Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Quality Program
Contents

Consumer Ratings Program Overview

How To Collect Survey Responses
  • Patient Summary Form
  • Register Patients To Receive A Survey

Frequently Asked Questions

Appendix
  • CAHPS Survey Details
  • Additional Resources
Consumer Ratings
Program Overview
Consumer Ratings Program Overview

An important element of this Program is obtaining feedback from patients regarding their experience at your clinic

- Survey is the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician and Group Survey
- CAHPS is an initiative of the Agency for Healthcare Research and Quality (AHRQ)

Survey focuses on:
- Patient rating of improvement
- Timeliness - appointment scheduling, waiting room, etc…
- Communication skills of the provider
- Staff helpfulness
- Overall provider rating

Survey results shared with:
- Provider prior to any data sharing with consumers
- Consumers when they are looking for a health care provider
How To Collect Survey Responses
How To Collect Survey Responses

Participation in the **Consumer Ratings Acquisition Process** is easy by collecting more surveys from patients.

**Two simple options** are available:

Option 1 – Patient Summary Form

Option 2 – Patient Registration Process

Let’s review each option
1. Patient Summary Form (PSF) Process

- In response to a PSF submission your patients receive an invitation to complete a survey.
- Encourage your patients to participate
- Process available nationally

On behalf of your health care provider, we would appreciate you completing a survey about the treatment you recently received. Simply log on to https://www.directsurv.net/ophmepp3.asp.

You will be asked to input your submission number which can be found above.

Processes For Obtaining Consumer Ratings Using CAHPS Survey

This is not a guarantee of payment as it remains subject to benefit limits, exclusions and right to appeal.
Patient Registration Process

For patients who do not complete a survey in response to the PSF process, patients are more likely to participate in the survey process when their treating provider requests feedback using an independent survey company.

2 options are available for participating in the registration process:

- **a** Provider registers patient
- **b** Patient self-registers
2a Provider Registers Patient

Preferred process when patients have and are willing to share their email

Click this link to Log on to the survey website

- Enter your Six-digit Optum® provider ID, ZIP code, your name and specialty, member health plan, member employer group, and member email address
- Click “Submit and Send Email”

Patient will receive an email from the survey vendor with a link to launch the survey

Tip: Add URL to your Favorites
Patient Self-Registers

For patients who **do not have or do not want to provide an email address**

**Click** this link to complete the **patient registration form**

- Enter your Six-digit Optum® provider ID, ZIP code, member health plan, and your clinic name
- Print the form for the patient

**Patient follows instructions** to self-register and completes the survey online
Frequently Asked Questions
Frequently Asked Questions

Where does the data for the patient rating of their health care experience and health care provider come from?

Optum uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician and Group survey tool. The CAHPS program is funded and administered by the U.S. Agency for Healthcare Research and Quality (AHRQ). CAHPS developed its surveys in response to the need for standardized, evidence-based tools that can be used to understand how patients use the U.S. health care system.

By using CAHPS resources and methods, Optum follows an industry standard in developing, conducting, and communicating health care-related information. Results of this survey can be used to improve care and to equip consumers with information they can use to choose health care providers or medical groups.

CAHPS uses the following principles in survey development:

- Emphasis on actual experience
- Standardization
- Use of the best science
- Meaningful information
- Input for all affected parties
- Public resources
Frequently Asked Questions

Why is it important for me to participate?

There are a number of reasons why it’s important to take advantage of this simple survey process:

While ensuring a positive patient experience is an important goal in itself, research has shown that patient experience is related to health care quality, as well as to the vitality of a clinical practice. Positive patient experiences are linked to improved patient compliance, better patient outcomes, increased patient loyalty, improved employee satisfaction and a reduction in malpractice suits.

Results will inform your clinic about areas of care delivery that patients perceive as positive, and assist in determining if there are areas of opportunity to improve a patient’s healthcare experience in your practice.

While Optum may not currently be sharing results with consumers in your state, we encourage you to take advantage of this simple survey program to ensure you have reviews in place once we do begin to report survey results publicly. Consumers may use the survey results to assist them in selecting a provider.
Frequently Asked Questions

How is the survey scored?

To simplify the interpretation of the data, questions that measure similar topics are grouped together. These groups of questions, called composites, facilitate comparisons of performance across a specific unit of analysis (e.g., practice or provider). Composite measures are highly related both conceptually and statistically and their use is recommended by the CAHPS group. The survey focuses on three composite scores and an overall score:

- Getting timely appointments, care, and information
- How well providers communicate with patients
- Helpful, courteous, and respectful office staff
- Overall rating of the health care provider

A “simple average” scoring method has been utilized as the basis for calculating the results of the surveys. The average score is a calculation of the mean across all of the response categories in the survey. All response options are treated as points on a linear scale (example, the scale “Never to Always” becomes “1 to 4”).

