

# **The CAHPS<sup>®</sup> Clinician & Group Survey**

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## Section 6: Use of the Measure for Public Reporting and Quality Improvement

A hallmark of the CAHPS initiative since its inception has been the systematic integration of reporting considerations into all aspects of survey design and implementation. This process is based on the principle that reporting applications and the needs of users should guide the development of questionnaire content, sampling, and data collection protocols. This section reviews the reporting considerations for Clinician & Group Survey results related to audiences and uses, reports development and formative testing, the evidence from early initiatives, and resources for guiding future efforts.

### A. Audiences and Uses

A distinguishing feature of the CAHPS Clinician & Group Survey is the explicit expansion of audiences and uses to include quality improvement applications oriented to health plans and clinical practices in addition to public reporting applications oriented to consumers and purchasers. Indeed, one of the primary motivations for developing a CAHPS survey at the medical group and clinician level was to more effectively meet the needs of medical groups, practices, and individual physicians to improve the quality of the patient experience in the ambulatory care setting. The application of Clinician & Group Survey results for quality improvement purposes has played a major role in the development of survey content and administration protocols.

### Quality Improvement

The following are the major intended audiences and uses for Clinician & Group Survey results related to quality improvement applications:

- **Accrediting and certifying organizations:** For use in physician board certification (such as in the new Maintenance of Certification requirements of the American Board of Medical Specialties) and new accreditation programs that reward the use of group and clinician-level surveys (such as NCQA's Quality Plus standards for Physician and Hospital Quality).
- **Health plans:** For use in medical group contracting, performance monitoring, quality improvement initiatives, and pay-for-performance programs (such as the Integrated Healthcare Association's program in California).
- **Medical groups and practice sites:** For use in physician contracting, performance monitoring, quality improvement initiatives, and pay-for-performance programs.
- **Individual clinicians:** For use in developing and implementing practice improvement plans, either formally in the context of a collaborative project or ongoing program (such as the Practice Improvement Modules of the American Board of Internal Medicine) or informally in individual practices.

### Public Reporting

Audiences and uses for Clinician & Group Survey results related to public reporting applications include:

- **Consumers:** For use in selecting or confirming their choice of a medical group, practice site, or individual physician.
- **Purchasers:** For use in monitoring the performance of physician networks included in health plan products and benefit programs offered to beneficiaries.
- **Policymakers:** For use in monitoring the overall quality of care as reflected by the patient's experience (such as in AHRQ's *National Healthcare Quality and Disparities Reports*).

## **B. Reports Development and Formative Testing**

CAHPS investigators have conducted several studies to guide the development of reporting activities incorporating results of the Clinician & Group Survey (or results from very similar precursor instruments). These studies are described briefly below.

### **Quality Improvement Reports**

- **Institute for Clinical Systems Improvement (ICSI):** As part of a collaborative project aimed at improving the patient care experience, Harvard team researchers worked with eight medical groups in Minnesota to assess the effectiveness of report design and distribution methods to support quality improvement based on survey results collected at the medical group level. Portions of this work have been presented at public meetings and a publication on this work is pending.
- **Massachusetts Health Quality Partners (MHQP):** Harvard team researchers participated in a series of focus groups with leaders from integrated delivery networks, medical groups, and practice sites to determine reporting needs and preferences related to a Statewide physician-level survey. (A sample of the final report format distributed to practices participating in the MHQP survey project is included as Appendix L.)
- **HealthPlus of Michigan:** RAND researchers are working with a large health plan in southeastern Michigan to use Clinician & Group Survey results collected at the physician level for quality improvement, pay-for-performance, and member reporting. (See Appendix M for an example of the HealthPlus physician-level quality improvement report.)
- **American Board of Internal Medicine (ABIM):** The ABIM Practice Improvement Modules for physician Maintenance of Certification will incorporate the CAHPS Clinician & Group Survey to help physicians monitor and improve performance related to communication and interpersonal skills.

