CAHPS Annotated Bibliography

Literature

Survey Instruments

CAHPS Annotated Bibliography

LITERATURE

Agency for Health Care Policy and Research. *Choosing and Using a Health Plan.* Washington, DC: U.S. Department of Health and Human Services, 1997.

The publication to help consumers make sense of the choices for getting health care insurance. It includes getting the most from the plan chosen and provides additional sources of information.

———. *Technical Overview of Consumer Assessment of Health Plans (CAHPS).* Rockville, MD: U.S. Department of Health and Human Services, 1996.

The Consumer Assessment of Health Plans (CAHPS) study seeks to research techniques to assess health plans and services and to develop understandable reports to aid consumers with health plan selection. This booklet describes the rationale behind the development of CAHPS, the consortium members involved in its development, and the potential means of CAHPS dissemination. This booklet also provides detailed information into the methods used to develop and test the CAHPS survey instruments. Finally, an overview of the particular CAHPS survey items targeting various populations (e.g., families with children, fee-for-service and managed care health plans, Medicaid enrollees) is provided.

Allen, Harris. *A "Core" Set of Survey Items on Health Plan Consumer Satisfaction: A Recommendation for the National Committee on Quality Assurance.* Boston, MA: The Health Institute, New England Medical Center, 1995.

This paper was submitted to the National Committee for Quality Assurance (NCQA) in response to its request for a recommendation for a "core" health plan consumer satisfaction survey. As evidenced in the paper, the recommendation endeavors to meet NCQA's stated preference for the minimum number of items needed to generate the minimum set of consumer-based criteria for which plans should be held accountable.

———. "The Central Iowa Project." *Journal of Ambulatory Care Management*, vol 17 (4), 1994.

This project developed and tested a population-based survey, to examine health and health care in the Central Iowa community. Data from this new collection of proven sets of items were used to compare competing health plans, doctor offices, hospitals, and to develop preliminary norms of the community's insured, in two areas: system performance and health burden. The results showed that the survey (1) was both feasible and efficient in delivering a comprehensive and generic assessment of consumers and patients; (2) revealed consistent, noteworthy differences between plans and between providers across both sets of criteria; and (3) indicated that there is substantial room for improvement in Central Iowa's health care delivery system from the public's perspective.

AARP. *Making Medicare Choices*. Washington, DC: Author, 1998.

This booklet helps people choose which Medicare option is best for them. It defines six options and provides detailed charts on the advantages and disadvantages of each.

Atlantic Information Services. *Health Care Report Cards—Profiles of All Major Report Cards, Performance Reports, Shopping Guides, and Consumer Satisfaction Surveys.* Washington, DC: Author, 1995.

This publication provides profiles of all major report cards, performance reports, shopping guides, and consumer satisfaction surveys. It is intended to provide a solid base for comparing the efforts of a wide variety of organizations in the field.

Blumenthal, David, Robert Brook, Elizabeth A. McGlynn, Paul D. Cleary, Mark Chassin, Donald M. Berwick, and Arnold Epstein. "Quality of health care." (Six-part series.) *The New England Journal of Medicine*, vol 335 (12-17), September 19-October 24, 1996.

This series reviews the major technical concepts and issues that are pertinent to current discussions about the quality of care, places those discussions in a political and social context, and provides some guidance on how changes in techniques for measuring and improving quality may affect doctors and patients over the next decade.

Blumenthal, David. "Quality of health care, Part 1: Quality of care—What is it?" *The New England Journal of Medicine*, vol 335 (12), September 19, 1996.

This article reviews alternative definitions of quality of care and how these definitions have changed in recent years to accommodate the interests of the many groups that now play a part in the health care system.

Brook, Robert, Elizabeth A. McGlynn, and Paul D. Cleary. "Quality of health care, Part 2: Measuring quality of care." *The New England Journal of Medicine*, vol 335 (13), September 26, 1996.

This article reviews the five methods by which quality can be assessed on the basis of process data, outcome data, or both.

Chassin, Mark. "Quality of health care, Part 3: Improving the quality of care." *The New England Journal of Medicine*, vol 335 (14), October 3, 1996.

This article discusses the need for new approaches to health care quality improvement.

Blumenthal, David. "Quality of health care, Part 4: The origins of the quality-of-care debate." *The New England Journal of Medicine*, vol 335 (15), October 10, 1996.

This article discusses the history of the quality-of-care debate, as well as the current dilemma of cutting costs and improving health care quality.

Berwick, Donald M. "Quality of health care, Part 5: Payment by capitation and the quality of care." *The New England Journal of Medicine*, vol 335 (16), October 17, 1996.

This article reviews the existing evidence and theories bearing on the relation of capitation to quality and suggests some ways to ensure that the effect of capitation on the quality of care is a positive one.

Blumenthal, David, and Arnold Epstein. "Quality of health care, Part 6: The role of physicians in the future of quality management." *The New England Journal of Medicine*, vol 335 (17), October 24, 1996.

This article reviews likely near-term developments in society's continuing efforts to improve the quality of care, and the implications for physicians and their patients.

Blumenthal, David, and Charles M. Kilo. "A report card on continuous quality improvement," *The Milbank Quarterly*, vol 76 (4), 1998.

In this paper the authors reviewed the movement for continuous quality improvement. Individuals who were involved in quality improvement activities at the national level over the past 10 years and senior leaders from six health care organizations were interviewed. Unfortunately, the quality improvement movement in health care has not had the impact that many advocates and observers hoped for.

Brook, Robert, Caren J. Kamberg, and Elizabeth A. McGlynn. "Health system reform and quality." *JAMA*, vol 276 (6), August 14, 1996.

This article addresses a variety of issues relevant to a changing health care system and the implications for the provision of quality care.

Brown, Julie A. *RAND—Report on Cognitive Interviews with Medicaid Mothers for CAHPS*. DRU-1471-AHCPR. Rockville, MD: Agency for Health Care Policy and Research, 1996.

This report summarizes cognitive interviews that RAND conducted with Medicaid beneficiaries in California and Kansas.

Brown, Julie A., and Shirley E. Nederend. *RAND—Locating and Surveying Medicaid and AFDC Beneficiaries: CAHPS Field Test Experience to Date*. DRU-1664-AHCPR. Rockville, MD: Agency for Health Care Policy and Research, 1997.

This report discusses findings from field testing efforts performed by RAND to locate and survey adult and child Medicaid and AFDC beneficiaries. Tests included both telephone and mixed mode methods.

Cleary, Paul D., and Barbara J. McNeil. "Patient satisfaction as an indicator of quality care." *Inquiry*, vol 25, Spring 1988.

In this review of the theoretical and empirical work on patient satisfaction with care, the most consistent finding is that the characteristics of providers or organizations that result in more "personal" care are associated with higher levels of satisfaction. Further research is needed to measure specific aspects of medical care and the ways in which patient reports can complement other sources of information about quality. In addition, more research on the determinants of satisfaction and the relationship between quality and satisfaction among hospitalized patients is recommended.

