

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

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**April 29, 2010, 12-2pm**

*Challenges in Clinical Health Services (HS 265)*

# 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 with 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”

# 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
- **Benchmarks**
  - CAHPS Database

# 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

# Cast of contributors

- *CAHPS grantees*
- *AHRQ and CMS Staff*
- *Westat Staff*
- *Stakeholders*

# Public Resource

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



# Literature Review – the first step

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

# Other early input

- Environmental scan for measures
- Federal Register Notices
- Technical Expert Panels

# 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
  - 1<sup>st</sup> mailing of questionnaire
  - Reminder post card
  - 2<sup>nd</sup> 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 Family Practice Group

- Uses CAHPS Clinician & Group survey
- Implemented performance improvement initiatives to help practices improve on CAHPS measures



# Multi-Phase Performance Improvement Initiative

- Reporting and feedback of CAHPS scores to practices
- Consultation 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

# Rationale for Visit Questionnaire

- Physicians
  - Are familiar with visit-based evaluations
  - Perceive them to be more valid and credible than periodic assessments
- Data may be especially useful for quality improvement

# Development of Visit Questionnaire

- First version drafted in 2008
- Field tested in 2009
  - 2 clinics from Allina Health System compared visit questionnaire with 12-month C-G questionnaire
    - Member of Minnesota Community Measurement, non-profit with mission to improve health by publicly reporting health care information

# Visit Questionnaire Domains (Number of items)

- Composites
  - Doctor communication (6 items)
  - Office staff (2 items)
  - Access (5 items)
- Global items
  - Rating of doctor (1 item)
  - Recommend doctor's office (1 item)

# Reference Periods

- Most recent visit (*doctor communication, office staff*)
  - During your most recent visit, did this doctor explain things in a way that was easy to understand?
    - *Yes, definitely; Yes, somewhat; No*
- Last 12 months (*access*)
  - In the last 12 months, when you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
    - *Never; Sometimes; Usually; Always*

# Doctor Communication Composite (6 Items)

During your most recent visit, did this doctor

- 18. Explain things in a way that was easy to understand?
- 19. Listen carefully to you?
- 21. Give you easy to understand instructions about taking care of these health problems or concerns?
- 22. Seem to know the important information about your medical history?
- 23. Show respect for what you had to say?
- 24. Spend enough time with you?

# Office Staff Composite (2 items)

28. During your most recent visit, were clerks and receptionists at this doctor's office as helpful as you thought they should be?

29. During your most recent visit, did clerks and receptionists at this doctor's office treat you with courtesy and respect?

# Access Composite (5 Items)

## In the last 12 months

6. When you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
8. When you made an appointment for a check-up or routine care with this doctor, how often did you get an appointment as soon as you thought you needed?
10. When you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?



# Access Composite Continued

12. In the last 12 months, when you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this doctor within 15 minutes of your appointment time?

# Global Items

25. Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?

26. Would you recommend this doctor's office to your family and friends?

– *Yes, definitely; Yes, somewhat; No*

# Questions?



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