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# A Brief History on the Development of CAHPS

## Background and Rationale for CAHPS

Today's competitive health care environment has generated an unprecedented demand for information regarding consumers' experience with health plans. When they select a health insurance plan, consumers want to know more than just the cost of the plan and facts about the services it provides. They want to know the opinions and experience of consumers who are already enrolled.

As a result of this change, public- and private-sector organizations have begun to survey consumers to collect information about their access to care and their experience with health care services. The results of these surveys are being used by consumers to make informed choices about health care plans, by purchasers to assess the value of the services they buy, and by health plans to improve their programs and services.

In 1994, the Agency for Health Care Policy and Research (AHCPR), a component of the U.S. Public Health Service, funded the Survey Development Project. In this study, AHCPR asked Research Triangle Institute (RTI), a nonprofit research organization based in North Carolina, to perform three tasks: (1) review existing research on consumer assessments of health plans, (2) review existing surveys developed to assess consumers' ratings of health plans, and (3) based on information from these reviews, develop and conduct preliminary tests of survey items that could be used in future consumer assessments of health plans. The study yielded some very useful findings.

First, consumers offered clear and consistent information about what they would like to know from other health care consumers. They wanted to know what "people like them" thought about their health plans, and they wanted to know if they could get the kind of care they needed from the plan. They also wanted assurance that the doctors and other staff would take them and their concerns seriously, and they wanted to be sure that they could see the same provider on repeat visits for services.

Second, RTI found that there was an extensive and excellent body of work related to health plan assessments. These surveys included questions related to many of the concerns expressed by consumers. However, these surveys were usually developed to meet the information needs of health plans or of group purchasers who make decisions about what plans can be offered to consumers. There was very little focus directly on the consumer point of view, and this often meant that the surveys were not well suited to help consumers select a plan that best met their family's needs and budget.

Third, few surveys were designed to apply to a full range of health care plans or populations. Most were developed to be used only within a single type of plan or service delivery system, such as a staff model health maintenance organization (HMO) setting or a traditional fee-for-service plan. This severely restricted the utility of the information to consumers because they were unable to use it to compare health insurance options across different types of plans and systems.

Fourth, RTI found that most existing survey questionnaires had not been subjected to current, state-of-the-art testing of validity and reliability. RTI's preliminary testing demonstrated that answers to widely used survey items were not necessarily true measures of consumers' opinions and experiences.

Although the Survey Development Project provided valuable information, including identifying a number of key design principles that have been adopted by CAHPS developers, its brief duration—6 months—precluded RTI from constructing thoroughly considered and rigorously tested questions for a new consumer assessment.[1]

## CAHPS History and Goals

In October 1995, AHCPR announced a new initiative to build on the experience and findings of the Survey Development Project. The overall goal of this new Consumer Assessment of Health Plans Study (CAHPS) was to provide an integrated set of carefully tested and standardized questionnaires and report formats that could be used to collect and report meaningful and reliable information about the experiences of consumers enrolled in health plans. The CAHPS products were intended to be used with all types of health insurance consumers, including Medicaid recipients, Medicare beneficiaries, and those who are commercially insured and across the full range of health care delivery systems, from fee-for-service to managed care plans. They were also intended to capture information about special groups, including individuals with chronic conditions and disabilities and families with children.

To carry out the study, AHCPR awarded three 5-year grants to consortia headed by Harvard Medical School, RTI, and RAND, a nonprofit research organization based in Santa Monica, California. Also, in October 1995, AHCPR funded Westat, a survey research firm located in Rockville, Maryland, to be the technical assistance contractor for the project consortium and CAHPS survey users. In January 1996, HCFA joined AHCPR as a CAHPS partner. These organizations, their partners and subcontractors, the project officers from AHCPR and HCFA, along with CAHPS project sponsors, comprise the CAHPS Consortium.

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[1] For more information on the Survey Development Project reports, see Lubalin, James S., et al., *Design of a Survey to Monitor Consumers' Access to Care, Use of Health Services, Health Outcomes, and Patient Satisfaction* (Washington, DC: AHCPR; Research Triangle Park, NC: RTI, 1995) and Schnaier, Jenny, et al., *Information Needs for Consumer Choice* (Baltimore, MD: HCFA, 1994, and Research Triangle Park, NC: RTI, 1995) in the ***CAHPS Annotated Bibliography*** appendix.

The CAHPS development team has the following goals:

- Develop standard questionnaires, data collection protocols, analysis methods, and reports that can be used across sponsors and types of health plans;
- Develop and test questionnaires that collect information on consumers' experience and assessments of health plans and services;
- Develop and test different reporting formats for conveying this information to consumers;
- Design and implement an evaluation of CAHPS protocol and products; and
- Determine if CAHPS survey results and reports help purchasers and consumers select a health plan.

## CAHPS Consortium Structure

Harvard, RAND, RTI, and Westat, as well as their contractors and partners, bring different viewpoints, research experience, and expertise to the project. AHCPR's strategy in funding these organizations was to capitalize on this diversity by forming collaborative teams to develop each major CAHPS component. Teams were formed to focus on questionnaire development, reporting product development, and evaluation. These teams, composed of representatives from Harvard, RAND, RTI, AHCPR, and Westat, worked together to ensure consistency in language, design principles, and other technical elements within and across all components. As additional tasks emerged during CAHPS development, new teams were created. For example, a team was created to coordinate the materials and mailing for public comment on the CAHPS questionnaire.

Once a basic questionnaire was developed and overall CAHPS design principles articulated, each institution took the lead in modifying the questionnaire and reporting products for specific populations. For example, RTI took major responsibility for developing the questionnaire for the adult commercially insured population, Harvard took the lead for developing questionnaires for care given to children and to the chronically ill and disabled, and RAND took the lead for developing the Medicaid questionnaire and translating the questionnaires into Spanish. RAND and Harvard pooled resources to develop the computerized guide, one of the formats used to report survey results. RTI developed the other reporting product, the print guide, and the associated posters and flyer used to publicize the reports.

One of the fundamental characteristics of the CAHPS development team's approach was concurrent development of the questionnaires and reporting formats. Rather than developing the questionnaire first, then deciding how to report the results from it later, CAHPS team members coordinated this development from the beginning. This strategy allowed the team to test elements of the reports and use the results from the

testing to make changes to the questionnaires. For example, the team tested ways of combining several survey questions into composites for more simplified reporting. Based on this testing, changes were made in question wording and response options so that questions could be more easily combined in ways that made sense to consumers.

## CAHPS Development Activities

The CAHPS project was divided into two major phases:

**Phase 1: CAHPS Survey and Product Development.** During Phase 1 of its work (October 1995 through December 1997), the CAHPS development team worked collaboratively to develop the ***CAHPS 1.0 Survey and Reporting Kit***, develop process and evaluation plans and measures, initiate the Phase 1 demonstration sites, and enlist a variety of demonstration sites for Phase 2.

Throughout Phase 1, the development team was guided by the following principles in the development of the questionnaire and reporting products:

- CAHPS questionnaires and reporting products should be appealing, easy to retrieve, easy to absorb, personally relevant, and useful to an audience of consumers who differ greatly in reading skills, learning styles, knowledge levels, attention spans, and specific information interests and needs.

- CAHPS questionnaires should focus on assessments of health care experiences for which consumers are the best or only source of information.

- CAHPS questionnaires and reporting products should educate consumers about the meaning and use of CAHPS and other information in supporting their health plan choice.

- CAHPS questionnaires and reporting products should be flexible, relatively inexpensive, and easy to produce.

**Phase 2: Demonstration and Evaluation.** An important goal of CAHPS was to understand how all the products in the Kit worked in diverse, real-world settings. To obtain this information, the CAHPS development team began working in early 1997 with four demonstration sites to implement the entire ***CAHPS 1.0 Survey and Reporting Kit*** project. One other demonstration site participated in 1998. In addition to the demonstration sites, several sponsors also conducted CAHPS surveys in 1997. The other sponsors, who served as informal demonstration sites, conducted their CAHPS projects under the guidance of SUN and provided valuable feedback to the development team about their experience with CAHPS. See ***List of CAHPS Sponsors*** appendix on ***CD-ROM 1*** for a list of the demonstration and other sites. You can click here ***www.cahps-sun.org/sunsite/projects.htm*** if you want more information about each of the projects.

