



THE CAHPS CLINICIAN & GROUP DATABASE

AHRQ Contract No.: HHS 290200710024C

March 2012



Agency for Healthcare Research and Quality
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THE CAHPS CLINICIAN & GROUP DATABASE

About the CAHPS Clinician & Group Survey Database

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1. About the CAHPS Clinician & Group Survey Database

CAHPS Database

The CAHPS Database is the national repository for data from selected CAHPS surveys. The primary purpose of the CAHPS Database is to facilitate comparisons of CAHPS survey results by and among survey users. This voluntary compilation of survey results from a large pool of data into a single national database enables survey users to compare their own results to relevant benchmarks (i.e., reference points such as national and regional averages). The CAHPS Database also offers an important source of primary data for research related to consumer assessments of quality as measured by CAHPS surveys.

CAHPS Clinician & Group Survey Database

The CAHPS Clinician & Group Survey (CG-CAHPS) Database is the newest component of the CAHPS Database. It was developed in response to the growing demand for comparative results for the various versions of the CG-CAHPS Survey, including the 12-month and Visit versions. In May 2011, the first set of comparative results for both the 12-month and Visit versions was released through the CAHPS Database Online Reporting System. The results for CG-CAHPS data collected in 2011 were released in March 2012.

CAHPS Database Online Reporting System

The CAHPS Database Online Reporting System is a Web-based platform for viewing CAHPS Health Plan Survey and Clinician & Group Survey results. The reporting system consists of two major components: (1) a **public site** available to anyone with access to the Internet and (2) a **submitter's site** available only to survey users that contribute data.

Public Site

The public site presents a variety of CG-CAHPS survey results such as composite measures and individual survey items, organized according to survey version and field period. Displays include the following:

- **“Top Box” Scores:** Top box scores display the percentage of respondents reporting the most positive response for a composite, rating, or question item. Top box scores are presented for several practice characteristics, such as region, physician specialty, practice ownership, and survey mode. Top box scores are also presented for the 90th, 75th, 50th, and 25th percentiles (i.e., the percentage of practice sites that scored at or below a particular top box score).
- **Frequencies:** One-way frequency tables display the distribution of scores (by percent and number of respondents) for all response options. Two-way frequency tables display the distribution of scores for all response options for selected respondent and practice characteristics.

- **Bar charts:** Bar charts display a graphical distribution of survey results that show the top, bottom, and middle response categories. Bar charts present results for the national distribution as well as for selected practice characteristics.
- **Report builder:** The report builder feature allows users to create custom reports on demand, consisting of all results of interest. Reports can be downloaded as Microsoft® Excel files.

Submitter's Site

Survey users that submit data to the CG-CAHPS Database are provided access to a secure, password-protected area of the online reporting system that allows them to compare their own results to selected benchmarks. This secure site has all of the features of the public site, with the added benefit of viewing the individual group or practice site scores that have been contributed by the submitting organization. In addition, the bar chart feature on the submitter's site shows tests of statistical differences for individual practice site scores. A report manager function allows the submitter to share secure results with other users if they choose.

Research Files

Researchers may gain authorized access to de-identified data files from the CG-CAHPS Database to help answer important health services research questions related to patient experience of care as measured by CAHPS. CG-CAHPS Survey data may be granted to researchers who submit an application and sign a data use agreement that ensures the confidentiality of the data. A description of the data application process is at https://www.cahps.ahrq.gov/CAHPS-Database/Data_Research.aspx

Participating in the CG-CAHPS Database

Participation in the CG-CAHPS Database is free and open to all survey users on a voluntary basis. There is no charge to participate. All medical groups, practices, health systems, and survey vendors who choose to participate provide the CAHPS Database with the following:

- Respondent-level survey data
- Practice characteristics
- Other information regarding the sampled population and survey administration

The only requirement for participation is conformance with standard data submission specifications developed for all versions of the CG-CAHPS Survey. Specifications for submitting data files and other information required for participation are available at <https://www.cahps.ahrq.gov/CAHPS-Database/Submitting-Data/CG-Data.aspx>

Administration

The CAHPS Database is sponsored and funded by the Agency for Healthcare Research and Quality (AHRQ) and administered by Westat. Oversight and direction for the Database are provided by an Advisory Group composed of representatives of survey users from the public and private sectors as well as members of the CAHPS Consortium. Further information about the CAHPS Database is available at <https://www.cahps.ahrq.gov>.