Cooperative for Health Insurance Purchasing and National Committee for Quality Assurance. *Choosing Quality Health Care—Important Information About Your HMO Choices*. Denver, CO: Cooperative for Health Purchasing; Washington, DC: National Committee for Quality Assurance, 1996.

This booklet provides performance and services information about FHP of Colorado, Frontier Community Health Plans, HMO Colorado, and Kaiser Permanente. Questions frequently asked about these HMOs are answered.

Cronin, Carol A. "Reaching and educating Medicare beneficiaries about choice." Washington, DC: Institute of Medicine, December 1995.

This report focuses on communicating with Medicare beneficiaries about their health plan option with an emphasis on communicating about the topic of managed care.

———. *Using Health Care Quality Information—Case Studies*. Rockville, MD: Agency for Health Care Policy and Research, 1994.

Employers are key players in the health care delivery system in the United States. In 1992, 60 percent of Americans under age 65 obtained health insurance through their employer (Kaiser Family Foundation, 1994, 2). While their role in health care has traditionally focused on financing health care through employee benefit outlays, increasingly employers are becoming more interested in monitoring the quality of care delivered to employees, dependents, and retirees. This paper is comprised of a series of case studies of five employers and a community-based project supported by large employers. In each case, the organization's use of quality of health care information is highlighted, particularly as it relates to their health care purchasing strategy.

Dillman, D. A. *Mail and Telephone Surveys: The Total Design Method.* New York: John Wiley & Sons, 1978.

The total design method maximizes the psychometric properties of the survey while at the same time achieving a substantial response rate.

Edgman-Levitan, Susan, and Paul D. Cleary. "What information do consumers want and need?" *Health Affairs*, vol 15 (4), Winter 1996.

This paper reviews recent findings regarding the information consumers need to make health care decisions and concludes with recommendations to improve the accessibility and usefulness of health plan information for consumers.

Farley, Donna O. *Survey Issues Regarding Dual Eligible Populations: Design of a Medicare Fee-For-Service CAHPS Survey.* Santa Monica, CA: Santa Monica, CA: RAND, 1997.

This memorandum describes a number of issues regarding dual eligibles, or those Medicare beneficiaries who are eligible for Medicare Fee-For-Service (FFS) and supplemental state Medicaid coverage. The types of Medicaid and Medicare beneficiaries are described, and related survey issues are discussed.

Farley, Donna O., Diane Schoeff, Julie Brown, Ronald Hays. *Use of the CAHPS Medicaid Managed Care Questionnaire by the New Jersey Medicaid Program*. Santa Monica, CA: RAND. February 1998.

This report summarizes the revisions that the NJ Medicaid office made to the CAHPS questionnaire.

Fink, A., and J. Kosecoff. *How to Conduct Surveys.* Newbury Park, CA: Sage Publications, Inc., 1985.

This practical manual leads readers through a step-by-step approach to survey development and analysis.

Forsyth, Barbara H., and Judith T. Lessler. "Cognitive laboratory methods: A taxonomy." Chap. 20 in *Measurement Errors in Surveys.* New York: John Wiley & Sons, 1992.

This article discusses the way in which question wording and level of comprehensibility affect the way in which respondents answer. There is further discussion about how such correlations are studied in a laboratory setting.

Forsyth, Barbara H., and Michael L. Hibbard. "A method for identifying cognitive properties of survey items." In the *Proceedings of the American Statistical Association*. Alexandria, VA: American Statistical Association, 1992.

This paper reports on research to develop and test a method for identifying survey items that are difficult for respondents to answer due to their cognitive demands. For example, items may be difficult to answer if the wording is difficult to understand, if response requires detailed memory recall, or if response categories fail to cover the range of respondent experiences. The aim is to design a taxonomy of item characteristics that can be used to identify potentially problematic survey items.

Fowler, Floyd Jacksons, Jr. *Choosing Questions to Measure the Quality of Experience With Medical Care Providers and Health Care Plans.* Boston, MA: CAHPS Consortium, 1997.

This paper addresses four methodological issues: which health care experiences should we ask respondents to describe or report; the problem of dealing with questions that do not apply; what to ask about; and ratings versus reports.

Fowler, Floyd Jackson Jr., and Lin Bin. *Comparing Survey Measures of Quality of Medical Care.* Boston, MA: Center for Survey Research, 1996.

The purpose of this paper is to assess the way in which patient ratings of medical care or the results are associated with other, less subjective assessments of the quality of medical care received.

Francis, Walton. *Checkbook's Guide to 1995: Health Insurance Plans for Federal Employees.* Washington, DC: Washington Consumer's Checkbook Magazine, 1995.

This guide provides unique information regarding various health insurance plan rates, organizes key points, and summarizes thousands of facts about the various health plans offered to federal employees.

Frederick/Schneider Inc. *Keeping Score: How Does Health Care Measure Up?* Washington, DC: Author, 1995.

This article discusses issues surrounding the increasing popularity of report cards in evaluating the effectiveness of health plans.

Garnick, Deborah W., Ann M. Hendricks, Kenneth E. Thorpe, Joseph P. Newhouse, Karen Danelan, and Robert J. Blendon. "How well do Americans understand their health care coverage?" *Health Affairs*, vol 12 (3), 1993.

Data from two surveys are used in this paper to explore an individuals' understanding of his/her health insurance. First, data from a national survey of consumers are used to examine whether people with private health insurance correctly report their coverage for six services. Second, information from an evaluation of a pilot project of subsidized insurance in New York is used to investigate how well newly insured persons understand their coverage. Based on these surveys, the authors conclude that almost all commercially insured people understand the basic elements of their insurance plans but underestimate their coverage for mental health, substance abuse, and prescription drug benefits and overestimate their coverage for long-term care.

Gateway Purchasing Association. *Choosing Quality Health Care.* St. Louis, MO: Author, 1996.

This booklet provides comparative performance information about the health maintenance organizations available through Monsanto.

General Accounting Office. *Employers and Individual Consumers Want Additional Information on Quality*. GAO / HEHS-95-201. Washington, DC: Author, 1995.

Employers and individual consumers are no longer concerned only about the escalating cost of health care; they are increasingly concerned that efforts to reduce health care costs may now also be reducing its quality. As a result, both employers who purchase health care and individual consumers are demanding more information about quality. In response to these demands, some states, large employers, and health plans have been publishing performance reports describing the quality of health care providers. These "report cards" include information such as the frequency with which preventive services are provided and the degree of success in treating certain diseases. Little has been known, however, about how useful published reports have been or how they could be made more helpful. To obtain the views of individual consumers, over 1,000 persons were contacted who had requested a report card published by a state agency or health plan. To obtain the views of employers, interviews were conducted with representatives of 65 businesses around the country with health coverage for fewer than 5 to over 100,000 employees.

———. *Medicare: HCFA Should Release Data to Aid Consumers, Prompt Better HMO Performance.* GAO/HEHS-97-23. Washington, DC: Author, 1996.

This paper examines issues related to the marketing, education, and enrollment practices of health plans participating in the Medicare risk-contract HMO program.