Together with the demonstration sites and other sites, the CAHPS development team conducted process and outcome evaluations:

**Process evaluation.** The goal of the process evaluation was to learn where CAHPS processes and procedures needed refinement. Process evaluation took place in all the demonstration sites through 1998. Examples of issues addressed by the process evaluation include the following:

- The comprehensiveness and usefulness of the information in Chapters 1 through 9 of the CAHPS 1.0 Kit when sponsors conducted CAHPS surveys and produced reports;
- The adequacy of the questionnaires, in format and content, in meeting sponsor needs; and
- The ease or difficulty of preparing and integrating the survey data into the consumer reports (both the print and computerized guides).

**Outcome evaluation.** The key outcome evaluation question was, "Did CAHPS information help consumers and benefits managers choose the best possible health plan appropriate for their circumstances?" Across most of the demonstration sites, surveys were conducted before and after open enrollment to answer this question. Specifically, the evaluation explored the following:

- How knowledgeable were respondents about their health plan options;
- How knowledgeable were respondents about differences among plans after they review CAHPS results;
- How confident were respondents that they made the best choice from the available plans;
- Sources of information (including CAHPS information) consumers used to choose a health plan, and the importance of each of these sources;
- How useful each of these sources were in consumers' health plan decisionmaking; and
- How useful consumers found different reporting formats for health plan information (print or computer).

The CAHPS development team also tested some methodological questions in the demonstration sites relating to data collection method effects (e.g., Whether mail or telephone yield a higher response rate? Do responses vary systematically with one method or the other? Feasibility of collecting responses directly from adolescents?).

The answers to these questions and other elements of the evaluation were used to revise and improve the contents of the ***CAHPS 1.0 Survey and Reporting Kit***.

**Summary of early evaluation results** from three of the demonstration sites (Washington Health Care Authority, New Jersey Medicaid, Kansas Health Institute/Kansas Foundation for Medical Care) indicate the following:

- CAHPS was able to discriminate among plans, but not in all sites.
- There was little variation across the different reporting composites for the same plan.
- There was, in general, a positive reaction from consumers to the report. One-half of the consumers in Washington and about three-fourths of the consumers in Kansas said that the reports were easy or very easy to understand. The consumers also felt that the plan ratings were consistent with their own rating of the plan.
- Consumers (three-fourths of the Washington Group) said that the report was helpful for learning about differences in plan quality or for deciding whether to stay in the plan or switch.
- There was, however, mixed evidence about the effect on plan choices. In Washington, people who read the report were more likely to switch. Also, in New Jersey, there was no difference in choices between people who did and did not see CAHPS report.
- In laboratory settings, choices were affected only if CAHPS revealed low cost, high quality plans.
- It is clear that distribution methods are critical. When the report was mailed to employees, more than three-fourths reported seeing it, while when the distribution methods were less centralized and personalized, only 30 percent of the target group saw the CAHPS reports.
- The level of detail in the report affect the use and understanding of reports.

## CAHPS 2.0 Survey and Reporting Kit

Feedback from the process and outcome evaluations and from other CAHPS sponsors helped the CAHPS consortium refine the CAHPS 1.0 products and the Kit. The other input to the CAHPS 2.0 products was the convergence of CAHPS and NCQA's Member Satisfaction Survey (MSS). The convergence and the other revisions made by the CAHPS team resulted in the following:

- Revising some of the CAHPS core and supplemental items. The new core has been shortened to 46 items and retains many of the CAHPS 1.0 items, as well as new items from NCQA's MSS.

- Revising the reporting template with seven composites and two global rating items. In addition two reporting templates have been developed, one with core adult reporting composites only and a second template with core adult and child reporting composites.

The following two sections provide further details on the transition from CAHPS 1.0 to CAHPS 2.0 questionnaires and reporting products.

## What is Different in CAHPS 2.0 Surveys

CAHPS 2.0 products reflect the findings of the CAHPS (1997) demonstration sites, feedback from other sponsors and convergence with NCQA's MSS. The recommendations for the converged survey were based on several often competing factors: the strengths of both surveys, the desire to meet the needs of all CAHPS sponsors and consumers, the need to maintain a core of data for seeing trends across time for all sponsors and the collective desire to keep the questionnaire of reasonable length. The following are the highlights of the CAHPS 2.0 surveys:

- Inclusion of key MSS questions in the Core;

- Use of the problem scale;

- Change in enrollment and reference period for the commercially insured from 6 months to 12 months;

- Change of the term "health professional" to "health provider;" and

- Change of the term "health insurance plan" to "health plan."

## Rationale for Changing the Enrollment and Reference Period for the Commercially Insured[2]

The enrollment and reference period was changed from 6 months to 12 months only for the commercially insured.

The reporting period is linked to the eligibility period in that the former cannot exceed the latter. A 6-month eligibility period and corresponding reporting period was chosen for CAHPS questionnaires because it was deemed to be the shortest period for which plan members would have sufficient plan experience about which to report. Thus it would maximize the inclusion of members of health plans and minimize the length of the recall (reporting) period.

Despite the 6-month eligibility period, CAHPS surveys conducted in the commercial sector only include consumers who have been enrolled in their health plan for 12 months or more. It takes about 5 months (May to October) to field a CAHPS survey and produce reports. Six months of enrollment before the beginning of the survey field period is about 2 months before the re-enrollment period for the plan. Thus, the only way to capture new enrollees is to use a shorter eligibility period such as 3 months. However, 3 months is simply not long enough exposure to a health plan to provide the basis for a valid assessment of its performance.

### Figure 1: Despite 6-month eligibility period, participants are enrolled 12 months or longer

| Month | May | October | November | January |
|---|---|---|---|---|
| Activity | Begin survey → | Open enrollment → | Enrolled by now to be CAHPS eligible → | Re-enrollment |

We recommend a 12-month eligibility period and reference period for the commercial sector. Since there is a rapid turnover of health plan membership in Medicaid, we recommend 6-month eligibility and reporting periods. We also recommend that sponsors who are interested in comparing health plan performance for Medicaid versus non-Medicaid consumers oversample Medicaid consumers who have been enrolled for 12 months or longer. HCFA is following a 6-month eligibility and reference period for its Medicare managed care plans in order to include new enrollees in their sample. If

[2] Six for One and a Dozen for the Others: Recommendations Concerning the MSS/CAHPS Survey Reporting Period, *Ron D. Hays, RAND/UCLA.*

they were to follow a 12-month eligibility period, it will be 18 months before a new enrollee qualifies to be sampled. We are in the process of conducting research that will enable us to know how different reference periods will affect comparisons between Medicaid, Medicare, and other populations.

The next section, Question-by-Question Explanation of Changes from CAHPS 1.0 to CAHPS 2.0, provides a detailed description and rationale of the changes made in the CAHPS core questionnaire.

### Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| Instructions Page | Revised Instructions Page | The instructions page was simplified to make the instructions clearer; the privacy statement was simplified; and a sentence was added to explain the ID label on the questionnaire. In a number of cases questionnaires were returned with the ID label torn off. We hope that this explanation will allay fears of confidentiality among respondents. |
| **Q1** Our records show that you are now covered by {health insurance plan name}. Is this right?<br><br>Yes/No | **Q1** Our records show that you are now in {health plan name}. Is that right?<br><br>Yes/No | Consumers are confused about the names of their plans, particularly as plans split and merge. Hence, we recommend respondents fill in their understanding of the name of the plan if they don't think they belong to the plan named in the questionnaire. During the clean-up, the plan name filled out by the respondent should be matched with the name in the sample file. |
| | **Q2** What is the name of your health plan? (please print)<br><br>_____ | |
| **Q2** Is this the health insurance plan that you use for all or most of your health care?<br><br>Yes/No | **Q3** Is this the health plan you use for all or most of your health care?<br><br>Yes/No | No Change |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q3** How many months or years in a row have you been covered by {health insurance plan name}?<br><br>Less than 6 months<br>6 to 11 months<br>12 to 23 months<br>2 to 5 years<br>5 to 10 years<br>More than 10 years | **Q4** How many months or years in a row have you been in this health plan?<br><br>Less than 12 months<br>12 up to 24 months<br>2 up to 5 years<br>5 up to 10 years<br>10 or more years | The response options were revised to match the 12-month eligibility period.<br><br>To simplify the question wording the phrase "covered by" has been replaced by "in." |
| **Q4** A personal doctor or nurse is the health professional who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, or a nurse.<br><br>Since you joined the plan, have you tried to find a personal doctor or nurse for yourself?<br><br>Yes/No | **Q5** A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.<br><br>When you joined your health plan or at any time since then, did you get a new personal doctor or nurse?<br><br>Yes/No | Patients may choose or not choose a personal doctor for a variety of reasons. They could be choosing a personal doctor for the first time or they could be changing their personal doctor. The choice could occur at the time they sign up for the plan or any time thereafter. They could also join a particular health plan because their personal doctor is in the plan's network. The earlier screener, "Since you joined the plan, did you change to a different personal doctor or nurse," confused some respondents who made a choice at the time they joined the plan.<br><br>Those patients who joined the plan because their personal doctor was already in the plan's network would then skip Q6. |
| **Q5** With the choices your health plan gives you, was it easy to find a personal doctor or nurse you are happy with?<br><br>Yes/No | **Q6** With the choices your health plan gives you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?<br><br>Big problem<br>Small problem<br>Not a problem | In Q6 we have adopted the problem question format from NCQA's MSS. This particular format was not cognitively tested by the CAHPS team, but the team thinks it improves upon the earlier wording. |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q6** Do you have one person you think of as your personal doctor or nurse?<br><br>Yes/No | **Q7** Do you have one person you think of as your personal doctor or nurse?<br><br>Yes/No | No change |
| **Q7** In the last 6 months, did you try to see your personal doctor or nurse?<br><br>Yes/No | | Dropped |
| **Q8** In the last 6 months, how often did you have to see someone else when you wanted to see your personal doctor or nurse?<br><br>Never<br>Sometimes<br>Usually<br>Always | | Dropped |
| **Q9** We want to know your rating of your personal doctor or nurse.<br><br>Use any number on a scale from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?<br><br>0-10 Scale | **Q8** We want to know your rating of your personal doctor or nurse.<br><br>Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?<br><br>0-10 Scale | Simplified the wording by dropping the phrase "…on a scale". |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q10** Specialists are doctors like surgeons, heart doctors, psychiatrists, allergy doctors, skin doctors, and others who specialize in one area of health care.<br><br>In the last 6 months, have you thought you needed to see a specialist?<br><br>Yes/No | **Q9** Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.<br><br>In the last 12 months, did you or a doctor think you needed to see a specialist?<br><br>Yes/No | We have dropped psychiatrists from the list of specialists. Sponsors can add behavioral health questions if they want to measure access to or use of counseling.<br><br>The question was revised to reflect the fact that the patient or the doctor may have thought that the patient needed to see a specialist. |
| **Q11** In the last 6 months, how often did you see a specialist when you thought you needed one?<br><br>Never<br>Sometimes<br>Usually<br>Always<br><br>**Q12** In the last 6 months, in order to see a specialist did you need to get a referral, that is approval or permission, from your doctor?<br><br>Yes/No | | Q11 and 12 were dropped. The problem of getting a referral is now addressed by Q10. |
| **Q13** In the last 6 months, was it always easy to get a referral when you needed one?<br><br>Yes/No | **Q10** In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?<br><br>Big problem<br>Small problem<br>Not a problem | Patients in a fee-for-service system interpret referral differently from those in managed care. In fee-for-service, "referral" means recommendation rather than approval/permission. Pending further testing we have dropped the definition of referral.<br><br>This item was taken from NCQA's MSS core. |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| | **Q11** In the last 12 months, did you see a specialist?<br><br>Yes/No | Q11 serves as a screener for Q12. |
| **Q14** We want to know your rating of the specialist you saw most often in the last 6 months.<br><br>Use any number on a scale from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?<br><br>0-10 Scale | **Q12** We want to know your rating of the specialist you saw most often in the last 12 months, including a personal doctor if he or she is a specialist.<br><br>Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?<br><br>0-10 Scale | Simplified the wording by dropping the phrase "…on a scale". |
| | **Q13** In the last 12 months, was the specialist you saw most often the same doctor as your personal doctor?<br><br>Yes/No | For some patients the specialist they see most often can also be their personal doctor. The respondent could therefore be rating the same specialist once as a personal doctor and then as a specialist. Q13 was added to minimize the confusion when a respondent uses a specialist as their personal doctor. |
| **Q15** In the last 6 months, did you phone a doctor's office or clinic during the day Monday to Friday to get medical help or advice for yourself?<br><br>Yes/No | **Q14** In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?<br><br>Yes/No | The "Monday to Friday" time frame was changed to "regular office hours" since regular office hours for some doctors includes weekend hours. |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q16** In the last 6 months, how often did you get the medical help or advice you needed when you phoned the doctor's office or clinic during the day Monday to Friday?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q15** In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?<br><br>Never<br>Sometimes<br>Usually<br>Always | Q16 and Q17 from CAHPS 1.0 were combined into Q15, which addresses the issue of receiving help in a timely manner.<br><br>The phrase "without a long wait" was also dropped. |
| **Q17** In the last 6 months, how often did you get that help or advice during the day Monday to Friday without a long wait?<br><br>Never<br>Sometimes<br>Usually<br>Always | | |
| **Q18** A health professional could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.<br><br>In the last 6 months, did you try to see a doctor or other health professional right away to get care for an illness or injury?<br><br>Yes/No | **Q18** In the last 12 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?<br><br>Yes/No | The question order was changed. In CAHPS 2.0 we start with appointments for regular or routine care and then proceed to the question on care for an illness or injury.<br><br>The intent of the question on illness or injury is to define a set of people who need care quickly and to ask them how often they were successful in getting care "as soon as they wanted." The question specifically allows for the care to be provided in any setting, since the real issue is whether or not people get the care they need. The "as soon as you wanted" qualifier acknowledges that urgency of the need for care can vary for different situations for which respondents are answering this question. |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q19** In the last 6 months, when you tried to be seen for an illness or injury, how often did you see a doctor or other health professional as soon as you wanted?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q19** In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?<br><br>Never<br>Sometimes<br>Usually<br>Always | |
| **Q20** In the last 6 months, did you try to make any appointments with a doctor or other health professional for regular or routine health care?<br><br>Yes/No | **Q16** A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.<br><br>In the last 12 months, did you make any appointments with a doctor or other health provider for regular or routine health care?<br><br>Yes/No | |
| **Q21** In the last 6 months, when you needed regular or routine health care, how often did you get an appointment as soon as you wanted?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q17** In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted?<br><br>Never<br>Sometimes<br>Usually<br>Always | |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q22** In the last 6 months, has a health professional or your health insurance plan encouraged you to exercise or eat a healthy diet?<br><br>Yes/No | | This question was dropped for several reasons, including not fitting into a reporting composite, low correlation with ratings of health care and health plans, extremely high numbers of plan members responding that no one had talked to them about diet and exercise, and little interest by consumers in member reports about diet and exercise. |
| **Q23** In the last 6 months, how many times did you go for your own care to an emergency room?<br><br>None<br>1 time<br>2 times<br>3 to 4 times<br>5 to 9 times<br>10 or more times | **Q20** In the last 12 months, how many times did you go to an emergency room to get care for yourself?<br><br>None<br>_____<br>Number of times<br>(Write in.) | Medicare fee-for-service cognitive testing showed that it is difficult for respondents with a lot of visits to count visits beyond 10 or more and has little analytic gain for sponsors of the CAHPS survey. Visits to the ER are less frequent than visits to a doctor's office; hence, the question poses less cognitive burden on respondents. Therefore, Q20 only has the "Write in" option. |
