

Public Reporting of Patient Experience Survey Data



Maine Quality Forum Advisory Council

December 14, 2012

Topics



GOAL: Review staff recommendations on process and format for public reporting

- Background on Maine's patient experience survey initiative
- Status of project
- Key issues for consideration when doing public reporting
- Use of National CAHPS Database
- Issues and recommendations for DHA's public reporting

Background



- In 2012, MQF launched a volunteer initiative to collect patient experience survey data at primary and specialty practice sites
- Goal was to collect baseline data on patient experience across practice sites using a common instrument and administered through a standard protocol at the same time.
- Subsidies up to 90% were available to practices that agreed to:
 - Use a Designated Vendor selected by DHA
 - Administer the nationally recognized CAHPS survey tool for patient centered medical home (see handout for survey details)
 - Follow DHA guidelines for sampling at practice site level
 - Submit survey findings to the National CAHPS Database
 - Share survey results with DHA for public reporting at practice site

Background



- Sampling and survey administration occurred at practice site, not individual clinician level:
 - Collection and public reporting of patient experience data new in Maine; practice site data a good starting place
 - Some practices collect individual provider data for internal quality improvement purposes
 - Growing emphasis on how well the entire team within a practice site performs – including practice systems and communication

Participation Levels



	Project Participants	Estimated ME Total	% of ME Total Participating
Practices			
Primary	175	500	35.0
Specialty	95	500	19.0
Mixed	14	?	-
Total	284	1000	28.4
Individual Providers			
Primary	929	2000	46.5
Specialty	393	2000	19.7
Total	1322	4000	33.1

Recognize Leaders



- While many Maine practices collect patient experience survey, only a few have ever publicly reported results.
- No practices in Maine have ever used the CAHPS version for the patient centered medical home which focuses on how well the practice provides patient-centered care, coordinates with other providers, supports patient engagement.
- Participating practices agreed to publicly share their survey results without first knowing how they would perform.

Decisions to Date



- Complement, don't duplicate, other national/Maine websites focused on helping consumers, employers or payers rank/select practices.
- Acknowledge the leadership of participating practices.
- Sample and publicly report at the practice site level
- Use analysis and scoring provided by National CAHPS Database
- Compare practice site results to benchmarks when available
- No respondent or individual clinician level data will be reported

Reporting CAHPS Survey Results: Key Issues for the Maine Quality Forum

December 14, 2012

Lise Rybowski, MBA
The Severyn Group

Dale Shaller, MPA
Shaller Consulting Group

10 Issues to Consider

1. Goals and Audience
 2. Measures
 3. Subject and level of reporting
 4. Context and other content
 5. Benchmarks and comparisons to peers
 6. Scoring
 7. Display
 8. Functionality
 9. Outreach
 10. Evaluation
-

Goals and Audience

- What is the purpose of providing this information?
 - Who may have a use for this information?
 - Who is the target audience?
 - What will visitors do with the information?
 - Will practices use it for quality improvement? For medical home certification?
 - Will payers and purchasers use it for value-based purchasing?
 - Will consumers use it to gather information about providers?
-

Your Role as an Information Provider

- Where else could potential users get information?
 - How can you complement rather than compete with or duplicate other efforts?
 - What should/can you do that others can't or won't?
-

Measures

- Which CAHPS composites and items will be publicly reported?
 - Composite measures
 - Rating measures
 - Other individual items
-

Subject and Level of Reporting

- Whose survey results will be publicly reported?
 - Subject could be:
 - Primary care providers for adults
 - Pediatricians
 - Specialists
 - Level of reporting could be:
 - Group
 - Site
-

Context and other content

- At a minimum, need to explain...
 - Whose performance was measured
 - What was measured
 - How information was collected
 - How scores were calculated (methodology)
 - What this information tells you
 - Why it matters
 - How the information can be used (and can't be used)
-

Example: Content Provided by the Puget Sound Health Alliance

- What do we mean by patient experience?
 - Why is patient experience important?
 - How is patient experience different than patient satisfaction?
 - What survey did the Alliance use?
 - Is this the first patient experience survey covering the Puget Sound area?
 - How was patient privacy protected in gathering these results?
 - Learn more in our report Your Voice Matters: Patient Experience with Primary Care Providers in the Puget Sound Region.
 - Learn more about Your Voice Matters.
-

Benchmarks and Comparisons to Peers

- To whom will you compare an entity's performance?
 - Geography of possible benchmarks:
 - Maine
 - Northeast US
 - All US
-

Benchmarks for Clinician Performance

Possible benchmarks include:

- Practice site, group, or system average
 - Average for community, state, region, or nation
 - Peer comparisons by practice type
 - Normative standard or benchmark; for example:
 - 90th percentile
 - “Best in class” (top performer)
 - Achievable Benchmark of Care (ABC)
-

Scoring Options

Which score(s) will you focus on for each entity?

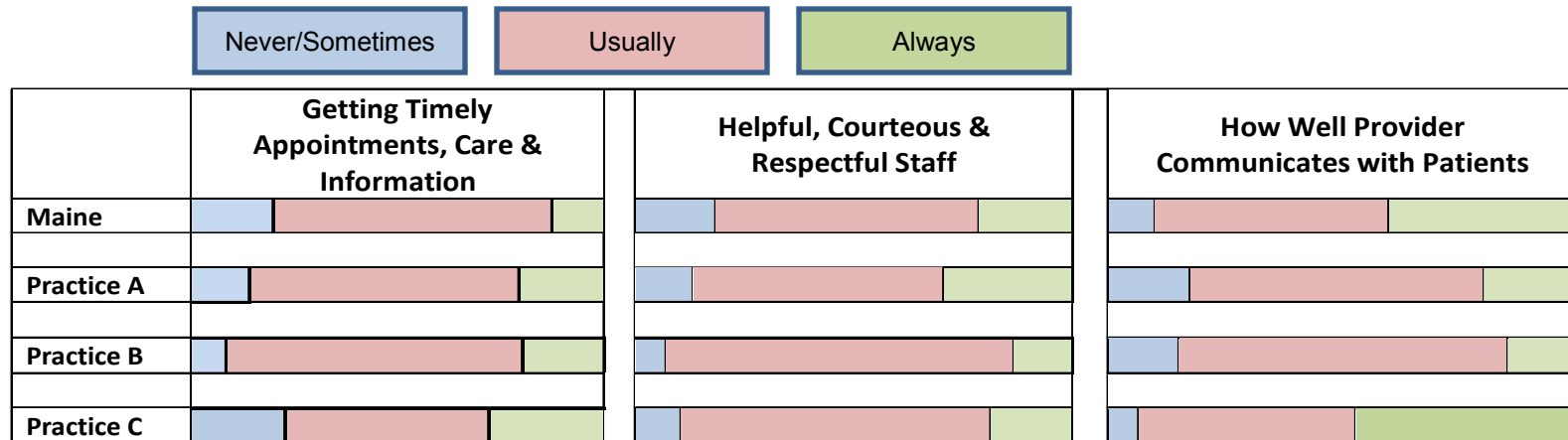
- Option 1: Full Distribution (Numbers)

Composite: Getting timely appointments, care and information

	Percent of Respondents		
	Never + Sometimes	Usually	Always
Maine	15%	75%	10%
Practice A	20%	60%	20%
Practice B	5%	75%	20%
Practice C	10%	60%	30%

Scoring Options

- Option 1: Full Distribution (Graphic)



Scoring Options

■ Option 2: “Top Box” Score

(Numbers)

	Top Box Score
	Percent of Respondents
	Always
Maine	10
Practice A	20
Practice B	20
Practice C	30

