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MHQP 2009 Patient Experience Survey Report

Adult Primary Care

*Physician Report
prepared for*

Provider ADL

Practice BRU

Medical Group AHX

November 2010

March 2010

Massachusetts Health Quality Partners (MHQP) is pleased to provide you with your 2009 Patient Experience Survey Report. The report presents your results from MHQP's third statewide Patient Experience Survey conducted in the fall of 2009. The survey is fielded on a biennial basis and asks patients to report about their experiences with adult and pediatric primary care physicians and practices. Patients report about aspects of their care experience that are known to be associated with quality of care, such as physician-patient communication, integration of care, and access to care. If you belong to a practice with 3 or more physicians, a summary version of your practice sites' results will be included in a public report entitled, *Quality Insights: Patient Experiences in Primary Care* that will be posted on our website in June 2010. **MHQP will not publicly report physician level data.**

MHQP's goal is to provide valid, reliable patient experience data to help physicians deliver high quality care to their patients and to help provider organizations succeed in an environment where public demand for health care performance data is growing and payments are increasingly tied to these data. To help Massachusetts physician practices understand and best use the patient experience survey results, physician organization staff are invited to attend a webcast, ***Getting the Most from Your Patient Experience Survey Report***, on **Wednesday, April 28th at 12:15 pm**. During a forty-five minute session, MHQP staff will review report contents, help physicians interpret results, offer resources for implementing quality improvement initiatives, and respond to questions. For information about how to register for this event please contact us at PES@mhqp.org.

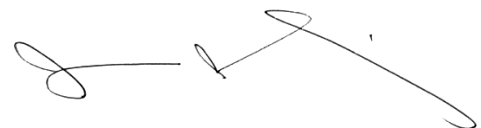
MHQP's Patient Experience Survey is truly a collaborative process. To field the survey, MHQP engages the participation of five of the state's largest health plans (Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, and Tufts Health Plan). MHQP also works closely with its Physician Council, the Massachusetts Medical Society, and other clinical and survey research experts to develop the survey and inform report design. In addition, MHQP works with medical groups and networks to update physician rosters in our Massachusetts Provider Database. These collaborative efforts make it possible for MHQP to provide physician organizations in Massachusetts with reliable and valid quality performance information about their patients' care experiences.

Please review these materials carefully. A Q&A document with additional information on the survey project is also included in the report to answer frequently asked questions. If you have further questions or comments, please contact MHQP at PES@mhqp.org.

Sincerely,



Melinda Karp
Director of Strategic Planning and Development



Janice A. Singer
Director of Operations

Acknowledgments

MHQP would like to thank all the individuals whose expertise, hard work, and commitment to exacting standards of measurement and reporting contributed to bringing the 2009 statewide patient experience survey to fruition. In particular, we would like to recognize Bill Rogers and Associates for their methodological leadership and expertise; Paul Kallaur and Jeff Burkeen at the Center for the Study of Services for their professional management of survey administration; Patricia Gallagher, Ph.D., at the Center for Survey Research at the University of Massachusetts/Boston for her expert survey research and methods guidance; and Fiona Smith for her assistance with cognitive testing.

We would also like to thank members of MHQP's Survey Development Advisory Panel, who lent their time and energy to help us further our survey work: Debra Bradford, Harvard Vanguard Medical Associates; Lee Hargraves, UMass Medical School; Linda Kellet, Massachusetts Coalition of Nurse Practitioners; Margaret McAllister, UMass/Boston; Nancy O'Rourke, Massachusetts Coalition of Nurse Practitioners; Joyce Pulcini, Boston College; Dana Safran, Blue Cross Blue Shield of Massachusetts; Jennifer Senkier; Barbara Spivak, Mount Auburn Independent Practice Association; Patricia Tabloski, Boston College; and Gregory Young, Pediatric Physicians' Organization at Children's Hospital-Boston.

We are especially grateful to the MHQP Physician Council and the Massachusetts Medical Society's Committee on the Quality of Medical Practice for their advice and insights on this and all of MHQP's quality measurement initiatives. Their guidance was invaluable in helping MHQP fulfill its goal of providing valid and actionable patient experience data to Massachusetts physicians.

Further, we would like to acknowledge MHQP's Board of Directors for their foresight and willingness to undertake groundbreaking initiatives that improve the quality of care provided in Massachusetts.

We are very grateful for our partners from the participating health plans—Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, and Tufts Health Plan—who participated on MHQP's Patient Experience Survey Workgroup, for providing their time, expertise, and data resources without which this project would not have been possible.

Finally we are indebted to MHQP staff who worked so hard to develop this project and create this report – Marguerite Dresser, Rose Judge, Melinda Karp, Barbara Lambiaso, Jason Leistikow, Brian Patroliia, Lauren Piccolo, Janice Singer, Trish Walsh and Phakdey Chea Yous.

MHQP 2009 Patient Experience Survey Report

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About Your Report

The 2009 MHQP Patient Experience Survey Report (PES Report) summarizes your results from the 2009 statewide survey of adult and pediatric primary care patients. The survey was fielded in the fall of 2009 and sampled patients from 345 adult and 171 pediatric primary care practices statewide, representing over 3,600 physicians. Results for adult and pediatric primary care are reported separately.

The MHQP Patient Experience Survey Instrument is a 50-question tool comprised of the best performing questions from two nationally recognized, validated surveys—the Ambulatory Care Experiences Survey (ACES) developed by MHQP and researchers from Tufts New England Medical Center and the CAHPS® Clinician/Group Survey developed by the Agency for Healthcare Research and Quality (AHRQ) and endorsed by the National Quality Forum (NQF). A table of the survey questions can be found following this section of the report.

Answers to the survey questions were combined to create eight summary measures of patients' experiences:

Quality of Doctor-Patient Interactions

- Communication
- Integration of Care
- Knowledge of the Patient
- Health Promotion

Organizational Features of Care

- Organizational Access
- Visit-Based Continuity
- Clinical Team
- Office Staff

Your report also includes the results from the global rating item “Willingness to Recommend to Family and Friends”.

Sample sizes were targeted at 114 commercially insured patients per physician and were designed to provide reliable information at the physician level.

Report Sections

This report contains four sections of results:

- (1) **Comparison to Statewide Mean** – This chart graphs your patients' experience across the eight summary measures and global rating item as compared with the state mean. This section also explains sample size, how it is determined, and how this may affect your scores.
- (2) **Detailed Question-Level Results** – This section lists detailed results for each question, including a priority matrix icon to help you make question-by-question decisions on quality improvement. This section also contains demographic information for the patients who completed the survey.

Additionally, your report may contain the following section:

- (3) **Physician-Level Comparative Performance Chart** – If you belong to a practice with 3 or more physicians and your practice opted to participate in physician-level oversampling, your report will also contain a series of charts comparing the performance of all the physicians in your practice across the eight summary measures and global rating item.

Appendices

Your report also contains supplemental material, available in the appendix. The appendix contains the following sections:

- I. **Selected Tools and References for Quality Improvement** – This section provides links to tools to help practices implement quality improvement efforts and a list of relevant literature.
- II. **Statewide and Regional Mean Scores** – Average scores across reported composites are provided at the state and regional level.
- III. **Question & Answer** – This section contains a list of commonly asked questions about the MHQP Patient Experience Survey and corresponding answers.
- IV. **About MHQP** – Learn about MHQP and its role in Massachusetts' quality reporting.

What is New in the 2009 Patient Experience Survey?

In 2009, MHQP initiated an ongoing Survey Development Advisory Panel of clinical and survey methods experts to evaluate potential improvements to the MHQP statewide survey instruments. For the 2009 survey, the Advisory Group recommended several adaptations to align the MHQP instruments more closely with CAHPS Clinician & Group (C-G CAHPS) survey instruments which have become the national standard for practice-level measurement. MHQP made significant contributions to initial stages of C-G CAHPS survey development, and continues to work closely with CAHPS survey methods experts on improving the instruments. Based on recent CAHPS research and development, MHQP patient experience survey instruments have been adapted in the following ways:

- Small changes in wording were made throughout the survey to further simplify question language and assure that questions are well understood by a wide range of respondents.
- The primary care physician being evaluated is now referred to as “this doctor” rather than “your personal physician”. However, the patient’s primary care relationship with this doctor continues to be confirmed.
- Response options for Health Promotion questions in the both the adult and pediatric survey have been standardized to align better with CAHPS survey options.
- Newly validated growth and development survey questions have been added to the pediatric Health Promotion module. **Please note that the changes made in the Health Promotion module prevent any trending of this composite summary score with the Health Promotion composites summary score in PES 2007 survey results.**

In addition to aligning more closely with C-G CAHPS instruments, MHQP implemented changes to more effectively measure the evolving face of primary care. Please note that any new questions are included as test questions. The new questions are being analyzed for validity and reliability and will be evaluated to determine if

they should be included in future surveys and scoring. MHQP has not included test items in composite scoring of measures for PES 2009.

The following changes were made:

- The Team Care module in both pediatric and adult surveys was expanded to include:
 - A question asking respondents to identify the type of clinician seen (i.e. physician, nurse practitioner, nurse). There is increasing interest in understanding how patients' view care from other practitioners at practices and this question will help build understanding about how well patients are able to differentiate types of practitioners.
 - Two communication questions to enhance the communication composite measure for team care.
- The Overall Rating of Team Care question item was revised to include a 0-10 rating scale to allow comparability to the overall rating item for individual physicians.
Please note that even though new questions added to the Team Care module were not included in composite scoring, the changes that were made to the module prevent any trending of this composite summary score with the Team Care composite summary score in PES 2007 survey results.
- The coordination of care item concerning primary care physician knowledge of care provided by specialty care physicians was revised to focus on those interactions resulting from explicit primary care clinician referral to specialty care.
- Two questions were added to the patient-physician communication module as test items to evaluate their potential contribution to the communication measure for future survey cycles.

