

# Patient Experience Matters

A voluntary initiative to collect and publicly report patient experience survey data about primary and specialty healthcare in Maine

## Why measure patient experience?

**Improve quality.** Patients with positive experiences with their healthcare providers are more likely to seek preventive care and follow instructions for better managing their health. Good patient experience of care also correlates with more active and engaged patients. By measuring patient experiences, providers can identify areas for improvement and patients can make informed choices about their healthcare providers.

**Strong business case.** It is becoming increasingly common for public and private payers to tie financial incentives to patient experience as part of value-based purchasing. Patient experience reporting is foundational to receiving credit for certification of patient-centered medical homes by NCQA and designation of federally sponsored accountable care organizations. Patient experience correlates with risk of medical malpractice – the better the experience the lower the likelihood of lawsuit. Better experience also leads to patient loyalty. Steady relationships are good for practices and good for patient care.

## What is Maine’s plan for conducting patient experience surveys?

The Dirigo Health Agency (DHA) and its partners are committed to supporting a statewide effort using Designated Vendors and a standardized tool to collect and publicly report patient experience survey data. Survey data include information that only patients can provide to help improve patient-centeredness and care quality in Maine.

<b>Target population</b>	Adult patients of primary and specialty practice sites; parents of children served by pediatric practices.
<b>Survey instrument</b>	<i>Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient-Centered Medical Homes (PCMH), 12-month survey, version 2.0.</i> The entire PCMH instrument will be administered to patients of primary care practices; the PCMH core questions and a sub-set of its supplemental questions will be administered to patients of specialty care practices. The PCMH instrument was selected because of its growing use by the private and public sectors, including NCQA for practice recognition and CMS for medical homes and accountable care organizations.
<b>Mode of administration</b>	Designated vendors will have the option of using mail only; mixed mode of mail with phone follow-up; mixed mode of e-mail with mail follow-up or mixed mode of e-mail with telephone follow-up.
<b>Survey timeline</b>	Administration of surveys will occur over a fixed three-month period, Sept – Nov ‘12
<b>Survey vendors</b>	DHA has contracted with Designated Vendors to administer surveys under this initiative. A list of designated vendors is shown on next page.
<b>Subsidies</b>	DHA will subsidize up to 90 percent of the cost of survey administration or \$8.60 per completed survey, whichever is less. We estimate that the balance for which a practice site would be responsible could be less than \$100 for a one-provider practice site and less than \$500 for a practice site of 20+ providers. To receive the subsidy, practice sites must work with a designated vendor and agree to share results for public reporting at the practice site level.
<b>Data submission</b>	Survey results will be directly submitted to the CAHPS Benchmarking Database.
<b>Public Reporting</b>	A major goal of this initiative is to put information in the hands of providers to improve quality and to publicly share practice-site results with consumers.

## What if a practice site already conducts patient surveys?

Survey vendors with established relationships with health systems and practice sites were encouraged to apply to serve as Designated Vendors under this initiative. To assure consistency across the state, Designated Vendors must agree to administer the PCMH CAHPS instrument at the practice site level during the three-month survey administration period (Sept '12 – Nov '12). A practice site may choose to replace its existing survey effort during this time-limited period or augment its own survey with the PCMH CAHPS, making certain that sampling, survey administration and data submission meet DHA requirements. To receive the subsidy, practice sites must use only designated vendors.

## How can my practice site sign up to participate?

To participate in this initiative, practice sites (or medical groups or health systems on their behalf) must contract with one of the following Designated Vendors. The following vendors have been selected by the Dirigo Health Agency (DHA) to administer a CG-CAHPS experience survey to patients served by primary care and specialty practices in Maine. Practice sites wanting to participate in this voluntary initiative and receive subsidies up to \$8.60 per completed survey must contract with a designated vendor and agree to have survey results publicly reported.

### DHA-Designated Vendors

**Avatar International**

Whitney Shafar  
800.282.8274

[wshafar@avatar-intl.com](mailto:wshafar@avatar-intl.com)

Status: NCQA Certified

Survey method: Mail 2 waves +1 phone

Bid price per completed survey: \$9.55  
(negotiable; exclusive of subsidy)

**HealthStream (contract pending)**

Kathy Gorman  
301.575.9310

[kathy.gorman@healthstream.com](mailto:kathy.gorman@healthstream.com)

Status: CMS certified HCAHPS Vendor

Survey method: Mail 2 waves + 1 Phone

Bid price per completed survey: \$9.55  
(negotiable; exclusive of subsidy)

**Metrix Matrix, Inc.**

Brian Malady  
888.865.0065 ext 101

[bmalady@metrixmatrix.com](mailto:bmalady@metrixmatrix.com)

Status: NCQA Certified

Survey method: Mail Mode

Bid price per completed survey: \$8.95  
(negotiable; exclusive of subsidy)

**NRC Picker**

Adam Waggoner  
402.475.2525

[awaggoner@NRCPicker.com](mailto:awaggoner@NRCPicker.com)

Status: CMS certified HCAHPS Vendor

Survey method: Two-wave mail

Bid price per completed survey: \$7.50  
(negotiable; exclusive of subsidy)

## For Further Information

More information about this initiative, please contact:

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