| **Q24** In the last 6 months (not counting times you went to an emergency room), how many times did you go for your own care to a doctor's office or clinic?<br><br>None<br>1 time<br>2 times<br>3 to 4 times<br>5 to 9 times<br>10 or more times | **Q21** In the last 12 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?<br><br>None<br>1<br>2<br>3<br>4<br>5 to 9<br>10 or more | Response option in Q 21 was structured to follow the NCQA format from "5 to 9" onwards. To meet NCQA's need for trending, Q20 can be combined with Q21. |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q25** In the last 6 months, how often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time to see the person you went to see?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q24** In the last 12 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?<br><br>Never<br>Sometimes<br>Usually<br>Always | Examination of data on this question showed that a high proportion of patients report they are seen within 15 minutes. The goal of the CAHPS questions is to enable plans comparison. Thus to compare waiting times, asking patients how often they are seen in less than 15 minutes is the right way to do it. The data show that if we picked a very much longer waiting period, there is very little variance among plans because the vast majority of people are seen in less than, say, half an hour. Moreover, we did get feedback from respondents that having a question that asks about a period much longer than 15 minutes seemed inappropriate since a wait longer than that was not acceptable. |
| **Q26** In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q25** In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?<br><br>Never<br>Sometimes<br>Usually<br>Always | No Change<br>Q25 and 26 constitute a CAHPS composite that measures experience with office staff. It has proven to be a reliable index that correlates with people's ratings of their health care. |
| **Q27** In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q26** In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?<br><br>Never<br>Sometimes<br>Usually<br>Always | |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q28** In the last 6 months, how often did doctors or other health professionals listen carefully to you<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q27** In the last 12 months, how often did doctors or other health providers listen carefully to you?<br><br>Never<br>Sometimes<br>Usually<br>Always | No Change<br>Q27 to 30 is a four-item set of questions about interactions and communication between providers and patients. It provides a highly reliable measure that also correlated highly with peoples' ratings of their personal physicians and their health care. |
| **Q29** In the last 6 months, how often did doctors or other health professionals explain things in a way you could understand?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q28** In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?<br><br>Never<br>Sometimes<br>Usually<br>Always | |
| **Q30** In the last 6 months, how often did doctors or other health professionals show respect for what you had to say?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q29** In the last 12 months, how often did doctors or other health providers show respect for what you had to say?<br><br>Never<br>Sometimes<br>Usually<br>Always | |
| **Q31** In the last 6 months, how often did doctors or other health professionals spend enough time with you?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q30** In the last 12 months, how often did doctors or other health providers spend enough time with you?<br><br>Never<br>Sometimes<br>Usually<br>Always | |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q32** In the last 6 months, how often did doctors or other health professionals know what you thought they should know about your medical history?<br><br>Never<br>Sometimes<br>Usually<br>Always | | Dropped<br>This question was intended to measure coordination of care for those with chronic conditions and who sometimes have to see different doctors. However, we repeatedly found in cognitive testing that it violated one of the CAHPS rules (of asking people for information they did not have) and that standards for "what they should know" varied by condition, conditions under which doctor was seen, and whether it was a new or regular doctor. The responses often did not reflect coordination of care at all. |
| **Q33** We want to know how you, your doctors, and other health professionals make decisions about your health care.<br><br>In the last 6 months, were any decisions made about your health care?<br><br>Yes/No<br><br>**Q34** In the last 6 months, how often were you involved as much as you wanted in these decisions about your health care?<br><br>Never<br>Sometimes<br>Usually<br>Always | | Q33 and 34 were moved to the chronic conditions supplemental set since they are of particular relevance to those with chronic conditions. For those without chronic conditions these "decisions" were often so minor that the answers were not meaningful. |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q35** In the last 6 months, did you think you needed any tests or treatment?<br><br>Yes/No | | Dropped |
| **Q36** In the last 6 months, how often did you get the tests or treatment you thought you needed?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q22** In the last 12 months, how much of a problem, if any, was it to get the care you or your doctor believed necessary?<br><br>Big problem<br>Small problem<br>Not a problem | Q22 is an NCQA question and replaced the CAHPS question on tests and treatment. This question along with Q23 addresses the issue of unmet need for care. |
| **Q37** We want to know your rating of all your health care in the last 6 months from all doctors and other health professionals<br><br>Use any number on a scale from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?<br><br>0-10 Scale | **Q31** We want to know your rating of all your health care in the last 12 months from all doctors and other health providers.<br><br>Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?<br><br>0-10 Scale | Simplified the wording by dropping the phrase "…on a scale". |
| | **Q32** In the last 12 months, did you look for any information in written materials from your health plan?<br><br>Yes/No | Q32 and Q33 were adapted from NCQA's MSS. |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| | **Q33** In the last 12 months, how much of a problem, if any, was it to find or understand information in the written material?<br><br>Big problem<br>Small problem<br>Not a problem | |
| | **Q36** Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.<br><br>In the last 12 months, did you have any experiences with paperwork for your health plan?<br><br>Yes/No | The definition of paperwork in Q36 refers to a broad domain that cuts across plan types The screener will determine whether respondents had any experiences with paperwork in the last 12 months. The screener is not meant to define a relevant target population for the denominator. The relevant population is all those who have used services in the past 12 months. The screener questions skip people out of the problem question if they've had no experiences on which to base their answers. |
| **Q38** In the last 6 months, how often did you have more forms to fill out for your health insurance plan than you thought was reasonable?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q37** In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?<br><br>Big problem<br>Small problem<br>Not a problem | We believe that this revision will enable us to create a set of items that captures a broader set of experiences that consumers care about. |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q39** In the last 6 months, was your health insurance plan asked to approve or pay for any health care for you?<br><br>Yes/No | | Dropped |
| **Q40** In the last 6 months, how often did your health insurance plan deal with approvals or payments without taking a lot of your time and energy?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q23** In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?<br><br>Big problem<br>Small problem<br>Not a problem | Q23 is an NCQA question and replaced the CAHPS 1.0 Q40. This question along with Q22 addresses the issue of unmet need for care. |
| **Q41** In the last 6 months, did you call your health insurance plan's customer service to get information or help of any other kind?<br><br>Yes/No<br><br>**Q42** In the last 6 months, how often were your calls to the health insurance plan's customer service taken care of without a long wait?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q34** In the last 12 months, did you call your health plan's customer service to get information or help?<br><br>Yes/No | Q34 and Q35 ask people to report about their experience with getting help on the telephone. Previously, CAHPS had a question about getting help without a long wait and the helpfulness of staff (CAHPS 1.0 Q42 and 44). It was found generally that these questions were correlated.<br><br>CAHPS 2.0 Q34 and Q35 will constitute a composite that is highly related to the overall rating of the plan. |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q43** In the last 6 months, how often did you get all the information or other help you needed when you called the health insurance plan's customer service?<br><br>Never<br>Sometimes<br>Usually<br>Always | **Q35** In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?<br><br>Big problem<br>Small problem<br>Not a problem | |
| **Q44** In the last 6 months, how often were the people at the health insurance plan's customer service as helpful as you thought they should be?<br><br>Never<br>Sometimes<br>Usually<br>Always | | |
| **Q45** We want to know your rating of all your experience with your health insurance plan.<br><br>Use any number on a scale from 0 to 10 where 0 is the worst health insurance plan possible, and 10 is the best health insurance plan possible. How would you rate your health insurance plan now?<br><br>0-10 Scale | **Q38** We want to know your rating of all your experience with your health plan.<br><br>Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?<br><br>0-10 Scale | Simplified the wording by dropping the phrase "…on a scale". |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q46** In the last 12 months, have you been a patient in a hospital overnight or longer?<br><br>Yes/No | | Moved to chronic conditions supplemental set |
| **Q47** Not counting pregnancy, do you now have any medical conditions that have lasted for at least 3 months?<br><br>Yes/No | | Moved to chronic conditions supplemental set |
| **Q48** In the last 12 months, have you seen a doctor or other health professional more than twice for any of these conditions?<br><br>Yes/No | | Moved to chronic conditions supplemental set |
| **Q49** Have you been taking prescription medicine for at least 3 months for any of these conditions?<br><br>Yes/No | | Moved to chronic conditions supplemental set |
| **Q50** In general, how would you rate your overall health now?<br><br>Excellent<br>Very good<br>Good<br>Fair<br>Poor | **Q39** In general, how would you rate your overall health now?<br><br>Excellent<br>Very good<br>Good<br>Fair<br>Poor | No Change |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q51** What is your age now?<br><br>18 to 24<br>25 to 34<br>35 to 44<br>45 to 54<br>55 to 64<br>65 to 74<br>75 or older | **Q40** What is your age now?<br><br>18 to 24<br>25 to 34<br>35 to 44<br>45 to 54<br>55 to 64<br>65 to 74<br>75 or older | No Change |
| **Q52** Are you male or female?<br><br>Male<br>Female | **Q41** Are you male or female?<br><br>Male<br>Female | No Change |
| **Q53** What is the highest grade or level of school that you have completed?<br><br>8th grade or less<br>Some high school, but did not graduate<br>High school graduate or GED<br>Some college or 2-year degree<br>4-year college graduate<br>More than 4-year college degree | **Q42** What is the highest grade or level of school that you have completed?<br><br>8th grade or less<br>Some high school, but did not graduate<br>High school graduate or GED<br>Some college or 2-year degree<br>4-year college graduate<br>More than 4-year college degree | No Change |
| **Q54** Are you of Hispanic or Spanish family background?<br><br>Yes/No | **Q43** Are you of Hispanic or Latino origin or descent?<br><br>Hispanic or Latino<br>Not Hispanic or Latino | CAHPS 1.0 Q54 and Q55 were revised to match OMB requirements. |

