



**Measuring
patient
experiences
of care**



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Patient-centeredness is one of the six dimensions of the quality of health care defined by the Institute of Medicine's (IOM) landmark report, *Crossing the Quality Chasm*. But what does patient-centeredness really mean for surgeons and other health care professionals in terms of how they provide care? The IOM defines patient-centered care as follows:

Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.... [There are] several dimensions of patient-centered care, including (1) respect for patients' values, preferences, and expressed needs; (2) coordination and integration of care; (3) information, communication, and education; (4) physical comfort; (5) emotional support—relieving fear and anxiety; and (6) involvement of family and friends.*

As part of the healing relationship, all physicians want to cure and relieve suffering. To accomplish these objectives, surgeons shape technical facility, interpersonal skills, and processes of care to meet the needs of patients. Patient-centered care involves a shared decision-making process and an ability to see the health care system from the patients' point of view. Research has shown that increased patient satisfaction is correlated with better clinical outcomes, appropriate use of the health care system and benefiting from the services provided, and reduced risk of litigation.

Seeing your practice as a patient

Jennifer Daley, MD, senior vice-president of clinical quality and chief medical officer for Tenet Healthcare, notes that recent research indicates that patients assume they will receive high-quality clinical care when they enter the hospital. What differentiates one provider from another and creates loyal patients and customers is caring service. Specifically, patients and

families want their health care professionals and providers to communicate with them, provide them with needed information and include them in decision making, treat them with respect and dignity, receive timely care, respect their privacy, listen to their complaints or concerns, and employ empathetic staff.

These precepts hold true for care delivered in the physician's office as well. So how can you know how your patients experience the care they receive from your practice? One way to obtain this knowledge is through the use of a "patient's-eye view" walk-through of the care system. This process enables providers to better understand the care experience from the patient's and family's points of view by going through the experience themselves. Physicians' offices, clinics, and hospitals all have made use of this type of study.

The Institute for Healthcare Improvement (www.ihi.org) has a free walk-through tool that is available to medical and surgical practices. (You have to register as a user of the Institute for Healthcare Improvement Web site to access this instrument, but registration and the tool itself are free.) This questionnaire is short and easy to use and will give you a sense of what it is like to be a patient in your organization. It builds awareness of simple things that your organization can do to improve the process of providing care and to enhance the patient experience.

As you walk through your practice, looking at things as if you were one of your patients, take note of which steps in the process—from attempting to make an appointment to checking out after the visit—frustrate you or make you angry and what contributes to a smooth and positive interaction. Pay attention to events like repeated requests for the same information or steps in the care process that cause delays. Are the signs clear, visibly located, and easy to read? In the waiting area, can patients overhear the staff, including conversations about information that should be private? Call your own phone system: Are the instructions and information for patients clear and accurate?

However, there are some things only patients can communicate about the quality of the care they receive. So, one of the most objective and

*Committee on Quality of Health Care in America, Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001: 40,49.

quantifiable ways to assess patient-centeredness is through patient surveys.

The CAHPS® family of surveys

The concept of patient surveys is simple—ask the people who use the health care system whether it meets their needs. Ensuring that surveys result in reliable, scientifically valid, and actionable information is somewhat less simple. Patients need to be selected to answer the survey in an unbiased manner, the questions used in the survey must accurately assess the key dimensions of care, and the results of the survey must be analyzed in a way that minimizes bias (including risk adjustment for patient factors, such as age, that systematically influence the responses given).

The most widely used surveys of patient experiences of care are the Consumer Assessment of Health Providers and Services (CAHPS) survey instruments. Developed through a public-private partnership of the Agency for Healthcare Research and Quality and researchers at Harvard University, The RAND Corporation, Research Triangle Institute, Westat, and American Institutes for Research, these surveys have been widely adopted by the Centers for Medicare & Medicaid Services, state Medicaid programs, and private health plans. More than 55 million

enrollees currently are covered through health plans that rely on CAHPS.

CAHPS surveys have a number of distinguishing characteristics that have contributed to their rapid adoption.

- The CAHPS surveys focus on the characteristics of quality that are of importance to patients and for which they are the most reliable source of information. Therefore, CAHPS surveys ask about dimensions of care like provider communication skills, access to care, helpfulness of office staff, and being treated with courtesy and respect. Although clinical quality is important to consumers, the surveys don't ask about that, because consumers are not always the best judges of clinical quality.