Most questions utilize a 4 point scale, with 4 being the highest possible score. (The only exception is Q23 which utilizes a 10 point scale, with 10 being the highest score possible).
Example:

If your score for helpful, courteous and respectful office staff is 3.7:
- The average responses for Q24 and Q25 that make up the composite score were 3.7 with 1 being the lowest possible score and 4 being the highest possible score.

The average scoring method has numerous advantages over other scoring methods. The average score mirrors the full range of patients’ experiences with care. Finally, consumers are getting a more accurate assessment of whether the performance of a given provider is truly above, at, or below average.

A detailed CAHPS survey methodology document is also posted on the provider portal should you require more information on the survey instrument and scoring methodology.
Frequently Asked Questions

Who administers the survey and collects survey data for Optum?
Survey data is collected by an independent, external vendor.

How will this data be used?
The data serves two purposes:

- Your clinic data is reported back to you for your review. With this data, you can review areas of care delivery that patients perceive as positive, and determine if there are areas of opportunity to improve a patient’s healthcare experience in your practice.

- Once sufficient data is collected, results become publishable for consumers to view if being shared in your state. This can assist consumers when selecting a healthcare provider.
Frequently Asked Questions

How are the survey results reported back to me?

Survey results will be periodically posted on the Optum® provider portal to allow you to assess your performance on patient experience. Optum will provide notification when your data has been refreshed and available for you to view. This information will be accessible for general public viewing after 60 days, if being shared in your state.

Your report will be broken out into two main sections. The first will display your three composite scores and overall provider rating, along with the state and national scores for comparison. In this section of the report you will see that your data is displayed using three values: an average illustrated by an orange dot and a grey dot on either side of the average creating a range. The value to the left of the average is the lower bound, representing the lowest score, while to the right of the average is the upper bound, representing the highest score. A 90% Confidence Interval was utilized to determine the range. This means that 9 times out of 10 the actual score is somewhere within this range. An example is shown in the figure below:
Frequently Asked Questions

How are the survey results reported back to me? Continued…

While the average number can help guide your decision-making process, it is good to remember that this is only an estimate. The narrower/smaller the interval between the upper and lower limit is suggestive of more consistent responses. A larger interval between the upper and lower limits is often the results of a few very high or very low scores, a low number of returned surveys or a combination of both.

Example:

If your score for helpful, courteous and respectful office staff is 3.7 and you have a upper limit = 3.9 and lower limit 3.5:
  • The 90% Confidence Interval suggest that 90% of the time patients have scored your office staff between 3.5 and 3.9.
Frequently Asked Questions

How are the survey results reported back to me? Continued…

The second section will detail the individual questions and scores that made up your overall composite scores. This will be extremely useful in determining areas that may have impacted your overall scores. An example from the first composite score is shown in the figure below:

<table>
<thead>
<tr>
<th>Question</th>
<th># Responses</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q6 - In the last 12 months, when you phoned this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?</td>
<td>12</td>
<td>3.58</td>
</tr>
<tr>
<td>Q8 - In the last 12 months, 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 needed?</td>
<td>8</td>
<td>3.88</td>
</tr>
<tr>
<td>Q10 - In the last 12 months, when you phoned this provider’s office during regular office hours, how often did you get an answer to your medical question that same day? Or get an appointment as soon as you needed?</td>
<td>5</td>
<td>3.80</td>
</tr>
<tr>
<td>Q12 - In the last 12 months, when you phoned this provider’s office after regular office hours, how often did you get an answer to your medical question as soon as you needed?</td>
<td>1</td>
<td>4.00</td>
</tr>
<tr>
<td>Q13 - Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time?</td>
<td>16</td>
<td>3.81</td>
</tr>
</tbody>
</table>

Response Values: Never, Sometimes, Usually, or Always (1-4 Scale)
Frequently Asked Questions

How may I access my survey report?

To review your patients’ feedback:
1. Go to www.myoptumhealthphysicalhealth.com
2. Enter your six-digit Optum provider ID & password
3. Click “Tools & Resources”
4. Click “Patient Satisfaction Result”

These results will inform your clinic about areas of care delivery that patients perceive as positive, and assist in determining if there are areas of opportunity to improve a patient’s healthcare experience in your practice.

I have reviewed my results. What should I do if my results are less than desired?

Historically, satisfaction with Optum providers is extremely high, however it’s recommended you monitor survey results reported to you. If scores are lower than expected or desired, we encourage you to review results with your staff and discuss opportunities for improvement. Obtaining more responses so results are more representative of your patient population will also provide a more accurate picture.
Frequently Asked Questions

What if I have questions about the survey data in my report?