## Exhibit 1. Question-by-question explanation of changes from CAHPS 1.0 to CAHPS 2.0 (continued)

| CAHPS 1.0 Adult Core Items | CAHPS 2.0 Adult Core Items | Comments |
|---|---|---|
| **Q55** How would you describe your race?<br><br>American Indian or Alaskan Native<br>Asian or Pacific Islander<br>Black or African-American<br>White<br>Another race or multiracial (write in)_____ | **Q44** What is your race? Please mark one or more.<br><br>White<br>Black or African-American<br>Asian<br>Native Hawaiian or other Pacific Islander<br>American Indian or Alaska Native | |
| **Q56** Did someone help you complete this survey?<br><br>Yes/No | **Q45** Did someone help you complete this survey?<br><br>Yes/No | No Change |
| **Q57** How did that person help you?<br><br>Read you the questions and/or wrote down the answers you gave<br>Answered the questions for you<br>Helped in some other way. | **Q46** How did that person help you? Check all that apply.<br><br>Read the questions to me<br>Wrote down the answers I gave<br>Answered the questions for me<br>Translated the questions into my language<br>Helped in some other way (please print) _____ | Added one more response option: Translated the questions into my language. |

# What Is Different in CAHPS 2.0 Reports

## Introduction and Background

The precursor to version 2.0 of the CAHPS reporting template, version 1.0, was based on literature review, formative cognitive testing, and consensus judgment by experts in the field. The following sources give detailed information on the development, testing, and rationale for version 1.0 of the CAHPS reporting template:

- McGee, J., Kanouse, D., Sofaer, S., Hargraves, L., Hoy, E., and Kleimann, S. Making survey results easy to report to consumers: How reporting needs guided survey design in CAHPS™ ***Medical Care***; 37 (suppl): MS32.

- ***CAHPS 1.0 Survey and Reporting Kit***, AHCPR Publication No. 97-0063, December 1997.

Version 2.0 of the reporting template has been influenced by five main sources:

1. CAHPS reporting design principles;

2. The effects of the convergence of the CAHPS survey instrument with NCQA's MSS;

3. Results of site demonstrations using the CAHPS 1.0 reporting template, and as user feedback on version 1.0;

4. Laboratory experiments conducted with the version 1.0 reporting template; and

5. Findings from cognitive and usability testing of CAHPS reporting template issues.

This appendix addresses each of these sources concluding with a summary of the key changes reflected in the CAHPS version 2.0 reporting template.

While the majority of the appendix addresses the print and computer formats of the template without distinguishing between the two, there is also a separate section that focuses on findings and influences relevant only to the computer format. This appendix focuses on changes from version 1.0 to 2.0; it is important to keep in mind that much of the contents of version 1.0 continues in version 2.0 because it works well. It is only where at least one of the five sources listed above called for a change that the CAHPS team revised the template for version 2.0.

## CAHPS Reporting Design Principles

Before developing the print and computer reporting templates, the CAHPS team identified a set of design principles to guide the report template development. The team drew upon research and experience in fields such as consumer information needs for plan choice, cognitive psychology, adult learning, and adult literacy, as well as their own expertise to articulate these principles. These principles were incorporated into version 1.0 of the reporting template; discussion of how version 1.0 incorporates the design principles is covered in McGee et al., 1999, and in the ***CAHPS 1.0 Survey and Reporting Kit*** documents referenced earlier. This section focuses on how the team further refined the implementation of some of the design principles in version 2.0 of the reporting template.

Below is a list of selected design principles along with examples of how the team refined their incorporation of these principles when developing version 2.0 of the reporting template.

1. **Repeat key messages consistently,** to support a longer-term educational agenda and to enhance the credibility of the template. Examples of corresponding key messages include "the CAHPS information comes from an independent survey," "health plans do not all have the same quality," and (the fact that people have the power to) "compare your health plan choices." These messages are included on the cover as well as in the early pages of the report template.

2. **"Layer" and highlight key messages.** This enables consumers to use the report more effectively. The materials are designed to be used by persons with differing levels of interest and preference for detail. The simplest way to think about these differing levels of consumer preference is in terms of "readers" versus "skimmers." "Readers" are more likely to read fully the text and graphics of each page. "Skimmers" are more likely to skim over more text and graphics, focusing only on visually highlighted messages, to glean the gist of the information. For example, the quick comparison chart provides a quick one-page look at how all plans compare, while a multipage set of bar graphs gives more detail on survey results for each plan. Placing the comparison chart at the beginning further allows skimmers to avoid having to wade through the more detailed bar graphs.

3. The report templates should **minimize cognitive burden** on consumer users in terms of length and complexity. In response to user feedback and demonstration results and as a result of the CAHPS/NCQA survey instrument convergence that reduced the total number of survey items, the CAHPS team significantly shortened the length of the print template from 32 pages (version 1.0) to 20 pages (version 2.0) for the adults-only template version. The team tried to minimize cognitive complexity by incorporating a variety of navigational features, as well as by breaking down the tasks involved in the template to manageable pieces.

4. Navigational features include the easy-to-read table of contents, with key headings and subheadings that explain the contents of the template; text and page cross-references of the comparison chart with the bar graphs highlighting the link between the two main sections; context-sensitive instructions that explain how to use and read the comparison chart and the bar graphs, respectively; and, for the version of the template that reports child and adult results separately, child and adult icons to remind users in what section they are. Cognitive testing results suggest that users need and benefit by having brief explanations both within a page (e.g., how to use the comparison chart ) and across pages (e.g., text on the comparison chart pages refers to the bar graphs). If users understand how to use a given page in the template and how it connects with other pages, they are more likely to use the template.

## Effects of NCQA/CAHPS Survey Instrument Convergence on CAHPS 2.0 Template

The CAHPS 2.0 report template reflects the convergence of the CAHPS core survey instrument with NCQA's MSS. The recommendations for the converged survey were based on several factors: the strengths of both surveys, the desire to meet the needs of all CAHPS sponsors and consumers, the need to maintain a core of data for trending across time for all sponsors, and the collective desire to keep the questionnaire of reasonable length. The convergence resulted in numerous changes to the CAHPS survey instrument. Those changes in the instrument that are relevant to the report template include the following: (1) the adoption of the "problem format" from the MSS for several questions; and (2) the deletion or movement from the core of several items in the CAHPS version 1.0 instrument. Together these changes resulted in a reconfiguration of some reporting composites or topics, as well as a significant decrease in the number of topics being reported.

The problem response format was adopted for seven items, including new items, as well as items originally not in the problem format that were changed so that they could be grouped in a composite with other problem format items. The CAHPS team adopted the "big problem-small problem-no problem" response format over the "yes-no" response format for two reasons: (1) to minimize the number of different response options that consumers would have to familiarize themselves with in the report template (i.e., keeping the number of different types of formats at 3) and; (2) to allow for greater variation than is afforded by a dichotomous "yes-no" response format. Below is an example of the change from the version 1.0 CAHPS version to the MSS problem-oriented version of an item used in version 2.0:

***CAHPS 1.0: Was it always easy to get a referral when you needed one?***

Yes or No

***CAHPS 2.0: How much of a problem was it getting a referral to a specialist you wanted to see?***

Big problem, small problem, no problem

The adoption of the problem format resulted in the development of two composites with a problem format, one of which had initially used a yes/no format and one of which had used the never-to-always format.