(Graphic)

	Getting Timely Appointments, Care & Information (Percent reporting “Always”)	
Maine	10%	
Practice A	20%	
Practice B	20%	
Practice C	30%	

Scoring Options

■ Option 3: Average Score

(Numbers)

	Average Score
Maine	82%
Practice A	80%
Practice B	85%
Practice C	88%

(Graphic)

	Getting Timely Appointments, Care & Information	Helpful, Courteous & Respectful Staff	How Well Provider Communicates with Patients
Maine	88%	85%	81%
Practice A	85%	90%	84%
Practice B	85%	78%	90%
Practice C	80%	82%	88%

Other Scoring Issues

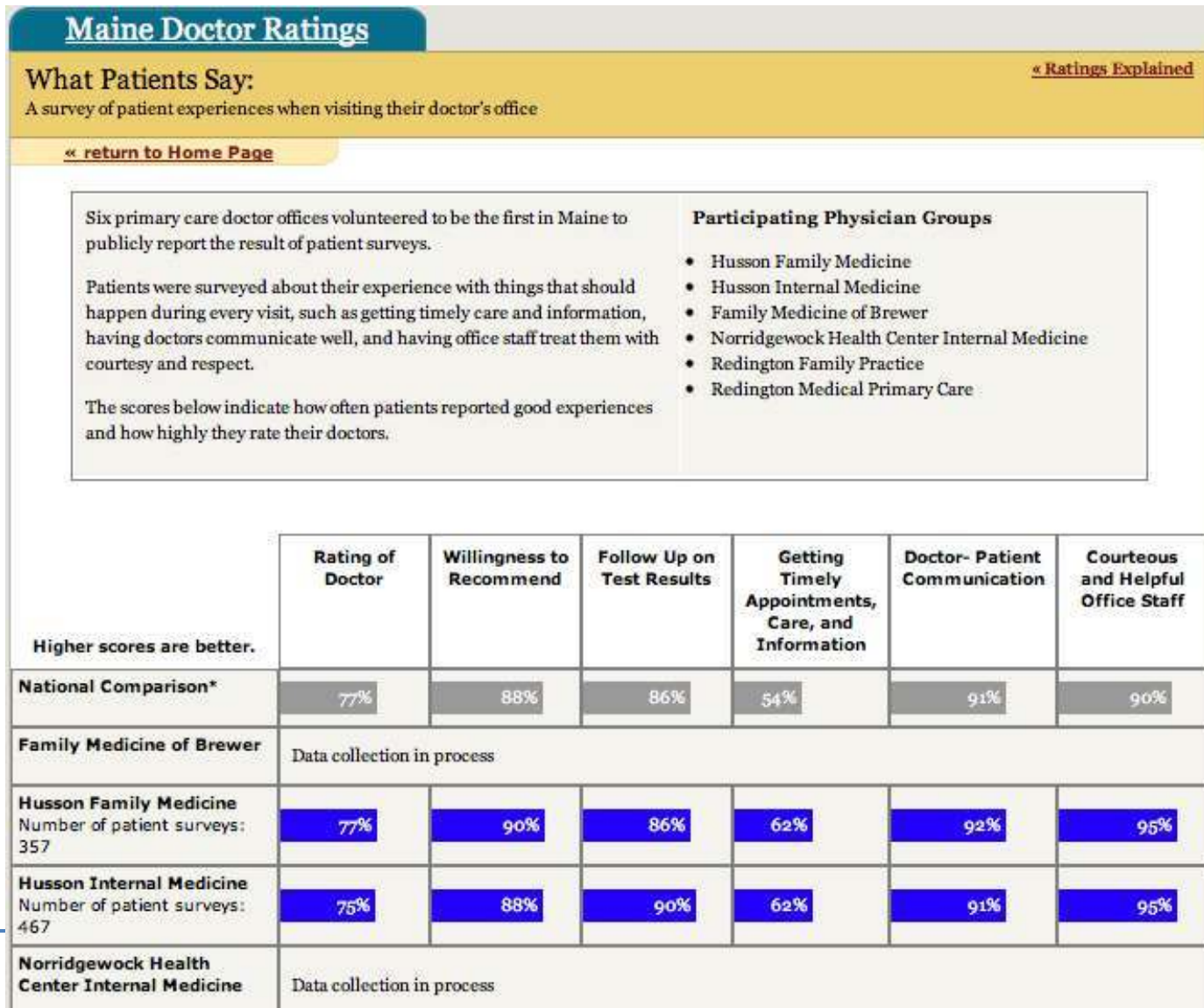
- Whether to show relative performance
 - If so, relative to what?
 - Consistency with other reported information in the community
-

Display

- How will you display the results?
 - Numbers versus graphics
 - Composites versus items
 - How will you organize the entities?
 - In alphabetical order
 - By geography (e.g., zip code, town)
 - By group or system
 - By performance
 - How will you handle non-participants?
-