Physicians and practices will be informed of any changes that will be made in composite scoring for PES 2011 *before* changes are implemented. **MHQP has not changed the question composition of summary composite measures used for PES 2009 scoring.**

MHQP 2009 Patient Experience Survey Report

Tables of Survey Questions - Adult Primary Care

Quality of Doctor-Patient Interaction

<i>Summary Measure</i>	<i>Survey Questions</i>
<i>Communication (6 questions)</i>	<p>In the last 12 months, how often did this doctor explain things in a way that was easy to understand?</p> <p>In the last 12 months, how often did this doctor listen carefully to you?</p> <p>In the last 12 months, how often did this doctor give you clear instructions about what to do to take care of the health problems or symptoms that were bothering you?</p> <p>In the last 12 months, how often did this doctor give you clear instructions about what to do if your health problems or symptoms got worse or came back?</p> <p>In the last 12 months, how often did this doctor show respect for what you had to say?</p> <p>In the last 12 months, how often did this doctor spend enough time with you?</p>
<i>Integration of Care (2 questions)</i>	<p>In the last 12 months, how often did this doctor seem informed and up-to-date about the care you got from specialists that he or she sent you to?</p> <p>In the last 12 months, when this doctor ordered a blood test, x-ray or other test for you, how often did someone from his or her office follow up to give you those test results?</p>
<i>Knowledge of Patient (2 questions)</i>	<p>In the last 12 months, how often did this doctor seem to know the important information about your medical history?</p> <p>How would you rate this doctor's knowledge of you as a person, including values and beliefs that are important to you?</p>
<i>Health Promotion (5 questions)</i>	<p>Preventive care can include things like flu shots, cancer screening, mammograms, and eye exams. In the last 12 months, did this doctor's office remind you to get preventive care that you were due to receive?</p> <p>In the last 12 months, did you and this doctor talk about a healthy diet and healthy eating habits?</p> <p>In the last 12 months, did you and this doctor talk about the exercise or physical activity you get?</p> <p>In the last 12 months, did you and this doctor talk about things in your life that worry you or cause you stress?</p> <p>In the last 12 months, did this doctor ask whether there was a period of two weeks or more when you felt sad, empty or depressed?</p>

Organization/Structural Features of Care

Summary Measure	Survey Questions
<p><i>Organizational Access</i> (6 questions)</p>	<p>In the last 12 months, when you called 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 needed it?</p> <p>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 needed it?</p> <p>In the last 12 months, when you called this doctor’s office during regular office hours, how often did you get an answer to your medical question that same day?</p> <p>In the last 12 months, when you called this doctor’s office after regular office hours, how often did you get help or advice as soon as you needed?</p> <p>In the last 12 months, when you had an appointment at this doctor’s office, how often were you taken to the exam room within 15 minutes of your appointment time?</p> <p>In the last 12 months, once you were in the exam room, how often did the person you were scheduled to see come in within 15 minutes?</p>
<p><i>Visit-based continuity</i> (1 question)</p>	<p>In the last 12 months, when you had an appointment at this doctor’s office, how often did you see this doctor, not a nurse or other provider from this doctor’s office?</p>
<p><i>Clinical Team</i> (4 questions)</p>	<p>In the last 12 months, how often did these other providers explain things in a way that was easy to understand?</p> <p>In the last 12 months, how often did you feel that these other providers had all the information they needed to provide your care?</p> <p>In the last 12 months, how often did these other providers spend enough time with you?</p> <p>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 the other providers you visited at this doctor’s office in the last 12 months?</p>
<p><i>Office Staff</i> (2 questions)</p>	<p>In the last 12 months, how often were front-office staff at this doctor’s office as helpful as you thought they should be?</p> <p>In the last 12 months, how often did front-office staff at this doctor’s office treat you with courtesy and respect?</p>

Questions Included for Preliminary Testing and Evaluation

<i>Summary Measure</i>	<i>Survey Questions</i>
<i>Communication</i>	In the last 12 months, how often did this doctor encourage you to ask questions? In the last 12 months, how often did this doctor check to make sure you understood everything?
<i>Clinical Team</i>	In the last 12 months, how often did these other providers listen carefully to you? In the last 12 months, how often did you feel that these other providers showed respect for what you had to say?

Comparison to Statewide Mean

The summary chart displays your mean score and a comparison of your mean score to the Statewide Mean (benchmark) for each of the eight measures and the global rating item, "Willingness to Recommend". The information below is provided to help you interpret the chart. **Physician level results will not be publicly reported.** MHQP will release a public report of survey results **at the practice site level** in June 2010.

Sample Size

The number of your patients responding to the survey is indicated in the title of the chart. Sampling design considers the number of respondents needed to achieve highly reliable results at the physician level. For private reporting, results are included for physicians with at least 7 respondents, even though this is a substantially lower minimum than was targeted. This minimum threshold allows physicians to receive some information from the survey, even when sample sizes are limited. Please consider each measure's reliability score (explained below) and refer to advice contained in the Reliability Legend when determining how to use results.

Reliability

Each measure has a reliability score under the site mean (in parentheses) in the chart. The Reliability Legend below the chart serves as a guide to interpret reliability scores. Reliability (denoted as r) is a statistical measure that indicates how accurately a measure captures information by measuring the consistency of the information provided by patients within the practice. Reliability scores range from 0 to 1.0 – where 1.0 signifies a measure for which every patient of a physician reports an experience identical to every other of the physician's patients and where 0.0 signifies a measure for which there is no consistency or commonality of experiences reported by a physician's patients. Reliability is strongly influenced by sample size. The sample size for each physician is determined by the number of respondents needed to achieve results with highest level of reliability.

Mean Scores Used for Comparison

For this report *Statewide Mean* is the benchmark for comparison and represents the statewide average score including all respondents to the 2009 Patient Experience Survey. *Your Mean* is your adjusted mean score. Your physician scores have been case-mix adjusted so that your patients' characteristics match the overall characteristics of patients throughout the state as reflected in the statewide results, creating a fair comparison of performance. Results data are adjusted according to age, gender, education, chronic conditions, race, language, health plan and region.

Statistical Significance

Using symbols to note the physician mean score for each measure, the chart indicates whether physician scores are above, equivalent, or lower than the Statewide Mean. The p-value ($p \leq 0.05$) expresses that there is a 95% probability that the physician score represents a physician's "true" performance relative to the Statewide Mean score (indicated by a vertical line).

Confidence Interval

A confidence interval represents the range of scores within which you can be confident that your "true" mean score falls. The confidence interval is represented by the horizontal bar around each measure's reported mean score. For the purposes of this report there is 95% estimated probability that your "true" mean score falls within the reported confidence intervals (also expressed as $p \leq 0.05$).

Provider ADL - Adult Primary Care

Practice BRU

Patients' Experience with Your Practice (n = 41)

Compared with the Statewide Mean

Summary Measures	Comparison to State Mean	Your Mean	State Mean
<i>Quality of Doctor-Patient Interaction</i>	0 20 40 60 80 100		
Communication		97.2 (Highest r)	93.6
Integration of Care		89.2 (Highest r)	85.3
Knowledge of Patient		86.7 (Highest r)	87.1
Health Promotion		66.8 (Highest r)	57.6
<i>Organization/Structural Features of Care</i>	0 20 40 60 80 100		
Organizational Access		71.5 (Highest r)	81.9
Visit-based continuity		96.2 (Highest r)	89.3
Clinical Team		90.0 (Lower r)	84.7
Office Staff		87.3 (Highest r)	86.9
<i>Global Rating</i>	0 20 40 60 80 100		
Willingness to Recommend		92.4 (Highest r)	90.1

Comparison Symbol Legend	
<i>Benchmark...</i>	
	Statewide Mean
<i>Your score...</i>	
	Statistically significantly above the benchmark (p ≤ 0.05)
	Statistically equivalent to the benchmark
	Statistically significantly below the benchmark (p ≤ 0.05)
<i>Confidence Interval...</i>	
	95% confidence interval around the adjusted mean (p ≤ 0.05)

Reliability Legend	
Highest r ≥ .70	Available sample for this measure meets or exceeds reliability standards for highly reliable estimates of performance.
High r .50 to .69	Available sample for this measure is slightly less than optimal. Your performance relative to the state average is very likely correct, but your actual score could differ somewhat in a sample including a larger number of your patients.
Lower r .35 to .49	Available sample size for this measure is less than optimal. Your performance relative to the state average is likely correct, but your actual score could vary considerably in a sample including a larger number of your patients.
Lowest r ≤ .34	Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.

**Provider ADL - Adult Primary Care
Practice BRU**

Question Response Frequencies for Your Patient Survey Sample

To assist you in interpreting the summary scores shown on the previous graphs, your individual results for each survey question are provided below. These results show the distribution of your patients' responses to each survey question across the continuum of response options available for that question. Each question is shown as part of the measure in which it was scored.

In addition, each question is preceded by a symbol to help focus quality improvement efforts. These priority symbols represent the summary priority matrix for each item. The priority matrix depicts two useful pieces of information—1) the horizontal axis displays where your scores stand in relation to all other practices included in the survey. The top two quadrants of the priority symbols indicate performance above the 75th percentile while the bottom two quadrants indicate performance below the 75th percentile; and 2) the vertical axis shows how highly each survey item correlates with patients' willingness to recommend their physician to family members and friends. The right quadrants of the priority symbol indicate the strongest association between the item and a patient's willingness to recommend their physician.

Item scores that fall in Quadrant 1 and 2 represent the most important initial targets. Quadrant 1 indicates the strongest correlation between the measures and patients' willingness to recommend the physician. This correlation represents just one piece of information in determining highest priorities for improvement. Other factors may drive a decision to focus first on improving performance in areas falling in Quadrant 2, where performance was also below the 75th percentile but correlation to willingness to recommend is not as strong.



Quadrant 4 - Lowest Priority



Quadrant 3 - Lower Priority



Quadrant 2 - High Priority



Quadrant 1 - Highest Priority

Communication (6 items) Adjusted Mean Score = 97.2 SE = 2.16



Lower
Priority

In the last 12 months, how often did this doctor **explain things** in a way that was easy to understand?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	0	0%	
Sometimes	0	0%	
Usually	3	7%	
Almost always	2	5%	
Always	36	88%	
Total applicable respondents	41		
No response	0		

**Provider ADL - Adult Primary Care
Practice BRU**

Question Response Frequencies for Your Patient Survey Sample

Communication (6 items) Adjusted Mean Score = 97.2 SE = 2.16



Lower
Priority

In the last 12 months, how often did this doctor **listen carefully** to you?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	0	0%	
Sometimes	1	3%	
Usually	1	3%	
Almost always	4	10%	
Always	34	85%	
Total applicable respondents	40		
No response	1		

Screening
Question

In the last 12 months, did you talk with your personal doctor about any health problems or symptoms that were bothering you?