THE CAHPS CLINICIAN & GROUP DATABASE

2011 Practice Site Characteristics

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1. Practice Site Characteristics

When reviewing the CAHPS Clinician & Group (CG-CAHPS) Survey results, it is helpful as context to have an understanding of the types of practice sites that make up the comparative results for all versions of the survey. The CAHPS Database asked each submitter to provide information about their practices (i.e., ‘practice site characteristics’) along with their survey results. It is important to note that the 1,857 participating practice sites that voluntarily submitted data to the CAHPS Database do not constitute a representative sample of all medical practices in the United States. However, users can compare their results to similar organizations using the reported practice site characteristics.

The practice site characteristics collected by the CAHPS Database include region, physician specialty, practice ownership and affiliation, and survey mode. Data on the region and practice ownership and affiliation were reported by participating practice sites separately from the survey response data. Physician specialty and survey mode were reported at the sample level for each completed survey.

Region

As shown in Table 1, the largest concentration of practice sites was from the Midwest region, followed by the Northeast region. Practice sites were assigned to one of the U.S. Census Bureau’s four official regions (found in the Definition of Regions documentation) based on the practice sites’ self-reported states and zip codes.

Table 1. Distribution of Practice Site Counts and Total Survey Completes by Region¹

Region	12-Month 4-Point Adult	12-Month 4-Point Adult	12-Month 6-Point Adult	12-Month 6-Point Adult	Visit Adult	Visit Adult
	Practice Site Count	Total Survey Completes	Practice Site Count	Total Survey Completes	Practice Site Count	Total Survey Completes
Midwest	213	48,087	320	10,068	219	139,775
Northeast	1	29	121	27,245	189	61,056
South	6	4,318	285	27,351	232	26,843
West			143	10,387	129	38,653
TOTAL	220	52,434	869	75,051	769	266,327

Physician Specialty

The distribution of the physician specialty by each survey type is shown in Table 2. The largest concentration of specialty types across all the CG-CAHPS survey versions was missing followed by other specialty, and then family practice. The data specifications allowed submitters to identify 38 different physician specialties including an option for ‘other’ or ‘missing’. The option of ‘other’ or ‘missing’ was provided to help reduce the burden of data submission for some

¹ When reporting comparison scores by practice site characteristic categories, a category’s results are suppressed if there are fewer than five practices and/or fewer than 300 completed surveys available for that category. This rule applies to all five demographics tables.

participants. The 38 different physician specialties were then combined into 8 categories for reporting. To view which specialties make up the categories reported, see the Definition of Physician Specialties document in the Report Builder section of the CAHPS Online Reporting System. Since more than one specialty can be attributed to a given practice site, the total number of practice sites included across all specialty categories may be greater than the absolute number of practice sites.

Table 2. Distribution of Practice Counts and Total Survey Completes by Physician Specialty

	12-Month 4-Point Adult	12-Month 4- Point Adult	12-Month 6-Point Adult	12-Month 6- Point Adult	Visit Adult	Visit Adult
Physician Specialty	Practice Site Count	Total Survey Completes	Practice Site Count	Total Survey Completes	Practice Site Count	Total Survey Completes
Missing	120	14,763	477	21,071	597	172,168
Family Practice	86	12,163	492	18,141	98	29,214
Internal Medicine	41	8,138	161	11,111	61	16,199
OB/GYN	40	2,028	115	3,328	32	7,093
Pediatrics	23	1,068	36	159	4	247
Other Primary Care	2	15	132	1,078	16	314
Surgical	33	1,276	72	3,596	31	4,378
Other Specialty	96	12,983	253	16,567	95	36,714
TOTAL	441	52,434	1,738	75,051	934	266,327

Practice Ownership and Affiliation

The distribution of the practice ownership and affiliation categories is shown in Table 3. Each version of the CAHPS Clinician & Group Survey reflects a different ownership and affiliation and is not representative of the U.S. distribution. In addition, some of the categories are not mutually exclusive and could therefore misrepresent the true distribution even among the practice sites included in the database. Given the high percentage of 'other' data, the definitions for this practice site characteristic will be revised for future data submissions.