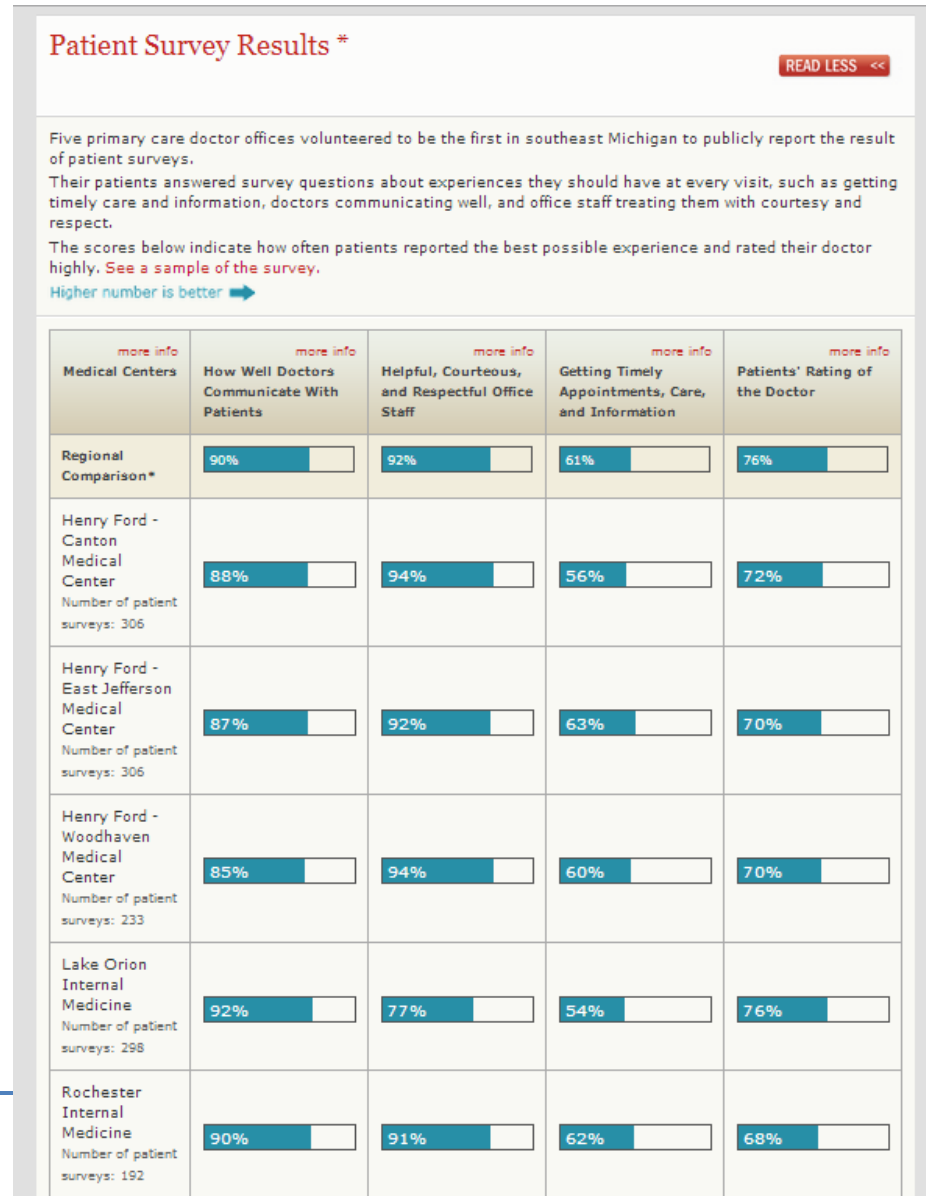
Results of CG-CAHPS Pilot: Maine

Maine Health Management Coalition:
www.getbettermaine.org



Results of CG-CAHPS Pilot: Detroit

Greater
 Detroit Area
 Health
 Council:
www.mycarecompare.org



Example of Displaying Top-Box Score: Minnesota

Minnesota
Community
Measurement:
www.mnhealthscores.org

























































	Getting Care When Needed	How Well Doctors Communicate	Courteous and Helpful Office Staff	Doctors with an Exceptional Rating
	?	?	?	?
	Average = 58%	Average = 89%	Average = 90%	Average = 72%
Fairview Riverside Primary Care Clinic	67%	92%	97%	81%
Fairview Uptown Clinic	53%	91%	90%	79%
HealthPartners - Riverside	56%	88%	92%	75%
Hennepin County Medical Center (HCMC) Clinics - Richfield Clinic	57%	89%	88%	76%
Fairview Northeast Clinic	51%	92%	88%	76%
Hennepin County Medical Center (HCMC) Clinics - Downtown Medicine Clinic	51%	90%	88%	78%
Hennepin County Medical Center (HCMC) Clinics - Internal Medicine Clinic at Parkside	48%	89%	87%	76%
Women's Health Clinic	58%	Not Enough Data	91%	Not Enough Data

Example of Displaying Relative Performance: Massachusetts

Massachusetts
Health Quality
Partners:
www.mhqp.org



Example of Displaying Relative Performance: Puget Sound, WA

VIEW & COMPARE Medical Groups		VIEW & COMPARE Clinics		VIEW & COMPARE Hospitals		VIEW & COMPARE Patient Experience			
Sort by: <input type="text" value="Name"/>		Viewing 2011-2012 Results							
<input type="button" value="Compare Selected"/> <input type="button" value="Clear Selected"/>		Measure: <u>Getting Timely Appointments, Care and Information</u>		How Well Providers Communicate with Patients		<u>Helpful, Courteous and Respectful Office Staff</u>		<u>Patient's Rating of the Provider</u>	
Regional Average:		56%		81%		72%		75%	
<input type="checkbox"/>	Allenmore Internal Medicine - MultiCare	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE
<input type="checkbox"/>	Auburn MultiCare Clinic	 AVERAGE	 AVERAGE	 AVERAGE	 AVERAGE	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE
<input type="checkbox"/>	Auburn MultiCare Clinic Medical Office Building	 AVERAGE	 BELOW average	 AVERAGE	 BELOW average	 BETTER than average	 AVERAGE	 BETTER than average	 BELOW average
<input type="checkbox"/>	Bastyr Center for Natural Health	 BETTER than average	 BETTER than average	 BETTER than average	 BETTER than average	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE
<input type="checkbox"/>	Bellevue Family Medicine Associates	 AVERAGE	 AVERAGE	 BETTER than average	 BETTER than average	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE
<input type="checkbox"/>	Bothell Clinic - Lakeshore Clinic	 AVERAGE	 BETTER than average	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE
<input type="checkbox"/>	Burien Family Medicine - Highline Medical Group	 AVERAGE	 AVERAGE	 AVERAGE	 AVERAGE	 BETTER than average	 AVERAGE	 BELOW average	 BELOW average

Puget Sound Health Alliance: www.wacommunitycheckup.org

Functionality

- How will users navigate through the information?
 - What will they be able to do with it?
 - Includes:
 - Ability to search
 - Ability to limit what's displayed
 - Ability to sort or rank entities by one or more criteria
 - Ability to view multiple levels of information
 - Ability to download data
-

Outreach

- How will the target audience find out about this site?
 - How will you communicate what's available and how it can be used?
 - What communication channels are available?
 - How much effort can you devote to this?
 - Can you piggyback on other communications to pertinent audiences?
-

Evaluation

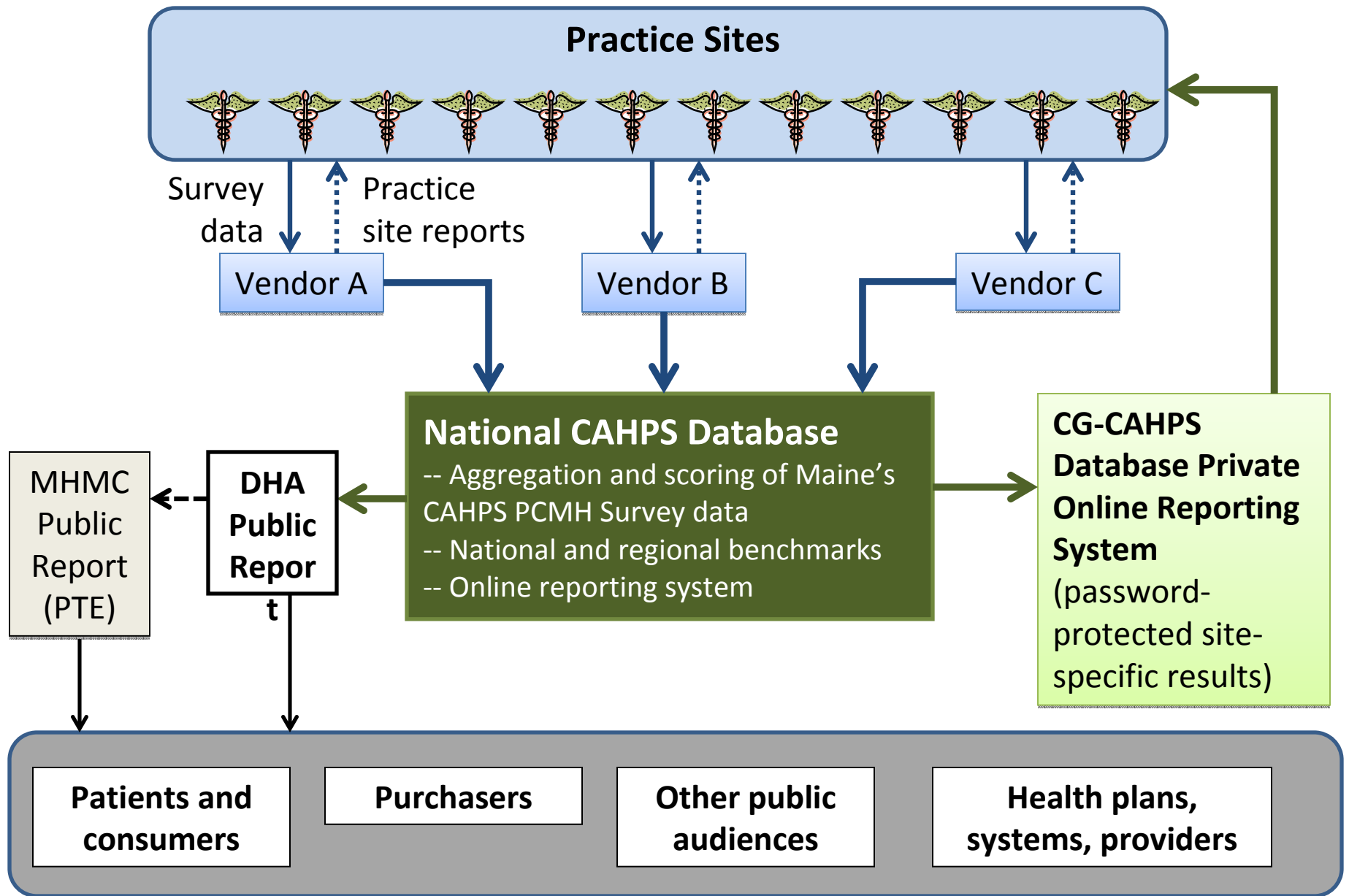
- How will you decide whether to do this again?
 - Options include:
 - Process evaluation:
 - How went well? What didn't?
 - What could you do better next time?
 - Outcome evaluation:
 - How did you expect this survey and reporting initiative to affect stakeholders?
 - What effects did it actually have?
-

