

# The MHQP 2017 Patient Experience Survey

## Questions and Answers

**Note:** This section answers general questions about the survey. Detailed information about statistical methods behind survey administration and scoring can be found in the Technical Appendix.

### ***What is the MHQP Patient Experience Survey?***

The MHQP Patient Experience Survey is a statewide survey that asks patients to report about their experiences with a specific primary care provider and with that provider's practice. The MHQP 2017 Patient Experience Survey Instrument for adults is based on the CAHPS® Patient Centered Medical Home (PCMH) Survey, developed by the National Committee for Quality Assurance (NCQA), and the Agency for Health Care Research and Quality (AHRQ). The survey for adults is a 61 question tool and the pediatric version has 68 items. The most recent statewide patient experience survey was conducted in the spring of 2017 and included commercial patients sampled from adult and pediatric primary care practices in Massachusetts.

MHQP's objective in collecting and reporting results of the survey is to provide valid and reliable information to help primary care providers improve the quality of care they deliver to their patients and to help consumers take an active role in making informed decisions about their health care.

### ***Why are patient experiences with care an important component of quality measurement?***

In 2001, the Institute of Medicine report entitled *Crossing the Quality Chasm* first identified patient centered care as one of the six essential pillars for an outstanding healthcare system. Patient experience surveys have been developed and validated for over 15 years and are now fundamental tools to evaluate patient centered care and to help clinicians and organizations improve this dimension of health care quality. The measures of patients' care experiences that are available today provide detailed and specific information from patients about both clinical interactions (e.g., communication quality) and organizational features of care (e.g., access to care).

According to a 2014 study in *Medical Care Research and Review*, patient experience surveys are helping to drive improvement in patient-centered care and quality improvement. For example, some of the key characteristics measured in patient experience surveys, such as physician-patient communication, are found to be associated with health outcomes and adherence to recommended care.<sup>1</sup> Evidence from this study also indicated that physicians are becoming increasingly responsive to publicly reported surveys of patient experience and are subsequently motivated to make changes to improve and/or maintain performance. In addition, there are increasing financial incentives tied to these measurements.

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<sup>1</sup> *Examining the Role of Patient Experience Surveys in Measuring Health Care Quality*; Medical Care Research and Review, 2014; Price RA, Elliott, M, Zaslavsky, A, Hays, R, Lehrman, W, Rybowski, L, Edgman-Levitan, S, Cleary, P.

### ***How is MHQP's Patient Experience Survey funded and how do funders use results?***

Since 2005, the statewide survey and public reporting have been supported by the state's major health plans: Blue Cross Blue Shield of Massachusetts, Fallon Health, Harvard Pilgrim Health Care, and Tufts Health Plan. This year, ten provider organizations, representing nearly half of the state's primary care physicians, added their financial support: Cooley Dickinson PHO, Hallmark Health Medical Associates, Lowell General PHO, Mount Auburn Cambridge IPA, New England Quality Care Alliance, Northeast PHO, Partners HealthCare System Inc., The Pediatric Physicians' Organization at Children's Hospital Boston, Steward Health Care Network, Tri-county Medical Associates, UMass Memorial Healthcare, and Winchester PHO. Additionally, recognizing the value of patient experience information, which is part of the Standard Quality Measure Set (SQMS), the Center for Health Information and Analysis (CHIA), an independent Massachusetts state agency, has purchased PES results in recent years and incorporated them into CHIA's Annual Reports on the Performance of the Massachusetts Health Care System. Continued plan and provider organization support of MHQP's survey efforts has made Massachusetts a leader in this area of health quality measurement. Improving patient experience is now recognized as an essential component of system transformation to patient-centered care and provider organizations increasingly use patient experience survey results to support quality improvement for performance and recognition programs.

### ***What survey instrument was used?***

The MHQP 2017 Patient Experience Survey Instrument for adults is a 61 question tool and the pediatric version has 68 items. These instruments are based on the CAHPS® Patient Centered Medical Home (PCMH) Survey, developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). Over the past several statewide survey rounds, MHQP has integrated the best performing questions from its Ambulatory Care Experiences Survey (ACES), developed by MHQP and researchers from Tufts Medical Center, with survey content from the CAHPS® Clinician-Group survey. The 2017 PES instrument draws on this previous work and includes additional content to measure the patient centered medical home model of care that is being widely adopted by primary care practices. The adult survey is designed to be completed by the adult patient of the named primary care provider. The pediatric survey is designed to be completed by the parent or guardian of the child patient of the named primary care provider.

