PATIENT EXPERIENCE IN WASHINGTON STATE: FREQUENTLY ASKED QUESTIONS

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What do we mean by "patient experience?"

"Patient experience" refers to what happens to a person when they are interacting with the health care system and trying to have their needs met. A patient's experience can begin with a phone call or secure email to their primary care provider's office. It includes the patient's experience in making an appointment for routine or urgent care and how easy it is to be seen at a time that the patient thinks is needed. It includes the time a patient is at the provider's office and any follow-up contact that happens in between visits. A patient's experience is influenced by how well their provider knows important information about their medical history, including care they have received from specialists, and how well their provider listens to what they have to say and whether they show respect for the patient's concerns and questions. Patients need easy-to-understand explanations about their health concerns and clear instructions about what they need to do after they have left the provider's office. The patient experience includes occurrences from a single interaction and collectively across time. Patient experience is about creating trust to lay the foundation for improving the health and well-being of the patient.

Patient experience is different from patient satisfaction in some very important ways. Surveys designed to measure patient **experience** include but go beyond simple ratings of satisfaction to focus on the critical and supportive interactions patients should experience during their health care encounters. Patient experience surveys ask patients *whether or not*, or *how often*, certain events or behaviors actually occurred. Patient experience survey questions focus on areas that research shows are important to patients AND that are linked to improved health *outcomes* for patients. *These are questions that patients are uniquely qualified to answer*, for example:

- How often does the patient get an appointment for care as soon as they think is needed for an illness, injury or condition?
- How often does the provider explain things in a way that is easy to understand?
- How often does the patient feel listened to and respected?
- How often does the provider answer questions to your satisfaction?
- How often does the provider seem to know important information about your medical history?

And, because patient experience surveys ask patients whether or not, or how often, certain events or behaviors happen, the results are useful in highlighting actionable areas that providers can focus on for improvement in the practice setting.

In contrast, many patient surveys are based exclusively on the respondent's satisfaction ratings of their health care provider and other aspects of care. These patient satisfaction surveys use ratings, for example from very satisfied to very dissatisfied, to reflect the patient's expectations and feelings, which can be very subjective. Patient satisfaction surveys are less helpful in understanding what can be done to improve performance. More importantly, patient satisfaction alone is not strongly linked to improved health outcomes in any meaningful way.

Why is patient experience important?

Patient experience has become a top priority of health care industry leaders. According to the Beryl Institute,[1] three things top the priority list for health care leaders for the next three years: patient experience, quality/patient safety, and cost management/reduction.

Consumer awareness is growing. The health care industry has entered an age of consumer awareness. Information is becoming more available about health care quality and cost. Comparative information about patient experience is helping patients to make better informed choices about where to get their care, and health care purchasers to decide who they prefer to have in their provider networks. Patient experience is an important differentiator among health care providers.

Experience of care matters to patients and their families. Patients want to be respected, feel heard, get the care they feel they need when they need it, understand their health conditions and what they are supposed to do, and participate in important decisions about their health.

"Patient-centeredness" is now widely accepted as a core dimension of health care quality. The Institute of Medicine includes patient-centered care as one of six domains of quality. The term may seem like jargon, but it refers to important, basic ideas, such as: engagement of patients and their families in clinical decision-making; two-way communication that is sensitive to the patient's ability to understand; and, care that is well coordinated and that focuses on the whole person.

Patient-centered care, patient experience and quality all go hand-in-hand. Research evidence indicates that there are positive relationships between a health care team member's communication skills and a patient's capacity to follow through with medical recommendations, self-manage a chronic medical condition and adopt preventive health behaviors. Studies show that the clinician's ability to explain, listen and empathize can have a significant effect on biological and functional health outcomes.

Why measure patient experience?

The use of surveys to ask patients about their experience in the health care setting is the best way to know (and to measure) whether the experiences deemed essential for high quality, patient-centered care actually take place. If you want to know about patient experience, you have to ask patients. And, if you want to be able to see results across primary care practices and share those results with consumers, you have to use the same survey in a standardized way to get comparable results.

[1] State of Patient Experience 2015: A Global Perspective on the Patient Experience Movement, The Beryl Institute.

What survey instrument did the Alliance use to measure patient experience?

The Washington Health Alliance's 53- question Patient Experience Survey is based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group Survey (3.0 Version), also known as the CG-CAHPS Survey. Introduced by the Agency for Healthcare Research and Quality (AHRQ) in the mid-1990s, the CAHPS program encompasses a range of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. CAHPS surveys are the most widely used surveys for assessing patient experience of care in the U.S., and have undergone rigorous scientific development and testing to ensure validity and reliability. The survey content is shaped by input from patients and other key stakeholders, including health care providers, health plans and purchasers of care. The CG-CAHPS survey used by the Alliance asks patients to report their experiences with the health care provider and the provider's office staff over the last 12 months. The CG-CAHPS was endorsed by the National Quality Forum (NQF) in 2007. By using a nationally developed, standardized survey, we are not only able to compare our results locally but also benchmark those results against national best practices. A copy of the survey instrument used by the Alliance is available upon request.