- The CAHPS surveys are extensively tested for validity and reliability. Every CAHPS survey goes through extensive field testing in multiple geographic areas and with broadly representative samples of the intended respondent population.

- CAHPS surveys are cognitively tested with respondents to ensure that survey questions are understandable, that the response options available on the survey are appropriate to the experience being measured, and that respondents are able to accurately answer the questions as written. For example, the CAHPS Hospital Survey initially contained a question about whether hospital personnel asked the patient about medication allergies before prescribing any new medications. Although this is an important dimension of preventing medication errors, it was dropped from the final questionnaire because consumers were unable to answer the question in a way that accurately assessed allergy awareness by hospital staff because of variations in protocols for allergy alerts.

The CAHPS Consortium has developed a version of the survey designed to measure patient experiences of care at the individual clinician and group practice level. The Clinician and Group CAHPS (CG-CAHPS) questionnaire includes questions about the following dimensions of care in its core item set:

- Getting care quickly
- Getting answers to medical questions by telephone
- Coordination of care

Financial contributors to the Surgical CAHPS Project

- American Academy of Ophthalmology
- American Academy of Orthopaedic Surgeons
- American Academy of Otolaryngology–Head and Neck Surgery
- American Board of Orthopaedic Surgery
- American College of Osteopathic Surgeons
- American College of Surgeons
- American Society of Anesthesiologists
- American Society of Colon and Rectal Surgeons
- American Society of Plastic Surgeons
- American Urological Association
- Society of Thoracic Surgeons
- United Health Foundation

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- Physician communication skills
 - Health promotion and education
 - Office staff communication skills

The CG-CAHPS instrument was field tested in several geographic locations and with multiple specialties. Field test partners included the Massachusetts Health Quality Partnership and the American Board of Medical Specialties (ABMS). ABMS initiated the working relationship with the CAHPS consortium as a means of establishing national benchmarks for performance using a standardized instrument. ABMS intends for CAHPS to be incorporated into the Maintenance of Certification (MOC) requirements of its member boards. Specialties that participated in the ABMS field testing were family practice, orthopaedics, obstetrics and gynecology, and radiology.

Developing a surgical CAHPS questionnaire

As the CG-CAHPS questionnaire became publicly available, a number of surgical specialty societies reviewed the instrument and noted that although it did a good job of assessing ongoing or chronic care, the questionnaire had serious shortcomings if used to assess surgical care, given its episodic and procedure-based nature. In addition, the CG-CAHPS instrument omitted questions about some key elements of the quality of surgical care, such as informed consent and follow-up care.

As a result, the American College of Surgeons, representing the Surgical Quality Alliance, has contracted with American Institutes for Research (AIR) and Westat to develop a survey to assess patient experiences in surgical care. AIR and Westat have extensive experience working on other CAHPS instruments and are following all AHRQ guidelines and protocols for developing a CAHPS survey. When the survey is complete in October, it will be submitted to AHRQ for endorsement as an official CAHPS instrument.

Eleven surgical specialty societies and one surgical board (see box, page 15) are supporting the project financially, are providing technical input to the questionnaire design, and have recruited surgical practices to participate in field testing the questionnaire. The draft field test questionnaire contains sections covering preoperative

care, interactions with surgeons and anesthesiologists on the day of the operation, postoperative follow-up care, and interactions with surgeons' office staff. The survey will provide a common core set of questions that can be used for quality improvement within practices, part IV of MOC, and public reporting of quality information for consumer choice. Specialty societies that wish to assess aspects of care unique to their specialty practice will be able to develop supplemental questions to incorporate in the core survey.

The core mission of the American College of Surgeons is to improve the care of the surgical patient. Providing the highest-quality surgical care requires clinical knowledge and technical skill and the tools to assess surgical practice and systems of care. The Surgical CAHPS questionnaire, when it is completed, will provide a valuable tool for assessing the degree to which the care individual surgeons provide patient-centered care. ¹⁰

For more information on the CAHPS surveys and their development, check out the CAHPS Web site at <https://www.cahps.ahrq.gov/default.asp>.