	<i>frequency</i>	<i>percent</i>	
Yes	34	85%	
No	6	15%	
Total applicable respondents	40		
No response	1		



Lower
Priority

In the last 12 months, how often did this doctor give you **clear instructions** about what to do to take care of the health problems or symptoms that were bothering you?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	0	0%	
Sometimes	0	0%	
Usually	1	3%	
Almost always	0	0%	
Always	33	97%	
Total applicable respondents	34		
No response	7		

Provider ADL - Adult Primary Care

Practice BRU

Question Response Frequencies for Your Patient Survey Sample

Communication (6 items) Adjusted Mean Score = 97.2 SE = 2.16



Lower
Priority

In the last 12 months, how often did this doctor give you clear instructions about **what to do if your health problems or symptoms got worse or came back?**

	<i>frequency</i>	<i>percent</i>
Never	0	0%
Almost never	0	0%
Sometimes	0	0%
Usually	2	6%
Almost always	3	9%
Always	29	85%
Total applicable respondents	34	
No response	7	



Lowest
Priority

In the last 12 months, how often did this doctor show respect for what you had to say?

	<i>frequency</i>	<i>percent</i>
Never	0	0%
Almost never	0	0%
Sometimes	0	0%
Usually	2	5%
Almost always	1	2%
Always	38	93%
Total applicable respondents	41	
No response	0	



Lower
Priority

In the last 12 months, how often did this doctor spend enough time with you?






	<i>frequency</i>	<i>percent</i>
Never	0	0%
Almost never	0	0%
Sometimes	1	2%
Usually	2	5%
Almost always	5	12%
Always	33	80%
Total applicable respondents	41	
No response	0	

**Provider ADL - Adult Primary Care
Practice BRU**






Question Response Frequencies for Your Patient Survey Sample

Communication (6 items) Adjusted Mean Score = 97.2 SE = 2.16

Test Question In the last 12 months, how often did this doctor encourage you to ask questions?



	<i>frequency</i>	<i>percent</i>	
Never	1	2%	
Almost never	0	0%	
Sometimes	3	7%	
Usually	4	10%	
Almost always	12	29%	
Always	21	51%	
Total applicable respondents	41		
No response	0		

Test Question In the last 12 months, how often did this doctor check to make sure you understood everything?

	<i>frequency</i>	<i>percent</i>	
Never	1	2%	
Almost never	0	0%	
Sometimes	1	2%	
Usually	3	7%	
Almost always	4	10%	
Always	32	78%	
Total applicable respondents	41		
No response	0		

Integration of Care (2 items) Adjusted Mean Score = 89.2 SE = 3.44

Screening Question In the last 12 months, did this doctor suggest you see a specialist for a particular health problem?

	<i>frequency</i>	<i>percent</i>	
Yes	21	54%	
No	18	46%	
Total applicable respondents	39		
No response	2		

**Provider ADL - Adult Primary Care
Practice BRU**

Question Response Frequencies for Your Patient Survey Sample

Integration of Care (2 items) Adjusted Mean Score = 89.2 SE = 3.44



Highest
Priority

In the last 12 months, how often did this doctor seem **informed and up-to-date** about the care you got from specialists that he or she sent you to?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	1	5%	
Sometimes	0	0%	
Usually	2	10%	
Almost always	8	40%	
Always	9	45%	
Total applicable respondents	20		
No response	21		

Screening
Question

In the last 12 months, did this doctor order a blood test, x-ray or other test for you?

	<i>frequency</i>	<i>percent</i>	
Yes	38	95%	
No	2	5%	
Total applicable respondents	40		
No response	1		



Highest
Priority

In the last 12 months, when this doctor ordered a blood test, x-ray or other test for you, how often did someone from his or her office follow up to give you those test results?

	<i>frequency</i>	<i>percent</i>	
Never	1	3%	
Almost never	1	3%	
Sometimes	2	5%	
Usually	2	5%	
Almost always	5	13%	
Always	27	71%	
Total applicable respondents	38		
No response	3		

Provider ADL - Adult Primary Care

Practice BRU

Question Response Frequencies for Your Patient Survey Sample

Knowledge of Patient (2 items) Adjusted Mean Score = 86.7 SE = 2.83



Highest Priority

In the last 12 months, how often did this doctor seem to know the important information about your **medical history**?

	<i>frequency</i>	<i>percent</i>	
Never	1	3%	
Almost never	0	0%	
Sometimes	2	5%	
Usually	4	10%	
Almost always	11	28%	
Always	22	55%	
Total applicable respondents	40		
No response	1		



Highest Priority

How would you rate this doctor's knowledge of you as a person, including values and beliefs that are important to you?

	<i>frequency</i>	<i>percent</i>	
Very poor	0	0%	
Poor	0	0%	
Fair	1	2%	
Good	6	15%	
Very good	15	37%	
Excellent	19	46%	
Total applicable respondents	41		
No response	0		

Health Promotion (5 items) Adjusted Mean Score = 66.8 SE = 4.01



High Priority

Preventive care can include things like flu shots, cancer screening, mammograms, and eye exams. In the last 12 months, did this doctor's office remind you to get preventive care that you were due to receive?

	<i>frequency</i>	<i>percent</i>	
Yes	38	93%	
No	3	7%	
Total applicable respondents	41		
No response	0		

Provider ADL - Adult Primary Care

Practice BRU

Question Response Frequencies for Your Patient Survey Sample

Health Promotion (5 items) Adjusted Mean Score = 66.8 SE = 4.01



Lowest
Priority

In the last 12 months, did you and this doctor talk about a healthy diet and healthy eating habits?

	<i>frequency</i>	<i>percent</i>	
No	5	12%	
Yes, some	18	44%	
Yes, a lot	18	44%	
Total applicable respondents	41		
No response	0		



Lowest
Priority

In the last 12 months, did you and this doctor talk about the exercise or physical activity you get?

	<i>frequency</i>	<i>percent</i>	
No	3	7%	
Yes, some	17	41%	
Yes, a lot	21	51%	
Total applicable respondents	41		
No response	0		



Lower
Priority

In the last 12 months, did you and this doctor talk about things in your life that worry you or cause you stress?

	<i>frequency</i>	<i>percent</i>	
No	9	23%	
Yes, some	18	45%	
Yes, a lot	13	33%	
Total applicable respondents	40		
No response	1		



High
Priority

In the last 12 months, did this doctor ask whether there was a period of two weeks or more when you felt sad, empty or depressed?



	<i>frequency</i>	<i>percent</i>	
Yes	17	43%	
No	23	58%	
Total applicable respondents	40		
No response	1		

**Provider ADL - Adult Primary Care
Practice BRU**

Question Response Frequencies for Your Patient Survey Sample

Organizational Access (6 items) Adjusted Mean Score = 71.5 SE = 2.87



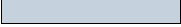

Screening Question In the last 12 months, did you call this doctor's office to get an appointment for an illness, injury or condition that needed care **right away**?

	<i>frequency</i>	<i>percent</i>	
Yes	18	45%	
No	22	55%	
Total applicable respondents	40		
No response	1		





Highest Priority

In the last 12 months, when you called 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 needed it?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	0	0%	
Sometimes	1	6%	
Usually	2	11%	
Almost always	6	33%	
Always	9	50%	
Total applicable respondents	18		
No response	23		

Screening Question In the last 12 months, did you make any appointments for a **check-up or routine care** with this doctor?

	<i>frequency</i>	<i>percent</i>	
Yes	38	93%	
No	3	7%	
Total applicable respondents	41		
No response	0		

**Provider ADL - Adult Primary Care
Practice BRU**

Question Response Frequencies for Your Patient Survey Sample

Organizational Access (6 items) Adjusted Mean Score = 71.5 SE = 2.87



High
Priority

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 needed it?

	<i>frequency</i>	<i>percent</i>
Never	0	0%
Almost never	1	3%
Sometimes	1	3%
Usually	10	26%
Almost always	13	34%
Always	13	34%
Total applicable respondents	38	
No response	3	



Highest
Priority

In the last 12 months, when you called this doctor's office during regular office hours, how often did you get an answer to your medical question **that same day**?

	<i>frequency</i>	<i>percent</i>
Never	0	0%
Almost never	0	0%
Sometimes	2	11%
Usually	1	5%
Almost always	9	47%
Always	7	37%
Total applicable respondents	19	
No response	22	

Screening
Question

In the last 12 months, did you call this doctor's office for help or advice **after regular office hours**?

	<i>frequency</i>	<i>percent</i>
Yes	3	8%
No	35	92%
Total applicable respondents	38	
No response	3	

Provider ADL - Adult Primary Care

Practice BRU

Question Response Frequencies for Your Patient Survey Sample

Organizational Access (6 items) Adjusted Mean Score = 71.5 SE = 2.87



Highest
Priority

In the last 12 months, when you called this doctor’s office **after regular office hours**, how often did you get help or advice as soon as you needed?

	<i>frequency</i>	<i>percent</i>	
Never	1	25%	
Almost never	0	0%	
Sometimes	0	0%	
Usually	1	25%	
Almost always	1	25%	
Always	1	25%	
Total applicable respondents	4		
No response	37		



High
Priority

In the last 12 months, when you had an appointment at this doctor’s office, how often were you taken to the exam room within 15 minutes of your appointment time?

	<i>frequency</i>	<i>percent</i>	
Never	3	7%	
Almost never	6	15%	
Sometimes	13	32%	
Usually	9	22%	
Almost always	7	17%	
Always	3	7%	
Total applicable respondents	41		
No response	0		



High
Priority

In the last 12 months, once you were **in the exam room**, how often did the person you were scheduled to see come in within 15 minutes?

	<i>frequency</i>	<i>percent</i>	
Never	2	5%	
Almost never	2	5%	
Sometimes	12	29%	
Usually	9	22%	
Almost always	10	24%	
Always	6	15%	
Total applicable respondents	41		
No response	0		

Provider ADL - Adult Primary Care

Practice BRU

Question Response Frequencies for Your Patient Survey Sample

Visit-based continuity (1 item) Adjusted Mean Score = 96.2 SE = 3.3



Lowest
Priority

In the last 12 months, when you had an appointment at this doctor’s office, how often did you see **this doctor**, not a nurse or other provider from this doctor’s office?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	0	0%	
Sometimes	0	0%	
Usually	1	2%	
Almost always	4	10%	
Always	36	88%	
Total applicable respondents	41		
No response	0		

Clinical Team (4 items) Adjusted Mean Score = 90 SE = 6.3

Screening
Question

In the last 12 months, were any of your appointments at this doctor’s office with another doctor or other provider?

