

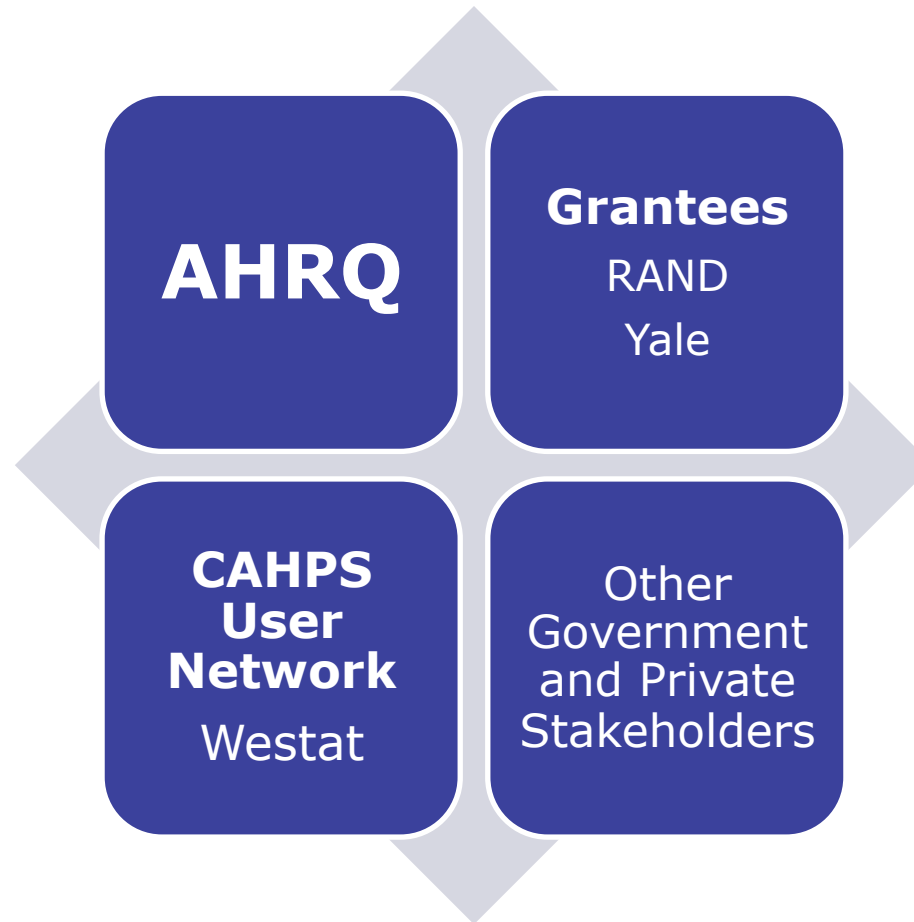
CAHPS® Survey to Evaluate the Patient's Experience with the Medical Home

Ron D. Hays, Ph.D.
UCLA Department of Medicine
RAND Health Program
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San Diego, CA (10:45am-11:45am)

Objectives

- ***Learn about CAHPS project***
- ***Become familiar with content and plans for CAHPS Patient-Centered Medical Home Survey***
- ***Examine how one health care provider uses CAHPS surveys for quality improvement***

Current CAHPS Consortium



The CAHPS Family of Surveys



- **Ambulatory Care Surveys**

- ***CAHPS Clinician & Group Survey***
- CAHPS Health Plan Survey
- CAHPS Surgical Care Survey
- ECHO® Survey
- CAHPS Dental Plan Survey
- CAHPS American Indian Survey
- CAHPS Home Health Care Survey

- **Facility Surveys**

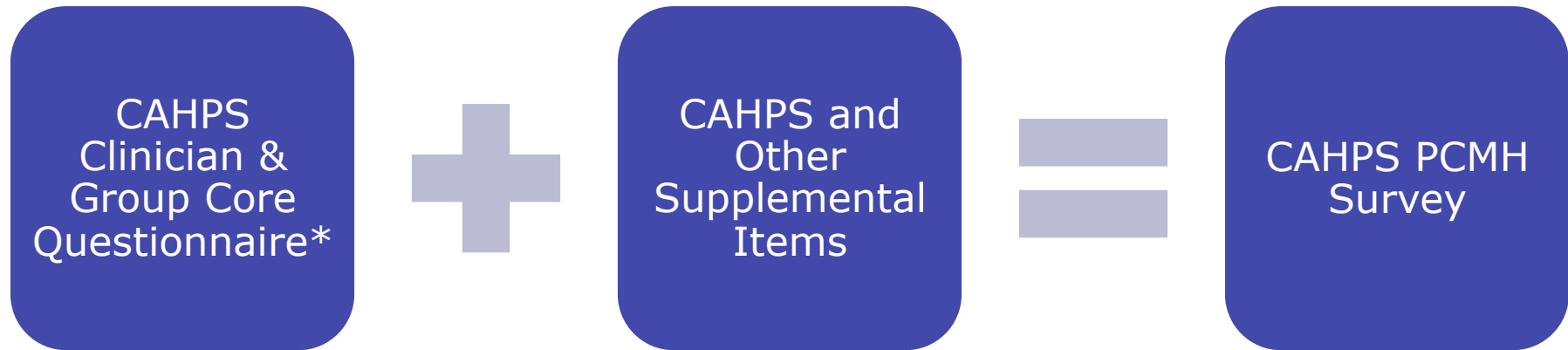
- CAHPS Hospital Survey (HCAHPS)
- CAHPS In-Center Hemodialysis Survey
- CAHPS Nursing Home Surveys