The report has results for medical groups and clinics, but not individual doctors. Can you explain why?

The surveys asked each patient about their experience of care with a specific provider (doctor, nurse practitioner, physician assistant). A survey was only considered useable if the patient answered "yes" they had received care from the provider named on the survey during the last 12 months. The results for all providers within a specific clinic were combined to produce a result for that clinic. And then, all of the results for clinics within a specific medical group were combined to produce a result for that medical group.

We mailed approximately 181,000 surveys to patients to produce reliable results by clinic and by medical group. In order to have statistically reliable results for each individual primary care provider we would have had to mail surveys to at least twice this number of patients. Although we acknowledge that having results by individual primary care provider would be optimal from the patients' point of view, the cost of doing this is prohibitive at this time.

What measures are included in our public report on patient experience?

We are reporting results on five measures that summarize the results of the survey. Four of these five measures are composite measures; composite measures are used because they efficiently summarize what would otherwise be a large amount of data generated by the survey. The four composite measures are:

1. Getting Timely Appointments, Care and Information (Composite of 3 survey questions)
2. How Well Providers Communicate with Patients (Composite of 4 survey questions)

3. How Well Providers Use Information to Coordinate Patient Care (Composite of 3 survey questions)
4. Helpful, Courteous and Respectful Office Staff (Composite of 2 survey questions)

The fifth measure is not a composite, but rather reflects patient responses to a single question:

5. Patient's Rating of the Provider

If the survey has 53 questions, how did we select these five measures for public reporting?

The Agency for Healthcare Research and Quality, who developed and maintains the CG-CAHPS Survey, provides guidelines for how to best use the survey and publicly report results. We follow these guidelines to ensure the collection of standardized data, which is what makes it possible to report comparable measures and compare Washington's results to national benchmarks. The guidelines specify that public reporting of these five measures (noted above) is optimal. To develop these measures, the CAHPS researchers conducted: (1) cognitive testing with consumers to confirm that consumers agreed with the groupings of items into composite measures and could understand and interpret the results, and (2) statistical testing to ensure that the measures are valid (which means they assess what they are intended to assess) and reliable (which means they perform consistently and with minimal errors).

What survey questions make up each of the four composite measures?

1. Getting Timely Appointments, Care and Information (Composite of 3 survey questions). All questions are prefaced with "In the last 12 months."
    a. When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you thought you needed? (Always, Usually, Sometimes, Never)
    b. When you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day? (Always, Usually, Sometimes, Never)
    c. In the last 12 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you gat an appointment as soon as you needed? (Always, Usually, Sometimes, Never)
2. How Well Providers Communicate with Patients (Composite of 4 survey questions). All questions are prefaced with "In the last 12 months."
    a. How often did this provider explain things in a way that was easy to understand? (Always, Usually, Sometimes, Never)
    b. How often did this provider listen carefully to you? (Always, Usually, Sometimes, Never)
    c. How often did this provider show respect for what you had to say? (Always, Usually, Sometimes, Never)

    d. How often did this provider spend enough time with you? (Always, Usually, Sometimes, Never)

3. How Well Providers Use Information to Coordinate Patient Care (Composite of 3 survey questions). All questions are prefaced with "In the last 12 months."
    a. How ofen did this provider seem to know important information about your medical history?
    b. How often did you and someone from this provider's office talk about all the prescription medications you were taking?
    c. How often did someone from this provider's office follow-up to give you test results?
4. Helpful, Courteous and Respectful Office Staff (Composite of 2 survey questions). All questions are prefaced with "In the last 12 months."
    a. How often were clerks and receptionists at this provider's office as helpful as you thought they should be? (Always, Usually, Sometimes, Never)
    b. How often did clerks and receptionists at this provider's office treat you with courtesy and respect? (Always, Usually, Sometimes, Never)

What results will be reported?

The Alliance is reporting the "top box" score. The top box score is the percentage of patients whose responses indicated high performance for a given measure. To illustrate, the following response categories indicate a high level of performance:

- Questions that ask about **how often something happens: ALWAYS** (*out of a 4-point scale: Always, Usually, Sometimes, Never*)
- Questions that ask **whether something happened: YES or YES, DEFINITELY** (*based on Yes/No choice or Yes, definitely/Yes, somewhat/No choice*)
- Question that asks for a **rating of the provider: 9 and 10 combined** (*scale of 0-10*)

We are reporting the top box score (rather than the average) for two important reasons: First, here in Washington, we aspire to excellent performance and to be among the very best in the country. By reporting top box results for each medical group and clinic, we aim to establish excellence as the standard.

Second, top box scores are easier to explain and focus group testing indicates that consumers understand what the results mean. Top box reporting is more effective in helping consumers to identify providers with whom patients most often have the best patient experience.

What threshold do you use to determine whether a clinic's results are reliable enough for public reporting?

Each clinic's score on a question will not be publicly reported unless the number of respondents on that measure meets a certain threshold. We have used the reliability statistic to decide that threshold. Reliability can range from 0 to 1. The Alliance does not publicly report scores where the number of survey responses is below a number that would yield a reliability of 0.7. The reliability statistic takes into account three characteristics of a set of survey responses for clinics.

