

CG CAHPS for ACOs – Field Test Survey Content by Survey Domain Overview May 29, 2012

To better allow comparisons of ACOs over time and benchmarking for future years of the program, CMS will require administration of a standardized, patient experience of care survey that is based on the CAHPS Clinician and Group survey. This requirement will help ensure the patient survey is measuring patient experience for the ACO as a whole rather than for one specific practice; currently there is no survey instrument that measures patient experience of care in an ACO specifically. This document provides information to ACO providers, participants and other stakeholders about the organization and content of the Clinician & Group CAHPS (CG CAHPS) for Accountable Care Organizations (ACOs) Field Test Survey (the “Survey”). In this document we outline the source(s) of the specific questions in the Survey, the rationale for inclusion of the specific questions in each domain of the Survey, and provide a copy of the Survey. The Survey was administered in the spring of 2012 to Medicare beneficiaries receiving services from providers participating in the Physician Group Practice Transition Demonstration. Following the field test, CMS will finalize the survey content and make the final survey publicly available. **It is very likely that the content and form of the Survey will change in response to the results of the field test.**

CMS will administer the finalized survey for the 12-month calendar year quality measure reporting periods for 2012 and 2013 for ACOs participating in the Medicare Shared Savings Program (MSSP). CMS also will administer the survey for ACOs participating under the Pioneer ACO Model for reporting period 2012.

Source and Rationale for the CG CAHPS for ACOs Domains and Questions

The CG CAHPS for ACOs – Field Test Survey is organized into 12 domains. CMS finalized domains 1-7 in the Medicare Shared Savings Program final rule.¹ In addition, domain 7 includes questions required by Section 4302 of the Affordable Care Act relating to race, ethnicity, sex, primary language, and disability status.² The questions in domain 8 are questions about courteous, respectful office staff; these questions are in the CG CAHPS core set and must be included in all CG CAHPS surveys. The responses to these questions will not be part of the Shared Savings Program payment structure; however, as noted in the Shared Savings Program final rule, feedback will be provided to the ACOs for informational purposes.

¹ The Medicare Shared Savings Program final rule is available at:

http://www.cms.gov/SharedSavingsProgram/30_Statutes_Regulations_Guidance.asp#TopOfPage

² The Final Standards relating to Section 4302 of the Affordable Care Act are available at:

<http://minorityhealth.hhs.gov/templates/content.aspx?ID=9227&lvl=2&lvlID=208>

Domains 9 through 12 include additional questions developed based on qualitative research with beneficiaries and input from clinical and quality of care experts. This field test presents an opportunity to develop these domains and questions for potential future inclusion in the Medicare Shared Savings Program via future rulemaking. These questions and domains may also be relevant for future use in evaluating patient experience in the Physician Quality Reporting System.

Table 1: CG CAHPS for ACOs – Field Test Survey Content by Survey Domain / Rationale / Source

Number	Domain Name(s)	Rationale	Source*
1-7	Getting Timely Care, Appointments, & Information How Well Your Providers Communicate Patient’s Rating of Provider Access to Specialists Health Promotion and Education Shared Decision-making Health Status & Functional Status	MSSP Final Rule	CG CAHPS Core, CG CAHPS Supplemental, New**Measures
7	Health Status & Functional Status	MSSP Final Rule	CG CAHPS Core, CG CAHPS Supplemental, Medical Outcomes Study Short-Form General Health Survey (SF-36), OMH 4302 Requirement
8	Courteous & Helpful Office Staff	Required for CG CAHPS	CG CAHPS Core
9-12	Care Coordination Between Visit Communication Educating Patient about Medication Adherence Stewardship of Patient Resources	Developed based on qualitative research with beneficiaries and input from clinical and quality of care experts	CAHPS Supplemental, New Measures

*CG-CAHPS Core measures are questions which survey sponsors are required to field in order to call their survey CG-CAHPS. CAHPS supplemental items explore topics or domains that are not covered by core measures, or explore core measures in richer detail.

** New refers to questions developed based on qualitative research with beneficiaries and input from clinical and quality of care experts and/or questions from other CAHPS survey instruments.