Fifteen items were either dropped, merged into another item, or moved from the core to the chronic conditions supplemental item set, while three items were added, resulting in a net difference of 12 fewer items in version 2.0 of the survey. For the report templates, this resulted in a change from 13 topics being reported to 7 topics being reported. The decision to lower the number of topics reported was a result of both the convergence changes as well as feedback from the demonstration sites and other users that reporting 13 topics was too much for consumers to absorb. The result is the following set of 7 reporting composites and items based on the questions in version 2.0 of the CAHPS survey instrument (see Exhibit 2).

## Exhibit 2. Crosswalk of CAHPS reporting composites

### Getting care

#### People's experiences in getting care they need

| CAHPS 2.0 composites | CAHPS 1.0 composites |
|---|---|
| Response format:<br>big problem, small problem, not a problem | Never, Sometimes, Usually, Always |
| Q6. Problem of finding doctor | See "Ease of finding a personal doctor you are happy with" CAHPS 1.0 composite |
| Q10. Problem of getting referral | |
| Q22. Problem, in getting necessary care | Q36. Received tests or treatment you needed |
| Q23. Problem with care delayed due to approval | |
| Question dropped from CAHPS 2.0 | Q11. See a specialist when you needed one |
| Question dropped from CAHPS 2.0 | Q8. See someone other than personal doctor |
| See "People's experiences Getting Care Without Long Waits" composite | Q16. Received medical help or advice you needed |

#### People's experiences getting care without long waits

| CAHPS 2.0 composites | CAHPS 1.0 composites |
|---|---|
| Response format:<br>Never, Sometimes, Usually, Always | Never, sometimes, usually, always |
| Q15. How often received help by phone | Q 16 and Q17 from CAHPS 1.0 were combined to form Q 15 |
| Q17. Get routine appointment as soon as wanted | Q21. Get routine appointment as soon as wanted |
| Q19. See doctor for illness or injury as soon as wanted | Q19. See doctor for illness or injury as soon as wanted |
| Q24. Wait more than 15 minutes in doctor's office | Q25. Wait more than 30 minutes in doctor's office |
| | Q17. Received phone help without long wait |

## Exhibit 2. Crosswalk of CAHPS reporting composites

### Doctor's and medical care

#### People's experiences with how well their doctors communicate

| CAHPS 2.0 composites | CAHPS 1.0 composites |
|---|---|
| Response Format:<br>Never, Sometimes, Usually, Always | Never, Sometimes, Usually, Always |
| Q27. Doctor listens carefully | Q28. Doctor listens carefully |
| Q28. Doctor explained things clearly | Q29. Doctor explained things clearly |
| Q29. Doctor respected your comments | Q30 Doctor respected your comments |
| Q30. Doctor spent enough time | See "Doctor's who spend enough time with patients and know their medical history" composite |
| Question dropped from CAHPS 2.0 | Q34. Involved in Health care decisions |

#### People's rating of their care — Overall Rating

| CAHPS 2.0 composites | CAHPS 1.0 composites |
|---|---|
| Response format: 0-10 | 0-10 |
| Q31. Rating of health care | Q37. Rating of health care |

### Medical Office Staff

#### People's experiences with courtesy, respect, and helpfulness of office staff

| CAHPS 2.0 composites | CAHPS 1.0 composites |
|---|---|
| Response format:<br>Never, Sometimes, Usually, Always | Never, Sometimes, Usually, Always |
| Q25. Doctor's staff courteous and respectful | Q26. Doctor's staff courteous and respectful |
| Q26. Doctor's staff helpful | Q27. Doctor's staff helpful |

### Health Plan

#### People's ratings of their health plans — Overall Rating

| CAHPS 2.0 composites | CAHPS 1.0 composites |
|---|---|
| Response format: 0 – 10 | 0 – 10 |
| Q38. Rating of health plan | Q45. Rating of health insurance plan |

## Exhibit 2. Crosswalk of CAHPS reporting composites

### Health Plan (continued)

#### People's experiences with health plan customer service, information, paperwork

#### Reasonable Paperwork, handling of approvals and payments

| CAHPS 2.0 composites | CAHPS 1.0 composites |
|---|---|
| Response format:<br>big problem, small problem, not a problem | Never, Sometimes, Usually, Always |
| Q33. Problem, find or understand information in written materials? | New Question in CAHPS 2.0 |
| Q35. Problem to get the help from customer service | Q43. Getting all information from customer service |
| Q37. Problem with paperwork | Q38. Too many forms to fill out |

### CAHPS 1.0 composites that were dropped from CAHPS 2.0

#### Easy to find a personal doctor or nurse you are happy with

| | CAHPS 1.0 composites |
|---|---|
| | Response format: Yes, No |
| Moved to "People's experiences in getting care they need" composite | Q5. Ease of finding doctor |

#### Easy to get a referral to a specialist

| | CAHPS 1.0 composites |
|---|---|
| | Response format: Yes, No |
| See "People's experiences in getting care they need" composite | Q13. Easy to get a referral |

#### Global ratings

| | CAHPS 1.0 composites |
|---|---|
| | Response format: 0 to 10 |
| Dropped in CAHPS 2.0 Reports | Q9. Rating of personal doctor |
| Dropped in CAHPS 2.0 Reports | Q14. Rating of specialist |

## Exhibit 2. Crosswalk of CAHPS reporting composites

| CAHPS 1.0 composites that were dropped from CAHPS 2.0 (continued) | |
|---|---|
| **Being encouraged to exercise or eat a healthy diet** | |
| | **CAHPS 1.0 composites** |
| | Response format: Yes, No |
| Question dropped from CAHPS 2.0 | Q22. Insurance encouraged preventive health steps. |
| **Doctor's who spend enough time with patients and know their medical history** | |
| | **CAHPS 1.0 composites** |
| | Response format:<br>Never, Sometimes, Usually, Always |
| See "People's experiences with how well their doctors communicate" composite | Q31. Doctor spent enough time |
| Question dropped from CAHPS 2.0 | Q32. Doctor knew medical history |
| **Health Plan Customer Service: Efficiency and Helpfulness** | |
| | **CAHPS 1.0 composites** |
| See "People's experiences in getting care they need" composite | Q40. Plan approved/paid without taking much time |
| Question dropped from CAHPS 2.0 | Q42. Customer service without long wait |
| Question dropped from CAHPS 2.0 | Q44. Customer service helpful |

- **People's experiences with how well doctors communicate** (never-to-always format): how often doctors or other health providers listened carefully, explained things in a way they could understand, showed respect for what they had to say, and spent enough time with them.

- **People's experiences in getting care they needed** (big problems-to-no problems format): whether people had any problems finding a doctor or nurse they were happy with, getting a referral to a specialist that they wanted to see, getting the care they or their doctor believed necessary, and getting care approved by the health plan without delays.

- **People's experiences in getting care without long waits** (never-to-always format): how often people got the help or advice they needed when they called the doctor's office during regular office hours, got treatment as soon as they wanted for an illness or injury, got an appointment as soon as they wanted for regular or routine health care, and waited only 15 minutes or less past their appointment time to see the person they went to see.

- **People's ratings of their health care** (0 to 10 rating).

- **People's experiences with courtesy, respect, and helpfulness of medical office staff** (never-to-always format): how often staff at their doctor's office treated them with courtesy and respect and were as helpful as they should be.

- **People's experiences with health plan customer service, information, and paperwork** (big problems-to-no problems format): whether people had any problems with getting the help they needed when they called the health plan's customer service, finding or understanding the information in written materials from their plan, or paperwork related to getting care.

- **People's ratings of their health plan** (0 to 10 rating).

## Demonstration Results and Other User Feedback

The first year of CAHPS demonstration sites included the following organizations: New Jersey Division of Medical Assistance and Health Services (for the Medicaid population); the Washington State Health Care Authority (for its state employees); and the Kansas Health Data Institute and Kansas Foundation for Medical Care along with the Kansas State Employees Benefits Administrator (for its state employees), two private employers in Kansas, the Kansas Department of Social and Rehabilitation Services (for Medicaid recipients); the Florida Agency for Health Care Administration (for Medicaid recipients); and the Health Care Financing Administration (HCFA) (the Medicare population). The CAHPS team worked more closely with these demonstration sites than with other sponsors who implemented the CAHPS survey and report templates. The CAHPS team implemented evaluation activities in the

demonstration sites, including both surveys and focus groups with consumers and site visits with local staff implementing the CAHPS products.