	<i>frequency</i>	<i>percent</i>	
Yes	8	21%	
No	31	79%	
Total applicable respondents	39		
No response	2		



High
Priority

In the last 12 months, how often did **these other providers** explain things in a way that was easy to understand?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	0	0%	
Sometimes	0	0%	
Usually	0	0%	
Almost always	3	33%	
Always	6	67%	
Total applicable respondents	9		
No response	32		



**Provider ADL - Adult Primary Care
Practice BRU**

Question Response Frequencies for Your Patient Survey Sample

Clinical Team (4 items) Adjusted Mean Score = 90 SE = 6.3

*Test
Question*




In the last 12 months, how often did **these other providers** listen carefully to you?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	0	0%	
Sometimes	0	0%	
Usually	0	0%	
Almost always	1	11%	
Always	8	89%	
Total applicable respondents	9		
No response	32		





*High
Priority*

In the last 12 months, how often did you feel that **these other providers** had all the information they needed to provide your care?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	0	0%	
Sometimes	0	0%	
Usually	1	11%	
Almost always	3	33%	
Always	5	56%	
Total applicable respondents	9		
No response	32		

*Test
Question*

In the last 12 months, how often did you feel that **these other providers** showed respect for what you had to say?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	0	0%	
Sometimes	0	0%	
Usually	0	0%	
Almost always	2	22%	
Always	7	78%	
Total applicable respondents	9		
No response	32		

**Provider ADL - Adult Primary Care
Practice BRU**

Question Response Frequencies for Your Patient Survey Sample

Clinical Team (4 items) Adjusted Mean Score = 90 SE = 6.3



Highest
Priority

In the last 12 months, how often did **these other providers** spend enough time with you?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Almost never	0	0%	
Sometimes	1	11%	
Usually	0	0%	
Almost always	1	11%	
Always	7	78%	
Total applicable respondents	9		
No response	32		



Highest
Priority

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 **the other providers** you visited at this doctor's office in the last 12 months?

	<i>frequency</i>	<i>percent</i>	
0 Worst care possible	0	0%	
1	0	0%	
2	0	0%	
3	0	0%	
4	0	0%	
5	0	0%	
6	1	11%	
7	1	11%	
8	2	22%	
9	1	11%	
10 Best care possible	4	44%	
Total applicable respondents	9		
No response	32		

Provider ADL - Adult Primary Care

Practice BRU

Question Response Frequencies for Your Patient Survey Sample

Office Staff (2 items) Adjusted Mean Score = 87.3 SE = 2.99



Highest
Priority

In the last 12 months, how often were front-office staff at this doctor’s office as helpful as you thought they should be?

	<i>frequency</i>	<i>percent</i>
Never	0	0%
Almost never	0	0%
Sometimes	2	5%
Usually	7	17%
Almost always	15	37%
Always	17	41%
Total applicable respondents	41	
No response	0	



Highest
Priority

In the last 12 months, how often did front-office staff at this doctor’s office treat you with courtesy and respect?

	<i>frequency</i>	<i>percent</i>
Never	0	0%
Almost never	0	0%
Sometimes	1	2%
Usually	4	10%
Almost always	12	29%
Always	24	59%
Total applicable respondents	41	
No response	0	

**Provider ADL - Adult Primary Care
Practice BRU**

Question Response Frequencies for Your Patient Survey Sample

Overall Ratings (2 items)

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?

	<i>frequency</i>	<i>percent</i>	
0 Worst doctor possible	0	0%	
1	0	0%	
2	0	0%	
3	0	0%	
4	0	0%	
5	0	0%	
6	1	3%	█
7	3	8%	█
8	10	25%	█
9	8	20%	█
10 Best doctor possible	18	45%	█
Total applicable respondents	40		
No response	1		

Would you **recommend** this doctor to your family and friends?

	<i>frequency</i>	<i>percent</i>	
Definitely not	0	0%	
Probably not	0	0%	
Not sure	2	5%	█
Probably yes	11	28%	█
Definitely yes	27	68%	█
Total applicable respondents	40		
No response	1		

Provider ADL - Adult Primary Care

Practice BRU

Question Response Frequencies for Your Patient Survey Sample

Demographics (21 items)

In general, how would you rate **your overall health**?

	<i>frequency</i>	<i>percent</i>	
Excellent	4	10%	
Very good	16	39%	
Good	17	41%	
Fair	3	7%	
Poor	1	2%	
Total applicable respondents	41		
No response	0		

What is your age?

	<i>frequency</i>	<i>percent</i>	
18 to 24	0	0%	
25 to 34	1	2%	
35 to 44	5	12%	
45 to 54	13	32%	
55 to 64	21	51%	
65 to 74	1	2%	
75 or older	0	0%	
Total applicable respondents	41		
No response	0		

Are you male or female?





	<i>frequency</i>	<i>percent</i>	
Male	7	17%	
Female	34	83%	
Total applicable respondents	41		
No response	0		

**Provider ADL - Adult Primary Care
Practice BRU**



Question Response Frequencies for Your Patient Survey Sample

Demographics (21 items)



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

	<i>frequency</i>	<i>percent</i>	
8th grade or less	0	0%	
Some high school, but did not graduate	0	0%	
High school graduate or GED	15	38%	
Some college or 2-year degree	13	33%	
4-year college graduate	3	8%	
More than 4-year college degree	9	23%	
Total applicable respondents	40		
No response	1		



Are you of Hispanic or Latino origin or descent?

	<i>frequency</i>	<i>percent</i>	
No, not Hispanic or Latino	38	93%	
Yes, Hispanic or Latino	3	7%	
Total applicable respondents	41		
No response	0		

What is your race?: **White**

	<i>frequency</i>	<i>percent</i>	
Yes	35	85%	
No	6	15%	
Total applicable respondents	41		
No response	0		

What is your race?: **Black or African-American**


	<i>frequency</i>	<i>percent</i>	
Yes	3	7%	
No	38	93%	
Total applicable respondents	41		
No response	0		

**Provider ADL - Adult Primary Care
Practice BRU**


Question Response Frequencies for Your Patient Survey Sample

Demographics (21 items)


What is your race?: **Asian**

	<i>frequency</i>	<i>percent</i>	
Yes	0	0%	
No	41	100%	
Total applicable respondents	41		
No response	0		


What is your race?: **Native Hawaiian or other Pacific Islander**

	<i>frequency</i>	<i>percent</i>	
Yes	0	0%	
No	41	100%	
Total applicable respondents	41		
No response	0		

What is your race?: **American Indian or Alaska Native**

	<i>frequency</i>	<i>percent</i>	
Yes	0	0%	
No	41	100%	
Total applicable respondents	41		
No response	0		

What is your race?: **Other**



	<i>frequency</i>	<i>percent</i>	
Yes	0	0%	
No	41	100%	
Total applicable respondents	41		
No response	0		

**Provider ADL - Adult Primary Care
Practice BRU**



Question Response Frequencies for Your Patient Survey Sample

Demographics (21 items)



Has a doctor ever told you that you had: **Hypertension or high blood pressure**

	<i>frequency</i>	<i>percent</i>	
Yes	24	59%	
No	17	41%	
Total applicable respondents	41		
No response	0		



Has a doctor ever told you that you had: **Angina or coronary artery disease or heart disease**

	<i>frequency</i>	<i>percent</i>	
Yes	1	2%	
No	40	98%	
Total applicable respondents	41		
No response	0		

Has a doctor ever told you that you had: **Congestive heart failure**

	<i>frequency</i>	<i>percent</i>	
Yes	1	2%	
No	40	98%	
Total applicable respondents	41		
No response	0		

Has a doctor ever told you that you had: **Diabetes**



	<i>frequency</i>	<i>percent</i>	
Yes	2	5%	
No	39	95%	
Total applicable respondents	41		
No response	0		

**Provider ADL - Adult Primary Care
Practice BRU**



Question Response Frequencies for Your Patient Survey Sample

Demographics (21 items)



Has a doctor ever told you that you had: **Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)**

	<i>frequency</i>	<i>percent</i>	
Yes	4	10%	
No	37	90%	
Total applicable respondents	41		
No response	0		



Has a doctor ever told you that you had: **Rheumatoid Arthritis, Osteoarthritis, or Degenerative Joint Disease**

	<i>frequency</i>	<i>percent</i>	
Yes	7	17%	
No	34	83%	
Total applicable respondents	41		
No response	0		

Has a doctor ever told you that you had: **Any cancer (other than skin)**

	<i>frequency</i>	<i>percent</i>	
Yes	1	2%	
No	40	98%	
Total applicable respondents	41		
No response	0		

Has a doctor ever told you that you had: **Depression**

	<i>frequency</i>	<i>percent</i>	
Yes	6	15%	
No	35	85%	
Total applicable respondents	41		
No response	0		

**Provider ADL - Adult Primary Care
Practice BRU**

Question Response Frequencies for Your Patient Survey Sample

Demographics (21 items)

Has a doctor ever told you that you had: **Acid reflux or stomach ulcers or Gastroesophageal Reflux Disease**

	<i>frequency</i>	<i>percent</i>	
Yes	8	20%	
No	33	80%	
Total applicable respondents	41		
No response	0		

Has a doctor ever told you that you had: **Migraine headaches**

	<i>frequency</i>	<i>percent</i>	
Yes	7	17%	
No	34	83%	
Total applicable respondents	41		
No response	0		




Provider ADL - Adult Primary Care

Practice BRU

Comparative Performance Charts

The symbols and reliability definitions illustrated below relate to each of the Comparative Performance Charts appearing on the following pages. These charts are being provided for internal use by your organization for quality improvement. It is important to note that while the adjusted mean score is presented for each reported entity as a point of reference, any comparison based on the adjusted mean score is not a meaningful way to differentiate one from another and will result in an unacceptably high risk of misclassification.

In using these charts for quality improvement purposes, it is the symbol indicating performance relative to the benchmark that should be considered in interpreting performance. Therefore, results are grouped according to whether the adjusted mean score achieved for the measure is significantly above (green triangle), no different than (blue circle), or significantly below (red triangle) the benchmark.