CG CAHPS for ACOs – Field Test Survey Questions by Survey Domain*

1. Getting Timely Care, Appointments, & Information	Source of Measure
Q6. Got urgent care appointment as soon as you needed	CG-CAHPS Core
Q8. Got appointment for check-up or routine care as soon as you needed	CG-CAHPS Core
Q10. Called provider's office during regular hours and got answer to medical questions same day	CG-CAHPS Core
Q12. Called provider's office after hours and got answer to medical questions as soon as you needed	CG-CAHPS Core
Q15. Saw provider within 15 minutes of appointment time	CG-CAHPS Core
Q56. Ease of getting care, tests, or treatment you thought you needed	CAHPS Supplemental Item
2. How Well Your Providers Communicate	Source of Measure
Q16. Provider explained things in a way that was easy to understand	CG-CAHPS Core
Q17. Provider listened carefully to you	CG-CAHPS Core
Q19. Provider gave you easy to understand instructions about health problem or concern	CG-CAHPS Core
Q20. Provider knew the important information about your medical history	CG-CAHPS Core
Q22. Provider showed respect for what you had to say	CG-CAHPS Core
Q23. Provider spent enough time with you	CG-CAHPS Core
3. Patient's Rating of Provider	Source of Measure
Q43. 0 to 10 Rating of Provider	CG-CAHPS Core
4. Access to Specialists	Source of Measure
Q48. Ease of making appointments with specialists	CAHPS Supplemental Item
Q49. Specialist you saw most often knew the important information about your medical history	CAHPS Supplemental Item
Q50. Number of specialists seen	CAHPS Supplemental Item
5. Health Promotion and Education	Source of Measure
Q51. Care team talked with you about specific things you could do to prevent illness	CAHPS Supplemental Item
Q52. Care team talked with you about healthy diet and healthy eating	CAHPS Supplemental

habits	Item
Q53. Care team talked with you about your exercise or physical activity	CAHPS Supplemental Item
Q54. Care team talked with you about specific goals for your health	CAHPS Supplemental Item
Q55. Care team asked if there are things that make it hard for you to take care of your health	CAHPS Supplemental Item
Q58. Care team talked with you about all your prescription medicines	CAHPS Supplemental Item
Q60. Care team asked if you had a period of feeling sad, empty or depressed	CAHPS Supplemental Item
Q61. Care team talked with you about things that worry you or cause you stress	CAHPS Supplemental Item
Q62. Care team talked with you about a personal problem, family problem, alcohol use, drug use, mental or emotional illness	CAHPS Supplemental Item
6. Shared Decision-making	Source of Measure
Q27. Provider talked about the reasons you might want to take a prescription medicine	CAHPS Supplemental Item
Q28. Provider talked about the reasons you might not want to take a prescription medicine	CAHPS Supplemental Item
Q29. When talking about starting or stopping a prescription medicine, provider asked you what was best for you.	CAHPS Supplemental Item
Q36. Provider talked about the reasons you might want to have surgery or procedure	CAHPS Supplemental Item
Q37. Provider talked about the reasons you might not want to have surgery or procedure	CAHPS Supplemental Item
Q38. When talking about surgery or procedure, provider asked you what was best for you.	CAHPS Supplemental Item
Q39. Provider talked about including family or friends in making health decisions	New
Q40. Provider talked about how much of your personal health information you wanted to share with family or friends	New
Q41. Provider respected your wishes about sharing personal health information with family or friends	New
Q42. You brought a family member or friend with you to talk with this provider	New
7. Health Status & Functional Status	Source of Measure
Q67. Rating of overall health	CG-CAHPS Core
Q68. Rating of overall mental or emotional health	CG-CAHPS Core
Q69. You had 3 or more visits for the same health condition or problem	CAHPS Supplemental Item
Q72. You take prescription medicine for a condition that has lasted 3 months or longer	CAHPS Supplemental Item

Q73. Extent to which physical health interferes with normal social activities	Medical Outcomes Study Short-Form General Health Survey, (SF-36)
Q83. Frequency with which physical health interferes with social activities	SF-36
Q79. Health limits you in moderate activities	SF-36
Q80. Health limits you in bending, kneeling, or stooping	SF-36
Q81. Health limits you in lifting or carrying groceries	SF-36
Q74. Deafness or serious difficulty hearing	4302 requirement
Q75. Blindness or serious difficulty seeing	4302 requirement
Q76. Serious difficulty concentrating, remembering, or making decisions	4302 requirement
Q77. Serious difficulty walking or climbing stairs	4302 requirement
Q78. Serious difficulty dressing or bathing	4302 requirement
Q82. Difficulty doing errands alone	4302 requirement
Q84. What is your age?	4302 requirement
Q85. Are you male or female?	4302 requirement
Q87. Are you of Hispanic, Latino or Spanish origin?	4302 requirement
Q88. What groups best describe you?	4302 requirement
Q89. What is your race?	4302 requirement
Q90. Do you speak a language other than English at home?	4302 requirement
Q91. What language do you speak at home?	4302 requirement
8. Courteous & Helpful Office Staff	Source of Measure
Q44. Clerks and receptionists at this provider's office were helpful	CG-CAHPS Core
Q45. Clerks and receptionists at this provider's office treated you with courtesy and respect	CG-CAHPS Core
9. Care Coordination	Source of Measure
Q21. Provider had medical records during your visits	CAHPS Supplemental Item
Q25. Provider's office followed up to give you results of text or x-ray	CG-CAHPS Core
Q64. You needed help from your care team to manage care, tests, or treatment from different providers	CAHPS Supplemental Item
Q65. You got help from your care team to manage care, tests, or treatment from different providers	CAHPS Supplemental Item
Q66. Satisfaction with help from your care team to manage care, tests, or treatment from different providers	CAHPS Supplemental Item

