



# PATIENT ASSESSMENT SURVEY (PAS) METHODOLOGY

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<REPORTING YEAR 2017, MEASUREMENT YEAR 2016>

## PROJECT OVERVIEW

The Patient Assessment Survey (PAS) program is a multi-stakeholder collaborative activity to produce patient care experience ratings of medical groups in California. It is the nation's largest system for evaluating and publishing physician group ratings based on the patient's experience. The PAS survey contains a set of patient experience measures on access to care, provider communication, office staff interactions, coordination of care, and overall ratings of care. The survey is based on the industry-standard CG-CAHPS<sup>1</sup> instrument with some customization for topics of interest locally. The PAS information is used to:

- Support patients in choosing and using healthcare providers and services by providing patient-reported care experience information about the medical group
- Support improvements in patient care experience by supplying results to participating medical groups and health plans
- Support pay for performance by supplying quality results for the Value-Based Pay for Performance and other such performance incentive programs
- Improve the measurement and reporting of patient care experience data by participating in research and other work to contribute to the patient care experience evidence base.

## SURVEY OPTIONS

	Base Option	Additional Options	
	P4P Group Survey	Doctor Survey – Regular Length	Doctor Survey – Shorter Length
<b>Survey length</b>	Regular (4 pages front and back)	Regular (4 pages front and back)	Short (1 page front and back)
<b>Uses</b>	Results tied to IHA P4P	Results used for internal QI	Results used for internal QI
<b>Registration</b>	Annual	Annual	Bi-annual
<b>Reports</b>	Annual	Annual	Quarterly + annual summary
<b>CAHPS version</b>	3.0	3.0	3.0
<b>Doctor types</b>	Adult Providers (PCP and Specialist), Pediatrician <sup>^</sup>	Adult Providers (PCP and Specialist), Pediatrician	Adult Providers (PCP and Specialist), Pediatrician <sup>**</sup>
<b>Payer types</b>	Commercial HMO, POS	Commercial HMO, POS, PPO, Medicare	Commercial HMO, PPO, POS, Medicare, Medi-Cal <sup>***</sup>
<b>Sampling</b>	Randomized sample only. Adult survey: 900 pt visits; Peds survey: 500 pt visits	You choose which doctors to include. Adult: Min. 120 pts; Peds: Min. 120 pts	You choose which doctors to include. Adult: Min. 30 pts/quarter (120/yr); Peds: Min. 45 pts/quarter (180/yr)
<b>Languages</b>	Email / Website: English and Spanish (all patients); Mailed surveys: English-only or optional English + Spanish / Chinese / Vietnamese (additional fee); Telephone followup: English and Spanish (all patients), optional Chinese or Vietnamese (additional fee)		English, Spanish, Chinese, or Vietnamese; one language only

<sup>^</sup> Note: the pediatric survey is not used in P4P, and is optional.

<sup>\*\*</sup>The short surveys include all CAHPS 3.0 items for Access to Care, Provider Communication, Coordination of Care, and Office Staff but do not include items for adult Health Promotion or pediatric Child Development or Health and Safety.

<sup>\*\*\*</sup>As this is a pilot, this population has not yet been validated for comparison with the P4P results.

<sup>\*\*\*\*</sup>Languages need to be coded at the patient level (as opposed to the doctor level).

## LINK TO PAY FOR PERFORMANCE

PAS results on the Group-Level Survey currently comprise 30% of the California Value-Based Pay for Performance (VBP4P) formula administered by the Integrated Healthcare Association (IHA) (up from the previous 20% for 2016). Each VBP4P measurement year, a subset of questions from the PAS survey is selected for inclusion in the Patient

<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Experience domain. For further information, please visit <http://www.iha.org/our-work/accountability/value-based-p4p/participant-resources/program-manual>.

## PUBLIC REPORTING

Survey results are made publicly available for consumers through the California Department of Managed Health Care's Office of the Patient Advocate consumer Web site ([www.opa.ca.gov/report\\_card](http://www.opa.ca.gov/report_card)).

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## PROGRAM STRUCTURE AND GOVERNANCE

The Patient Assessment Survey (PAS) was started in 2001 and is currently housed under the California Healthcare Performance Information System (CHPI). The California Healthcare Performance Information System (CHPI) is a non-profit collaborative of California healthcare purchasers, plans, providers and consumers. CHPI's mission is to serve as a trusted source of healthcare information by accurately measuring performance ratings, educating the public about healthcare value, and helping drive improvements in healthcare in California.