If you have any questions, please contact your support clinician directly or contact Provider Services at (800) 873-4575 and ask to speak to your support clinician.
Frequently Asked Questions

Can I register all my patients and not just patients through Optum, to obtain a higher volume of returned surveys?

Yes. The registration process has been designed to allow you to register any patient, regardless of health plan.

Can I offer the survey using the registration process to recently discharged patients?

All patients who were treated and discharged within the last 12 months qualify for the survey.

How many patients do I need to have complete the survey?

A minimum of 10 patients is required prior to sharing data with consumers.
Appendix
CAHPS Overview

Patient experience will be measured using a standardized survey – the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group Survey (CG-CAHPS) – available through the CAHPS program, which is funded and administered by the U.S. Agency for Healthcare Research and Quality.

CAHPS surveys are the most widely used surveys for assessing patient experience of care in the United States and are endorsed by the National Quality Forum.

The goals of the CAHPS program are twofold:

• Develop standardized patient surveys that can be used to compare results across sponsors and over time.
• Generate tools and resources that sponsors can use to produce understandable and usable comparative information for both consumers and healthcare providers.
Clinician And Group Survey

We are using the Clinician and Group Survey

Assesses patients’ experiences with providers and office staff

The survey questions focus on four key member experiences and are rolled into composite scores (see right)

Results can be used to:

• Improve care
• Equip consumers with valuable information when selecting a healthcare provider

Composite scores

1. Timely appointments, care and information
2. Communication between provider and patients
3. Helpful, courteous and respectful office staff
4. Overall rating of the health care provider (on a 0 to 10 scale with 10 being the best possible health care provider)
Survey Questions: Timeliness

The results from these 5 questions are used to calculate the “Getting Timely Appointments, Care and Information” composite score.
Survey Questions: Communication

The results from these 6 questions are used to calculate the “How well Providers Communicate with Patients” composite score

<table>
<thead>
<tr>
<th>Q14</th>
<th>In the last 12 months, how often did this provider explain things in a way that was easy to understand?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q15</td>
<td>In the last 12 months, how often did this provider listen carefully to you?</td>
</tr>
<tr>
<td>Q17</td>
<td>In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?</td>
</tr>
<tr>
<td>Q18</td>
<td>In the last 12 months, how often did this provider seem to know the important information about your medical history?</td>
</tr>
<tr>
<td>Q19</td>
<td>In the last 12 months, how often did this provider show respect for what you had to say?</td>
</tr>
<tr>
<td>Q20</td>
<td>In the last 12 months, how often did this provider spend enough time with you?</td>
</tr>
</tbody>
</table>

Response Options
- Never
- Sometimes
- Usually
- Always

Survey Questions: Office Staff

The results from these 2 questions are used to calculate the “Helpful, Courteous, and Respectful Office Staff” composite score.

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Helpful, Courteous, and Respectful Office Staff
The survey asked patients how often office staff were helpful and treated them with courtesy and respect.

<table>
<thead>
<tr>
<th>Q24</th>
<th>In the last 12 months, how often were clerks and receptionists at this provider’s office as helpful as you thought they should be?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q25</td>
<td>In the last 12 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect?</td>
</tr>
</tbody>
</table>

Response Options
- Never
- Sometimes
- Usually
- Always

Survey Questions: Provider Rating

The results from Q23 is used to calculate the “Patients’ Rating of the Provider” score
Survey Scoring

How the survey is scored

The score for each composite is a simple average of the response for each question making up a composite score.

Most questions utilize a 1 to 4 point scale with 4 being the highest possible score. (The only exceptions is Q23 which utilizes a 10 point scale with 10 being the highest score possible)

Example:
If your score for helpful, courteous and respectful office staff is 3.7:

The average responses for Q24 and Q25 (previous slide) that make up the composite score were 3.7 with 1 being the lowest possible score and 4 being the highest possible score.
Understanding The Upper And Lower Limits

How the survey is scored

A 90% Confidence interval is calculated. The confidence interval is reported as an upper and lower limit. This helps understand the variability or consistency in scores.

The narrower/smaller the interval between the upper and lower limit is suggestive of more consistent responses.

A larger interval between the upper and lower limits is often the result of a few very high or very low scores, a low number of returned surveys or a combination of both.

Example:
If your score for helpful, courteous and respectful office staff is 3.7 and you have a upper limit = 3.9 and lower limit 3.5:

The 90% Confidence Interval suggest that 90% of the time patients have scored your office staff between 3.5 and 3.9.
Additional Resources

To learn more about the CAHPS survey methodology:

Go to [www.myoptumhealthphysicalhealth.com](http://www.myoptumhealthphysicalhealth.com)

- Enter your Optum six-digit provider ID & password
- Click “Tools & Resources”
- Click “CAHPS Survey Methodology” to view measurement methodology
Thank you.