Main findings from the demonstration sites as well as from other users regarding the look and content of the version 2.0 reporting template include the following:

- Reports should be as short as possible.
- Context is important, because consumers like discussion of other factors affecting their choice.
- The comparison chart and the bar graphs provide complementary information and should both be included.
- The number and size of differences among health plan choices affects whether and how much time consumers will spend with the report. Where more differences occurred between plans, consumers were more likely to look at the report and spend time using it.

For more details about the demonstration sites and lessons learned from them regarding CAHPS implementation, see Carman et al. (1999).[3]

## Laboratory Experiments

The CAHPS team conducted laboratory experiments to look at the extent to which consumer reports of health plan quality (i.e., the CAHPS report template) affect consumers' health plan choice. Labs were run with 309 study participants who were aged 18 to 64, had employer-sponsored health insurance, and lived or worked in the Santa Monica, California, area. Privately insured adults reviewed materials on four hypothetical health plans and selected one. The health plans varied as to cost, coverage, type of plan, ability to keep one's doctor, and quality, as measured by the CAHPS survey.

In the absence of CAHPS information, most consumers preferred plans that covered more services, even though they cost more. When CAHPS information was provided, consumers shifted to less expensive plans covering fewer services if CAHPS ratings identified those plans as higher quality. Consumer choices were unaffected when CAHPS ratings identified the more expensive plans covering more services as higher quality.

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[3] Carman, K.L., Short, P.F., Farley, D.O., Schnaier, J.A., Elliott, D.B., and Gallagher, P.M. (1999). Epilogue: Early Lessons from CAHPS™ demonstrations and evaluations. *Medical Care*, 37 (suppl): MS97.

The laboratory experiment[4] findings confirmed a working assumption in the health insurance field—that lacking other information, consumers will assume that more coverage is a surrogate for a better plan (i.e., better quality). To address this situation, the CAHPS report includes an early section on "Why does health plan quality matter?" that explains how and why quality is an important consideration in addition to cost and coverage when comparing plans. The CAHPS report also highlights the importance of quality from the start, with a cover headline that reads, "Health plan quality from the consumer's point of view." The CAHPS report includes text that highlights the importance of quality while also including text that acknowledges the importance of cost, coverage, and doctors to consumers' plan choices. For example, page 2 of the 2.0 template includes the following text expressly to encourage consumers to incorporate the CAHPS information into the approach they are normally used to using.

> *Before you choose any plan, make sure you read your open enrollment materials. They tell you about health plan costs, covered services and each plan's rules and features. Then use the quality information in this booklet, together with the information about cost and covered services, to pick a plan that will work well for you and your family.*

## Cognitive Testing Results for Paper Template

The CAHPS 2.0 report template has benefited from extensive testing, including some of which has already been discussed earlier in this section. Rounds of testing include[5]:

- 1996: Cognitive testing to develop 1.0
- 1997: Demonstrations and laboratory testing of 1.0
- 1998: Cognitive testing with 2.0 predecessors

This section focuses on the cognitive testing conducted in the spring of 1998 by several members of the CAHPS team to evaluate drafts of the 2.0 paper template. The testing goals were twofold: (1) to identify remaining barriers to consumers' ability to use the CAHPS report template to make a plan choice and (2) to identify ways to make the template easier to use and more helpful to consumers.

Cognitive testing helps to reveal people's thought processes as they use materials. This testing is designed to help developers determine whether users understand the materials--here the CAHPS report template--and interpret the materials as the developers

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[4] For more details on the 1998 laboratory experiments, see "Do consumer reports of health plan quality affect health plan selection." Spranca et al., Rand manuscript, 1999.

[5] See Carman et al. (1999).

intended. Cognitive testing enables us to see the document through the user's eyes. Questioning the user is the only real way to tell whether we've succeeded or failed in communicating our messages. Through cognitive testing, we get some important affective feedback, as well as information about what users take away from the materials and how they use the materials: whether the user is clearly bored by the materials; whether they laugh or smile or frown when they read something; where there eyes go on the page; and whether they flip through the document quickly or focus on charts, pictures, or tables.

Some key research questions that cognitive testing helps to address include the following:

- Is the information in the report relevant, sufficient, or confusing to readers?
- Do readers understand the information in the way intended?
- Can readers easily locate information they need in the report?
- Do readers understand how sections of the report are related?
- Does the information in the report support an informed plan choice?

Each of the three organizational members of the CAHPS team who conducted the cognitive interviews developed a standardized, structured interview protocol. The protocol was composed of specific questions, or probes, developed to address each of the more general research questions listed above. Depending on the organization conducting the interviews, they varied in length from 30 to 120 minutes. The interviews included a variety of techniques to tap readers' perceptions, understanding, and use of the report template. All three organizations used the same common core set of testing probes, while two of the three also used an additional set of probes.

The following documents give more details on the testing:

- McGee, J. McGee & Evers Consulting, Inc. 1998. "Cognitive Testing of CAHPS Report Booklet: Six Interviews with County Employees in Oregon."
- McGee, J. McGee & Evers Consulting, Inc. 1998. "Audience Testing of a Shorter CAHPS Report ("Stars Only"): Project Update and Selected Materials."
- Kleimann, S. Kleimann Communication Group. 1998. "Final Report to RAND on a project to test 'What do people say about their health plans...'"
- Harris-Kojetin, L. Research Triangle Institute. 1998. "Cognitive Testing of Draft Version 2.0 CAHPS Template: Working Draft Findings Memorandum."

In the spring 1998, the three organizations conducted a total of 77 cognitive interviews.[6] The testing population was purposely relatively diverse. Interviewees included Medicaid recipients, low-income, non-Medicaid recipients, and employer-sponsored insured persons. Interview participants were well distributed by age with the majority clustering in the 30-to-40 age range. As intended, over half of the participants had only a high school education. About two-thirds were white and over three-fourths were female. Interviews were conducted in the Portland, Oregon, metro area, the Baltimore area, in Rockville, Maryland, and in Washington state.

This section focuses on lessons common across the three testing organizations and populations. For more details on findings within each organization, refer to the documents referenced above. We took the lessons we learned from the cognitive testing and developed corresponding design features. This section briefly lists the key design features and provides examples, as appropriate, to show how we implemented each design feature in the CAHPS 2.0 report template.

- **Orient readers to the report and its purpose early.** To get and keep readers' attention and enhance understanding, it is important to explain clearly what is in the report and what is not, as well as what is the purpose of the report. Some testing participants assumed after reading the first full text page that the report included information on costs, benefits, and quality. To set expectations and help readers understand what the report could do for them and what it could not, we included the following text on page 2 of the report:

  *This booklet can help you choose a health plan by showing you how the plans compare on some important quality topics . . . Before you choose any plan, make sure you read your open enrollment materials. They tell you about health plan costs, covered services and each plan's rules and features. . . Then use the quality information in this booklet, together with the information about cost and covered services, to pick a plan that will work well for you and your family.*

  Another way to help orient readers to the content of the report is through the table of contents. Unlike 1.0, the 2.0 table of contents highlights the comparison chart they can go to for a "quick look." The 2.0 contents page also specifically lists the survey topics that readers will see later in the report. This helps readers understand that this report shows survey topics and that they will see these topics later in the report.

[6] See Carman et al, 1999, for more information.

- **Highlight key messages.** Since skimmers do not pay close attention to the details of each page and the report contents introduces readers to new, unfamiliar information, it is important to highlight and sometimes to repeat key messages. Key messages that are highlighted and/or repeated throughout the report include the following:

  - The information in the report comes from a **survey of consumers**. This message is conveyed on the cover and on pages 2 and 3. In addition, on most of the remaining pages reference is made to the survey or survey items.

  - This is information about **quality**. This point is made on the cover, the table of contents, and page 2.

  - This information **helps you compare your plan choices**. This is noted on the cover, the table of contents, pages 2 through 5, and is also implied on pages 6 through 13.

  - This information is from an **independent, impartial source, not from the plans**. This is implied on the cover, by referencing the sponsor, and directly addressed on page 3 about the survey.