Comparison Symbol Legend	
	Statistically significantly above the benchmark ($p \leq 0.05$)
	Statistically equivalent to the benchmark
	Statistically significantly below the benchmark ($p \leq 0.05$)

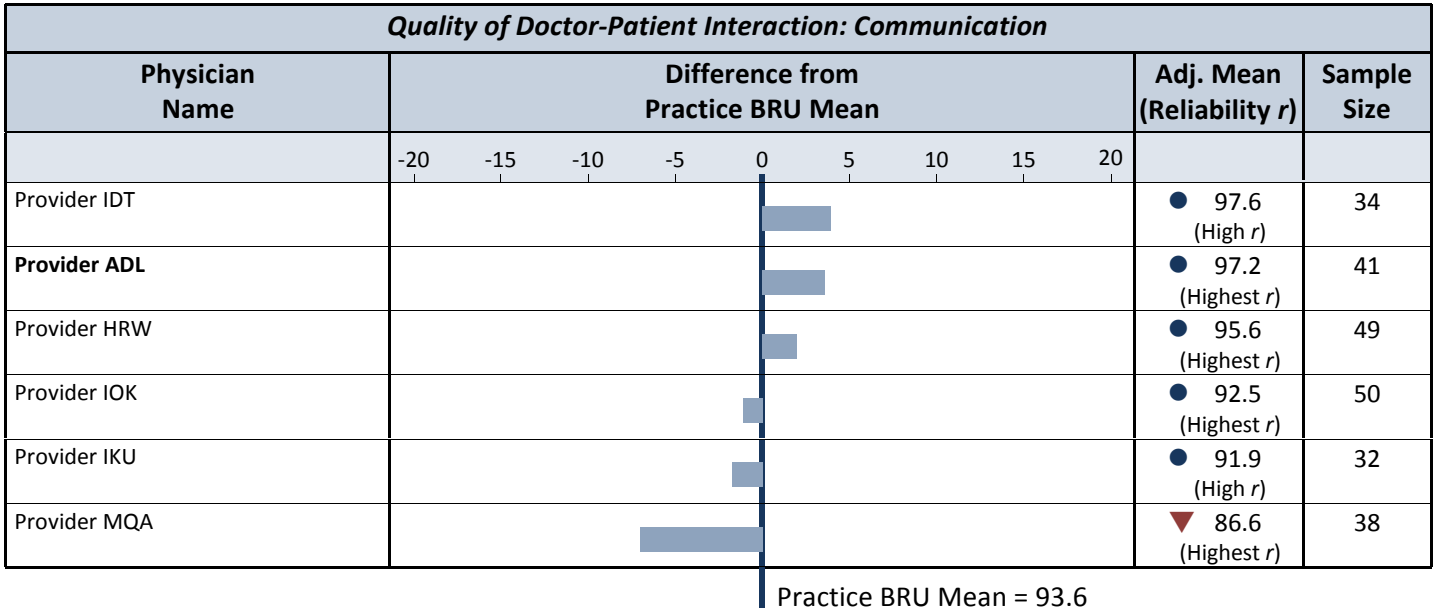
As an additional point of reference for interpreting these results, the charts also include the sample size and reliability of the measure for each reported entity. Please refer to the reliability definitions in the table below to interpret reliability numbers. Smaller sample sizes lead to larger confidence intervals around adjusted mean scores and may decrease the likelihood of capturing differences in performance that are statistically significant.

Reliability Legend	
Highest r $\geq .70$	Available sample for this measure meets or exceeds reliability standards for highly reliable estimates of performance.
High r .50 to .69	Available sample for this measure is slightly less than optimal. Your performance relative to the state average is very likely correct, but your actual score could differ somewhat in a sample including a larger number of your patients.
Lower r .35 to .49	Available sample size for this measure is less than optimal. Your performance relative to the state average is likely correct, but your actual score could vary considerably in a sample including a larger number of your patients.
Lowest r $\leq .34$	Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.

Provider ADL - Adult Primary Care

Practice BRU

Physicians compared with Practice BRU Mean

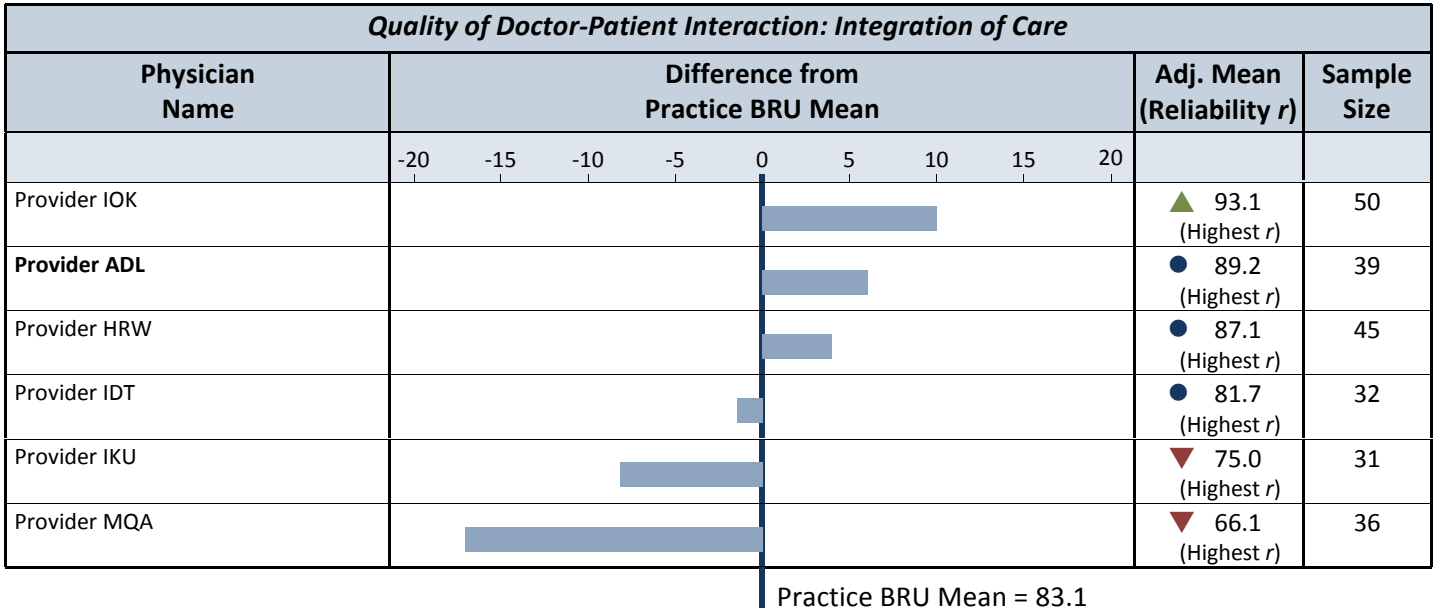


Note: Physicians not eligible for over-sampling are not displayed in the chart above. A minimum threshold of 80 patients, attributed through claims visit data from participating commercial health plans, was required for a physician to be included in over-sampling.

Provider ADL - Adult Primary Care

Practice BRU

Physicians compared with Practice BRU Mean

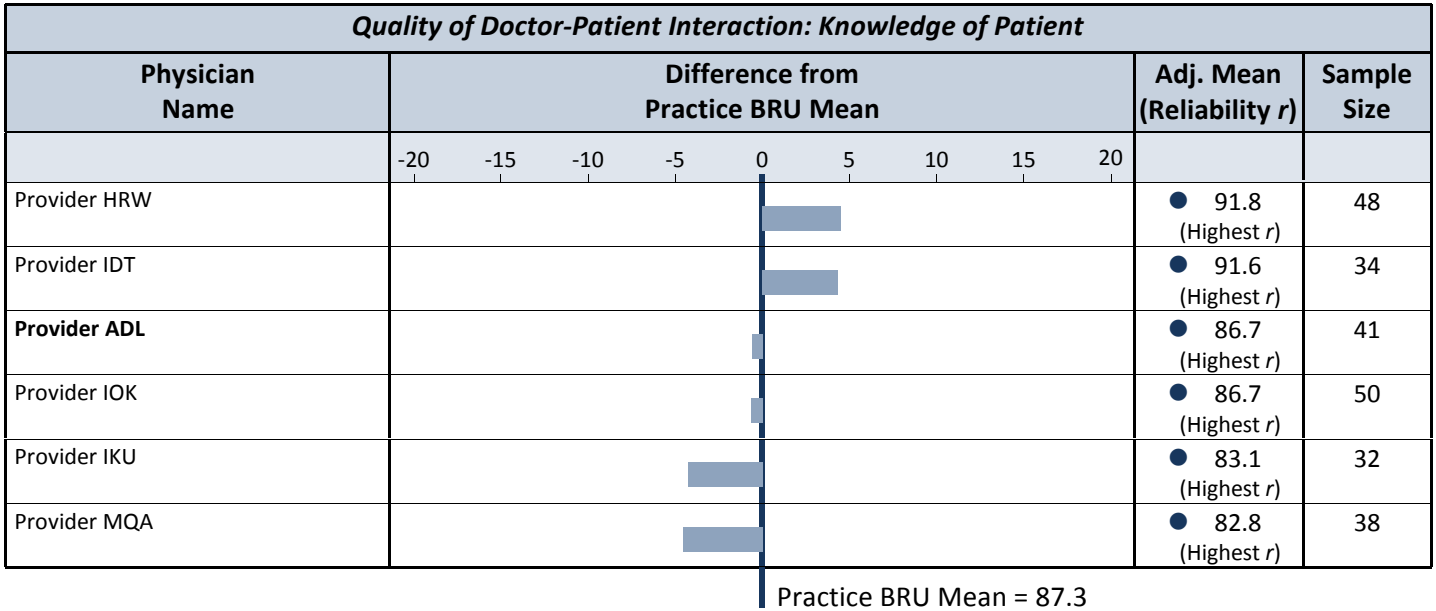


Note: Physicians not eligible for over-sampling are not displayed in the chart above. A minimum threshold of 80 patients, attributed through claims visit data from participating commercial health plans, was required for a physician to be included in over-sampling.

Provider ADL - Adult Primary Care

Practice BRU

Physicians compared with Practice BRU Mean

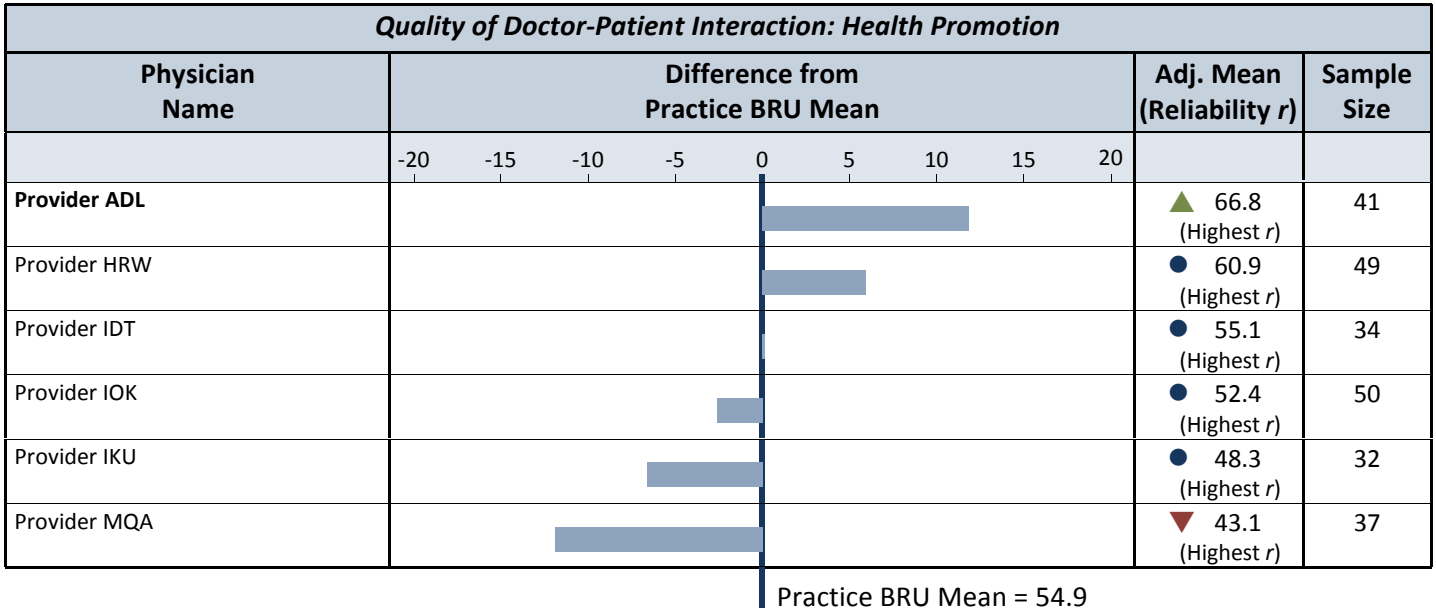


Note: Physicians not eligible for over-sampling are not displayed in the chart above. A minimum threshold of 80 patients, attributed through claims visit data from participating commercial health plans, was required for a physician to be included in over-sampling.