Gold, Marsha, and Judith Wooldridge. *Plan Based Surveys of Satisfaction With Access and Quality of Care: Review and Critique.* Washington, DC: Agency for Health Care Policy and Research; Mathematica Policy Research, 1994.

This paper discusses the nature and use of consumer surveys as a means of generating information on satisfaction with individual health plans, including health maintenance organizations, other managed care products such as PPO and POS plans, and traditional indemnity insurance. Included are surveys sponsored or called for by a range of parties including individual managed care plans, government and voluntary oversight agencies, community and consumer groups, and public and private purchasers of care. Also included is an examination of surveys of various types which focuses on consumer-generated information and plan-specific estimates of satisfaction. Excluded were surveys having objectives and methods that do not lend themselves to developing plan-specific estimates of consumer satisfaction.

Gold, Marsha, Michael Sparer, and Karyen Chu. "Medicaid managed care: Lessons from five states." *Health Affairs*, vol 15 (3), Fall 1996.

The article discusses the experience of states with long histories of managed care which underscores the conclusion that managed care is not a magic bullet for solving all access and cost concerns. Further, no amount of managed care can substitute for adequately financed programs that are well understood by beneficiaries, providers, and health plans alike.

Gold, Robert. *Collecting Consumer Information From Groups With Special Needs.* Rockville, MD: Agency for Health Care Policy and Research, 1994.

Most of our need to find solutions to problems posed by gathering information from special populations has a rich history; yet, there are increasing challenges by a wide variety of factors which influence our ability to gather quality data. While the focus here is on issues related to gathering data from consumers of health services, it is worth noting that there are many different kinds of data which apply to this broad area. A list of major types of data that are of some value in assessing consumer perceptions of health care is provided. A list of issues related to the evaluation of the utility of any specific data source is discussed. Other areas covered in the paper include; An overview of factors influencing the ability to gather or interpret consumer information, methodological concerns in gathering data, and a brief summary.

Harris-Kojetin, Lauren, and Jenny Schnaier. *State of the Art in Surveys to Help Consumers Compare and Choose Health Plans: Developing Surveys that Produce Accurate and Reliable Data and Are Easy to Administer* [Poster]. Chicago, IL: Association for Health Services Research, 1997.

This poster addresses how the CAHPS team implemented two of the CAHPS design principles in developing its version 1.0 questionnaires: (1) to ensure that the data are accurate and reliable and (2) to develop survey instruments that are inexpensive and easy to use. Topics include minimizing respondent burden, using a specific time frame for assessing health plans and limiting the length of the recall period, performing cognitive testing, designing a questionnaire suitable for both mail and telephone modes, and minimizing survey length.

Hays, Ron, Julie A. Brown, and Shirley Nederend. *RAND—Summary of RAND's 1996 Field Test: Results from the Consumer Assessment of Health Plans Study*. DRU-1665-AHCPR. Rockville, MD: Agency for Health Care Policy and Research, 1997.

This report provides a summary of RAND's field test which targeted survey items toward Medicaid and AFDC recipients. Included is a description of the sample and response rate and results of the field test.

Hays, Ron D., Julie A. Brown, Cathy D. Sherbourne, Grant N. Marshall, Raynard Kington, and Pamela Farley Short. *Compilation of Potential Medicaid-Targeted Items for Consumer Assessment of Health Plans Study (CAHPS)*. Santa Monica, CA: RAND, 1996.

This document is a compilation of CAHPS questionnaire items designated for Medicaid eligibles. These items are not intended to stand alone; rather, they are a supplement to the standard CAHPS core item set. These items are under continual development and their use is subject to cognitive testing, which was planned to be conducted on a sample of Medicaid AFDC mothers in June, 1996.

Hibbard, Judith H. *Methods of Measuring and Reporting Plan Performance for Persons With Disabilities*. Eugene, OR: University of Oregon, 1995. Slides.

This presentation addresses: a background on health care report cards; a study examining consumers' perceptions of quality of care information; and key issues for making report cards meaningful for consumers and specifically for disabled populations.

Hibbard, Judith H., and Edward C. Weeks. "Consumerism in health care: Prevalence and predictors." *Medical Care*, vol 25 (11), November 1987.

This paper presents findings from a study that investigates the extent to which members of insured populations have a consumer approach to health care, identifies factors related to consumer behaviors and attributes, and examines the degree to which consumer cost-sensitivity is associated with other consumer-oriented behaviors.

Hibbard, Judith H., and Jaquelyn J. Jewett. *Using Report Cards to Inform and Empower: Consumer Understanding of Quality-of-Care Information.* Rockville, MD: Agency for Health Care Policy and Research, 1995.

Efforts to disseminate quality information to consumers are rapidly increasing. However, little empirical work exists on how quality indicators are perceived or understood. This is an exploratory study looking at consumers' perceptions of the quality information appearing in health care report cards. The findings show that while consumers are very interested in quality information, much of the information that is being disseminated is not well understood. Much of the problem appears to be rooted in a poor understanding of the current health care context.

———. "What type of quality information do consumers want in a health care report card?" *Medical Care Research and Review*, vol 53 (1), March 1996.

This study uses a focus group methodology and content analysis to explore consumer concepts of quality and to determine how consumers view the quality-of-care indicators that are appearing in report cards. The findings show that consumers have a high interest in quality information. There is a stated preference for quality indicators that reveal how well the plans perform on preventive care and on consumer satisfaction. Asking participants to actually make a plan choice on the basis of comparative plan performance data showed that stated preferences for types of information were inconsistent with actual choices.

Hibbard, Judith H., Paul Slovic, and Jacquelyn J. Jewett. "Evaluating the approaches for supporting informed consumer decisions." Eugene, OR: Authors, 1996.

This paper reviews existing studies of human judgment and decisionmaking and their implications for implementing the informed consumer strategy.

Hibbard, Judith H., Paul Slovic, and Jacquelyn J. Jewett. "Informing consumer decisions in health care: Implications from decision-making research." *The Milbank Quarterly*, vol 75 (3), 1997.

This article reviews studies of human judgment and decisionmaking and discusses their implications for implementing the informed consumer strategy. The main objectives of the article are using these findings to evaluate current approaches to increasing informed consumer decisions; drawing upon decisionmaking research findings to propose alternative and additional strategies; and delineating the research that will be required to guide the implementation of the next generation of strategies.

Hibbard, Judith H., Shoshanna Sofaer, and Jaquelyn J. Jewett. *Condition-specific Performance Information: Assessing Salience, Comprehension, and Approaches for Communicating Quality.* Portland, OR: Foundation for Accountability, 1996.

The purposes of this study were to assess how consumers view condition-specific performance measures and build on the findings of an earlier study to test an approach for communicating quality information.

Hox, Joop J., and Edith DeLeeuw. "A comparison of nonresponse in mail, telephone, and face-to-face surveys." *Quality and Quantity*, vol 28, 1994.

This article reports a meta-analysis of 45 studies that explicitly compare the response obtained using a mail, telephone, or face-to-face survey.

