

# Assessing Patient Satisfaction

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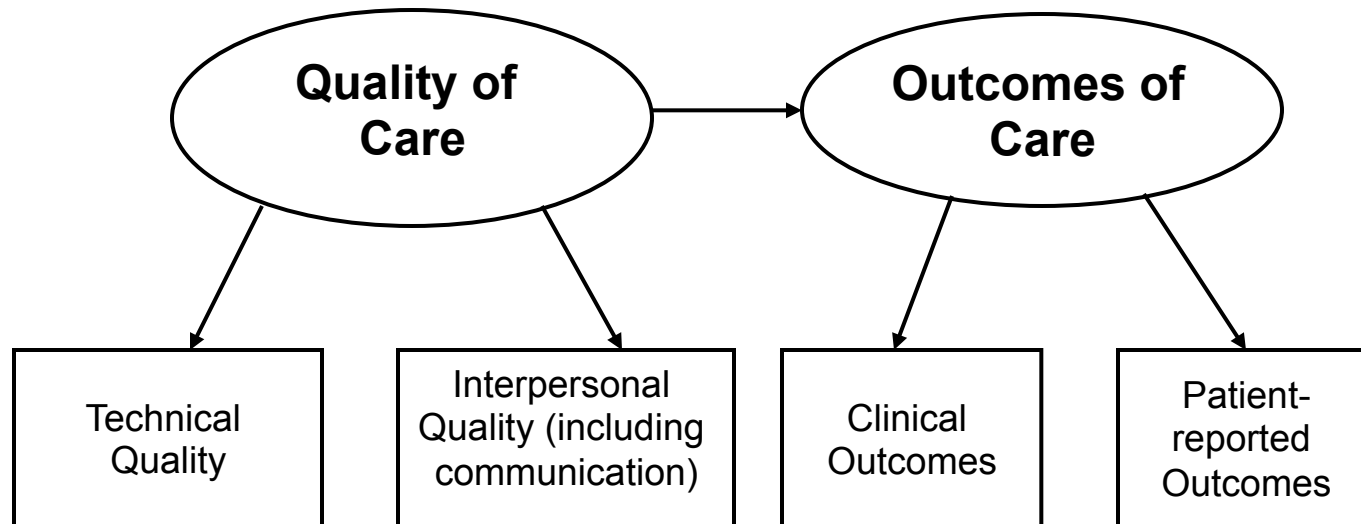
**RAND Health Program**

AUA Foundation Summer Research Conference

August 4, 2007 ~ 1:30--2:00 pm

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# Quality of Care and Outcomes of Care



# Consumer Assessment of Health Care Providers and Systems (CAHPS®)

- Many surveys but no standardization
- Little comparative data
- Science uneven and fragmented

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

# CAHPS Grantees

Multi-institutional, collaborative project launched in 1995 with financing from Agency for Healthcare Research and Quality (and CMS)

I: Harvard, RTI, RAND

II: AIR, Harvard, RAND

III: RAND, Yale

Support contractor: Westat

# Extensive Stakeholder Input

- Advisory Committee
- NCQA
- American Board of Medical Specialties
- Public comment
- Stakeholder meetings
- User Group meetings
- Continuous patient involvement in development and testing

# CAHPS is a National Standard

- NCQA uses CAHPS for accreditation
- CMS uses Medicare version nationally
- Many other organizations use CAHPS

130 million Americans enrolled in health plans that collect CAHPS data

Over one-half million Americans complete CAHPS surveys each year

Darby, C. et al. (2006). Consumer Assessment of Health Providers and Systems (CAHPS): evolving to meet stakeholder needs. Am J Med Qual. 21(2),144-147

# Hallmarks of CAHPS Surveys

- Focus on topics for which consumers are the best or only source of information
- Provide information consumers say they want and need to help select a health plan, medical group, doctor, hospital, nursing home, dialysis facility, etc.
- Include core items applicable to everyone.
- Supplement with items targeted at unique features of different subgroups:
  - Medicaid, Medicare, Children, Specialty care

# Hallmarks of CAHPS Surveys

- Use a specific reference period
  - e.g., last 12 months
- Ask consumers to report experience
  - Never/Almost never/Sometimes/Usually/Almost Always/Always
- Don't ask about satisfaction, but ask consumers to rate care
  - 0-10 rating scale