10. Between Visit Communication	Source of Measure
Q13. Got reminders from provider's office between visits	CAHPS Supplemental Item
Q14. Got reminder from provider's office to make an appointment for tests or treatment	New
11. Educating Patient about Medication Adherence	Source of Measure
Q31. Provider gave you easy to understand instructions about how to take prescription medicines	CAHPS Supplemental Item
Q33. Provider gave you information in writing about how to take prescription medicines that was easy to understand	CAHPS Supplemental Item
Q34. Provider suggested ways to help you remember to take your medicines	CAHPS Supplemental Item
12. Stewardship of Patient Resources	Source of Measure
Q59. Care team talked with you about cost of your prescription medicines	CAHPS Supplemental Item

*In addition to the survey questions listed here, a number of other "screener" questions are used to identify whether respondents are eligible to answer subsequent questions. For example, Q47 asks respondents if they have tried to make an appointment with a specialist, only those answering "yes" are asked Q48 - Q50.

Your Provider

1. Our records show that you got care from the provider named below in the last 6 months.

Is that right?

- Yes
 No * If no go to #46 on page 6

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
 No

3. How long have you been going to this provider?

- Less than 6 months
 At least 6 months but less than 1 year
 At least 1 year but less than 3 years
 At least 3 years but less than 5 years
 5 years or more

Your Care From This Provider in the Last 6 months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you saw a dentist.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

- None *If none, go to #46 on page 6
 1 time
 2 times
 3 times
 4 times
 5 to 9 times
 10 or more times

5. In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?
- Yes
 - No * If no go to #7
6. In the last 6 months, when you phoned this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?
- Never
 - Sometimes
 - Usually
 - Always
7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?
- Yes
 - No * If no go to #9
8. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?
- Never
 - Sometimes
 - Usually
 - Always
9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours?
- Yes
 - No * If no go to #11
10. In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
- Never
 - Sometimes
 - Usually
 - Always

11. In the last 6 months, did you phone this provider's office with a medical question **after** regular office hours?
- Yes
 - No * If no go to #13
12. In the last 6 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?
- Never
 - Sometimes
 - Usually
 - Always
13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any **reminders** from this provider's office between visits?
- Yes
 - No * If no go to #15
14. In the last 6 months, did this provider's office contact you to remind you to **make an appointment** for tests or treatment?
- Yes
 - No
15. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider **within 15 minutes** of your appointment time?
- Never
 - Sometimes
 - Usually
 - Always
16. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always

17. In the last 6 months, how often did this provider listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
18. In the last 6 months, did you talk with this provider about any health questions or concerns?
- Yes
 - No * If no go to #20
19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?
- Never
 - Sometimes
 - Usually
 - Always
20. In the last 6 months, how often did this provider seem to know the important information about your medical history?
- Never
 - Sometimes
 - Usually
 - Always
21. When you visited this provider in the last 6 months, how often did he or she have your medical records?
- Never
 - Sometimes
 - Usually
 - Always
22. In the last 6 months, how often did this provider show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always

23. In the last 6 months, how often did this provider spend enough time with you?
- Never
 - Sometimes
 - Usually
 - Always
24. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
- Yes
 - No * If no go to #26
25. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
- Never
 - Sometimes
 - Usually
 - Always
26. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?
- Yes
 - No * If no go to #35
27. Did you and this provider talk about the reasons you might want to take a medicine?
- Yes
 - No
28. Did you and this provider about the reasons you might **not** want to take a medicine?
- Yes
 - No
29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?
- Yes
 - No

30. After you and this provider talked about starting or stopping a prescription medicine, did you **start** a prescription medicine?

- Yes
- No * If no go to #35

31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?

- Yes
- No * If no go to #34

33. Was the written information this provider gave you easy to understand?

- Yes
- No

34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines?