Hoy, Elizabeth W., Elliot K. Wicks, and Rolfe A. Forland. *Best Practices for Structuring and Facilitating Consumer Choice of Health Plans*. Washington, DC: Institute for Health Policy Solutions, 1996.

This paper reviews the experience of private employer purchasing organizations and some public employee organizations that have experience with consumer choice. The purpose is to see what lessons can be learned that may be applicable to Medicare.

Information Design Center American Institutes for Research. *Testing the "Choosing Quality Health Care" Report Cards.* Washington, DC: National Committee for Quality Assurance, 1996.

The report cards, titled "Choosing Quality Health Care," were evaluated to assess how well consumers understood the information presented; elicit reactions to specific features of the report card; see how well the report card helped consumers make decisions choosing an HMO; identify potential challenges to the report card; develop recommendations for improving "Choosing Quality Health Care"; and, provide a set of general recommendations for development and testing of future report cards.

Jenkins, Cleo R., and Don A. Dillman. "Towards a theory of self-administered questionnaire design." *Survey Measurement and Process Quality*, July 1995.

This paper discusses the derivation of principles for designing self-administered questionnaires from relevant psychological or sociological theories.

Kish, Leslie. *Survey Sampling.* New York: John Wiley and Sons, 1995

This book is a reference overview of survey sampling methods, with emphasis on and illustrations from surveys of human populations. The author provides details on the fundamentals of survey sampling, leads the reader through special problems and techniques, and provides some insight into related concepts, such as biases and nonsampling errors. This volume is intended to teach broad, transferable skills, and is appropriate for people in many different professions.

Knutson, David J., Jinnet B. Fowles, Ph.D., Michael Finch, Ph.D., Jeanne McGee, Ph.D., Nanette Dahms, M.S.W., Elizabeth A. Kind, M.S., R.N., and Susan Adlis, M.S. "Employer-specific versus community-wide report cards: Is there a difference?" *Health Care Financing Review*, vol 18 (1), Fall 1996.

This article describes preliminary results from a natural experiment that tested the impact of report cards on employees. This was done by using members of the State of Minnesota Employee Group Insurance Program where some members received report cards on the plans offered to them and others did not.

Leatherman, Shelia, and Deborah Chase. "Using report cards to grade health plan quality." *Journal of American Health Policy*, January/February 1994.

The article discusses the value that health plan report cards hold in assisting consumers in making health plan choices and improving the quality of health care. In addition, the limitations of health plan report cards are addressed as well as other implementations necessary to inform consumers and improve health system performance.

Lopez, Lisa. "Choosing the best HMO." *Business & Health*, January 1995.

This article discusses the most important factors for businesses and employees to consider when selecting an HMO.

Lubalin, James S., Lauren Burnbauer, Nancy T. McCall, Lauren McCormack, James Chromy, Mary-Anne Ardini, and Jeff Kilpatrick. *HMO Enrollee Survey and Practitioner Survey Development: Final Implementation Report.* RTI Report 6328. Baltimore, MD: Health Care Access and Cost Commission; Research Triangle Park, NC: Research Triangle Institute; and Waltham, MA: Center for Health Economics Research, 1996.

This report describes the development and cognitive testing of two surveys designed to provide information to assist consumers select and HMO. The surveys were designed to collect health plan assessments from HMO enrollees and HMO practitioners on dimensions of interest to consumers.

Lubalin, James S., and Lauren Harris-Kojetin. *What Do Consumers Want and Need to Know in Making Health Care Choices.* Medical Care Research and Review, vol 56 (Supplement 1), (1999), 1999 Sage Publications.

This paper reviews, synthesizes, and interprets the literature on the role of information in consumer health care decision making. It explores what consumers know and do not know about their health care choices, what information they say they want to know, and what others in the health care sector presume they need to know. It also reviews what we know about how people use information in making decisions and the implications for consumer health care decisionmaking and needed research.

Lubalin, James, Ronald Hays, Paul Cleary, Pamela F. Short, Susan Edgman-Levitan, and Samantha Sheridan. "Debating Survey Approaches" [Letter to the Editor]. *Health Affairs*, vol 17 (1) (January/February 1998).

The letter corrects some misunderstandings of CAHPS presented by Harris Allen and William Rogers in the July/August 1997 issue of Health Affairs. The issues Allen and Rogers mentioned in their paper have already been addressed in the CAHPS development process.

Lubalin, James S., Jenny Schnaier, Barbara Forsyth, Deborah Gibbs, Annie McNeill, Judy Lynch, and Mary-Anne Ardini. *Design of a Survey to Monitor Consumers' Access to Care, Use of Health Services, Health Outcomes, and Patient Satisfaction.* RTI Report 5278-009. Washington, DC: Agency for Health Care Policy and Research; Research Triangle Park, NC: Research Triangle Institute, 1995.

This project attempts to further the work of those who have sought to assess consumer perceptions of quality, access, and outcomes of care and consumer satisfaction with their care and health plans. This is done first by collecting and synthesizing information from the literature, from past surveys, from experts in the field, and from recent focus groups that have looked at what information consumers want in making decisions about their health plans. Then this information is used to design and conduct cognitive tests of survey instruments and data collection procedures that are intended to serve as "models" for use by those in the field who are interested in providing consumers with consumer-based information for use in choosing their health plans.

Marshall, Grant N., Ron D. Hays, and Rebecca Mazel. "Health status and satisfaction with health care: Results from the Medical Outcomes Study." *Journal of Consulting and Clinical Psychology*, vol 64 (2), 1996.

This report examines the relation between self-assessed health status and satisfaction with health care using two waves of data obtained from participants in the Medical Outcomes Study.

Marshall, Grant N., Ron D. Hays, Cathy D. Sherbourne, and Kenneth B. Wells. "The structure of patient satisfaction with outpatient medical care." *Psychological Assessment*, vol 5 (4), December 1993.

This study used patient satisfaction data for 2,226 patients in the Medical Outcomes Study to determine the dimensions of satisfaction with medical care, the relation between direct and indirect methods of assessing global satisfaction with care, and the extent to which visit-specific and global satisfaction with one's medical care covary.

McCormack, Lauren, Steven Garfinkel, Jenny Schnaier, A. James Lee, and Judith Sangl. "Consumer Information Development and Use." *Health Care Financing Review*, vol 18 (1), 1996.

The availability of informational materials to aid consumer health care purchasing decisions is increasing. Organizations developing and disseminating materials include public- and private-sector employers, providers, purchasing cooperatives, State agencies, counseling programs, and accreditation bodies. This paper reports on case study interviews with 24 organizations about their development and use of consumer satisfaction ratings and performance measures based on medical records. In addition to documenting the information development and dissemination activities, this paper reviews the media used to convey the information.

McGee, Jeanne. *Field Testing to Improve Information Materials for Consumers.* Vancouver, WA: McGee & Evers Consulting, Inc., 1995. Reprinted in *Making the Consumer's Voice Heard in Medicaid Managed Care: Increasing Participation, Protection, and Satisfaction, Best Practice Recommendations for Phase II Sites.* Chapel Hill, NC: National Health Law Programs and Cecil G. Sheps Center for Health Services Research.