Other Issues

- Making data available to practices and others
 - Trends, if survey administered again
-

Questions?

Next up: Overview of the CAHPS
Database



Issues for Consideration in Maine



- Audience
- Level of reporting
- Measures to be reported
- Scoring display
- Benchmarks and comparison groups
- Contextual information
- Functionality and decision support
- Duration

Audience



Issue: Who should be the primary audience(s) for the DHA public reporting website?

Discussion: There are many audiences for this data - consumers, payers, policymakers, employers – each requiring different levels of detail and explanation. For other publicly reported quality measures, MQF's role is to assure data integrity and to make data available for others to interpret for specific audiences.

Staff recommendation: The site should be a repository of survey results and not focus on any one audience. Other sites, such as *Get Better Maine*, are better positioned to apply survey results to the needs of other audiences.

Level of Reporting



Issue: At what level will survey results be reported?

Discussion: Sampling and administration for the DHA survey was at the practice site level. Multiple practice sites may make up a practice group. Multiple groups may be included within a health system. Depending on how a practice site submits its survey data to the CAHPS Database, it will be possible to group practice sites by medical group or health system scores.

Staff recommendation: Organize practice sites by medical group and/or health system (as identified in practice site registration documents) but do not develop an aggregate score for the group or system. This will alleviate issues when not all practices within a group or system participated and/or when data are not available to weight aggregate scores by size of participating practice.

Grouping of Survey Results



Issue: Will survey results for adult/primary care, adult/specialist and child surveys be reported together or separately?

Discussion: Some survey questions across the three surveys are the same; others are different. In the past, CAHPS combined specialist with primary care given the small number of specialist surveys received.

Staff recommendation: Separately report adult/primary care, adult/specialist and child surveys. Use benchmarks from comparable groups when available

Measures to be Reported



Issue: Should responses to all survey questions be reported?

Discussion: The CAHPS-Adult PCMH survey has 52 items; the child version has 66. Most items in both surveys can be rolled up and reported by composite areas (see handout).

Staff recommendation: Report at the composite level with link to individual items. This allows viewers to see easy summary data while also making full information to those who wish the detail.

Scoring Display



Issue: How should practice site scores be reported?

Discussion: The CAHPS survey uses a 4-point scale for responses to most survey questions: never, sometimes, usually, always. There are 3 common approaches to displaying a practice's scores: full distribution, "top box" and average score. Each have their own advantages and disadvantages.

Recommendation: Display top box scores to be consistent with National CAHPS Database public reporting site.

Benchmarks and Comparison Groups



Issue: What benchmarks and comparison groups should be used?

Discussion: The CAHPS Database can compare Maine practices to national, regional and state benchmarks for all core questions included in the PCMH survey. Since this is the first year for use of PCMH supplemental items, the availability of regional and national benchmarks will depend on the total number of PCMH surveys submitted to CAHPS.

Staff recommendation: Compare to CAHPS benchmarks where available and Maine aggregate. Pending final survey count in Maine, separately report primary care and specialty care.

Level of Contextual Information



Issue: In addition to survey results, what additional information should be included on the website?

Discussion: Public reporting of patient experience data is new in Maine. The CAHPS-PCMH survey may not be known by readers. There is a lot of research about the importance of patient experience data and how they can be measured and used. However, a lot of text and background generally are not read.

Staff recommendation: It will be important to set the context for why and how this initiative was undertaken and to acknowledge the leadership of those who participated. Use short version of labels describing survey composites and items. Provide links for more detailed descriptions of the instrument and its use. Distinguish between MQF reporting and PTE through narrative and cross links.

Functionality of Website



Issue: What features should the website have to facilitate use.

Discussion: There are many features that would be helpful yet costly to implement. Some include: search functions, mapping, downloading, data tiering, pop-ups for defining terms, comparisons across a defined subset of practices.

Staff recommendation: In keeping with its primary purpose as a repository, do not invest in significant functional enhancements. Include search function by name of practice site and, potentially, town.

Duration



Issue: How long will results be posted?

Discussion: As a new initiative, practices do not want to be penalized for participating by having their results publicly reported indefinitely or after new data are available. DHA's other public reports are generally updated for all sites at a single point in time so that information is from comparable sources and time periods.

Staff recommendation: Post for a minimum of 12 months

Next Steps



- Follow-up on any outstanding decisions
- Determine whether/how to promote the site
- Develop mock-up

Public Reporting of Patient Experience Survey Data



Maine Quality Forum Advisory Council

December 14, 2012

Topics



GOAL: Review staff recommendations on process and format for public reporting

- Background on Maine's patient experience survey initiative
- Status of project
- Key issues for consideration when doing public reporting
- Use of National CAHPS Database
- Issues and recommendations for DHA's public reporting

Background



- In 2012, MQF launched a volunteer initiative to collect patient experience survey data at primary and specialty practice sites
- Goal was to collect baseline data on patient experience across practice sites using a common instrument and administered through a standard protocol at the same time.
- Subsidies up to 90% were available to practices that agreed to:
 - Use a Designated Vendor selected by DHA
 - Administer the nationally recognized CAHPS survey tool for patient centered medical home (see handout for survey details)
 - Follow DHA guidelines for sampling at practice site level
 - Submit survey findings to the National CAHPS Database
 - Share survey results with DHA for public reporting at practice site

Background



- Sampling and survey administration occurred at practice site, not individual clinician level:
 - Collection and public reporting of patient experience data new in Maine; practice site data a good starting place
 - Some practices collect individual provider data for internal quality improvement purposes
 - Growing emphasis on how well the entire team within a practice site performs – including practice systems and communication

Participation Levels



	Project Participants	Estimated ME Total	% of ME Total Participating
Practices			
Primary	175	500	35.0
Specialty	95	500	19.0
Mixed	14	?	-
Total	284	1000	28.4
Individual Providers			
Primary	929	2000	46.5
Specialty	393	2000	19.7
Total	1322	4000	33.1

Recognize Leaders



- While many Maine practices collect patient experience survey, only a few have ever publicly reported results.
- No practices in Maine have ever used the CAHPS version for the patient centered medical home which focuses on how well the practice provides patient-centered care, coordinates with other providers, supports patient engagement.
- Participating practices agreed to publicly share their survey results without first knowing how they would perform.