The Pacific Business Group on Health (PBGH) manages the PAS Program, under a Professional Services Agreement with CHPI, including the arrangements with a survey vendor subcontractor to field the survey (Center for the Study of Services), score and report the results. CHPI, annually, contracts with each of the participating medical groups and health plans to establish the terms for the work, deliverables and fees. CHPI provides PAS datasets and reports to participating medical groups and health plans as stipulated in the PAS Agreements with these participating organizations. CHPI facilitates the activities of the current PAS Program Committee, which oversees the survey work. Guidance is provided by the PAS Committee—composed of representatives of 7 participating health plans and 8 physician organizations—under the authority of the CHPI Board of Directors.

The program was previously managed by the California Cooperative Healthcare Reporting Initiative (CCHRI) from 2001 – 2012, and by PBGH in 2012.

## CHPI BOARD

CHPI informs its work through a wide range of industry stakeholders and experts in performance measurement and healthcare. The nine-member Board of Directors oversees business and strategy decisions and includes representation by health plans, purchasers, hospitals, consumers, and physician groups. For further information, please visit <http://chpis.org/about/board.aspx>.

## PAS COMMITTEE

The PAS Committee is responsible for the survey instrument and the accompanying scoring and reporting methods to ensure valid, reliable, accurate, and useful results for use in the California Pay for Performance Program, consumer selection of providers, and medical group and health plan quality improvement activities. For further information, please visit <http://chpis.org/about/committees.aspx>. The Committee meets by phone on a monthly basis. If you are interested in participating, please email [elondon@pbgh.org](mailto:elondon@pbgh.org).

**PAS Committee Members (as of 5.9.17)**

Organization	Representative
So. Cal Permanente Medical Group	Dr. Chong Kim (Chair)
John Muir Medical Center	Deborah Austin
Kaiser Foundation Health Plan	Dr. Carl Serrato
UCLA Medical Group	Dr. Samuel Skootsky
Chinese Community Health Care	Eric Rong
Brown & Toland Physicians	Heather Ashcroft
Western Health Advantage	Judy Baillie
Sutter Gould Medical Foundation	Katherine Manuel

Aetna Healthcare of California	Kathleen V. Hunt
UnitedHealthcare	Lea Craig
Anthem Blue Cross	Leticia Schumann
Health Net of California	Louba Aaronson
Hill Physicians Medical Group	Marcilyn Littlefield
Facey Medical Foundation	Stephanie Bamford
Blue Shield of California	Vanessa Sam

## STAFF

The program is managed by Rachel Brodie (Director), Emily London (Senior Manager), and Melanie Mascarenhas (Project Coordinator). For further information, please visit <http://chpis.org/about/staff.aspx>.

## ACKNOWLEDGEMENTS

PAS staff would like to acknowledge the enormous contributions of our survey vendor, CSS, and our statistician, Dr. William Rogers.

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## MEASUREMENT

In Measurement Year (MY) 2012, the PAS began to use the national standard CG-CAHPS Patient Experience survey for the adult, group-level survey. The CAHPS survey is endorsed by the National Quality Forum and was developed by the Agency for Healthcare Research and Quality (AHRQ) and its research partners in the CAHPS consortium. In 2017, PAS aligned with CAHPS 3.0 instrument as the basis for the PAS survey instrument. Supplemental items are included at the discretion of the PAS Committee. Copies of the full instruments can be found on our website at <http://chpis.org/programs/pas.aspx#2017SurveyInstruments>.

## SURVEY COMPOSITES

Individual questions are combined to form the 5 composites listed below for the adult group-level survey. Please note the CAHPS instrument question numbers may differ from the PAS instrument corresponding question marks, due to the PAS survey containing test items that are not included in the CAHPS instrument.

### 2017 Composites - P4P Group Survey

Performance Area	Primary Care and Specialist Version	Question #
<b>Access to Care Composite</b>	Timely appt. for care needed right away	6
	Timely appt. for check-up or routine care	8
	Same day response to office hours contact	10
<b>Provider Communication Composite</b>	Doctor explanations easy to understand	14
	Doctor listens carefully	15
	Doctor shows respect	16
	Doctor spends enough time	18
<b>Care Coordination Composite</b>	Doctor knows important medical history	16
	Office followed up on test results	20
	Discussed all Rx medicines	29
	Doctor informed about other care	31

<b>Office Staff Composite</b>	Clerks and receptionists helpful	32
	Clerks and receptionists courteous and respectful	33
<b>Ratings Composite</b>	Overall rating of doctor	27
	Overall rating of care	34
<b>Super composite</b>	An average of all five composites	N/A

## SAMPLING METHODOLOGY

### ENCOUNTER DATA

All samples for a participating group (medical group or IPA) was drawn from encounter data submitted by the group and validated by the survey vendor’s QA process.