This guide provides practical tips for organizations on ways to improve the information materials they develop for consumers and others, as well as low cost, easy ways to field test documents with target audiences, and use their feedback to present information more effectively.

———. *Health Plans and Medical Care: What Employees Think.* St. Paul, MN: State of Minnesota, Department of Employee Relations, 1995.

The Department of Employee Relations and the State of Minnesota Joint Labor-Management Committee on Health Plans commissioned this survey to give individuals more complete information to use in choosing a health plan. Together with the other information given describing the plans and their costs, these survey results may help individuals choose the plan that best fits their needs.

———. *Information Interests, Needs, and Concerns of Medicaid Beneficiaries: Final Report, Part 1, of the NCQA Medicaid Consumer Information Project.* Washington, DC: National Committee for Quality Assurance, May 1996.

This report summarizes findings from a literature review and interviews with representatives of advocacy groups.

———. "Survey of Medicaid Enrollees." Appendix III in *Medicaid HEDIS.* Washington, DC: National Committee for Quality Assurance, 1995.

The purpose of this appendix is to discuss special considerations related to measurement of Medicaid enrollees' satisfaction with health plans and medical care; identify potential domains for such enrollee surveys; and offer practical technical advice.

McGee Jeanne, Norbert Goldfield, Kate Riley, and Judy Morton. *Collecting Information from Health Care Consumers: A Resource Manual of Test Questionnaires and Practical Advice.* Gaithersburg, MD: Aspen Publishers, Inc., 1996.

This resource binder contains 23 questionnaires and is intended to serve as a resource to those interested in collecting a variety of patient data. The data collection topics of the questionnaires include health-related attitudes and expectations, physical and emotional health status, experiences in seeking care, and perceptions and judgements about health insurance and medical care. This resource offers background information on the development, testing, and usage of each questionnaire.

McGee Jeanne, Norbert Goldfield, Kate Riley, and Judy Morton. *Collecting Information from Health Care Consumers: A Resource Manual of Test Questionnaires and Practical Advice, Supplement Number 1.* Gaithersburg, MD: Aspen Publishers, Inc., 1997.

This is the first annual supplement to this manual. Material on questionnaires that have been used to obtain health-related information of various sorts from patients or clients, together with information on how the instruments have been developed and used, and examples of the ways the results have been reported, has been updated.

McGee, Jeanne, and Mary Hunter. *Employee Response to Health Benefits Survey Results Brochure—Findings From Fall 1992 Interviews.* St. Paul, MN: State of Minnesota, Dept. of Employee Relations, 1992.

This study was conducted to obtain objective feedback from a cross-section of state employees on whether and to what extent those employees made use of the 1991 brochure, "State Employee Evaluations of Health Benefit Plans—Result of a Survey of State Employees."

McGee, Jeanne, and David Knutson. "Health care 'report cards': What about consumers' perspectives?" *The Journal of Ambulatory Care Management*, vol 17, (4:1-14), 1994.

This article stresses that report cards are only one of many factors that influence health care decisionmaking and argues that much consumer-oriented effort and fine-tuning will be required to make report cards effective.

Medical Care, vol 37 (3), 1999, Supplement on CAHPS.

Carman, Kristin L., Pamela Farley Short, Donna O. Farley, Jenny A. Schnaier, Diana B. Elliott, and Patricia Gallagher, "Early lessons from CAHPS demonstrations and evaluations." *Medical Care*, vol 37 (3), 1999.

This article reports on the early findings and feedback from the CAHPS process evaluation about the sites' experiences with using CAHPS. Results are presented from the first round demonstration sites, including the lessons learned during the demonstrations. The process evaluation used to monitor program intervention included on-site interviews, off-site review of documents, and focus groups with consumers. Some of the early results from the CAHPS demonstrations show that: (1) the CAHPS survey covers topics of importance to sponsors, is of reasonable length, and can be administered quickly; (2) the report templates are being used effectively, but sponsors vary widely in their preference for summarizing and presenting CAHPS ratings; (3) standardized or off-the-shelf products are aspects of CAHPS that sponsors value highly, while emphasizing need for further development; and (4) because surveys like CAHPS require multiple within-plan samples to make plan comparisons, they require a substantial investment and may be affordable only for large sponsors.

Fowler, Floyd Jackson, Jr. and Patricia M. Gallagher, and Shirley Nederend, "Comparing telephone and mail responses to the CAHPS survey instrument." *Medical Care*, vol 37 (3), 1999.

The objective of this study was to assess the comparability of answers to CAHPS questions when data are collected by mail and by telephone interview. The sample for the first two studies was drawn from Medicaid beneficiaries in California and adults with chronic conditions who had health insurance through the State of Washington. While further steps are needed to reduce the remaining mode effects, data indicates that when the revised CAHPS questionnaire was used the mode of data collection will have little effect on the results.

Gallagher, Patricia, Floyd Jackson Fowler Jr., and Vickie L. Stringfellow. "Respondent selection by-mail obtaining probability samples of health plan enrollees." *Medical Care*, vol 37 (3), 1999.

The study was conducted to evaluate the feasibility of respondent selection by mail to acquire random samples of covered lives (both child and adult enrollees of health plans), when only policyholder contact information is available. The subjects for this study were employees of the State of Washington. Results showed that asking policyholders to choose an adult respondent by mail was not a success.

Harris-Kojetin, Lauren, Floyd Jackson Fowler Jr., Julie A. Brown, Jenny A. Schnaier, and Sheri F. Sweeny. "The use of cognitive testing to develop and evaluate CAHPS 1.0 core survey items." *Medical Care*, vol 37 (3), 1999.

This article provides an explanation of how cognitive testing was used in the CAHPS survey development process. This article also shares the main findings from the cognitive interviews, concluding that cognitive testing was essential in the development and refinement of the CAHPS instrument.

Hays, Ron, James Shaul, Valerie Williams, James Lubalin, Lauren Harris-Kojetin, Sheri Sweeny, and Paul Cleary. "Psychometric properties of the CAHPS 1.0 survey measures." *Medical Care*, vol 37 (3), 1999.

This article reports on results of psychometric testing of CAHPS 1.0 survey items in samples of individuals with Medicaid or private health insurance coverage. The study found that the CAHPS measures appeared to have good reliability, especially at the health-plan level.

McGee, Jeanne, David Kanouse, Shoshanna Sofaer, J. Lee Hargraves, Elizabeth Hoy, and Susan Kleimann. "Making survey results easy to report to consumers: How reporting needs guided survey design in CAHPS." *Medical Care*, vol 37 (3), 1999.

This paper explains how the CAHPS team designed a series of reporting products to present survey results so that consumers have access to information that is easy to understand in choosing among health plans. The plan of the survey instruments and reporting products were closely associated. The approach to reporting was based on previous research in consumers' information interest and needs in evaluating and selecting among plans. The results from previous research and cognitive testing were used to adjust the survey questions, response options, and reporting formats to make it easier for consumers to understand and use reports.