- **Link readers from what they already know to what is new.** Most privately insured readers expect that when they choose a plan they will consider costs, coverage, and whether their doctors are in the plans. Most readers, however, do not expect to get quality information because they have likely never seen it before. In order to get readers to care about the quality information, it is important to gain their trust. One way to do this is to acknowledge what we know is already important to people' costs, coverage, and keeping their doctors. That is another reason why we included the paragraph shown above on page 2. Providing this link from the familiar to the new also helps gain reader's trust, because it suggests that the sponsor knows what is important to readers and wants to help them with what can be a challenging task. Another way the report helps gain the trust of readers (and thus enhance the likelihood that they will read the report) is to convey and highlight a key message that the survey is from an independent source that the report is not from a plan or other entity trying to make one plan look better than others. Cognitive testing showed that some consumers tend to assume that a nice-looking booklet must come from a health plan. To counter that assumption, the CAHPS report mentions the sponsor name on the cover and provides the entire inside front cover for the sponsor to tailor a message to its consumer population. One purpose of that message could be to explain that the CAHPS report comes from the sponsor and not from a particular plan.

To help readers understand why it is important to add quality to the list of plan dimensions they consider when choosing a plan, the report explains why quality matters by describing a network. The CAHPS team introduced the term network in 1.0 of the template. Testing suggested that consumers did not see an intuitive link between a network and quality. In response, in 2.0 the CAHPS team more directly linked the concept of a network with the idea that quality can vary:

> *Why does health plan quality matter? . . . Not all health plans are alike. A higher quality health plan can mean better care for you and your family. Today when you pick a plan you are also picking the doctors, hospitals, and other health plan providers you can use. That's why it is important to consider health plan quality along with costs and covered services.*

By conveying that when one chooses a plan, one is also choosing a set of doctors and other providers, the goal is to give readers a reason to use the report and incorporate quality into their plan decisionmaking.

- **Use navigational features both within a page and across pages.** Some readers skim pages and some do not read a report in numeric page order. To help as many readers as possible (including the skimmers and "jumpers") work their way around the report, navigational cues are important. Cues include both text directions and visual symbols. The table of contents, the instructional text for the comparison chart (page 4), and the "What do the bar graphs tell you" (page 6) section are examples of text navigation cues. The former tells readers where they can go to get information they want. The latter two tell readers how to use particular pages or how to work their way through the pages (e.g., how to make sense of the comparison chart). The triangles and accompanying text on pages 2, 3, and 5 both textually and symbolically point readers to other sections of the report. In so doing, they help readers see how different sections are related (e.g., how the star charts and bar graphs are related yet different) and how to navigate the report.

## Key Changes Reflected in CAHPS 2.0 Templates

As a result of the feedback, testing results, and instrumentation convergence described above, the CAHPS 2.0 report template reflects the following key changes:

- **Significantly shortened report.** For the 2.0 report that presents results for adults only, the report page length dropped from 32 to 20 pages. The shorter page length is due mainly to the following changes reflected in 2.0: more consolidated table of contents; more consolidated information about the survey; 2 fewer pages of comparison charts as a result of no longer reporting (a) overall ratings for specialists or personal doctor or (b) separately for people who use a lot of medical care; dropping from 13 to 7 reporting topics resulting in 4 fewer pages of bar graphs (overall ratings were not reported in bar graphs in 1.0 but are reported in bar graphs in 2.0); and dropping the 6-page worksheet from 1.0.

- **More cognitively manageable and appealing report**. Dropping from 13 to 7 reporting topics resulted in a single 2-page spread comparison chart rather than 2 pages of charts plus fewer pages of bar graphs. Having fewer pages to read should result in more readers completing more of the report and fewer readers getting confused about how to navigate the report.

- **More streamlined report.** Version 2.0 reflects better than 1.0 the idiom that "less is more." For example, the 2.0 cover contains less text, to help readers focus on the key messages about plan choice, quality from the consumer's view point, and independent survey information. The rest of the document is also more streamlined than its precursor, to help readers go through more quickly and easily. For example, with fewer topics to include, the single comparison chart is now laid out across two pages instead of a series of pages. This allows more for a cleaner, more visually appealing and understandable layout. There is less text on the comparison chart now so that readers can focus on the small amount of explanatory text and then focus on the comparison chart.

- **Condensed, re-ordered background information.** Information about plan types and more detailed information about the survey have been moved from the front to the back of the report, using a layering approach. This allows readers who want just the comparison chart to get to it sooner while enabling those who want more detail to find it later in the report.

- **Enhanced navigational aids**. Triangles have consistently been used on each text page to direct readers where to go next. This helps readers understand how different sections of the report relate to each other.

## Lessons Learned and Key Changes for the CAHPS v2.0 Computer Template

Some of the changes made to the computer template are consistent with those made in the print report, while others are unique to the computer medium. The design of the "pieces" of the computer template are interrelated. A rationale for key changes to each piece is presented below.

**Interface.** Previous versions of the interface used more buttons and presented more content on each screen, which may have overwhelmed users. The interface design has been simplified and made more user-friendly, with a simpler, cleaner look and feel. The screen is now divided into a navigation area on the left and a content area on the right. The navigation area consists of a simple set of buttons (Back/Home/Next) and a Contents list (listing all the major sections and subsections of the ***Decision Helper***). The content area of the ***Decision Helper*** is used to present text, charts, graphs, and a worksheet. The section names in the navigational Contents list are active links, which can be selected to display the corresponding information in the content area.

**Navigation.** The navigation has been simplified while retaining its flexibility. This is achieved by reducing the number of "buttons" on the screens, and by adding a "Contents" list (described above). The reduction in the number of buttons (Back/Home/Next) simplifies navigation, as users need only click on the "Next" button if they wish to travel through the ***Decision Helper*** in a linear fashion. The Contents list acts as a kind of site map. Providing it on every page allows users to locate themselves within the site's hierarchy of information and to find the information they are looking for. Since the Contents list is also a set of active links, this list can also be used to navigate around the system and allows users to freely explore, or jump from section to section, instead of following the linear path. Providing two navigation options (choice between a linear path or going through the sections in any order) allows users to navigate using the method they are most comfortable with. Users who know what information they want may prefer the flexibility of the Contents list. Users who are unfamiliar with the ***Decision Helper*** may prefer the guided linear tour.

**Organization.** The organization of the site has been simplified by reducing the number of "layers" of information. There are fewer drill downs, links that take you down to a level of detail that isn't found on the main path (the path taken by clicking Next). And those few drill-downs that do exist do not exceed one level down. The Contents list now shows headings of all the top- and middle-level screens and none of the drill-down screens. These changes were motivated by a desire to help users easily find all the important information.

Previous versions of the ***Decision Helper*** required users to select which one of three sets of survey results to see. For users who were unfamiliar with CAHPS, this was a difficult choice to make before seeing some survey results. To overcome this problem, the current system presents the Adult survey results first and separately, and the results for ***Children's Care*** and for ***People Who've Used a Lot of Care*** in a separate section labeled ***Other Survey Results.*** This rearrangement of survey results makes it more likely that users will first see the adult ratings (which appeal to the broadest audience), without discouraging further use of the system.

**Type and Amount of Information.** Version 2.0 presents less information and the information that is presented is simpler. This was motivated by favorable feedback from users of a simplified Medicaid ***Decision Helper*** and by a decision to simplify the print reports. Version 2.0 has fewer screens and less information on each screen. Text has been rewritten to include less jargon and more user-friendly language. There is also a significant reduction in the level of detail presented. For example, there is no longer any information about means, standard deviations, or sample size presented in the Survey Results section.

**Decision Support.** The Decision Support in 2.0 is more interactive than in prior versions. After the survey results are presented for each of the three data sets (Adults, Children, People Who've Used a Lot of Care), users are presented with a ***Review the Results*** page, which asks for their input regarding the data they've just seen. They are asked to provide input about whether each health plan was rated as a good plan on those issues that are most important to them. To help users to rate plans across all the survey topics, they are given the option of adding the stars. Their ratings of the plans are automatically entered into a worksheet, which they will use later to help them to compare plans. The worksheet is designed to help users compare the health plans based on information they received from the ***Decision Helper***, as well as encouraging them to add information about the plans to the worksheet that they've collected elsewhere.