### SAMPLE ELIGIBILITY

To be included in any sample each group must meet all the data criteria listed in the PAS data specifications. Groups were notified if they failed any specific criteria and were provided with assistance to either address the issue or determine whether the group is capable of meeting the requirement. Groups can be exempted from meeting specific data criteria, and be accepted for the project, by an explicit waiver from the PAS Project Manager.

For the Doctor Survey each participating group was presented with a list of doctors that were flagged for participation and an indication of whether each doctor passed the general QA, had sufficient available households to participate and, if so, the sampling results. Individual doctors must have at least 80 valid patients available to be automatically accepted for sampling. Groups may retain doctors with fewer than 80 patients at their request.

### PCP ASSIGNMENT

Prior to sampling the vendor assigned patients to a PCP if the group did not provide an assignment. Patients were assigned to PCPs based on the highest number of visits or, in the case of a tie, the most recent visit.

### HOUSEHOLDS

All patient street addresses were standardized to the US Postal Service format. Within each group, patients with the same street address were assigned to a household. Within each household, up to one adult and one child can be selected for a survey from the group. Households were not compared between groups, so some households may receive surveys from different groups.

### SURVEY ORDER

For each medical group, samples will be drawn in the following order:

1. Group Survey, per reporting unit (900 patients): A sample of commercially-insured HMO and POS adult patients (ages 18+) are included who had at least one visit between January and October of the measurement year and were enrolled in the PO as of October 31 of the measurement year are randomly selected from each PO.
  - a. Specialists in 21 non-hospitalist specialty areas (450 patients, or oversample target)
  - b. PCPs, typically Internal Medicine, Family Practice, or NP/PA (450 patients, or oversample target)
2. Group-level Pediatric Survey, if applicable: Under age 12 is included. Surveys are sent to the parent of the patient sample.
  - a. Pediatric primary care (500 patients; pediatric subspecialists not included)
3. Doctor Survey, if applicable (100 patients, or oversample of 135 patients per doctor)
  - a. Specialists
  - b. PCPs
  - c. Pediatricians (primary care)

## FIELDING

The standard survey protocol consists of three emails (where email addresses are available) to complete the survey via website, two mailed surveys with a cover letter option to complete the survey via the survey website, using a unique Web ID, and up to four attempts by Computer Assisted Telephone Interview (CATI) where phone numbers are available. The cover letter is printed with the logo of the patient's PO and is signed by the PO's medical director or other executive signatory.

The emails occur over at least one week in early December. The first mailing occurs in mid-January 2017; the second occurs in mid-February and is sent only to patients who did not respond to the first mailing. Patients who do not respond to the second mailing are contacted by phone in mid-March. As patients respond to the survey they are removed from further contact attempts.

Mail, Web and phone interviews are available in English and Spanish for all patients, and all mailed cover letters include a message in Spanish inviting patients to request a Spanish version of the survey via a toll-free number.

POs are also given the option to field the survey in English and an alternative language (Chinese, Spanish or Vietnamese). Patients receiving the alternative language survey receive a cover letter in English, with a translation in the alternative language printed on the back of the letter, and a copy of the survey instrument in the alternative language.

Any communications to patients in advance of the survey are prohibited in order to maintain a consistent survey methodology for all participating medical groups. Examples of communication includes, but are not limited to, letters or postcards that inform patients of the possible receipt of the PAS. For groups with historically low response rates, additional intervention is included in the survey process to increase response rates, such as, oversampling and reminders.

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## ANALYSIS

### RESPONSE FILE PREPARATION

When survey fielding is complete, the survey vendor cleans the data (e.g., removes duplicate interviews, merges response data with the original sample data, conducts consistency checks between question items). Response data files from mail, Web and telephone interview sources are cleaned for out-of-range responses for each question. All responses are kept where the patient confirms a visit with the physician in the past year. Respondents to the PCP survey must also confirm that the doctor named on the survey is their PCP.