Schnaier, Jenny, Sheri F. Sweeny, Valerie Williams, Beth Kosiak, James Lubalin, Ron Hays, and Lauren D. Harris-Kojetin. "Special issues addressed in the CAHPS survey of medicare managed care beneficiaries." *Medical Care*, vol 37 (3), 1999.

This article describes the development of the Medicare Managed Care and examines issues in using this survey with Medicare beneficiaries that have implications for all CAHPS surveys. Cognitive interviews were completed with 31 Medicare beneficiaries. A field test also was conducted with beneficiaries to examine patterns of survey response. The use of screening questions, skip instructions, and tailored "not applicable" response options appeared to facilitate the response task.

Shaul, James, Floyd Jackson Fowler, Jr., Alan M. Zaslavsky, Charles J. Homer, Patricia Gallagher, and Paul D. Cleary. "The impact of having parents report about both their own and their children's experiences with health insurance plans." *Medical Care*, vol 37 (3), 1999.

The aim of this study was to determine whether parents rate their children's care differently when they also rate their own care than when they do not. Subjects were employees of Washington State who had been enrolled in a health plan for at least 6 months and who had at least one covered child. Parents or guardians who received both the Adult and Child Surveys were less likely to complete a survey than those who received only one survey. The conclusion of this study is that sending both an adult and child survey to an adult could result in lower response rates.

Weidmer, Beverly, Julie Brown, and Loren Garcia." Translating the CAHPS 1.0 survey instrument into Spanish." *Medical Care*, vol 37 (3), 1999.

This article discusses the process used to translate the CAHPS 1.0 survey instruments into Spanish and the techniques used to evaluate these instruments. The paper recommends that more cognitive testing, pretesting and evaluation of reading levels of the Spanish language questionnaire is necessary develop a culturally appropriate survey instrument.

McGee, Jeanne, Shoshanna Sofaer, and Barbara Kreling. *Findings from Focus Groups Conducted for the National Committee for Quality Assurance (NCQA) Medicare and Medicaid Consumer Information Projects.* Washington, DC: National Committee for Quality Assurance, July 1996.

This report summarizes findings from ten focus groups conducted to examine issues related to the understanding and use of comparative information on HEDIS health care performance measures by Medicaid and Medicare consumers.

Minnesota Health Data Institute. *Minnesota Health Data Institute 1995 Consumer Survey Technical Report.* St. Paul, MN: Author, 1996.

This report gives background on the Minnesota Health Data Institute and tells how the 1995 Consumer Survey project was developed and implemented. It includes discussion of how health plans were categorized for this statewide survey that included Medicare and Medicaid enrollees, as well as the privately insured.

National Committee for Quality Assurance. *Choosing quality: Finding the Health Plan That's Right for You.* Washington, DC: Author, May, 1996.

This publication details steps to take and factors to consider when choosing a health plan to meet the needs of a given individual.

———. *Health Plan Performance Data: Are Purchasers Providing the Results to Consumers?* Washington, DC: Author, 1995.

Giving consumers more responsibility for their choice of health plans and health services is a significant trend taking place in the nation's health care marketplace. Consumers are beginning to get more information—on health plan quality as well as cost. This report examines the level of health plan performance information currently being made available to individuals receiving health care coverage through their workplace.

———. *Information Project—Focus Group Report.* Washington, DC: National Committee for Quality Assurance; Agency for Health Care Policy and Research, and Commonwealth Fund, Fall 1994.

The National Committee for Quality Assurance (NCQA) launched a research project to test consumer attitudes toward report cards on the quality of health plans. The project has as its goal to bring the consumer's voice into the issues of (1) what is quality in a health plan, (2) what information about health plans and quality should be reported to consumers, and (3) how should it be reported.

———. *Maryland HMO Performance Measurement Pilot Project.* Washington, DC: Author, 1995.

The project's goals were to identify performance measures that can be used to derive annual interpretive reports, similar to "report cards," that can be easily used by consumers and employers to comparatively evaluate HMOs on quality and performance; test the feasibility of collecting the necessary data for the performance measures; analyze the validity and reliability of the data; and design interpretive report formats (report cards) that will make the information accessible to various potential users, such as consumers, employers, and health care practitioners.

———. *Technical Report of the Report Card Pilot Project.* Washington, DC: Author, 1995.

This report summarizes the process and results of a one-year Report Card Pilot Project that was designed to test the feasibility of implementing a system of standardized performance measures that could provide timely information to purchasers, consumers, health plan leaders, and others regarding the quality of care and service in managed care plans.

———. *Using Data to Inform the Customer: Mass Health's Consumer Information Project.* Boston, MA: Commonwealth of Massachusetts, Division of Medical Assistance, March 1996.

The goal of this project is to provide recipients with comparative consumer-oriented information about available health plans to assist them in making an informed selection.

National Committee for Quality Assurance in collaboration with Health Research Center, Institute for Research and Education, Health System Minnesota. *Do Consumers Use Health Plan Report Cards?* Washington, DC: NCQA, 1998.

This study evaluated how consumers use report cards. Audiences for report cards include consumers, employers, providers, regulators, and policy makers. Consumers who are most likely to use report cards are those who have a general interest in this type of information and those with specific information needs. The study shows that consumers pay attention to report cards and find them useful.

Redish, Janice C. "Reading to learn to do." *The Technical Writing Teacher*, vol 15 (3), Fall 1988.

This article discusses the development of "reading to learn to do" materials, or tutorials that help users both to use a program and to learn. Comparisons to previous research in the field and the guidelines for developing effective tutorials provide help for the technical communicator's design of tutorials and implications for the educator's design of assignments.

Rubin, Rita. "Rating the HMOs—Selecting a health plan can be a nightmare." *U.S. News & World Report* (Cover Story), September 1996.

U.S. News rates plans on various scales, but focuses on how well the plan met member's preventative care needs. The data used to score each HMO was taken mainly from the NCQA Quality Compass—the first widely available national database of information about health plan quality. This list constitutes the first rigorous national effort to give consumers cooperative information about HMO quality. There are six pages of ratings organized by state.

Scanlon, Dennis P., Michael Chernew, and Judith R. Love. "Consumer health plan choice: Current knowledge and future directions." *Annual Review of Public Health*, vol 18, 507-28, 1997.

This review summarizes the state of knowledge about how individuals make choices among health plans and outlines an agenda for future research.

Scanlon, Dennis P., Michael Chernew, Sue Sheffler, and A. Mark Fendrick. "Health plan report cards: Exploring differences in plan ratings." *Journal on Quality Improvement*, vol 24 (1), 1998.

This article describes efforts to quantify and measure quality in health plans, focusing on the comparison of seven different report cards produced by major periodicals and various organizations. This article provides possible explanations of these differences by examining the organizations' survey methods.

Schnaier, Jenny, Kristin Carman, Lauren Harris-Kojetin, Donna Farley, Paul Cleary, James S. Lubalin, and Vicki Freeman. *CAHPS Medicare Fee-for-Service Literature and Survey Review*. Baltimore, MD: Health Care Financing Administration; Washington, DC: CAHPS Consortium, 1997.