Decisions to Date



- Complement, don't duplicate, other national/Maine websites focused on helping consumers, employers or payers rank/select practices.
- Acknowledge the leadership of participating practices.
- Sample and publicly report at the practice site level
- Use analysis and scoring provided by National CAHPS Database
- Compare practice site results to benchmarks when available
- No respondent or individual clinician level data will be reported

Reporting CAHPS Survey Results: Key Issues for the Maine Quality Forum

December 14, 2012

Lise Rybowski, MBA
The Severyn Group

Dale Shaller, MPA
Shaller Consulting Group

10 Issues to Consider

1. Goals and Audience
 2. Measures
 3. Subject and level of reporting
 4. Context and other content
 5. Benchmarks and comparisons to peers
 6. Scoring
 7. Display
 8. Functionality
 9. Outreach
 10. Evaluation
-

Goals and Audience

- What is the purpose of providing this information?
 - Who may have a use for this information?
 - Who is the target audience?
 - What will visitors do with the information?
 - Will practices use it for quality improvement? For medical home certification?
 - Will payers and purchasers use it for value-based purchasing?
 - Will consumers use it to gather information about providers?
-

Your Role as an Information Provider

- Where else could potential users get information?
 - How can you complement rather than compete with or duplicate other efforts?
 - What should/can you do that others can't or won't?
-

Measures

- Which CAHPS composites and items will be publicly reported?
 - Composite measures
 - Rating measures
 - Other individual items
-

Subject and Level of Reporting

- Whose survey results will be publicly reported?
 - Subject could be:
 - Primary care providers for adults
 - Pediatricians
 - Specialists
 - Level of reporting could be:
 - Group
 - Site
-

Context and other content

- At a minimum, need to explain...
 - Whose performance was measured
 - What was measured
 - How information was collected
 - How scores were calculated (methodology)
 - What this information tells you
 - Why it matters
 - How the information can be used (and can't be used)
-

Example: Content Provided by the Puget Sound Health Alliance

- What do we mean by patient experience?
 - Why is patient experience important?
 - How is patient experience different than patient satisfaction?
 - What survey did the Alliance use?
 - Is this the first patient experience survey covering the Puget Sound area?
 - How was patient privacy protected in gathering these results?
 - Learn more in our report Your Voice Matters: Patient Experience with Primary Care Providers in the Puget Sound Region.
 - Learn more about Your Voice Matters.
-

Benchmarks and Comparisons to Peers

- To whom will you compare an entity's performance?
 - Geography of possible benchmarks:
 - Maine
 - Northeast US
 - All US
-

Benchmarks for Clinician Performance

Possible benchmarks include:

- Practice site, group, or system average
 - Average for community, state, region, or nation
 - Peer comparisons by practice type
 - Normative standard or benchmark; for example:
 - 90th percentile
 - “Best in class” (top performer)
 - Achievable Benchmark of Care (ABC)
-

Scoring Options

Which score(s) will you focus on for each entity?

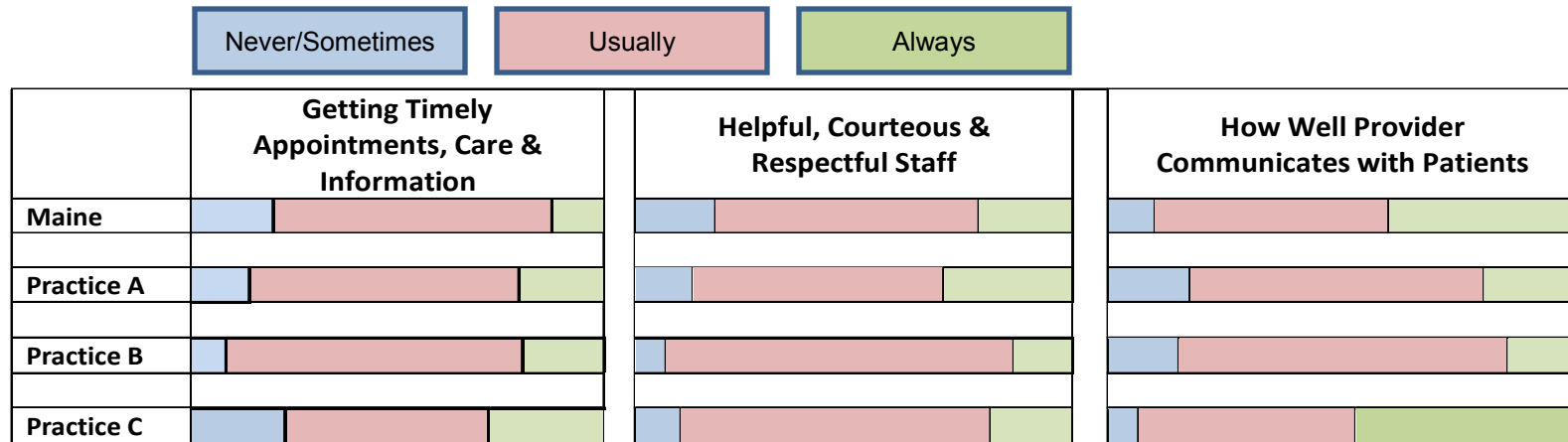
- Option 1: Full Distribution (Numbers)

Composite: Getting timely appointments, care and information

	Percent of Respondents		
	Never + Sometimes	Usually	Always
Maine	15%	75%	10%
Practice A	20%	60%	20%
Practice B	5%	75%	20%
Practice C	10%	60%	30%

Scoring Options

- Option 1: Full Distribution (Graphic)



Scoring Options

■ Option 2: “Top Box” Score

(Numbers)

	Top Box Score
	Percent of Respondents
	Always
Maine	10
Practice A	20
Practice B	20
Practice C	30

(Graphic)

	Getting Timely Appointments, Care & Information (Percent reporting “Always”)	
Maine	10%	
Practice A	20%	
Practice B	20%	
Practice C	30%	

Scoring Options

■ Option 3: Average Score

(Numbers)

	Average Score
Maine	82%
Practice A	80%
Practice B	85%
Practice C	88%

(Graphic)

	Getting Timely Appointments, Care & Information	Helpful, Courteous & Respectful Staff	How Well Provider Communicates with Patients
Maine	88%	85%	81%
Practice A	85%	90%	84%
Practice B	85%	78%	90%
Practice C	80%	82%	88%