### **Public Reporting**

- **Study of how consumers use reports on the quality of care systems:** Researchers from the Academy for Educational Development (AED), working with the Harvard Reports Team, conducted a series of interviews with employees who received from their employer a comparative quality guide designed to support their annual choice of a care system. The study elicited ways in which consumers actually used such information in selecting a care system, and found that consumers were much more likely to use a quality guide when they were new to the job and area and therefore had to find a health care provider. Consumers also used quality guides to confirm their choice of the providers they already use.
- **Massachusetts Health Quality Partners (MHQP):** Harvard team researchers conducted a series of focus groups with consumers in three regions of Massachusetts to gain insights related to the organization, content, and presentation of a Web-based public report on MHQP's Statewide patient experience survey of physician practices. In addition, based on an examination of MHQP's survey data, researchers from Tufts University (also with the Harvard team) provided recommendations for reporting the results in a way that minimizes the risk of misclassifying physicians and group practices. Actual results from the MHQP public report released in March 2006 are available at <http://www.mhqp.org/quality/pes/pesSearch.asp?nav=031600> (accessed June 29, 2006).
- **RAND study of Clinician & Group Survey composites:** Researchers from the RAND team are currently developing a protocol for testing consumer preferences regarding the organization, construction, and labeling of the survey composites. The results of this testing will be used along with psychometric tests of question items to inform the content and names of composite measures for consumer audiences.

- **AIR lab studies of physician-level displays of data for consumer reports:** Researchers from the American Institutes for Research (AIR) conducted a laboratory experiment to identify and systematically test features of data displays for quality reports that help consumers notice differences in quality more readily, interpret differences in quality more accurately, and use quality information more easily. Portions of this work have been presented at public meetings and a publication on this work is pending. Examples of displays of quality data will be available on the CAHPS Web site ([www.cahps.ahrq.org](http://www.cahps.ahrq.org)).
- **RAND study of reporting patterns of CAHPS sponsors:** RAND researchers conducted telephone interviews with 27 organizations that publicly report CAHPS results to support consumer choice. Major findings include the following: sponsors are not seeking specific reporting templates as much as technical assistance to improve existing reports and to adapt new survey content (e.g., results of the Clinician & Group Survey at the physician level), and sponsors do not pay sufficient attention to the need to tailor reports to specific audiences, literacy assessments, dissemination planning, or evaluation.

### ***C. Evidence from Early Reporting and Quality Improvement Applications***

The reports development and testing efforts described above include references to several early reporting applications for both quality improvement (ICSI and MHQP) and public reporting (MHQP). These and several other early reporting and quality improvement initiatives provide examples and key lessons related to the effective use of Clinician & Group Survey results.

#### **Quality Improvement Evidence**

- **Institute for Clinical Systems Improvement:** An evaluation of this learning collaborative with eight medical groups in Minnesota found that small measurable improvements in patient experience were achieved in the short term using an early test version of the CAHPS Clinician & Group Survey. The evidence suggests that sustainable, longer term change in performance will likely require organizational strategies, engaged leadership, cultural change, and more experience in using survey data. (Results of this evaluation will be submitted for publication.)
- **Harvard Vanguard Medical Associates:** This 500-physician multi-specialty group practice in the Boston area used a test version of the Clinician & Group Survey to identify problems and take corrective action to improve performance in visit-based continuity (to increase the percentage of the time that patients see their own primary care physician when they come to the office for care) and to improve the visibility of the clinical team. Preliminary evidence from the continuous measurement of patient perceptions of care shows that these changes are making a difference and improving survey scores.

#### **Public Reporting Evidence**

- **Integrated Healthcare Association:** This Statewide pay-for-performance initiative in California uses patient survey data along with clinical and information technology performance metrics to assess medical group performance. Scores are publicly reported and health plans use these assessments to develop financial rewards and incentives for the medical groups they contract with. Average patient experience survey scores across over 100 medical groups have improved significantly between 2002 and 2004. (See [www.opa.org](http://www.opa.org) to access the public reports.)
- **Massachusetts Health Quality Partners:** There is strong and growing anecdotal evidence that the MHQP's public release of patient experience data earlier this year is motivating organizations to closely examine areas where they have not performed as well as expected, and to take corrective steps to improve their performance on future surveys.