This memorandum updates previous reviews of research and surveys on health care information for Medicare beneficiaries, including published and unpublished literature and surveys. Specific reviews focus on the literature on consumer health information needs, Medicare beneficiaries' ratings of health care, and existing surveys that explore health care related topics. In this report the authors also identify key issues related to the development of the CAHPS Medicare Fee-for-Service survey—dual eligible populations, adjusting for patient characteristics, and sampling—and summarize the key lessons learned from previous consumer health information research.

Schnaier, Jenny, Lauren McCormack, Steven Garfinkel, A. James Lee, Deborah Gibbs, Barri Burrus, Sarah Boyce, and Research Triangle Institute. *Information Needs for Consumer Choice.*

These three reports present findings from the Research Triangle Institute's Survey Development Project.

Gibbs, Deborah. *Information Needs for Consumer Choice—Final Focus Group Report.* Research Triangle Park, NC: Research Triangle Institute, 1995.

This report describes the implementation and findings of a series of focus groups conducted as part of the study "Information Needs for Consumer Choice." The focus groups were intended to guide the development of prototype information materials in the next phase of this study by exploring decision-making dynamics and information needs and preferences among consumers who choose among health care plans. Specific topics addressed by the focus groups include how consumers differ from each other in terms of how they view the process of choosing a health plan; decision strategies used to weigh the costs and attributes of available health plan options against resources and anticipated needs; consumer preferences regarding types of information to be included in materials, presentation format, and trustworthy information sources; media preferences (including print and other media) that would be attractive to consumers; and what types of information would help consumers make better use of their health plans once enrolled and avoid or resolve difficulties with plan administration.

Research Triangle Institute. *Information Needs for Consumer Choice—Literature Review/Research Design.* Research Triangle Park, NC: Research Triangle Institute; Portland, OR: BENOVA; Baltimore, MD: Health Care Financing Administration, 1994.

This document describes the literature review and research design for the "Information Needs for Consumer Choice" project. The document presents a comprehensive review of the published and unpublished literature, which serves as a foundation for the methodology. The multi-faceted research design addresses the study's numerous research questions.

Schnaier, Jenny, Lauren McCormack, Steven Garfinkel, A. James Lee, Deborah Gibbs, Barri Burrus, Sarah Boyce. *Information Needs for Consumer Choice: Case Study Report.* Research Triangle Park, NC: Research Triangle Institute, 1995

This report presents findings from the case study component of "Information Needs for Consumer Choice." The overall goals of the study are to determine what information consumers need and want when choosing a health care plan and how this information can be presented in an effective and user-friendly manner.

Shaller, Dale V., Richard S. Sharpe, and Richard D. Rubin. "A national action plan to meet health care quality information needs in the age of managed care." *JAMA*, vol 279 (16), 1998.

The authors propose that the way to achieve quality measurements on a nation-wide basis is through implementing multiple community-wide assessments. These would be independent efforts, based on national standards and coordinated to share information across markets.

Sherbourne, Cathy D., Ron D. Hays, and Tanya Burton. *Population Based Surveys of Access and Consumer Satisfaction With Health Care*. Rockville, MD: Agency for Health Care Policy and Research; Santa Monica, CA: RAND, 1994.

This paper begins with a review of key methodological considerations in assessing access and quality of health care using national surveys. This is followed by a description of selected population-based surveys that include assessments of consumer perceptions of access and quality. The existing indicators of access and quality of care included in these surveys are examined and recommendations are made for monitoring health care in the future.

Sisk, Jane. "Increased competition and the quality of health care." *The Milbank Quarterly*, vol 76 (4), 1998.

This paper examines the implication of increased competition on the quality of care during a time when the market place is going through change. The paper considers how quality of care has fared in light of greater price competition, and discusses strategies to safeguard quality of care.

Siu, Albert L., Elizabeth A. McGlynn, Hal Morgenstern, and Robert H. Brook. "A fair approach to comparing quality of care." *Health Affairs*, vol 10 (1), Spring 1991.

This article discusses the policy implications of technical problems in the measurement and public release of data on quality of care and various proposals on how to go beyond the release of hospital mortality data. Further consideration is given to some of the shortcomings of commonly used quality assessment methods and technical issues that need to be addressed to assure fair comparisons of quality across health plans.

Smith, Sidney L. " Letter size and legibility." *Human Factors*, vol 21 (6), December 1979.

This article discusses the results of a study which examines legibility of letters based on varying letter height.

Sofaer, Shoshanna. "Empowering consumers in a changing health care market: The need for information and the role of marketing." *Journal of Public Policy and Marketing*, vol 13 (2), Fall 1994.

This article discusses the notion of providing salient, objective, and user-friendly information to support consumer health plan decisionmaking.

———. *Issues of Concern to Medicare Beneficiaries Considering Enrollment in Managed Care Plans: A Preliminary Report on the Medicare Consumer Information Project.* Washington, DC: National Committee for Quality Assurance, 1995.

The purpose of this project is to determine what information about health plans, and in particular about health plan quality, Medicare beneficiaries would find most relevant and useful in making the following two choices: 1) a choice between managed care and the traditional fee-for-service Medicare program, typically supplemented by private insurance; and 2) a choice among different managed care plans. This preliminary report presents the findings of the first phase of the project, in which these issues were addressed through a detailed review of relevant literature; interviews with a pair of advocates for Medicare beneficiaries; and critical incident interviews with a small sample of beneficiaries.

———. "Providing consumers with information to support health plan decisions: A theory of action." Washington, DC: Author, 1996.

This paper proposes a conceptual framework for evaluating efforts to provide consumers with information to support their heath care coverage choices.

"Strategic considerations in providing quality information to Medicare beneficiaries in a changing decision environment." *Strategy Paper by Shoshanna Sofaer*. January, 1999.

The author describes the context for the paper and the Medicare environment, gives reasons for why beneficiaries have trouble choosing a health plan, and offers strategies for designing a program to help beneficiaries choose a suitable health care option.

———. "What information do consumers need?" *The Internist*, vol 34 (8), September 1993.

This paper outlines what information consumers need to evaluate health care providers and plans. Information necessary to evaluate a health plan includes information about the characteristics of a health plan; objective information about satisfaction and dissatisfaction with the plan from its participants; and, outcome-oriented performance indicators. When evaluating physicians, it is important to assess the needs and expectations of individuals, as physician characteristics vary greatly.

Sofaer, Shoshanna, Bruce N. Davidson, and Raymond D. Goodman. "Helping Medicare beneficiaries choose health insurance: The Illness Episode Approach." *The Gerontologist*, vol 30 (3), 1990.

Medicare beneficiaries rarely understand the consequences of alternative purchasing decisions when they lack objective, comprehensible information about health care coverage options. The Illness Episode Approach describes a method of providing information on Medicare, Medigap policies, and HMOs. The method presents calculations of seniors' out-of-pocket costs under different insurance options for 13 common illnesses.