Other Scoring Issues

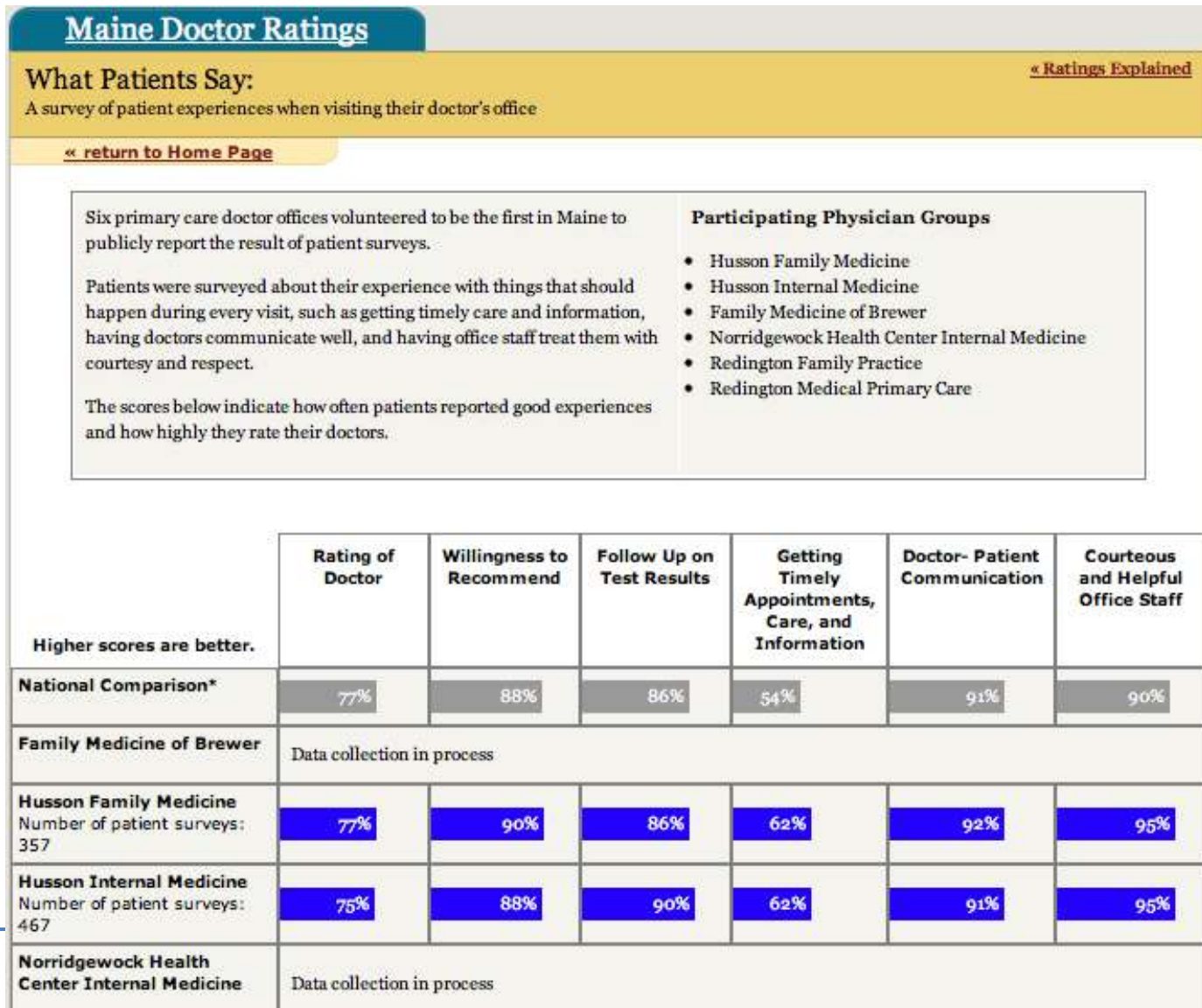
- Whether to show relative performance
 - If so, relative to what?
 - Consistency with other reported information in the community
-

Display

- How will you display the results?
 - Numbers versus graphics
 - Composites versus items
 - How will you organize the entities?
 - In alphabetical order
 - By geography (e.g., zip code, town)
 - By group or system
 - By performance
 - How will you handle non-participants?
-