Table 3. Distribution of Practice Site Counts and Total Survey Completes by Practice Ownership and Affiliation

Practice Ownership and Affiliation	12-Month 4-Point Adult	12-Month 4-Point Adult	12-Month 6-Point Adult	12-Month 6-Point Adult	Visit Adult	Visit Adult
	Practice Site Count	Total Survey Completes	Practice Site Count	Total Survey Completes	Practice Site Count	Total Survey Completes
Provider/Physician					138	55,103
Hospital/Health System	3	2,859	94	27,635	482	165,005
University/Academic Med Center			22	6,082	1	7,014
Community Health Center					106	29,737
Other	216	49,575	753	41,334	42	9,468
TOTAL	219	52,434	869	75,051	769	266,327

Survey Mode

As seen in Table 4, the vast majority of the surveys submitted to the CAHPS Database were collected using mail as the primary mode of survey administration. Interactive Voice Response (IVR) accounted for the second largest number of survey completes. The phone survey mode accounted for the fewest number of completes for this set of submitted data.

Table 4. Distribution of Practice Site Counts and Total Survey Completes by Survey Mode

Survey Mode	12-Month 4-Point Adult	12-Month 4-Point Adult	12-Month 6-Point Adult	12-Month 6-Point Adult	Visit Adult	Visit Adult
	Practice Site Count	Total Survey Completes	Practice Site Count	Total Survey Completes	Practice Site Count	Total Survey Completes
Missing	9	12	24	129		
Mail	216	51,781	761	37,192	683	261,246
Phone	27	641	91	1,543	86	5,081
IVR			94	23,117		
Web/Internet			554	13,070		
TOTAL	252	52,434	1,524	75,051	769	266,327



THE CAHPS CLINICIAN & GROUP DATABASE

Definition of Regions

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DEFINITION OF REGIONS

The regional benchmarks are calculated according to the United States Census Bureau's four official regions. The table lists the regions and included States.

Table 1. Regions and the included States

Region	States
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
South	Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
West	Alaska, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming



THE CAHPS CLINICIAN & GROUP DATABASE

Definition of Physician Specialties

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DEFINITION OF PHYSICIAN SPECIALTIES

The physician specialty benchmarks are grouped into seven categories. The table lists the specialty category and included specialties.

Category	Physician Specialties
Family Practice	Family Practice/Family
Internal Medicine	Internal Medicine
OB/GYN	OB/GYN or GYN
Pediatrics	Pediatrics and Internal Medicine Pediatrics
Other Primary Care	Geriatrics and General Practice
Surgical	Surgery and General Surgery
Other Specialty	Allergy/Immunology, Anesthesiology, Cardiology, Child & Adolescent Psychiatry, Dermatology, Diagnostic Radiology, Emergency Medicine, Endocrinology/Metabolism, Forensic Pathology, Gastroenterology, General Preventive Medicine, Hematology/Oncology, Medical Genetics, Nephrology, Neurology, Nuclear Medicine, Ophthalmology, Orthopedics, Other, Pathology, Physical Medicine & Rehabilitation, Psychiatry, Public Health & Rehabilitation, Pulmonary Medicine, Radiology, Rheumatology, Urology, Vascular Medicine



THE CAHPS CLINICIAN & GROUP DATABASE

Definition of Composites, Ratings, and Individual Items

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1. Definition of Composites, Ratings, and Individual Items

The following tables present the question wording and response options for the composites, ratings, and individual items included in the Adult and Child versions of the CAHPS Clinician & Group Survey.