- Yes
- No

35. In the last 6 months, did you and this provider talk about having surgery or any type of procedure?

- Yes
- No * If no go to #39

36. Did you and this provider talk about the reasons you might want to have the surgery or procedure?

- Yes
- No

37. Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure?
- Yes
 - No
38. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?
- Yes
 - No
39. In the last 6 months, did you and this provider talk about including your family or friends in making decisions about your health?
- Yes
 - No
40. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?
- Yes
 - No
41. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?
- Yes
 - No
42. In the last 6 months, did you bring a family member or friend with you to talk with this provider?
- Yes
 - No

43. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best provider possible

Clerks and Receptionists at This Provider's Office

44. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

45. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

Your Care From Specialists in the Last 6 months

46. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?

- Yes, * If yes go to #50
- No

47. In the last 6 months, did you try to make any appointments with specialists?
- Yes
 - No * If no go to #51
48. In the last 6 months, how often was it easy to get appointments with specialists?
- Never
 - Sometimes
 - Usually
 - Always
49. In the last 6 months, how often did the **specialist you saw most** seem to know the important information about your medical history?
- Never
 - Sometimes
 - Usually
 - Always
50. How many specialists have you seen in the last 6 months?
- None
 - 1 Specialist
 - 2
 - 3
 - 4
 - 5 or more specialists

All Your Care in the Last 6 Months

These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you saw a dentist.

51. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?

- Yes
 No

52. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?

- Yes
 No

53. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

- Yes
 No

54. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?

- Yes
 No

55. In the last 6 months, did anyone on your health care team ask you if there are things that make it hard for you to take care of your health?

- Yes
 No

56. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed?

- Never
 Sometimes
 Usually
 Always

57. In the last 6 months, did you **take any** prescription medicine?

- Yes
- No * If no go to #60

58. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

59. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

- Yes
- No

60. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

- Yes
- No

61. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

- Yes
- No

62. In the last 6 months, did you and anyone on your health care team talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- Yes
- No

63. In the last 6 months, did you get care, tests, or treatment from more than one provider?

- Yes
- No * If no go to #67

64. In the last 6 months, did you **need** help from your health care team to manage your care, tests, or treatment from these different providers?
- Yes, definitely
 - Yes, somewhat
 - No
65. In the last 6 months, did you **get** help from your health care team to manage your care, tests, or treatment from these different providers?
- Yes, definitely
 - Yes, somewhat
 - No * If no go to #67
66. How satisfied are you with the help you got from your health care team to manage your care, tests, or treatment among these different providers in the last 6 months?
- Very dissatisfied
 - Somewhat dissatisfied
 - Neither dissatisfied nor satisfied
 - Somewhat satisfied
 - Very satisfied

About You

67. In general, how would you rate your overall health?
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
68. In general, how would you rate your overall **mental or emotional** health?
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
69. In the **last 12 months**, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
- Yes
 - No * If no go to #71

70. Is this a condition or problem that has lasted for at least 3 months?

- Yes
- No

71. Do you now need or take medicine prescribed by a doctor?

- Yes
- No * If no go to #73

72. Is this medicine to treat a condition that has lasted for at least 3 months?

- Yes
- No

73. During the last 4 weeks, how much did your physical health interfere with your normal social activities with family, friends, neighbors or groups?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

74. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

75. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

76. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

77. Do you have serious difficulty walking or climbing stairs?

Yes

No

78. Do you have difficulty dressing or bathing?

Yes

No

79. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

Yes, limited a lot

Yes, limited a little

No, not limited

80. Does your health now limit you in bending, kneeling, or stooping?

Yes, limited a lot

Yes, limited a little

No, not limited

81. Does your health now limit you in lifting or carrying groceries?

Yes, limited a lot

Yes, limited a little

No, not limited

82. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes

No

83. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

84. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85 or older

85. Are you male or female?

- Male
- Female

86. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2 year degree
- 4 year college graduate
- More than 4 year college degree

87. Are you of Hispanic, Latino, or Spanish origin?

- Yes, Hispanic, Latino, or Spanish
- No, not Hispanic, Latino, or Spanish *If no go to #89

88. Which group best describes you?

- Yes, Hispanic, Latino, or Spanish *Go to #89
- Puerto Rican *Go to #89
- Cuban *Go to #89
- Another Hispanic, Latino, or Spanish origin *Go to #89

89. What is your race? Mark one or more.

- White
- Black or African American
- American Indian or Alaska Native

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

90. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

91. Do you speak a language other than English at home?

- Yes
- No * If no go to #93

92. What is the language you speak at home?

- Spanish
- Chinese
- Some other language

Please print _____

93. Did someone help you complete this survey?

Yes

No * **Thank You**

Please return the completed survey in the postage-paid envelope.

94. How did that person help you? Mark one or more.

Read the questions to me

Wrote down the answers I gave

Answered the questions for me

Translated the question into my language

Helped in some other way