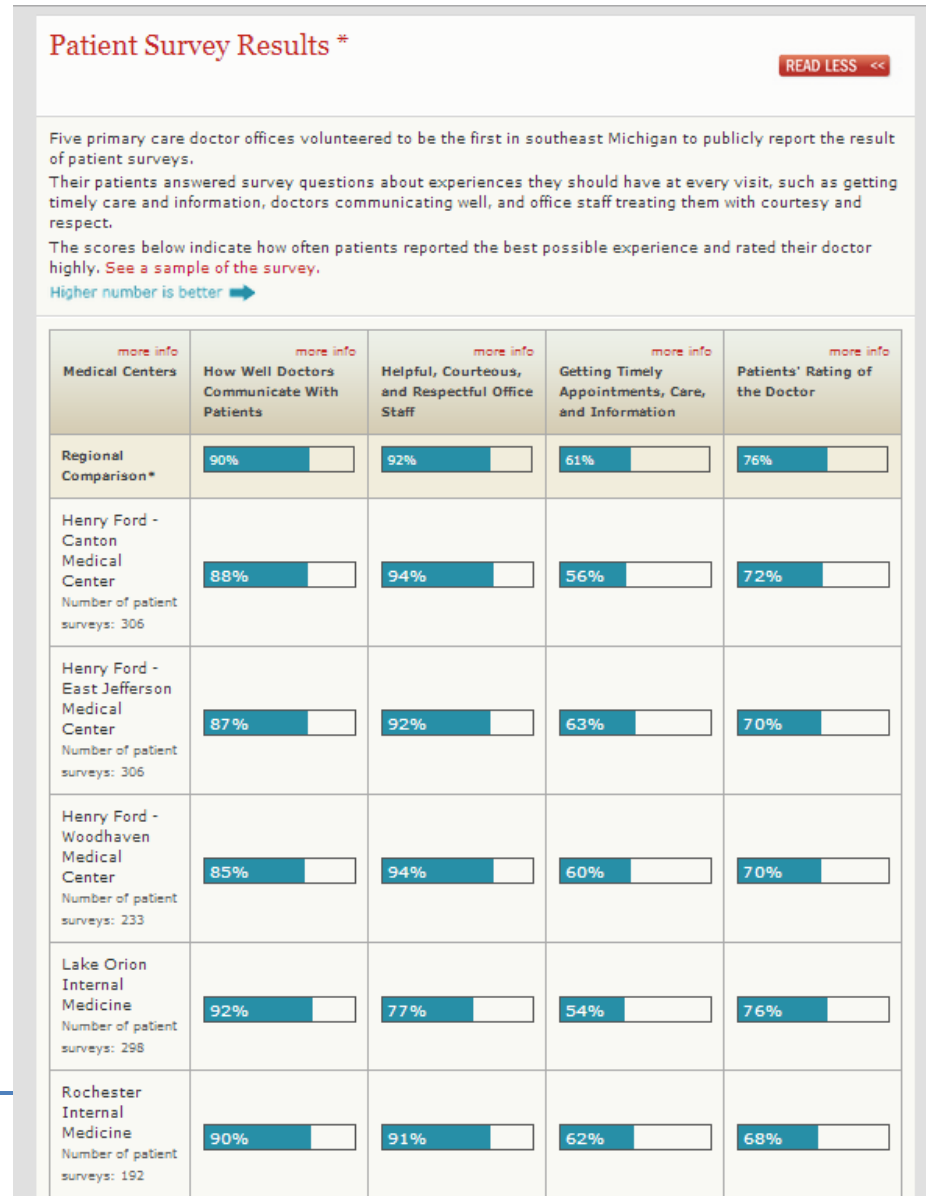
Results of CG-CAHPS Pilot: Maine

Maine Health Management Coalition:
www.getbettermaine.org



Results of CG-CAHPS Pilot: Detroit

Greater
 Detroit Area
 Health
 Council:
www.mycarecompare.org



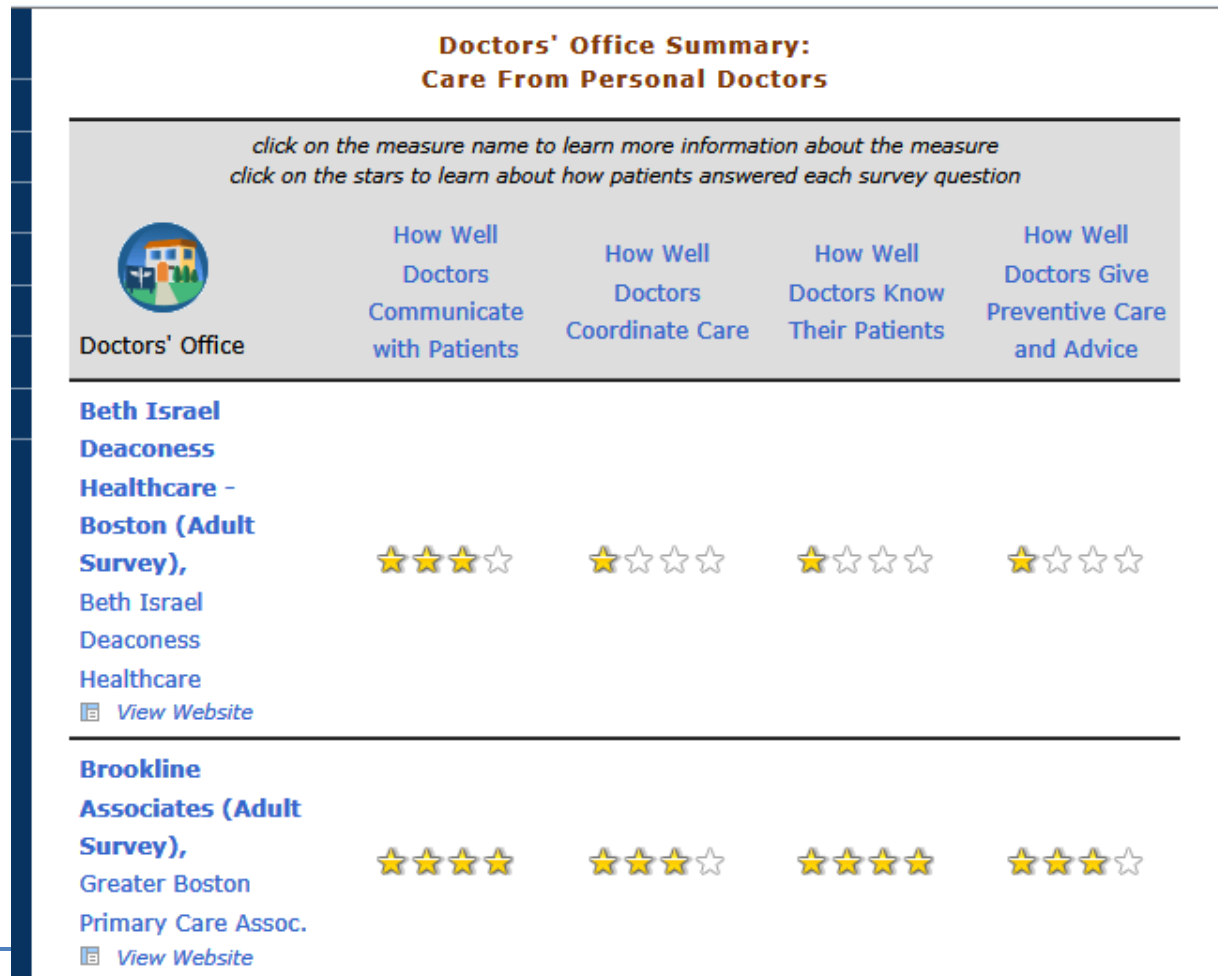
Example of Displaying Top-Box Score: Minnesota

Minnesota
Community
Measurement:
www.mnhealthscores.org

























































	Getting Care When Needed	How Well Doctors Communicate	Courteous and Helpful Office Staff	Doctors with an Exceptional Rating
	?	?	?	?
	Average = 58%	Average = 89%	Average = 90%	Average = 72%
Fairview Riverside Primary Care Clinic	 67%	 92%	 97%	 81%
Fairview Uptown Clinic	 53%	 91%	 90%	 79%
HealthPartners - Riverside	 56%	 88%	 92%	 75%
Hennepin County Medical Center (HCMC) Clinics - Richfield Clinic	 57%	 89%	 88%	 76%
Fairview Northeast Clinic	 51%	 92%	 88%	 76%
Hennepin County Medical Center (HCMC) Clinics - Downtown Medicine Clinic	 51%	 90%	 88%	 78%
Hennepin County Medical Center (HCMC) Clinics - Internal Medicine Clinic at Parkside	 48%	 89%	 87%	 76%
Women's Health Clinic	 58%	Not Enough Data	 91%	Not Enough Data

Example of Displaying Relative Performance: Massachusetts

Massachusetts
Health Quality
Partners:
www.mhqp.org



Example of Displaying Relative Performance: Puget Sound, WA

VIEW & COMPARE Medical Groups		VIEW & COMPARE Clinics		VIEW & COMPARE Hospitals		VIEW & COMPARE Patient Experience			
Sort by: <input type="text" value="Name"/>		Viewing 2011-2012 Results							
<input type="button" value="Compare Selected"/> <input type="button" value="Clear Selected"/>		Measure: <u>Getting Timely Appointments, Care and Information</u>		How Well Providers Communicate with Patients		<u>Helpful, Courteous and Respectful Office Staff</u>		<u>Patient's Rating of the Provider</u>	
Regional Average:		56%		81%		72%		75%	
<input type="checkbox"/>	Allenmore Internal Medicine - MultiCare	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE
<input type="checkbox"/>	Auburn MultiCare Clinic	 AVERAGE	 AVERAGE	 AVERAGE	 AVERAGE	 AVERAGE	 AVERAGE	 AVERAGE	 AVERAGE
<input type="checkbox"/>	Auburn MultiCare Clinic Medical Office Building	 AVERAGE	 BELOW average	 AVERAGE	 BELOW average	 AVERAGE	 BELOW average	 BELOW average	 BELOW average
<input type="checkbox"/>	Bastyr Center for Natural Health	 BETTER than average	 BETTER than average	 BETTER than average	 BETTER than average	 BETTER than average	 BETTER than average	 BETTER than average	 BETTER than average
<input type="checkbox"/>	Bellevue Family Medicine Associates	 AVERAGE	 AVERAGE	 BETTER than average	 BETTER than average	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE
<input type="checkbox"/>	Bothell Clinic - Lakeshore Clinic	 AVERAGE	 BETTER than average	 AVERAGE	 BETTER than average	 AVERAGE	 AVERAGE	 BETTER than average	 AVERAGE
<input type="checkbox"/>	Burien Family Medicine - Highline Medical Group	 AVERAGE	 AVERAGE	 AVERAGE	 BELOW average	 AVERAGE	 BELOW average	 BELOW average	 BELOW average

Puget Sound Health Alliance: www.wacommunitycheckup.org

Functionality

- How will users navigate through the information?
 - What will they be able to do with it?
 - Includes:
 - Ability to search
 - Ability to limit what's displayed
 - Ability to sort or rank entities by one or more criteria
 - Ability to view multiple levels of information
 - Ability to download data
-

Outreach

- How will the target audience find out about this site?
 - How will you communicate what's available and how it can be used?
 - What communication channels are available?
 - How much effort can you devote to this?
 - Can you piggyback on other communications to pertinent audiences?
-