Sofaer, Shoshanna, Erin Kenney, and Bruce N. Davidson. "The effect of the Illness Episode Approach on Medicare beneficiaries' health insurance decisions." *Health Services Research*, vol 27 (5), February 1992.

This article reports on a quasi-experimental test of the Illness Episode Approach (IEA), a new approach to providing Medicare beneficiaries with information about the financial consequences of alternative health care coverage decisions. Beneficiaries were randomly assigned to free, three-hour workshops, half using materials developed through application of the IEA, half using traditional comparative information on insurance options. Analysis of data collected before and after the workshops indicates that participants in the Illness Episode sessions were more likely to drop duplicative coverage, to spend less on premiums, and to report that their decisions to change coverage had met their expectations. The entire sample of workshop participants showed significant increases in knowledge of Medicare and their own insurance, as well as improved satisfaction with the cost of their health care coverage.

State of Minnesota Joint Labor-Management Committee on Health Plans. *Health Plans and Medical Care: What Employees Think.* St. Paul, MN: State of Minnesota, 1993.

This booklet provides results of a survey of Minnesota state employees who were asked to evaluate their health plans. The results detail how employees rated their health insurance and the medical care that they and their families received.

U.S. Office of Personnel Management. *How Members Rated Their Health Plans—1994 Survey Results.* Washington, DC: U.S. Office of Personnel Management, Federal Employees Health Benefits Program, 1994.

This booklet provides information on how enrollees in the Federal Employees Health Benefits (FEHB) Program rate their health plan for the 1994 year. The items covered include: 1) overall satisfaction measures; 2) access to medical care; 3) quality of care; 4) doctors available through the plan; 5) coverage; and 6) information provided by the plan, customer service, and simplicity of paperwork.

Ware, John E., Jr., William H. Rogers, Allyson Ross Davies, George A. Goldberg, Robert H. Brook, Emmett B. Keeler, Cathy Donald Sherbourne, Patricia Camp, and Joseph P. Newhouse. "Comparison of health outcomes at an HMO with those of FFS care." *The Lancet*, May 1986.

This study was conducted to determine whether health outcomes in a health maintenance organization (HMO) differed from those in the fee-for-service system. For non-poor individuals assigned to the HMO who were initially in good health there were no adverse effects. Health outcomes in the two systems of care differed for high and low income individuals who began the experiment with health problems. For the high income initially sick group, the HMO produced significant improvements in cholesterol levels and in general health ratings by comparison with free fee-for-service care. The low income initially sick group assigned to the HMO reported significantly more bed-days per year due to poor health and more serious symptoms than those assigned free FFS care, and a greater risk of dying by comparison with pay fee-for-service plans.

Wicks, Elliot K., and Jack A. Meyer. "Making report cards work." *Health Affairs*, vol 18 (2), 1999.

The authors describe the environment of report cards, including consumer usage and the health qualities they measure, and recommended changes for the future.

Zelman, Walter A. "Consumer protection in managed care: Finding the balance." *Health Affairs*, vol 16 (1), Jan/Feb 1997.

This article analyzes options for strengthening consumer protection without undermining the potential of managed care. Its intent is to find the common ground between what society wants and what it needs from managed care.

SURVEY INSTRUMENTS

Blue Cross / Blue Shield HEALTHNET. *Member Satisfaction Survey*. NA.

Cigna Healthcare. *New Member and Patient Satisfaction Survey*. 1994.

———. *Physician Satisfaction Survey*. 1994.

EuroQol Group. *Health Questionnaire*. August 1990.

Federal Employees Health Benefit Survey. *How do you rate your health plan?* 1995.

Group Health of America Association. *Consumer Satisfaction Survey & User's Manual*. May 1991.

Harvard School of Public Health. *Health Care Issues Survey*. 1993.

Health Alliance Medical Plans. *Carle Clinic Customer Satisfaction Report*. 1993.

———. *CRT Survey*. 1993.

Health Policy Corporation of Iowa. *The Iowa Health Survey*. June 1993.

Humana Health Chicago. *IPA Model—Patient Satisfaction Questionnaire*. NA.

———. *Staff Model—Patient Satisfaction Questionnaire*. NA.

Inter Valley Health. *Member Survey*. NA.

Kaiser Family Foundation and Agency for Health Care Policy and Research. *Consumer Information Survey*. September 1996.

Lovelace Health Systems. *Member Satisfaction Survey*. October 1994.

McGee, Jeanne, Ph.D. *1995 Minnesota State Employees Questionnaire on Health Plans and Medical Care*. 1995.

———. *Arizona Health Care Cost Containment System (AHCCCS) 1996 Member Survey Project and Questionnaire*. 1996.

———. *Brief Measure of Patient Satisfaction with Mental Health Care*. 1994.

———. *Comparison of 1993 State of Minnesota Survey of Employees on Health Plans and Medical Care and Employee Health Care Value Survey*. 1993.

National Center for Health Statistics. *Development and Validation of Scales to Measure Patient Satisfaction with Health Care Services: Volume 1. Part B.* 1976.

National Committee for Quality Assurance. *Annual Member Health Care Survey (version 1.0).* 1995.

———. *HEDIS 3.0 Draft for Public Comment.* 1996.

———. *Medicaid HEDIS 2.0/2.5.* 1996.

National Committee for Quality Assurance, Jeanne McGee, Ph.D. *Michigan Project Consumer Satisfaction Survey.* 1993.

New York State Office of Mental Health: Waccamaw Center for Mental Health. *Client Satisfaction Survey.* 1993.

National Opinion Research Center. *National Health Survey—Health Status Questionnaire.* NA.

Picker / Commonwealth Program. *Sample questions from: Ambulatory Patient Centered Care.* August 1994.

———. *Sample questions from: Continuum of Care.* November 1994.

———. *Sample questions from: Patient Interview: Medicine, Surgery, and Childbirth.* December 1993.

———. *Sample questions from: Recent Office Visit.* 1994.

Preferred Care. *Member Survey.* NA.

Principal Health Care, Inc. *Customer Satisfaction Survey.* NA.

The State of Delaware. *Delaware Child Health Survey: Child Quest 2000.* NA.

Tufts Associated Health Plans. *Terminated Member Survey.* NA.

———. *Tufts HMO Members Survey.* NA.

U.S. Bureau of Labor Statistics and U.S. Bureau of the Census. *Sample Design and Estimation Practices in Federal Establishment Surveys.* NA.

U.S. Department of Health and Human Services, Health Care Finance Administration, and Research Triangle Institute. *Evaluation of Demonstration for Medicaid Extension of Eligibility to Certain Low-Income Families Not Otherwise Qualified to Receive Medicaid Benefits—Individual Enrollee Interview (States of Washington, Maine, and S. Carolina), 1994.* October 1994.

U.S. Department of Health and Human Services, National Center for Health Statistics, and Health Care Financing Administration. *National Medical Care Utilization and Expenditure Survey*. 1980.

U.S. Department of Health and Human Services, National Center for Health Statistics. *NHIS.* 1994.

U.S. Department of Health and Human Services / ValuCare. *Member Satisfaction Survey*. 1993.