CAHPS Design Principles



- **Emphasis on patients**
 - What patients value with respect to the setting of care
 - Aspects of care for which patients are the best or only source of information
 - Extensive testing with patients and families
- **Reports and ratings about experiences**
- **Standardization**
 - Surveys, data collection, analysis, reporting, benchmarking
- **Multiple versions for diverse populations**
 - e.g., adult, child, languages
- **All CAHPS surveys and products are in the public domain**

CAHPS Clinician & Group Survey: Patient-Centered Medical Home Version



* NQF endorsed

PCMH Survey Domains

- **Access**
- **Communication**
- **Coordination**
- **Comprehensiveness**
- **Shared decision-making**
- **Whole person orientation**
- **Self-management support**

Example Content of domains



- ***Got urgent care appointment as soon as needed***
- ***Listening carefully; explaining clearly***
- ***Provider up-to-date about care from specialists***
- ***Office you usually went to when needed care for an ongoing problem***
- ***Provider asked what you thought was best for you***
- ***Provider knew important information about your medical history***
- ***Someone in provider's office talked about things you could do to change your habits or lifestyle***

Development process

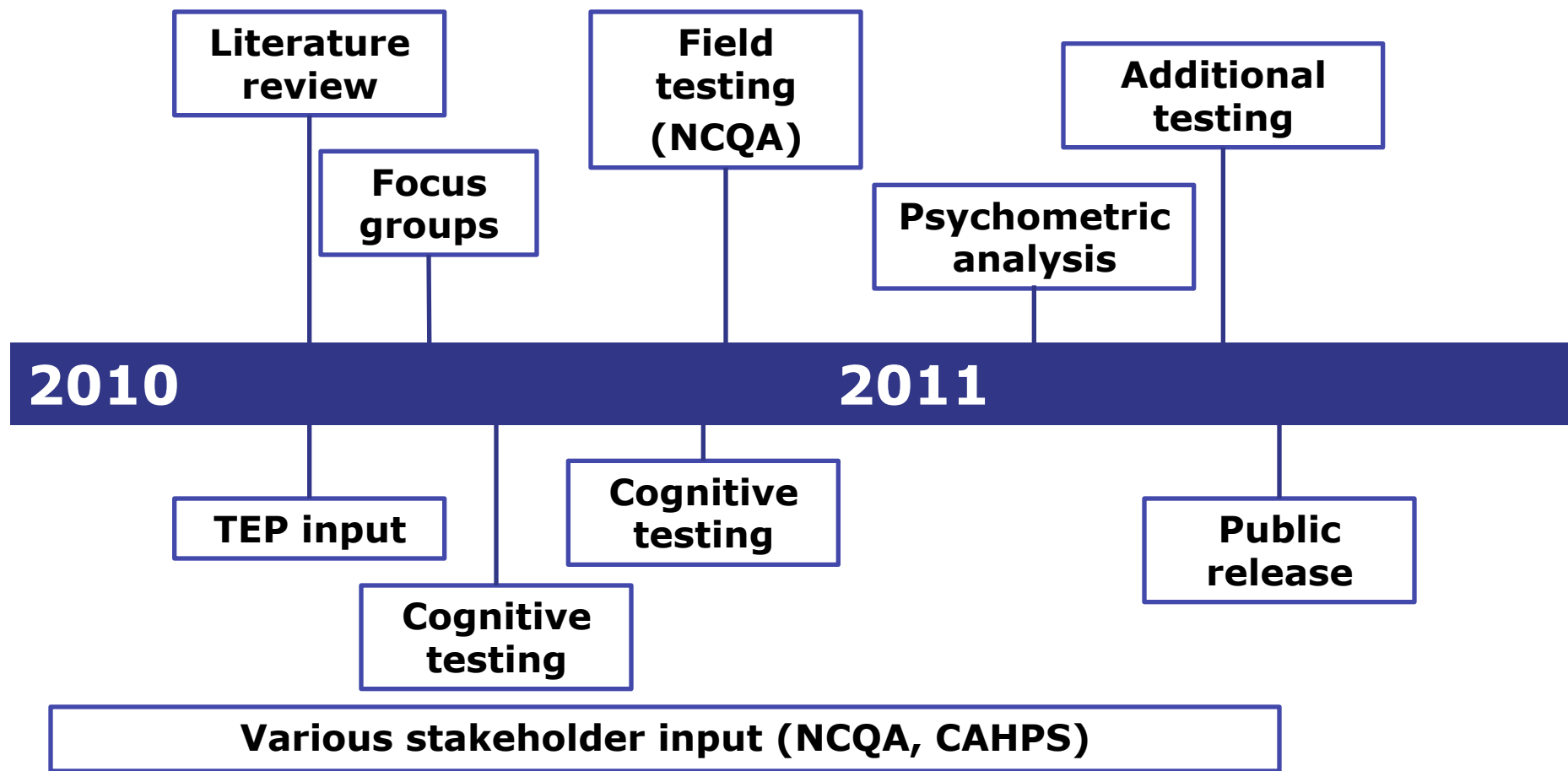
- **Literature review**
- **Technical Expert Panels** (CAHPS and NCQA)
- **Focus group feedback**
- **Cognitive testing** (English and Spanish)
 - Adult patients and parents of children in medical home practices and regular primary care practices
- **Field testing** (English and Spanish)
- **Psychometric analysis**
- **Public release**