Provider ADL - Adult Primary Care

Practice BRU

Physicians compared with Practice BRU Mean

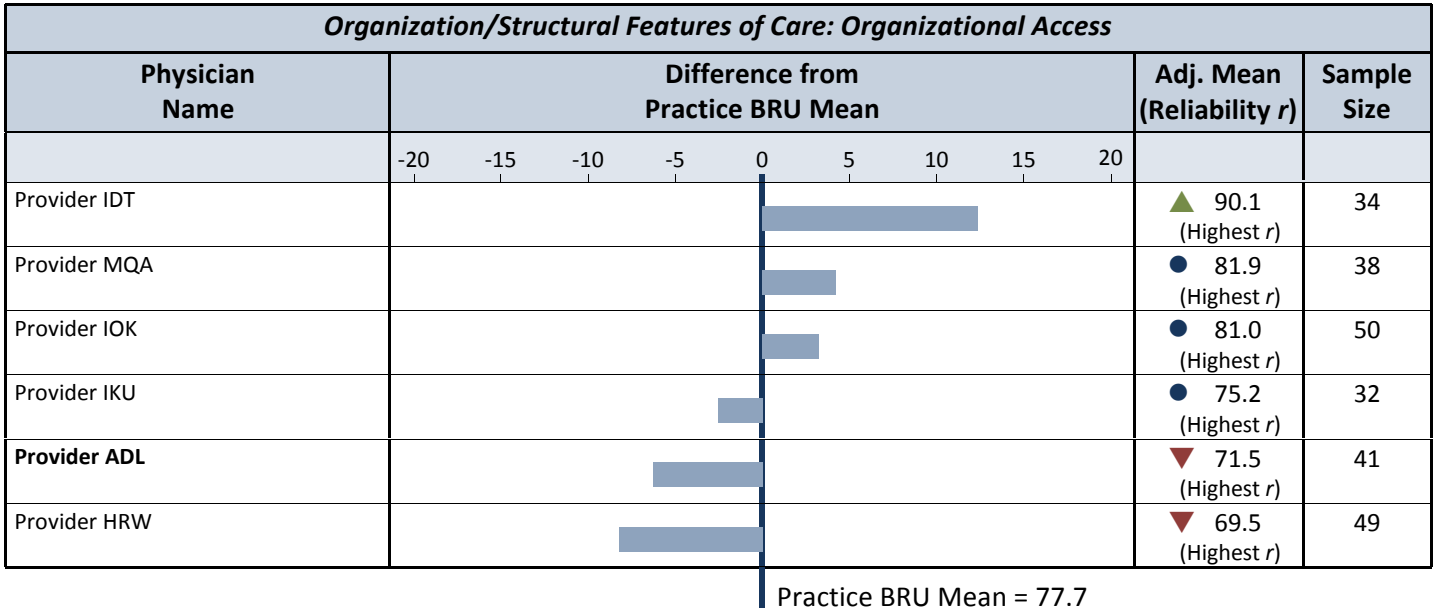


Note: Physicians not eligible for over-sampling are not displayed in the chart above. A minimum threshold of 80 patients, attributed through claims visit data from participating commercial health plans, was required for a physician to be included in over-sampling.

Provider ADL - Adult Primary Care

Practice BRU

Physicians compared with Practice BRU Mean

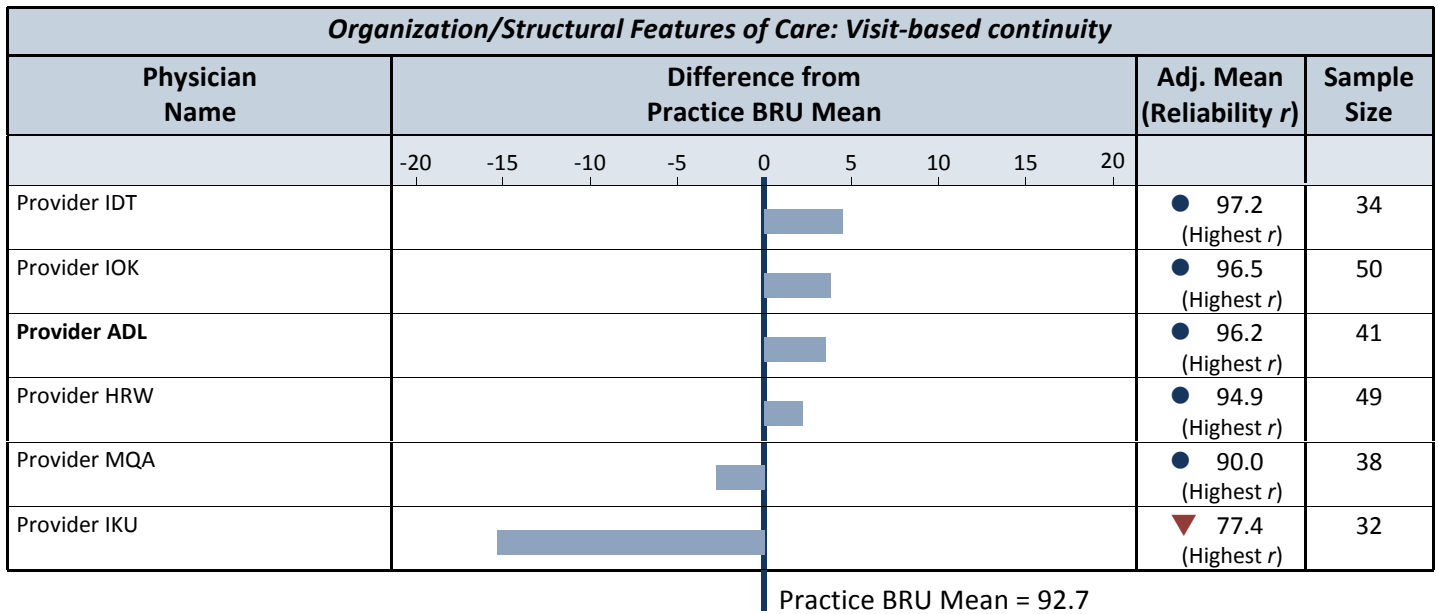


Note: Physicians not eligible for over-sampling are not displayed in the chart above. A minimum threshold of 80 patients, attributed through claims visit data from participating commercial health plans, was required for a physician to be included in over-sampling.

Provider ADL - Adult Primary Care

Practice BRU

Physicians compared with Practice BRU Mean

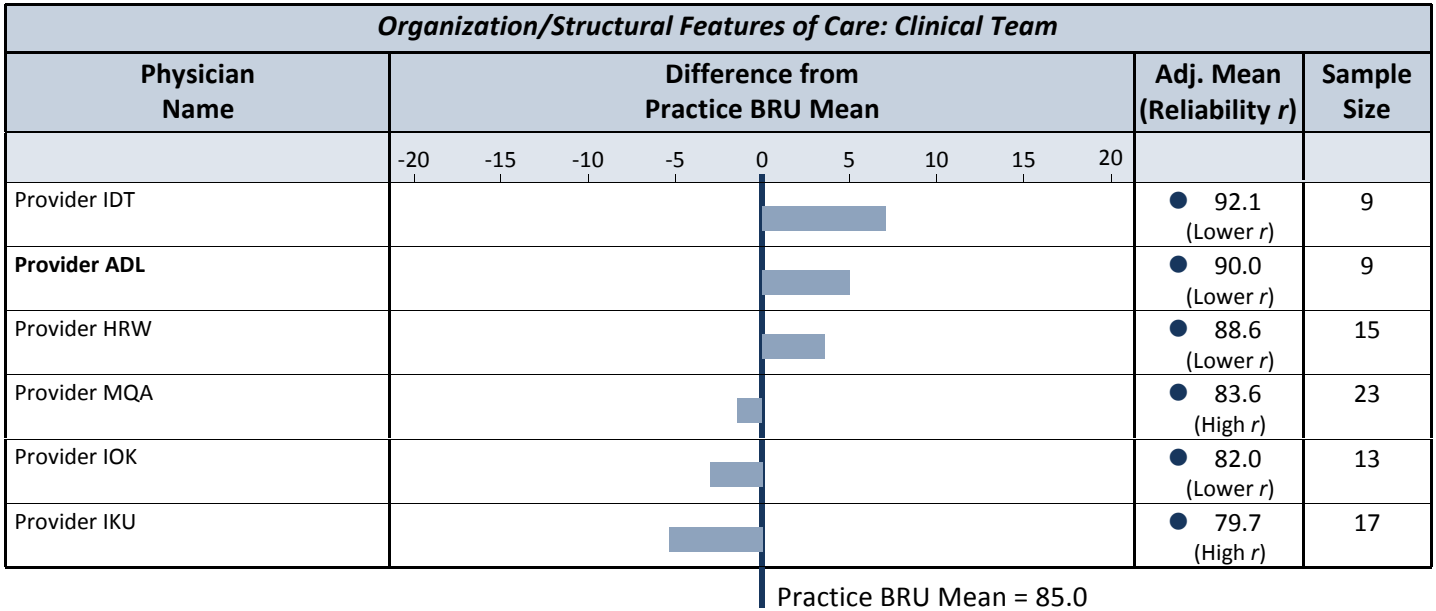


Note: Physicians not eligible for over-sampling are not displayed in the chart above. A minimum threshold of 80 patients, attributed through claims visit data from participating commercial health plans, was required for a physician to be included in over-sampling.