Table 1. 12-Month 4-Point Adult Questionnaire 1.0

Getting Timely Appointments, Care, and Information		
Q6	In the last 12 months, when you phoned this doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed?	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q8	In the last 12 months, when you made an appointment for a check-up or routine care with this doctor, how often did you get an appointment as soon as you thought you needed?	
Q10	In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?	
Q12	In the last 12 months, when you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	
Q13	Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this doctor within 15 minutes of your appointment time?	
How Well Doctors Communicate With Patients		
Q14	In the last 12 months, how often did this doctor explain things in a way that was easy-to-understand?	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q15	In the last 12 months, how often did this doctor listen carefully to you?	
Q17	In the last 12 months, how often did this doctor give you easy-to-understand instructions about taking care of these health problems or concerns?	
Q18	In the last 12 months, how often did this doctor seem to know the important information about your medical history?	
Q19	In the last 12 months, how often did this doctor show respect for what you had to say?	
Q20	In the last 12 months, how often did this doctor spend enough time with you?	
Helpful, Courteous, and Respectful Office Staff		
Q24	In the last 12 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q25	In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?	

Table 1. 12-Month 4-Point Adult Questionnaires 1.0 (cont.)

Follow-up on Test Results		
Q22	In the last 12 months, when this doctor ordered a blood test, x-ray, or other test for you, how often did someone from this doctor's office follow up to give you those results?	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Patients' Rating of the Doctor		
Q23	Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?	Response Options <ul style="list-style-type: none"> ● 0-10

Table 2. 12-Month 6-Point Adult Questionnaire 1.0

Getting Timely Appointments, Care, and Information		
Q6	In the last 12 months, when you phoned this doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed?	Response Options <ul style="list-style-type: none"> ● Never ● Almost Never ● Sometimes ● Usually ● Almost Always ● Always
Q8	In the last 12 months, when you made an appointment for a check-up or routine care with this doctor, how often did you get an appointment as soon as you thought you needed?	
Q10	In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?	
Q12	In the last 12 months, when you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	
Q13	Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this doctor within 15 minutes of your appointment time?	
How Well Doctors Communicate With Patients		
Q14	In the last 12 months, how often did this doctor explain things in a way that was easy to understand?	Response Options <ul style="list-style-type: none"> ● Never ● Almost Never ● Sometimes ● Usually ● Almost Always ● Always
Q15	In the last 12 months, how often did this doctor listen carefully to you?	
Q17	In the last 12 months, how often did this doctor give you easy –to-understand instructions about taking care of these health problems or concerns?	
Q18	In the last 12 months, how often did this doctor seem to know the important information about your medical history?	
Q19	In the last 12 months, how often did this doctor show respect for what you had to say?	
Q20	In the last 12 months, how often did this doctor spend enough time with you?	

Table 2. 12-Month 6-Point Adult Questionnaire 1.0 (cont.)

Helpful, Courteous, and Respectful Office Staff		
Q24	In the last 12 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?	Response Options <ul style="list-style-type: none"> ● Never ● Almost Never ● Sometimes ● Usually ● Almost Always ● Always
Q25	In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?	
Follow-up on Test Results		
Q22	In the last 12 months, when this doctor ordered a blood test, x-ray, or other test for you, how often did someone from this doctor's office follow up to give you those results?	Response Options <ul style="list-style-type: none"> ● Never ● Almost Never ● Sometimes ● Usually ● Almost Always ● Always
Patients' Rating of the Doctor		
Q23	Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?	Response Options <ul style="list-style-type: none"> ● 0-10

Table 3. Visit Adult Questionnaire

Getting Timely Appointments, Care, and Information		
Q6	In the last 12 months, when you phoned this doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed?	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q8	In the last 12 months, when you made an appointment for a check-up or routine care with this doctor, how often did you get an appointment as soon as you thought you needed?	
Q10	In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?	
Q12	In the last 12 months, when you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	
Q13	Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this doctor within 15 minutes of your appointment time?	

Table 3. Visit Adult Questionnaire (cont.)