- How much variation is there in the responses each clinic's patients provide about their providers? The more a clinic's patients tend to agree about their providers (i.e. lower within clinic variance), the higher the reliability statistic.
- How much variation is there from clinic to clinic in ratings? The larger the differences from clinic to clinic (i.e. higher between-clinic variance), the higher the reliability statistic.
- How large is the number of respondents for each clinic? Larger numbers of responses produce a higher reliability statistic. Where within-clinic variance is low, between-clinic variance is high, and number of responses is high, the reliability statistic tends to be high.

How do you determine whether a clinic's score is better than, similar to or worse than the state average?

On our Community Checkup website, we are using the state average (based on 14 counties) for comparison purposes. The state average is the average score for all patients included in the survey. Medical group and clinic scores are compared to the state average using a t-test at the 95% confidence level.

Why do you case-mix adjust the results?

The relationship between patient characteristics and patient responses to the CG-CAHPS survey has been well documented. Individuals in better health and older individuals tend to give higher ratings, whereas individuals with higher education and women tend to give lower ratings. It is not uncommon to have substantial differences in these patient characteristics across clinics. Case-mix adjustment is a way to control for differences in patient characteristics when comparing clinics so that differences in scores reflect differences in quality rather than patient characteristic differences. Scores were case-mix adjusted for age, education, gender and health status, in accordance with guidelines provided by CAHPS. Patient characteristics were collected from respondents as a part of the survey.

Did the Washington Health Alliance actually conduct the survey and mail out 181,000 surveys?

The Washington Health Alliance did not conduct the survey by itself. The Alliance contracted with The Center for the Study of Services (CSS). CSS was selected as our survey vendor through a competitive process. We chose to use a single centralized vendor to assure standardization of sampling and data collection protocols that, in turn, optimized the reliability and comparability of results among medical groups and clinics.

Founded in 1974, CSS has over 30 years of health care survey research. CSS has extensive experience working with CAHPS surveys and has served as the survey vendor for many of largest publicly reported fieldings of the CG-CAHPS survey. CSS has been a National Committee for Quality Assurance (NCQA) certified vendor since the certification program began. CSS has administered CAHPS surveys for both private and public payers since 1999.

How did you determine who to send the surveys to? How are you protecting patient privacy?

The list of clinics and providers eligible to be included in the survey was compiled by the Washington Health Alliance. Medical groups and clinics were included if they had four or more primary care providers and are located within the 14-county area including: Benton, Chelan, Douglas, Franklin, King, Kitsap, Kittitas, Pierce, Skagit, Snohomish, Spokane, Thurston, Whatcom and Yakima counties. Primary care providers include both physicians and mid-level providers with credentials in the following areas: family medicine, general internal medicine, preventive medicine, geriatrics, osteopathy and naturopathy.

Sample frames were provided by six commercial health plans: Aetna, Cigna, Group Health, Premera Blue Cross, Regence Blue Shield and UnitedHealthcare. The Washington State Health Care Authority also provided a sample frame for the Medicaid-insured population.

Sample frames included plan members 25 years of age and older with a qualifying visit to an eligible provider between July 1, 2014 – June 30, 2015.

All protected health information (PHI) was provided directly to CSS. CSS entered into business associate agreements with the participating plans which contractually ensure the safekeeping of PHI. Any and all patient information received by CSS was used only for the survey and no other purpose. All of CSS's guidelines for data security adhere to HIPAA (Health Insurance Portability and Accountability Act) and the HITECH (Health Information Technology for Economic and Clinical Health) Act. CSS has successfully completed a SOC 2 review during which their privacy and security policies, data management systems and IT infrastructure were tested by an independent external auditor.

Without exception, no one associated with the Washington Health Alliance (staff, board members, etc.) had access to protected health information throughout this process.

The cover letter that accompanied the survey reassured patients that they had been selected at random; that their answers would be kept completely private and confidential; that their answers would never be matched with their name and would never be seen by their health plan, their health care provider, or anyone involved in their care; and, their answers would not affect their health insurance benefits in any way.

The Plan-provided sample frames were pooled across plans at the provider level, and subsequently, the clinic level. Samples were randomly drawn at the clinic level. The sample size for each clinic was determined by the number of providers at the clinic – in other words, the greater the number of providers, the greater the sample size. From each clinic's list of visits, a random sample was drawn. Patients were asked specifically about their experience with the provider visited (no visit date was referenced). No individual person could be sampled more than once. Up to two people from the same household could be sampled.

When was the survey fielded?

Wave one surveys were mailed in early September 2015 to randomly selected patients with a qualifying visit. Sample members who did not respond to wave one were sent a second survey mailing in October 2015. A third wave of mailing to clinics that had an insufficient number of responses after wave two of the survey was conducted in order to increase the number of clinics with publicly reportable survey results. Data collection closed in early December 2015.

How can I get more information about the Washington Health Alliance?

We invite you to give us a call (206-448-2570) or visit our websites: www.wahealthalliance.org and www.wacommunitycheckup.org.