Provider ADL - Adult Primary Care

Practice BRU

Physicians compared with Practice BRU Mean

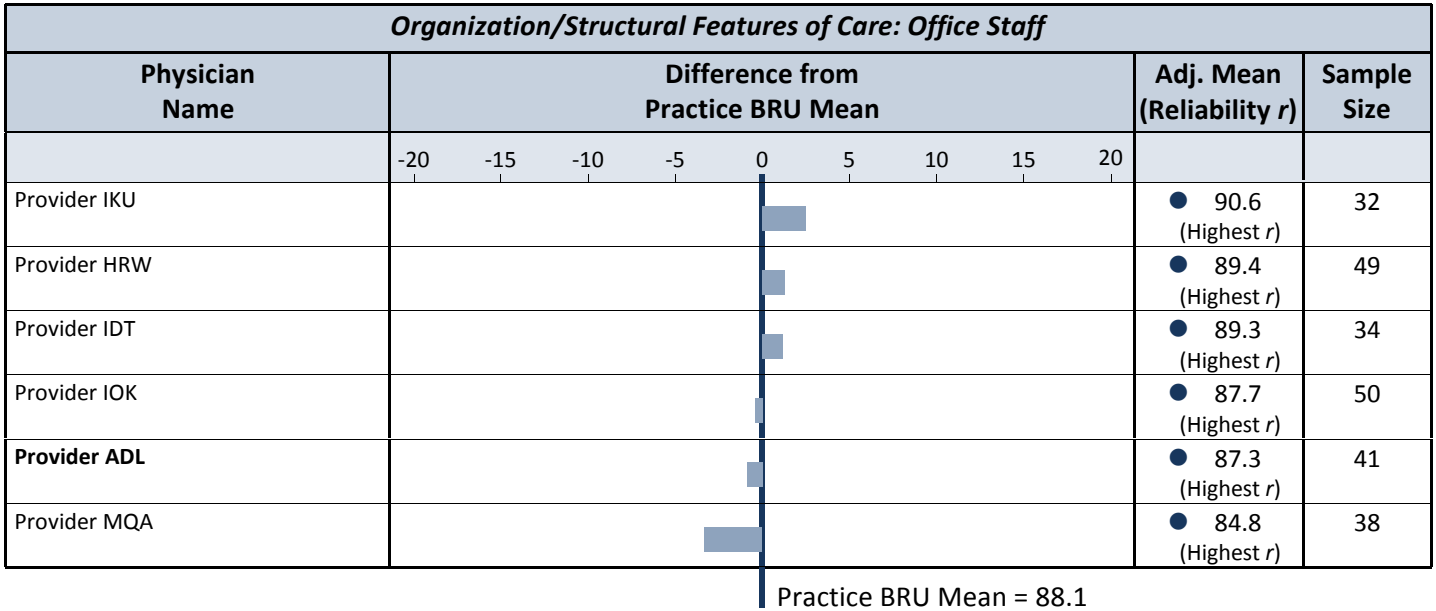


Note: Physicians not eligible for over-sampling are not displayed in the chart above. A minimum threshold of 80 patients, attributed through claims visit data from participating commercial health plans, was required for a physician to be included in over-sampling.

Provider ADL - Adult Primary Care

Practice BRU

Physicians compared with Practice BRU Mean

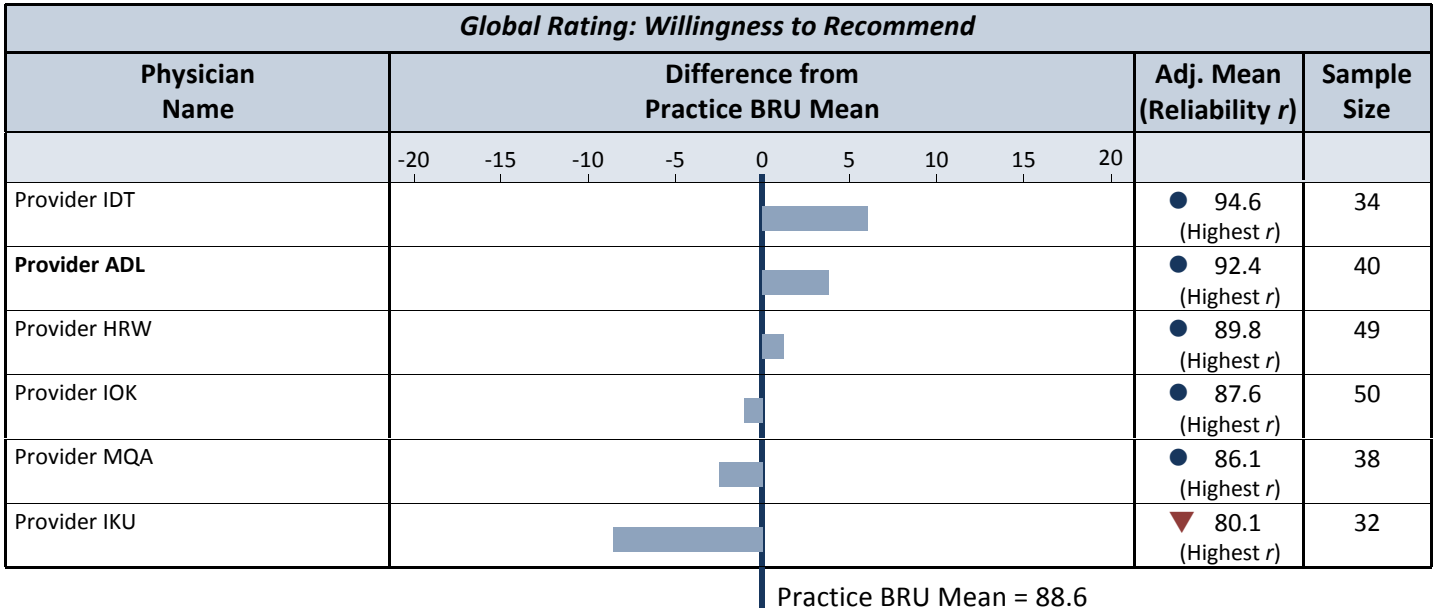


Note: Physicians not eligible for over-sampling are not displayed in the chart above. A minimum threshold of 80 patients, attributed through claims visit data from participating commercial health plans, was required for a physician to be included in over-sampling.

Provider ADL - Adult Primary Care

Practice BRU

Physicians compared with Practice BRU Mean



Note: Physicians not eligible for over-sampling are not displayed in the chart above. A minimum threshold of 80 patients, attributed through claims visit data from participating commercial health plans, was required for a physician to be included in over-sampling.

Selected Tools and References for Quality Improvement

Quality Improvement Tools

- *Improving the Patient Experience and Clinical Outcomes in the Office Practice Setting*

A course developed by MHQP, the Massachusetts Medical Society and Masspro, with support from the Physicians' Foundation for Health Systems Excellence. Includes surveys, assessment tools and presentations about performance improvement activities to help practices to improve clinical quality and patient experience; CME credits also are available.

To access the online CME/distance learning platform, go to: <http://www.massmed.org/cme/cpec>

- *CAHPS® Improvement Guide - Practical Strategies for Improving the Patient Experience*

A comprehensive guide to help organizations improve performance in the domains of care measured by CAHPS Surveys. The guide can be accessed online at: <https://www.cahps.ahrq.gov/qiguide/default.aspx>

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**Provider ADL - Adult Primary Care
Practice BRU**

Massachusetts Statewide and Regional Means

Summary Measures	MA State Mean	Metro Boston	Northeast MA	Southeast MA	Central MA	Western MA
<i>Quality of Doctor-Patient Interaction</i>						
Communication	93.6	▲ 94.1	● 93.6	▼ 93.2	● 93.6	● 93.5
Integration of Care	85.3	▲ 86.1	● 85.3	▼ 84.6	● 85.4	● 85.2
Knowledge of Patient	87.1	▲ 88.4	● 87.0	▼ 86.4	● 87.0	● 87.0
Health Promotion	57.6	▲ 59.7	▼ 57.2	▼ 56.7	● 57.1	● 57.5
<i>Organization/Structural Features of Care</i>						
Organizational Access	81.9	● 81.6	▲ 82.1	● 81.6	● 82.0	● 81.8
Visit-based continuity	89.3	▲ 90.2	▼ 89.0	▼ 88.8	● 89.6	● 89.2
Clinical Team	84.7	● 84.6	● 84.7	● 84.8	● 84.6	● 84.7
Office Staff	86.9	▼ 85.8	▲ 87.4	● 87.0	● 87.1	● 86.9
<i>Global Rating</i>						
Willingness to Recommend	90.1	▲ 91.0	● 90.0	▼ 89.4	● 89.9	● 89.9

Practice BRU contributes to the Western MA region.

Comparison Symbol Legend	
▲	Statistically significantly above the MA Statewide Mean ($p \leq 0.05$)
●	Statistically equivalent to the MA Statewide Mean
▼	Statistically significantly below the MA Statewide Mean ($p \leq 0.05$)

The MHQP 2009 Patient Experience Survey

Questions and Answers

What is the MHQP Patient Experience Survey?

The MHQP Patient Experience Survey is a biennial statewide survey that asks patients to report about their experiences with a specific primary care physician and with that physician's practice. The most recent statewide patient experience survey was conducted in the fall of 2009 and included patients sampled from adult and pediatric primary care practices in Massachusetts.

MHQP's objective in collecting and reporting results of the survey is to provide valid and reliable information to help physicians improve the quality of care that they provide to their patients and to help consumers take an active role in making informed decisions about their health care. Sample sizes are designed to provide information at the practice site level. Survey results are first privately reported to physician groups across the state for review. **MHQP will publicly report practice site results in June 2010.**

Five of MHQP's member health plans—Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Health New England, Harvard Pilgrim Health Care and Tufts Health Plan— participated in the 2009 survey. Participating health plans have worked in partnership with MHQP to bring consistency to this area of measurement and to make data about this important aspect of quality available to both physicians and consumers. Physician practices receive results based on standard and validated patient experience survey instruments and practice results reflect patient panels from all of the participating health plans.

Because site level surveys do not require that each physician has a sufficient number of patients surveyed to reliably measure physician level performance, some medical groups elected to purchase the additional surveys ("over-sample") required to obtain physician level results. **Physician level results are not publicly reported.**

How are Massachusetts' physicians involved in the development of this project?