How Well Doctors Communicate With Patients		
Q18	During your most recent visit, did this doctor explain things in a way that was easy to understand?	Response Options <ul style="list-style-type: none"> ● Yes, definitely ● Yes, somewhat ● No
Q19	During your most recent visit, did this doctor listen carefully to you?	
Q21	During your most recent visit, did this doctor give you easy-to-understand instructions about taking care of these health problems or concerns?	
Q22	During your most recent visit, did this doctor seem to know the important information about your medical history?	
Q23	During your most recent visit, did this doctor show respect for what you had to say?	
Q24	During your most recent visit, did this doctor spend enough time with you?	
Helpful, Courteous, and Respectful Office Staff		
Q28	During your most recent visit, were clerks and receptionists at this doctor's office as helpful as you thought they should be?	Response Options <ul style="list-style-type: none"> ● Yes, definitely ● Yes, somewhat ● No
Q29	During your most recent visit, did clerks and receptionists at this doctor's office treat you with courtesy and respect?	
Follow-up on Test Results		
Q17	During your most recent visit, when this doctor ordered a blood test, x-ray, or other test for you, did someone from this doctor's office follow up to give you those results?	Response Options <ul style="list-style-type: none"> ● Yes ● No
Patients' Rating of the Doctor		
Q25	Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?	Response Options <ul style="list-style-type: none"> ● 0-10
Willingness to Recommend		
Q26	Would you recommend this doctor's office to your family and friends?	Response Options <ul style="list-style-type: none"> ● Yes, definitely ● Yes, somewhat ● No

Table 4. 12-Month 4-Point Child Questionnaire 1.0

Getting Timely Appointments, Care, and Information		
Q6	In the last 12 months, when you phoned this doctor's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as you thought your child needed?	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q8	In the last 12 months, when you made an appointment for a check-up or routine care for your child with this doctor, how often did you get an appointment as soon as you thought your child needed?	
Q10	In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?	
Q12	In the last 12 months, when you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	
Q13	Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this doctor within 15 minutes of his or her appointment time?	
How Well Doctors Communicate With Patients		
Q14	In the last 12 months, how often did this doctor explain things about your child's health in a way that was easy to understand?	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q15	In the last 12 months, how often did this doctor listen carefully to you?	
Q17	In the last 12 months, how often did this doctor give you easy –to-understand instructions about taking care of these health problems or concerns?	
Q18	In the last 12 months, how often did this doctor seem to know the important information about your child's medical history?	
Q19	In the last 12 months, how often did this doctor show respect for what you had to say?	
Q20	In the last 12 months, how often did this doctor spend enough time with your child?	
Helpful, Courteous, and Respectful Office Staff		
Q24	In the last 12 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Q25	In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?	
Follow-up on Test Results		
Q22	In the last 12 months, when this doctor ordered a blood test, x-ray, or other test for your child, how often did someone from this doctor's office follow up to give you those results?	Response Options <ul style="list-style-type: none"> ● Never ● Sometimes ● Usually ● Always
Patients' Rating of the Doctor		
Q23	Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?	Response Options <ul style="list-style-type: none"> ● 0-10

Table 5. 12-Month 6-Point Child Questionnaire 1.0

Getting Timely Appointments, Care, and Information		
Q6	In the last 12 months, when you phoned this doctor's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as you thought your child needed?	Response Options <ul style="list-style-type: none"> ● Never ● Almost Never ● Sometimes ● Usually ● Almost Always ● Always
Q8	In the last 12 months, when you made an appointment for a check-up or routine care for your child with this doctor, how often did you get an appointment as soon as you thought your child needed?	
Q10	In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?	
Q12	In the last 12 months, when you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	
Q13	Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this doctor within 15 minutes of his or her appointment time?	
How Well Doctors Communicate With Patients		
Q14	In the last 12 months, how often did this doctor explain things about your child's health in a way that was easy to understand?	Response Options <ul style="list-style-type: none"> ● Never ● Almost Never ● Sometimes ● Usually ● Almost Always ● Always
Q15	In the last 12 months, how often did this doctor listen carefully to you?	
Q17	In the last 12 months, how often did this doctor give you easy-to-understand instructions about taking care of these health problems or concerns?	
Q18	In the last 12 months, how often did this doctor seem to know the important information about your child's medical history?	
Q19	In the last 12 months, how often did this doctor show respect for what you had to say?	
Q20	In the last 12 months, how often did this doctor spend enough time with your child?	
Helpful, Courteous, and Respectful Office Staff		
Q24	In the last 12 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?	Response Options <ul style="list-style-type: none"> ● Never ● Almost Never ● Sometimes ● Usually ● Almost Always ● Always
Q25	In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?	
Follow-up on Test Results		
Q22	In the last 12 months, when this doctor ordered a blood test, x-ray, or other test for your child, how often did someone from this doctor's office follow up to give you those results?	Response Options <ul style="list-style-type: none"> ● Never ● Almost Never ● Sometimes ● Usually ● Almost Always ● Always

