Casemix adjustment

Founding Father of CAHPS



CAHPS®

- Public domain surveys, reports, and QI tools focused on quality of care from the patient's perspective
- Information patients want and need to help select plans, groups, and providers
- Core items applicable to everyone, supplemented by items targeted to specific groups

<https://www.cahps.ahrq.gov/>

CAHPS is the Standard

- Consumer Assessment of Healthcare Providers and Systems
- NCQA, CMS, State Medicaid, etc.
- Many spheres
 - Plan, clinician/group, dialysis, hospital, nursing home, home health
 - American Indian, chiropractic, dental, behavioral health, PWMI, health information technology, medical home, pharmacy, health literacy/cultural competency

<https://www.cahps.ahrq.gov/content/products/PDF/PocketGuide.pdf>

Emphasis on consumers/patients

CAHPS surveys ask about aspects of care for which:

- Patients are the best or only source of information
- Patients and purchasers have identified as being important

Reports of experiences

- *CAHPS surveys are NOT satisfaction surveys*
 - They do include ratings
- *Focus is on experiences and behaviors*
 - More actionable, understandable, specific, and objective than general ratings

Standardization

- *Instrument*
 - Everyone administers items in same way
- *Protocol*
 - Sampling, communicating with potential respondents, and data collection procedures are standardized
- *Analysis*
 - Standardized programs and procedures
- *Reporting*
 - Standard reporting measures and presentation guidelines

Access to benchmarks

- *National CAHPS Benchmarking Database (CAHPS Database)*
 - Enables comparisons with other users

Multiple versions for diverse populations

- *Designed for all types of users*
 - Medicaid, Medicare, commercial users, all delivery systems
- *Spanish language versions*
 - Cognitive testing
 - Cultural comparability research

Extensive testing with consumers

- *Cognitive testing*
 - Several rounds
 - Testing in Spanish as well as English
- *Field testing*
 - Effectiveness and feasibility of survey administration procedures and guidelines

Report meaningful information

- *Report information that patients and purchasers say is important*
- *Cognitive testing of report formats and language*
 - Maximize usability and comprehensibility

Wide Cast of Contributors

- *Stakeholders*
- *Technical Expert Panels*
- *AHRQ Staff*
- *CMS Staff*
- *Westat Staff*
- *CAHPS grantees*

Input from key stakeholders

- *Involvement of ALL major stakeholders*
 - Federal Register Notices
 - Environmental scan for measures
 - Technical Expert Panels
 - Outreach efforts

Public Resource

- *Free!*
 - Products
 - Survey and Reporting Kits (www.cahps.ahrq.gov)
 - CAHPS Technical assistance
 - Help Line (1.800.492.9261)
 - E-mail Help (cahps1@ahrq.gov)

Literature Review – the first step

- *Review of the relevant literature*
- *Identification of:*
 - The key issues
 - Previous research
 - Gaps in the literature

Draft Items and Test

- *Cognitive Interviews with members of the target population*
 - Multiple rounds
 - English and Spanish
 - Instrument revised based on testing

<http://www.chime.ucla.edu/measurement/qualitativemethods.htm>

Field Testing: The last step

- *Goals:*
 - **To assess how well the instruments are working**
 - **To assess different modes of survey administration**

Typical Field Test Protocols

- *Mixed mode*
 - Advance notification letter
 - 1st mailing of questionnaire
 - Reminder post card
 - 2nd mailing of questionnaire
 - Telephone follow-up
- *Telephone only*
 - Advance notification letter
 - Telephone contact

Analyses of Field Test Data

- *Psychometric analysis to assess how well individual survey items are performing*
- *Assess effectiveness of data collection modes and equivalence of different modes*
- *Modeling of Unit Non-Response and Evaluation of Non-Response Weights*

Trending

- *The CAHPS instruments are designed to accommodate items from existing surveys.*
- *Testing of an integrated questionnaire will allow facilities to track the trending of data for quality improvement purposes.*

UCLA has

- Fielded the CAHPS clinician & group survey
- Implemented performance improvement initiatives to help practices improve on CAHPS measures

FPG Has Implemented a Multi-Phase Performance Improvement Initiative

- Reporting and feedback to practices on CAHPS scores
- Consultative services on performance improvement methods and strategies
- Quality collaborative for selected practices
- Training sessions for physicians on communication with patients
- Point-of-service surveys of patients
- BRITE training for office staff

Questions?



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