As a collaborative organization, MHQP works with a diverse group of physician organizations that actively participate in all of MHQP's initiatives. MHQP's Physician Council consists of the Massachusetts Medical Society (MMS) and physician leaders from networks representing thousands of physicians across the state. Along with MMS, two Physician Council members represent the Council on the MHQP Board of Directors. Physician representatives from the MMS and MHQP's Physician Council contribute to all stages of the Statewide Patient Experience Survey, including initial planning and development of the project, review of the survey tools, and development of the reports.

Why are patient experiences with care an important component of quality measurement?

In 2001, the Institute of Medicine report entitled *Crossing the Quality Chasm* identified patient-centered care as one of the six essential pillars for an outstanding healthcare system. Patient experience surveys have been developed and validated over 15 years and are now a fundamental tool to evaluate patient-centered care and to help clinicians and organizations improve this dimension of health care quality. The measures of patients' care experiences that are available today provide detailed and specific information from patients about both clinical interactions (e.g., communication quality) and organizational features of care (e.g., access to care, continuity). A large body of research studies has established that these elements of care are important determinants of clinical outcomes such as patient adherence to care plans and improved health.

What survey instrument was used?

The MHQP Patient Experience Survey Instrument is a 55-question tool comprised of the best performing questions from two nationally recognized, validated surveys—the Ambulatory Care Experiences Survey (ACES) developed by MHQP and researchers from Tufts New England Medical Center and the CAHPS® Clinician/Group Survey developed by the Agency for Healthcare Research and Quality and endorsed by the National Quality Forum (NQF). A table of the survey questions can be found following this section of the report.

Answers to the survey questions were combined to create eight summary measures of patients' experiences:

Quality of Doctor-Patient Interactions

- Communication
- Integration of Care
- Knowledge of the Patient
- Health Promotion

Organizational Features of Care

- Organizational Access
- Visit-Based Continuity
- Clinical Team
- Office Staff

The adult surveys are designed to be completed by the adult patient of the named physician. The child survey is designed to be completed by the parent or guardian of the child patient of the named physician.

How were the questions and summary measures on these survey instruments developed and validated?

The survey questions were developed and validated over a period of several years, and build upon work conducted over a 15-year period by a team of internationally recognized survey scientists in the health care field. The primary care survey's conceptual model corresponds to the Institute of Medicine definition of primary care (1996). Each survey question has undergone cognitive testing to ensure that the wording is interpreted consistently and is clear to individuals across a wide continuum of English literacy skills. All survey questions and composite measures have undergone extensive psychometric testing, to ensure reliability, validity, and data quality.

At the end of this document, you will find a list of selected references on the development and validation of these measures over the past 15 years.

How was the survey administered?

The survey was fielded in two rounds using both mail and internet modes for response. The initial mailing package included:

- A cover letter to the patient explaining the survey and its importance;
- The web address for the patient to access the survey on the internet; and
- A paper copy of the survey should the patient not have internet access or simply prefer to complete and return a paper survey.

Non-respondents were sent a second survey package, identical to the first, 3-4 weeks after the initial mailing. All survey materials had the patient's health plan name and logo at the top of the materials and a health plan official's signature on the cover letter.

What was the overall response rate to the survey?

The overall response rate to the survey was 35%. This response rate is typical for large scale survey of this kind and is similar to response rates achieved in other regional health care survey efforts.

How was my practice selected to be included in the survey?

Practices needed to have at least three eligible physicians of the same primary care specialty (adult or pediatric) each having a panel size of at least 50 eligible patients across the five participating health plans. Solo and dual practice sites were only included in the survey if they or their medical groups opted to participate in the oversample to obtain physician level results. These practices will **not** be included in MHQP's public reporting of the survey results.

Physicians at practices had to have a primary specialty designation of Internal Medicine, Pediatrics, Family Medicine, or General Medicine to be surveyed. Each physician was classified as either "pediatric" or "adult", based on the age of the majority of his or her patients in the sample pool (pediatric=ages 0-17; adult=ages 18 and over). Practice sites were classified as "mixed" if they met both adult and pediatric practice site inclusion criteria. If a practice site was classified as "mixed" separate survey samples of adults and children were drawn.

Practice site groupings are based on where physicians were practicing as of May 15, 2009.

How were my patients selected to participate in the survey?

Patients who had visits with primary care physicians were identified through the claims data of the five participating health plans. To be eligible for the survey, patients had to meet the following criteria:

- Current enrollment in the health plan;
- Age 18 and over to receive an adult survey;
- Age 17 or younger to receive a pediatric survey;

To ensure that only active patients of a physician were included in analyses and in data reports, the survey instrument included some initial questions that served to confirm the following:

- The patient considered the physician named on the survey to be their (or their child's) primary care physician.
- The patient had at least one visit with that physician in the previous 12 months.

Patients who reported that the named primary care physician was not their (or their child's) physician and/or reported having no visits with that physician in the past 12 months were excluded from samples used for analysis and reporting.

What was the sampling protocol for the survey?

MHQP utilized a "variable" sampling strategy based on the size of the practice site being surveyed. The rationale for this approach is informed by analysis of previous survey efforts that have demonstrated that the individual physician is a larger source of variation than the practice site for most measures. Therefore the number of patients required to obtain reliable and stable information about a practice site varies with the number of physicians at a site.

How do you know the results are an accurate representation of patients' experiences with my practice site?

All survey questions and summary measures underwent extensive psychometric testing. A key criterion by which all survey measures were evaluated is their site-level reliability. Site-level reliability is a metric that indicates how accurately a survey measure captures information about a particular practice site. Specifically, the site-level reliability coefficient indicates the extent to which patients of a given practice site report similarly about their experiences with that practice. In other words, site-level reliability indicates the consistency of the information provided by patients of a given practice site. Reliability scores range from 0.0 to 1.0 where:

- 1.0 signifies a measure for which every patient of the site reports an experience identical to every other patient in the practice; and
- 0.0 signifies a measure for which there is no consistency or commonality of experiences reported by patients of a given practice.

Targeted sample sizes were designed to achieve results with very high site-level reliability (0.70 or higher), in accordance with psychometric standards and principles. **Site-level results must achieve a reliability threshold of 0.70 to be publicly reported.**

To further assure that results are an accurate representation of performance, MHQP uses a performance reporting approach that is specifically designed to minimize the risk of misclassification. MHQP uses a small number of performance categories and defines a buffer zone around each performance cutpoint. This is done to minimize the risk of misclassifying the performance of practices whose score falls adjacent to a performance cutpoint. Using this reporting methodology, we ensure that the risk of misclassification averages no more than two percent across all survey measures. By contrast, a reporting approach that compares practices based on the actual scores achieved for each measure—differentiating between point differences on the full 100-point continuum—yields an unacceptably high risk of misclassification. It would be a misuse of these data, for example, to rank practices according to mean scores. The resulting rank ordering of practices does not differentiate one practice from another in a meaningful way and conveys a very high misclassification risk.

Isn't it true that the most disgruntled patients are the ones who respond to surveys like this—so the results are not a fair representation of patient experiences?

Actually, several decades of survey research show that the exact reverse is true. When a survey is administered using the protocol applied here (mailing, with follow-up of non-respondents), patients with more favorable care experiences are more likely to respond than those who are disgruntled. In fact, surveys received earlier in the field period consistently show higher scores on all measures than those received later. There is actually strong and consistent evidence over several decades that patients who have the most negative care experiences are *less* likely to respond, and are therefore under-represented in surveys of this type.

How is the MHQP's Patient Experience Survey funded and how may funders use results?

MHQP's Patient Experience Survey is supported with funding from health plans, physician organizations, and the Massachusetts Medical Society. In accordance with the MHQP Data Use Policy, participating health plans and physician organizations can use this information to support their own internal quality improvement and business efforts. Each health plan and physician organization negotiates individually and confidentially with its participating physicians regarding payment arrangements and independently determines the extent to which it uses these results.

Will individual physician level data be available to medical groups and physician organizations?

As part of the statewide initiative, some physician groups opted to purchase additional surveys (“over sample”) in order to obtain sufficient numbers of completed surveys per physician to have statistically valid physician-level data. These results will be reported back to only the medical group or physician organization purchasing the data.

For groups that did not oversample in this way, MHQP will, upon request and for a small fee, provide groups with the physician-level responses. However, groups must understand the limitations of available physician-level sample sizes in cases where the group did not choose to oversample. It has been well established that approximately 35-45 completed surveys per physician are required for highly stable, reliable physician-level results. Therefore while individual physician level-data may be helpful to the practice site for internal quality improvement purposes, the precision of this data as a measure of patients' experiences with individual physicians should be viewed with some caution where samples are less than 35-45 per physician.

Please contact Lauren Piccolo, Project Coordinator at lpiccolo@mhqp.org for more information about obtaining individual physician-level data.

How can I find out more about the MHQP Patient Experience Survey?

MHQP maintains an active website (www.mhqp.org) which includes updates on the project and will host the publicly released survey results. Questions may be directed to Rose Judge, Project Manager (e-mail: rjudge@mhqp.org).

About MHQP

Health care information you can trust:

MHQP provides reliable information to help physicians improve the quality of care they provide their patients and help consumers take an active role in making informed decisions about their health care.

Who we are:

Massachusetts Health Quality Partners is a broad-based coalition of physicians, hospitals, health plans, purchasers, consumers, academics, and government agencies working together to promote improvement in the quality of health care services in Massachusetts. MHQP was first established in 1995 by a group of Massachusetts health care leaders who identified the importance of valid, comparable measures to drive improvement.

Member Organizations:

Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Tufts Health Plan, Massachusetts Hospital Association, Massachusetts Medical Society, Massachusetts Executive Office of Health and Human Services, MHQP Physician Council, two consumer representatives, one employer representative, one academic representative, and two independent health industry representatives.

Our Mission:

MHQP's mission is to improve the quality of health care services delivered to the residents of Massachusetts through broad based collaboration among health care stakeholders.

Our Vision:

MHQP's vision is to be the premier health care quality collaborative in Massachusetts, including the most trusted and influential source for comparative health care quality performance information.

Our Values:

- We believe in the power of collaboration.
- We believe our work should have a measurable impact and be evidence-based.
- We believe that eliminating unnecessary duplication and improving efficiency are key components to quality improvement.
- We believe that credible performance information supports improvement.
- We believe that educating the public about health care quality, including appropriate public release of performance information, support quality improvement, and enhance public accountability.
- We believe that engaging health care providers and consumers in an open dialogue about performance information is a critical part of the quality improvement process.

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