Table 5. 12-Month 6-Point Child Questionnaire 1.0 (cont.)

Patients' Rating of the Doctor		
Q23	Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?	Response Options <ul style="list-style-type: none">• 0-10



THE CAHPS CLINICIAN & GROUP DATABASE

How Results Are Calculated

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1. Levels of Results

Clinician & Group (CG-CAHPS) survey data is submitted and results are calculated at three levels; respondent, practice site, and group. For the 4-point and 6-point Adult surveys, the Primary and Specialty data were combined.

- **Respondent:** A *respondent* is defined as an individual patient who has completed a CG-CAHPS survey. Respondent level survey results are calculated across all respondents in the database, ignoring their association with a particular practice site or group.
- **Practice Site:** A *practice site* can be considered a medical office. A practice site is an outpatient facility in a specific location. Each practice site located in a building containing multiple medical offices is considered a separate practice site. Providers in a single practice site should share administrative and clinical support staff. Practice site level survey results are calculated across the respondents within a specific practice site. One limitation to practice site level calculations is that some data submissions included practice sites that actually included more than one location. Additionally, for the 4-point and 6-point Adult surveys, because the primary and specialty data were combined, there may be practice sites that are in the database twice, once for their Primary data and once for their Specialty data.
- **Group:** A *group* can be defined as a medical group, ACO, state organization or some other grouping of practice sites. A group is not a vendor organization. Group level survey results are calculated across the respondents within a specific group, ignoring practice site associations. Additionally, for the Adult 4pt and 6pt surveys, because the primary and specialty data were combined, there may be groups that are in the database twice, once for their Primary data and once for their Specialty data.

2. Data Adjustments

Under certain circumstances, CAHPS® survey results can be adjusted to account for factors that may affect scores for the practice site, clinician, or other entity that are beyond the control of the entity. Without an adjustment, differences between entities could be due to differences in these external factors rather than to true differences in performance. CAHPS data are most commonly adjusted for respondent characteristics (i.e., case-mix adjustments), but can also be adjusted for other factors such as the mode of survey administration.

- **Case-mix adjustments.** Case mix refers to the respondents' health status and other socio-demographic characteristics that have been shown to affect patient reports and ratings of practice sites, clinicians, or other entities. Characteristics used to case-mix adjust CG-CAHPS scores, where applicable and noted in the explanations below, are respondent age, education, and self-reported health status.
- **Survey mode adjustments.** CG-CAHPS surveys can be administered using different modes, including mail (the most common method), telephone, Interactive Voice Response (IVR), and Web/Internet. Just as CAHPS survey data can be adjusted by patient case-mix,

they can also be adjusted to account for potential differences in modes of survey administration. However, since we have not yet determined the influence of administration mode on CG-CAHPS scores, the current data are not adjusted by survey mode. Also, since the vast majority of surveys in the current database were collected using mail administration, there would likely be very little influence of other survey modes such as telephone, IVR, and Web/Internet on the results.

