



Patient Experience Survey: Methods and Analysis

Background:

The National Committee for Quality Assurance (NCQA) 2011 Patient Centered Medical Home standards require that clinics shift from patient satisfaction to patient experience reporting and collect data on the following 5 topics: 1) Access, 2) Communication, 3) Care Coordination, and 4) Self-Management support. The recommended survey tool is the PCMH Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS). At the June CCHN section meetings, CCAN and CODAN discussed the CAHPS survey and felt this 52 question survey would be administratively difficult to implement and would place a heavy burden on patients. During the June CCHN Board of Directors Meeting, CCAN and CODAN recommended to adopt five of the patient experience questions from the CAHPS survey that will apply to all Colorado CHCs. The Board approved the recommendation unanimously. The results of this survey will be reported annually to CCHN for aggregation and analysis. The CCHN Board voted unanimously to implement this survey and requested that survey methodology be discussed at the August Quarterly Meeting.

Approved Survey Questions:

1. In the last 12 months, how many days did you usually have to wait for an appointment when you **needed care right away**?
 - a. Same day
 - b. 1 day
 - c. 2 to 3 days
 - d. 4 to 7 days
 - e. More than 7 days

2. In the last 12 months, how often did this provider explain things in a way that was easy to understand?
 - a. Never
 - b. Sometimes
 - c. Usually
 - d. Always

3. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?
 - a. Yes
 - b. No

4. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?
 - a. Yes
 - b. No **If No, skip question 5**

5. In the last 12 months, how often did your provider seem informed and up-to-date about the care you got from specialists?

- a. Never
- b. Sometimes
- c. Usually
- d. Always

Goals of New Survey:

1. Implement Patient Experience Surveys at Colorado CHCs.
2. Measure progress toward Patient Centered Medical Home through patient experience.
3. Generate reports that show Colorado CHC performance on measures considered critical by NCQA.
4. Create reports that are useful for CHC internal quality improvement.
5. Meet Patient Experience Reporting and QI requirements of NCQA application.
6. Provide CCHN information about technical assistance needs.
7. Minimize impact on CHC staff and disruptions in workflow.

Use and Value of Collecting and Reporting Statewide Patient Experience Data:

Value for Policy and Public Affairs:

1. Provisions of the Affordable Care Act and the CMS demonstration project have put CHCs under a much brighter national spotlight. Questions have been raised as to what the nation's return will be for providing this level of funding and what the CHC contribution towards quality healthcare will look like. Patient surveys have become vital measures of quality and performance. A recent article in JAMA suggests standard patient satisfaction surveys are poor reflections of healthcare quality. However, patient experience surveys such as CAHPS produce more objective results. Colorado CHCs will use questions from the PCMH CAHPS patient experience survey to gather the data, which will be invaluable when responding to articles such as the piece in the April 2012 issue of USA Today.
2. This approach also sends a strong message to HRSA and other funders regarding Colorado CHCs' commitment to achieving patient centered care and improving patient experiences. Jim McCray has indicated our survey proposal makes Colorado national leader in patient experience reporting.

Value for Quality Improvement:

1. CHCs will have internal patient experience data that can be compared to Colorado Performance and National Outcomes.
2. Data can be used to identify best practices.
3. CCHN staff can use data to improve technical assistance available to Colorado CHCs.

CCHN staff recommendations for survey methods requiring standardization to produce valid results:

1. Distribution method
 - a. Survey questions can be added to existing CHC survey or distributed independently.

- b. Surveys distributed in the clinic typically produce higher scores than surveys distributed by mail or by a vendor.
 - c. Surveys administered exclusively electronically typically have low response rates.
 - d. CCHN recommends a random sample as it is the most valid and has the simplest workflow.
 - e. All patients arriving at clinic will receive access to survey until the required sample size has been reached.
 - f. Survey can be distributed at check-in and left anonymously in a drop-box.
 - g. Staff should provide all patients with access to the survey.
2. Sample Size
- a. AAFP recommends 50 completed surveys per clinician.
 - b. CAHPS requires that the following number of surveys be distributed in each clinic site:

Number of clinicians per site	Number of surveys
1	128
2-3	171
4-9	343
10-13	429
14-19	500
20-28	643
29 or more	686

Proposed Timeline:

- 1. CHCs should administer survey and report data to CCHN between September 1, 2012 and June 1, 2013.
- 2. CHCs will email their aggregated data to CCHN by June 1, 2013.
- 3. CCHN will aggregate and analyze the data and provide data reports at December 2013. Quarterly meeting.

CCHN Data Analysis

- 1. CCHN will provide each center with site specific results.
- 2. CCHN will provide each center statewide aggregate scores.

Other items for consideration

- 1. Sample Size?
- 2. Should data be shared transparently?

Proposed Motion For CCHN Board of Directors:

CCAN and CODAN jointly recommend approval of a statewide CHC standardized 5 question patient experience survey. The following methodology will be used by all CHCs:

- 1. Survey should be initiated at the clinic site. Either by distributing it to patients or directing patients to online content.
- 2. The patient sample should be random. All patients should have access to survey until required number is achieved.
- 3. CHCs will use the AAFP or the CAHPS sample size.
- 4. Data will be aggregated for statewide results by CCHN.
- 5. Data will/will not be transparent by CHC.
- 6. Aggregated CHC survey data will be electronically shared with CCHN on June 1, 2013
- 7. CCHN will aggregate and analyze the data and provide a report to the CCHN Board of Directors in December 2013.