### REPORTABLE RESULTS

If any POs do not have a sufficient number of survey responses to meet the reliability threshold for P4P reporting (overall ratings and composites), CSS will combine 2016 and 2017 responses together into a two-year rollup. A similar two-year rollup was previously used in 2013 on the Health Promotion composite for groups with low levels of responses. A scored result is not publicly reported if the group-specific reliability for the measure is less than 0.70. A minimum survey response rate is not a data use criterion.

### SCORING

Raw scores are calculated using the response choice values per the table below. Composite scores are calculated as follows:

1. Scoring of individual items is done on a per respondent basis.
2. Item response values are assigned per the table below.
3. The per-respondent item score is adjusted per the case mix adjustment method.
4. A medical group adjusted item score is calculated as the mean of the non-missing respondent adjusted scores for that item.
5. A medical group adjusted composite score is calculated as the mean of the adjusted item scores.

Each item in the individual composites is equally weighted.

### Response Choice Values

Item Response Set	Response Choice Value Top Box Scoring
<b>Never-always</b>	Always = 1 Usually = 0 Sometimes = 0 Never = 0
<b>Definitely</b>	Yes, definitely = 1 Yes, somewhat = 0 No, definitely not = 0
<b>Yes/No</b>	Yes = 1 No = 0
<b>0-10 global</b>	0-8 = 0 9-10 = 1

### CASE MIX ADJUSTMENT

Each PO's results are adjusted for patient case-mix to control for differences across POs. In MY 2016, the case-mix adjustment model will control for the following:

- Age
- Gender
- Education level
- Race/ethnicity—primary language of respondent
- Single item mental health status
- Specialty type of physician that patient rated (44 categories)
- Survey response mode (mail/Internet, phone)
- Language in which survey was completed
- Single-item physical health status.

### PERFORMANCE CLASSIFICATION

Each medical group's score, for the summary indicator and each composite, was categorized into 4 discrete performance indicators per the 10<sup>th</sup>, 50<sup>th</sup> and 90<sup>th</sup> percentile statewide performance thresholds. The performance ranges were set using the relative distribution of all medical groups' scores for Reporting Year (RY) 2016. The Super Composite and the five composites were presented using the 4-part ratings model depicted by 1 to 4 stars.

A buffer zone of a half-point (0.5) span below each of the 3 performance cutpoints was applied. Any medical group whose score is in the buffer zone that is 0.5 point below the rounded grade cutpoint was assigned the next highest category grade.

## SUPPLEMENTAL TEST QUESTIONS

Additional questions beyond the core CAHPS 3.0 survey may be added at the discretion of the PAS Committee. For 2017, these questions included:

### 2017 Test Items (not linked to P4P)

Question Text	Question #
In the last 6 months, when you contacted this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	12
Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this doctor within 15 minutes of your appointment time?	13
In the last 6 months did you and this doctor talk about a healthy diet and healthy eating habits?	21

In the last 6 months, did you and this doctor talk about the exercise or physical activity you get?	22
In the last 6 months, did this doctor talk to you about the reasons you might want to take a medicine?	24
In the last 6 months, did this doctor talk to you about the reasons you might not want to take a medicine?	25
When you and this doctor talked about starting or stopping a prescription medicine, did this doctor ask what you thought was best for you?	26
In the last 6 months, how often did this doctor (named in Question 1) seem informed and up-to-date about the care you got from specialists?	31
Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate all your health care from all doctors and other health providers that you have seen in the last 6 months?	34
In the last 6 months, thinking about your visit(s) with this doctor, how much effort did this doctor make to help you understand your health issues?	36
In the last 6 months, thinking about your visit(s) with this doctor, how much effort did this doctor make to listen to the things that matter most to you about your health issues?	37
In the last 6 months, thinking about your visit(s) with this doctor, how much effort did this doctor make to include what matters most to you in choosing what to do next?	38

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## PILOTS

In order to continuously improve the program, PAS conducts pilot projects. For 2017, we received a generous grant from The Permanente Medical Group to test an email-only, ultra-short version of the adult group-level survey. For further information, please contact [elondon@pbgh.org](mailto:elondon@pbgh.org).

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## FURTHER INFORMATION

Please visit the PAS program website at <http://chpis.org/programs/pas.aspx> or contact the PAS Manager, Emily London, at [elondon@pbgh.org](mailto:elondon@pbgh.org).