3. Top Box Scores

- **Item top box scores** are created by calculating the percentage of survey respondents who chose the most positive score for a given item response scale (e.g., “Always” on the “Always-Never” scale). For the public site, the top box score is calculated at the respondent level. For individual users using the submitter’s site, this percentage is calculated at the practice site or group level. For example, in a sample of 10 respondents, if 4 out of 10 respondents answered “Always” to a particular item, the top box score for that item would be 40 percent [i.e., $(4 \div 10) * 100 = 40\%$]. Because these calculations are made across all respondents, top box scores are not case-mix adjusted for patient characteristics. Since we have not yet determined the influence of mode of survey administration on CG-CAHPS scores and the vast majority of survey responses in the current database were collected using mail administration, these data are not adjusted by survey mode.

4. Percentiles

- **Percentile** scores are calculated at the practice-site level and represent the percentage of practice sites that scored at or below a particular item or composite top box score. For example, the 50th percentile, or the median, is the top box score at or below which 50 percent of all practice site top box scores fall. Percentiles range from 0 to 100. For ease of display, the 90th, 75th, 50th, and 25th percentiles are presented for composites and items. Given that top box scores are not adjusted by patient characteristics or mode of survey administration and that percentiles are not used to statistically test or directly compare practice sites, percentiles are similarly not adjusted.

5. Practice Site Performance Measures

- **Delta** represents the difference between each practice site’s item and composite top box score from the overall mean. The overall item/composite mean is obtained by calculating the average item/composite top box score across *all practice sites*. For example, if the “Access to Care” composite top box scores for three sites were Site 1 = 28 percent, Site 2 = 26 percent, and Site 3 = 34 percent, then the overall mean “Access to Care” composite would be calculated by summing the three sites’ composite scores and then dividing by the number of sites (i.e., $[28\% + 26\% + 34\%] \div 3 = 29.33\%$). Delta is then obtained by subtracting each site’s item/composite score from the overall mean. For example, for Site 1 used in the example

above, delta for the “Access to Care” composite is $28\% - 29.33\% = -1.33\%$, which means that this site’s composite score is 1.33 percent below the overall mean composite.

- **Significance tests (‘arrows’).** Statistical tests (t-tests) are used to determine whether a practice site’s mean item or composite score is significantly above or below the overall mean item or composite score. These statistical tests are based on a practice site’s case-mix adjusted mean item or composite score rather than the top box scores or proportional scores represented in the bar charts. If a practice site’s mean item/composite score is significantly higher or lower than the overall mean, an ‘up’ or ‘down’ arrow is assigned respectively. If there is no significant difference between the site and overall mean, no arrow is assigned. Because the statistical tests are based on practice site means, the results may not always appear to be completely in line with top box scores or proportional scores represented by bar charts.

6. Database Reporting Rules and Guidelines

In the CAHPS Database Online Reporting System, there are circumstances under which certain item/composite scores, practice site/group results, or reporting categories are suppressed (i.e., ‘NA’ is displayed). There are also times when certain practice sites are excluded from percentile calculations. These instances of data suppression and/or exclusion are due to one or more of the following factors: (1) too few respondents responding to an item, (2) a practice site (or group) having too few completed surveys, or (3) too few practices and/or respondents for a particular reporting category. The rules for data suppression and exclusion are described below.

1. If there are fewer than five valid responses available for any given item, the item’s results are suppressed.
2. For the two and three-way frequency tables if one of the items is a demographic or practice site characteristic and there are fewer than five valid responses for any of that item’s response categories, all frequency table results are suppressed.
3. If there are fewer than 10 completed surveys for a given practice site, the practice site is excluded from percentile calculations and the practice site’s results are suppressed on the submitter’s site.
4. If there are fewer than 10 completed surveys for a given group, the group results are suppressed on the submitter’s site.
5. If a practice site or group dropped one or more composite items from their survey administration, the data for that practice site/group are excluded from corresponding composite score calculations on the public site and are suppressed on the submitter’s site.
6. When displaying scores by practice site characteristics, a particular characteristic’s results are suppressed if there are fewer than five practice sites and/or fewer than 300 completed surveys available for that characteristic.

Survey data that were collected using an in-office handout method were excluded from all database calculations.