## **D. Guidance for Reporting and Quality Improvement**

The initiatives described above provide several real-world models for reporting Clinician & Group Survey results for multiple audiences and purposes. In addition, CAHPS grantees have played a role in developing specific resources with reporting guidance that is relevant to the Clinician & Group Surveys. These include:

### **Quality Improvement Guidance**

- **CAHPS Web Site:** The CAHPS Web site includes a section specifically devoted to recommendations and resources for using CAHPS results to improve patients' experiences with care. (See [https://www.cahps.ahrq.gov/content/resources/QI/RES\\_QI\\_Intro.asp?p=103&s=31](https://www.cahps.ahrq.gov/content/resources/QI/RES_QI_Intro.asp?p=103&s=31).)
- **The CAHPS Improvement Guide:** Harvard researchers developed this Guide as a comprehensive resource for health plans and medical groups seeking to improve their performance in the domains of quality measured by the CAHPS Health Plan Survey. Originally published in October 2003 (and available at [https://www.cahps.ahrq.gov/content/resources/QI/RES\\_QI\\_CAHPSImprovementGuide.asp?p=103&s=31](https://www.cahps.ahrq.gov/content/resources/QI/RES_QI_CAHPSImprovementGuide.asp?p=103&s=31)), the Guide is now being updated and converted to a Web-based tool. It will feature new applications related specifically to the use of the Clinician & Group Survey by medical groups and practices.

### **Public Reporting Guidance**

- **CAHPS Web Site:** The CAHPS Web site includes a section specifically devoted to recommendations and resources for reporting CAHPS results. (See [https://www.cahps.ahrq.gov/content/resources/report/RES\\_REPORT\\_Intro.asp?p=103&s=32](https://www.cahps.ahrq.gov/content/resources/report/RES_REPORT_Intro.asp?p=103&s=32)).
- **TalkingQuality:** This Web site, sponsored by the Agency for Healthcare Research and Quality (AHRQ), is a comprehensive online guide to developing comparative health care quality reports for consumers. (See [www.talkingquality.gov](http://www.talkingquality.gov).)
- **Report Card Compendium:** Developed as an adjunct to the TalkingQuality Web site, the Compendium is a new Web resource cataloguing over 200 examples of performance reports. Also sponsored by AHRQ, this Web site has not yet been officially launched for public use. The public launch is anticipated later in 2006.

In addition to the above tools, the following references authored by CAHPS researchers are also useful sources of information on developing public reports on Clinician & Group Survey results for consumers:

- Carman KL, McGee JM, Hibbard J, Gustafson S, Dardess PK, Evensen C, and Garfinkel SA. (2006). *Improving quality in a consumer driven era: Showing the differences is crucial to informed consumer choice*. Presented at the 10th National CAHPS User Group Meeting, Baltimore, Maryland, March 29-31, 2006. Available at [https://www.cahps.ahrq.gov/content/community/Events/UGM10/files/DAY2\\_c&d\\_1\\_Carman.pdf](https://www.cahps.ahrq.gov/content/community/Events/UGM10/files/DAY2_c&d_1_Carman.pdf), accessed June 29, 2006.
- Kanouse DE, Spranca M, Vaiana M. (2004). Reporting About Health Care Quality: A Guide to the Galaxy. *Health Promotion Practice*. 5(3):222-231.
- McGee J. *Writing and Designing Print Materials for Beneficiaries: A Guide for State Medicaid Agencies*. Baltimore, MD: Health Care Financing Administration, Center for Medicaid and State Operations. HCFA Publication Number 10145. October 1999.
- Shaller Consulting. *Consumers in Health Care: The Burden of Choice*. Oakland, CA: California HealthCare Foundation. October 2005.

- Shaller Consulting. *Consumers in Health Care: Creating Decision-Support Tools That Work*. Oakland, CA: California HealthCare Foundation. June 2006.
- Teleki SS, Shaw RN, Spranca M, Kanouse D, Vaiana M, deVries H. *Lessons Learned About Designing, Disseminating, and Using Reports on Health Care Quality*. In press: Agency for Healthcare Research and Quality. 2006.