### ***How were the questions and summary measures on these survey instruments developed and validated?***

The survey questions were developed and validated over a period of several years, and build upon work conducted over a 15-year period by a team of internationally recognized survey scientists in the health care field. The primary care survey's conceptual model corresponds to the Institute of Medicine's definition of primary care (1996). Beginning in 2013, new survey questions were added to address measurement of the patient centered home model of care. These questions are also included in the 2017 instrument. Each survey question has undergone cognitive testing to ensure that the wording is interpreted consistently and is clear to individuals across a wide continuum of English literacy skills. All survey questions and composite measures have undergone extensive psychometric testing to ensure reliability, validity, and data quality.

### ***Why is MHQP collecting patient comments?***

MHQP now routinely captures free-text information in a systematic way. Specifically, we incorporate the beta version of the CAHPS® Narrative Elicitation Protocol, which is a set of open-ended questions that prompts survey respondents to tell a clear and comprehensive story about their experience with a health care provider. The ultimate objective of obtaining patient comments is to provide additional more textured information to help providers and practices

understand what they can do to improve their care and/or continue with strategies that are positively impacting patients' experiences.

***How was my practice selected to be included in the survey?***

To be included in the survey, practices were required to have at least three eligible primary care providers of the same specialty (adult or pediatric), each having a panel size of at least 20 eligible patients across the participating health plans. Solo and dual practice sites were only included in the survey if they or their provider organization opted to fund the sampling of their patients. These solo and dual practices will not be included in MHQP's public reporting of the survey results. Practice site groupings are based on where providers were practicing as of December 31, 2016.

***I did not receive results for certain practices and providers. Why?***

For private reporting, results are included for practices with at least **16** respondents. This minimum threshold allows practices to receive some information from the survey, even when sample sizes are limited. For provider level reports, results are included for providers with at least **seven** respondents. There are no minimum thresholds for the reporting of medical groups or networks.

***How many patients were selected to participate in the survey?***

The survey was sent to over 205,000 adult patients and to the parents of over 112,000 children.

***What was the overall response rate to the survey?***

The overall response rate to the survey was 19.66%. This response rate is typical for recent large scale surveys of this kind and is similar to response rates achieved in other regional health care survey efforts. The response rate in 2016 was 20%. The decline in response rates for traditional survey administration via mailed paper-based instruments points to the need to develop valid electronic surveys. In 2015, MHQP conducted a pilot test, in partnership with the California Healthcare Performance Information System (CHPI), funded by the Center for Healthcare Transparency, to evaluate methods of electronic surveying and to test a standard but shortened patient experience ambulatory care survey measurement tool. Results from this pilot proved that electronic surveying returns comparable results to paper mail surveying. In 2017, we offered an electronic mode of administration in addition to our traditional mailed survey. Innovations in this area make patient experience measurement more affordable, useful, and timely to your quality improvement efforts. We have and will continue to ensure a transition to technologically advanced approaches that meet the highest standards for consumer engagement and confidential treatment of personal information.

***Isn't it true that the most disgruntled patients are the ones who respond to surveys like this—so the results are not a fair representation of patient experiences?***

Several decades of survey research show that the reverse is true. When a survey is administered using the protocol applied here (mailing/email, with mail follow-up of non-respondents), patients with more favorable care experiences are more likely to respond than those who are disgruntled. In fact, patients who respond sooner to our survey consistently rate their provider with higher scores than patients who respond later. There is strong and consistent evidence that patients who have the most negative care experiences are *less* likely to respond, and are therefore under-represented in surveys of this type.

***When will MHQP publicly report 2017 PES results?***

MHQP will publicly report practice site results in the winter of 2018 on MHQP's website for healthcare consumers, [www.healthcarecompassma.org](http://www.healthcarecompassma.org). MHQP will allow all provider organizations across the state that did not contribute

financially to this PES project to review their results shortly before the public report. Network, Medical Group, and individual provider results will not be publicly reported by MHQP.

***Do you need a certain number of responses to be publicly reported on the website?***

Yes, a practice site needs a minimum of 16 responses to be included.

***Do you need a certain number of reportable composites in order to be included on the website?***

Yes, you need at least two composites with a reliability of 0.70 or greater to be included; willingness to recommend is counted as one of the two composites.

***How can I find out more about the MHQP Patient Experience Survey?***

MHQP maintains an organizational website; [www.mhqp.org](http://www.mhqp.org), which includes updates on our Patient Experience initiatives. MHQP also maintains a consumer-friendly public reporting website, [www.healthcarecompassma.org](http://www.healthcarecompassma.org), which hosts the publicly reported survey results. Questions may be directed to Amy Stern, Sr. Project Manager for Patient Experience Surveys at [astern@mhqp.org](mailto:astern@mhqp.org).