

Questions and Answers

What is the MHQP Patient Experience Survey?

The 2021 MHQP Patient Experience Survey (PES) is based on the Clinician & Group Visit Survey 4.0 (beta) (CG-CAHPS Visit Survey) for adults and addresses multiple visit modes, including telehealth. The Agency for Healthcare Research and Quality (AHRQ) supported the development of the CG-CAHPS Visit Survey to be responsive to the large-scale adoption of telehealth as a result of the COVID-19 pandemic. The CG-CAHPS Visit Survey asks patients about their experiences with care at their most recent visit with an ambulatory care provider. It is used for any type of synchronous visit – i.e., care is delivered and received at the same time, in person, by phone, or by video. It is not used for care delivered through asynchronous methods, such as email or portal messages. The "beta" designation means that the instrument has not yet been field tested by the CAHPS Consortium or approved as a CAHPS survey.

For the child PES instrument, MHQP adapted the adult 2021 PES instrument to a child version since the CG-CAHPS Visit Survey was available only for adults at the time. Domains that are germane to the pediatric population were retained from prior years.

MHQP maintained traditional survey domains/composites and items that are not included in the CG-CAHPS Visit Survey to maintain consistency, and for historic informational purposes and risk contracts.

In 2021, MHQP made some additional instrument enhancements as follows:

- Integrated telehealth-enabling technology demographics
- Incorporated validated trust scale – 5-items (Interpersonal Trust in a Physician -- Short Form, Dugan E., Hall M., Trachtenberg F.)¹
- Expanded gender options to enhance inclusivity
- Enriched question language and developed concept introductions
- Included patient narrative question on comparison between in-person and telehealth visit

The 2021 adult and child PES instruments have 58 items and 72 items, respectively.

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.

MHQP randomly samples patients who had at least one primary care visit that occurred within a 6-month visit period. Using the highest scientific standards, our rigorous and statistically valid methodology produces reliable, actionable results.

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.² Patient experience surveys have been developed and validated for over 20 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

¹Dugan E, Trachtenberg F, Hall MA. Development of abbreviated measures to assess patient trust in a physician, a health insurer, and the medical profession. *BMC Health Serv Res.* 2005 Oct 3;5:64. doi: 10.1186/1472-6963-5-64. PMID: 16202125; PMCID: PMC1262715.

²Institute of Medicine (US) Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington (DC): National Academies Press (US); 2001. PMID: 25057539.

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.³ A 2013 systematic literature review in *BMJ Open* suggests that patient experience is also linked to clinical safety and effectiveness.⁴ Evidence also suggests 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.³ Further, there are increasing financial incentives tied to these measurements; data suggests that such incentives improve patient experiences of care.⁵

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, Harvard Pilgrim Health Care, and Tufts Health Plan. This year, five provider organizations added their financial support: Lowell General PHO, Mass General Brigham, Mount Auburn Cambridge IPA, New England Quality Care Alliance, and The Pediatric Physicians' Organization at Children's Hospital Boston. 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.

Why is MHQP collecting patient comments?

The inclusion of open-ended questions that elicit comments from survey respondents can add meaningful information to quantitative data. Patients often want to elaborate on their particular experiences of care and this forum enables them to delve into personal and specific issues that may not be elicited from close-ended survey questions.

MHQP routinely captures this free-text information in a systematic way, among a random, representative sample. Our annual statewide Patient Experience Survey incorporates the CAHPS[®] Patient Narrative Item Set, 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.

From 2016 to 2019 MHQP shared patient comments with participating provider organizations and reported them in various ways. Over time, MHQP recognized that the collection of large numbers of narratives requires some type of

³ *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.

⁴ Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*. 2013 Jan 3;3(1):e001570. doi: 10.1136/bmjopen-2012-001570. PMID: 23293244; PMCID: PMC3549241.

⁵ Rodriguez HP, von Glahn T, Elliott MN, Rogers WH, Safran DG. The effect of performance-based financial incentives on improving patient care experiences: a statewide evaluation. *J Gen Intern Med*. 2009;24(12):1281-1288. doi:10.1007/s11606-009-1122-6

processing to efficiently extract the meaning of the information emphasized in the comments. We understood the need to report patient narrative information back to provider organizations in a way that was easy, effective and actionable for improvement purposes.

In 2020, MHQP stakeholders requested that the team work on categorizing the comments by survey composites, which would allow provider organizations to compare patient comment feedback with the composite quantitative scores they received for that given survey year. The objective was to provide actionable categorizations for providers to make improvements in an easy-to-read format.

New in 2021 – Natural Language Processing (NLP) Tool Implemented

In response to our stakeholders' request for reporting comments by survey domains/composites, MHQP needed to find a NLP tool that would enable classification of thousands of comments in a systematic, automatic way. We selected the Amazon Comprehend NLP platform which allowed us to code and classify patient comments by composites following a rigorous, multi-iteration machine training process.

Additionally, the CAHPS Narrative Team added a question that focused specifically on comparisons between telehealth and in-person visits. We also incorporated this new question into our 2021 PES instrument.

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, 2020.

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 **7** 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 149,579 adult patients and to the parents of 90,083 children.

What was the overall response rate to the survey?

The overall response rate to the survey was 15.73%. 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 2019 was 19.48%. The response rate for those who received an email invitation and completed the survey was 25.76%. This figure is substantially higher than the response rate from our traditional mailed survey.

What is the value of using emails?

Emails return higher response rates and are less costly than traditional mail surveys. In addition, emails enable respondents to take the survey online in non-English languages (i.e., Chinese, Haitian Creole, Khmer, Portuguese, Russian, and Spanish) and provide comments to a series of open-ended questions.

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. 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 2021 PES results?

MHQP will publicly report practice site results in the winter of 2022 on MHQP's website for healthcare consumers, 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, that includes updates on our Patient Experience initiatives. MHQP also maintains a consumer-friendly public reporting website, www.healthcarecompassma.org, that hosts the publicly reported survey results. Questions may be directed to Amy Stern, Director of Operations and Commercial Surveys at astern@mhqp.org.