Evaluation

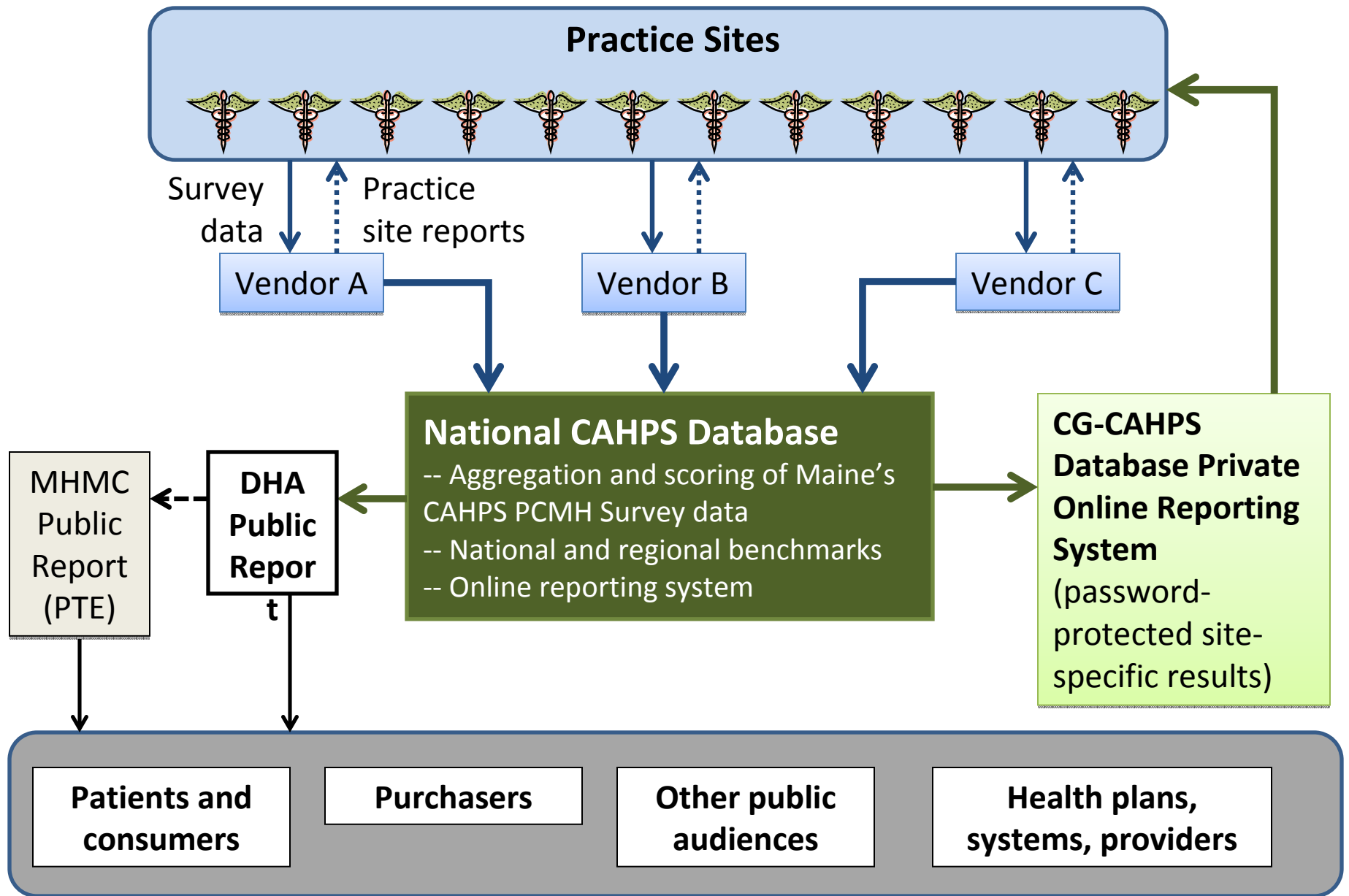
- How will you decide whether to do this again?
 - Options include:
 - Process evaluation:
 - How went well? What didn't?
 - What could you do better next time?
 - Outcome evaluation:
 - How did you expect this survey and reporting initiative to affect stakeholders?
 - What effects did it actually have?
-

Other Issues

- Making data available to practices and others
 - Trends, if survey administered again
-

Questions?

Next up: Overview of the CAHPS
Database



Issues for Consideration in Maine



- Audience
- Level of reporting
- Measures to be reported
- Scoring display
- Benchmarks and comparison groups
- Contextual information
- Functionality and decision support
- Duration

Audience



Issue: Who should be the primary audience(s) for the DHA public reporting website?

Discussion: There are many audiences for this data - consumers, payers, policymakers, employers – each requiring different levels of detail and explanation. For other publicly reported quality measures, MQF's role is to assure data integrity and to make data available for others to interpret for specific audiences.

Staff recommendation: The site should be a repository of survey results and not focus on any one audience. Other sites, such as *Get Better Maine*, are better positioned to apply survey results to the needs of other audiences.

Level of Reporting



Issue: At what level will survey results be reported?

Discussion: Sampling and administration for the DHA survey was at the practice site level. Multiple practice sites may make up a practice group. Multiple groups may be included within a health system. Depending on how a practice site submits its survey data to the CAHPS Database, it will be possible to group practice sites by medical group or health system scores.

Staff recommendation: Organize practice sites by medical group and/or health system (as identified in practice site registration documents) but do not develop an aggregate score for the group or system. This will alleviate issues when not all practices within a group or system participated and/or when data are not available to weight aggregate scores by size of participating practice.

Grouping of Survey Results



Issue: Will survey results for adult/primary care, adult/specialist and child surveys be reported together or separately?

Discussion: Some survey questions across the three surveys are the same; others are different. In the past, CAHPS combined specialist with primary care given the small number of specialist surveys received.

Staff recommendation: Separately report adult/primary care, adult/specialist and child surveys. Use benchmarks from comparable groups when available

Measures to be Reported



Issue: Should responses to all survey questions be reported?

Discussion: The CAHPS-Adult PCMH survey has 52 items; the child version has 66. Most items in both surveys can be rolled up and reported by composite areas (see handout).

Staff recommendation: Report at the composite level with link to individual items. This allows viewers to see easy summary data while also making full information to those who wish the detail.

Scoring Display



Issue: How should practice site scores be reported?

Discussion: The CAHPS survey uses a 4-point scale for responses to most survey questions: never, sometimes, usually, always. There are 3 common approaches to displaying a practice's scores: full distribution, "top box" and average score. Each have their own advantages and disadvantages.

Recommendation: Display top box scores to be consistent with National CAPHS Database public reporting site.

Benchmarks and Comparison Groups



Issue: What benchmarks and comparison groups should be used?

Discussion: The CAHPS Database can compare Maine practices to national, regional and state benchmarks for all core questions included in the PCMH survey. Since this is the first year for use of PCMH supplemental items, the availability of regional and national benchmarks will depend on the total number of PCMH surveys submitted to CAHPS.

Staff recommendation: Compare to CAHPS benchmarks where available and Maine aggregate. Pending final survey count in Maine, separately report primary care and specialty care.

Level of Contextual Information



Issue: In addition to survey results, what additional information should be included on the website?

Discussion: Public reporting of patient experience data is new in Maine. The CAHPS-PCMH survey may not be known by readers. There is a lot of research about the importance of patient experience data and how they can be measured and used. However, a lot of text and background generally are not read.

Staff recommendation: It will be important to set the context for why and how this initiative was undertaken and to acknowledge the leadership of those who participated. Use short version of labels describing survey composites and items. Provide links for more detailed descriptions of the instrument and its use. Distinguish between MQF reporting and PTE through narrative and cross links.

Functionality of Website



Issue: What features should the website have to facilitate use.

Discussion: There are many features that would be helpful yet costly to implement. Some include: search functions, mapping, downloading, data tiering, pop-ups for defining terms, comparisons across a defined subset of practices.

Staff recommendation: In keeping with its primary purpose as a repository, do not invest in significant functional enhancements. Include search function by name of practice site and, potentially, town.

Duration



Issue: How long will results be posted?

Discussion: As a new initiative, practices do not want to be penalized for participating by having their results publicly reported indefinitely or after new data are available. DHA's other public reports are generally updated for all sites at a single point in time so that information is from comparable sources and time periods.

Staff recommendation: Post for a minimum of 12 months

Next Steps



- Follow-up on any outstanding decisions
- Determine whether/how to promote the site
- Develop mock-up