Collaboration with NCQA



- **NCQA Advisory Committee formed in 2009 to update the current Physician Practice Connections®-PCMH program in 2009**
- **Current standards include optional patient experience evaluation to achieve higher levels of recognition**
 - *2011 standards include option to use a standardized survey and protocol*

Timeline



CAHPS User Network Resources



Users of CAHPS survey products and results have access to:

- Free CAHPS Clinician & Group Survey and Reporting Kit
- CAHPS Database
- Current information about CAHPS products
- Educational conferences and webcasts
- One-on-one technical assistance

For more CAHPS information



- **Visit the CAHPS Website**
 - <https://www.cahps.ahrq.gov>
- **Contact the Help Line**
 - cahps1@ahrq.gov
 - 1-800-492-9261

UCLA Faculty Practice Group (FPG)



- ***18 clinical departments***
- ***72+ ambulatory locations (20% primary care)***
- ***1260 full-time faculty of UCLA School of Medicine***
 - 600 clinical FTEs of activity
- ***1.8 million encounters/year (68% ambulatory and 30% primary care)***

Exploratory Dialogue with Providers

- ***Rationale for use of CAHPS survey***
 - What patients report is important
 - One component of total health care received
- ***Educate about CAHPS items***
- ***Explain choice of MDs to survey***
 - MD-level reporting

What was learned from dialogue



- ***General belief in face validity of CAHPS***
 - Questions about relevance of some items
 - Operational & structural issues affect CAHPS data
- ***Need***
 - Data more quickly
 - Explicit tools and strategies to improve (“What do I do?”)
 - Team-work among MDs, CAO’ s, managers, & staff

Intervention Linked to CAHPS



- ***Training to improve office staff helpfulness***
- ***Physician communication with patients***
- ***Communication of diagnostic test results***
 - Standards and guidelines to improve coordination of care
- ***Patient experience QI collaborative***

Patient Experience Collaborative



- ***Sought out lower performing practices that were motivated to change***
 - MD and staff leadership participated
- ***Practices choose areas to work on***
- ***Goal was improvement in CAHPS scores***

Overall Lessons Learned



- ***Physicians need a respected source to tell them the CAHPS data is reliable and valid***
 - Origins and purpose of survey
 - Relevance of questions to speciality and surgical practice
 - Sampling and case-mix adjustment
 - Explanation of reports & guidelines for change
- ***Frequent feedback about performance***
- ***Challenges of resources and diffuse authority***

Recent collaboration with FPG practices



- ***CAHPS data used for FPG-wide performance improvement project***
 - Describing internal “best practices”
 - Patients should have a consistent experience
 - Laying out framework for action
 - FPG support as needed (e.g., performance improvement coaches)
- ***For further information about UCLA efforts:***
 - Samuel A. Skootsky, M.D., Chief Medical Officer, UCLA FPG (SSkootsky@mednet.ucla.edu)

Thank you

Ron D. Hays, Ph.D. (drhays@ucla.edu)

UCLA Department of Medicine

911 Broxton Avenue, Room 110

Los Angeles, CA 90024

(310) 794-2294

<http://twitter.com/rondhays>

<http://gim.med.ucla.edu/FacultyPages/Hays/>