# Clinician & Group Survey

- *Three versions of the survey*
  - Adult primary care
  - Child primary care
  - Adult specialty care
- *Spanish translations for all versions*
- *Common core across all versions*
  - Assures standardization and promotes benchmarking

# Common Core of Clinician & Group Survey

## **Getting Appointments and Health Care When Needed**

- Getting appointments for urgent care
- Getting appointments for routine care or check-ups
- Getting an answer to a medical question during regular office hours
- Getting an answer to a medical question after regular office hours
- Wait time for appointment to start

## **How People Rated Doctor**

- 0-10 rating of doctor

## **How Well Doctors Communicate**

- Doctor explanations easy to understand
- Doctor listens carefully
- Doctor gives easy to understand instructions
- Doctor knows important information about medical history
- Doctor shows respect for what you have to say
- Doctor spends enough time with you

## **Courteous and Helpful Office Staff**

- Clerks and receptionists were helpful
- Clerks and receptionists treat you with courtesy and respect

# Supplemental Items

- *Adult Primary Care*
  - 17 topics covered by supplemental items
  - Includes health promotion and education, shared decision making, communication items for QI, and most recent visit items.
- *Child Primary Care*
  - 7 topics covered by supplemental items
  - Includes doctor communication with child, health improvement, and shared decision making.
- *Adult Specialty Care*
  - 6 topics covered by supplemental items
  - Includes coordination of care, shared decision making, and surgery or procedures performed by the doctor.

# Sampling

- *Sampling frame*
  - Adults (parents/guardians of children) who visited one of the doctors who are the subject of the survey within the prior 12 months.
- *Sample source may vary by survey sponsor*
  - Billing or administrative data
  - Practice records
- *Select sufficient sample to yield recommended number of completed surveys*
  - 45 completes per doctor
  - 300 completes per group practice

# Data Collection Modes

- *Mail administration*
  - 3 waves of mailing
- *Telephone administration*
  - At least 6 attempts across different days of the week and times of day
- *Mixed mail and telephone administration*
  - Boost mail survey response by adding telephone administration

# Background

- Of 1,200 doctors (800 specialists), 300 specialists account for more than 80% of the outpatient visits
- 35 sites
- 31 specialties
- 11 clinical departments

# Hypothetical University Faculty Practice Group Survey

- CONFIDENTIAL DATA not shown

# Reliability of Measures

Measure	Items	Alpha	Physician-level
Access	4	0.81	0.89
Communication	6	0.95	0.86
Office Staff	2	0.78	0.82
Doctor rating	1	N/A	0.89



# Correlations with Global Rating of Specialist

*Communication:*      $r = 0.81$

*Access:*                      $r = 0.52$

*Office Staff:*          $r = 0.44$

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1: [Health Care Financ Rev.](#) 2007 Spring;28(3):17-30.

Links

Understanding the reporting practices of CAHPS sponsors.

[Teleki SS](#), [Kanouze DE](#), [Elliott MN](#), [Hiatt L](#), [de Vries H](#), [Quigley DD](#).

RAND Health and Pardee RAND Graduate School, Santa Monica, CA 90407-2138, USA. [teleki@rand.org](mailto:teleki@rand.org)

This article examines the reporting of Consumer Assessment of Healthcare Providers and Systems (CAHPSO) consumer experience data by sponsors, those that fund data collection and decide how information is summarized and disseminated. We found that sponsors typically publicly reported comparative data to consumers, employers, and/or purchasers. They presented health plan-level data in print and online at least annually, usually in combination with non-CAHPS information. Many provided trend data, comparisons to individual plans, and summary scores. Most shared information consistent with known successful reporting practices. Areas meriting attention include: tailoring reports to specific audiences, assessing literacy, planning dissemination, educating vendors, and evaluating products and programs.

PMID: 17645153 [PubMed - in process]

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Related Links

▶ Making survey results easy to report to consumers: how reportin [Med Care. 1999]

▶ Epilogue: Early lessons from CAHPS Demonstrations and Eval [Med Care. 1999]

▶ Psychometric properties of the Consumer Assessment of Heal [Health Serv Res. 2003]

▶ Similarities and differences in choosing health plans. [Med Care. 2002]

▶ Do consumer reports of health plan quality affect health plan se [Health Serv Res. 2000]

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