

About the CAHPS® Patient-Centered Medical Home (PCMH) Item Set

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Documents Available for the CAHPS Clinician & Group Surveys

This document is part of a comprehensive set of instructional materials that address implementing the Clinician & Group Surveys, analyzing the data, and reporting the results. All documents are available on the Agency for Healthcare Research and Quality's Web site: www.cahps.ahrq.gov. For assistance in accessing these documents, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.

For descriptions of these documents, refer to *What's Available for the Clinician & Group Surveys*.

Questionnaires

- *CAHPS Clinician & Group Surveys: Overview of the Questionnaires*
- *12-Month Survey 2.0* (Adult and Child, English and Spanish)
- *Patient-Centered Medical Home Survey 2.0* (Adult and Child, English and Spanish)
- *Visit Survey 2.0* (Adult and Child, English and Spanish)

Supplemental Items

- *Supplemental Items for the Adult Surveys*
- *Supplemental Items for Child Surveys*
- *About the Item Set for Addressing Health Literacy*
- *About the Cultural Competence Item Set*
- *About the Health Information Technology Item Set*
- *About the Patient-Centered Medical Home (PCMH) Item Set*

Survey Administration Guidelines

- *Preparing a Questionnaire Using the CAHPS Clinician & Group Surveys*
- *Fielding the CAHPS Clinician & Group Surveys*
- *Sample Notification Letters for the CAHPS Clinician & Group Surveys*
- *Sample Telephone Script for the CAHPS Clinician & Group Surveys*
- *Guidelines for Translating CAHPS Surveys*

Data Analysis Program and Guidelines

- *CAHPS Analysis Program (SAS)*
- *Preparing and Analyzing Data from the CAHPS Clinician & Group Surveys*
- *Instructions for Analyzing Data from CAHPS Surveys*

Reporting Measures and Guidelines

- *Patient Experience Measures for the CAHPS Clinician & Group Surveys*

Introduction

The patient-centered medical home (PCMH) is a model for delivering primary care that is patient-centered, comprehensive, coordinated, accessible, and continuously improved through a systems-based approach to quality and safety. Learn more about patient-centered medical homes at <http://pcmh.ahrq.gov/page/defining-pcmh>.

Over the past several years, primary care practices throughout the United States have been implementing the medical home model. To evaluate the impact of implementing this model, health care organizations and public agencies are investigating how it affects the effectiveness, efficiency, and patient-centeredness of primary care.

To assess how the medical home model affects patients, the CAHPS Consortium has developed a set of supplemental items that, when used in conjunction with the CAHPS Clinician & Group Survey (CG-CAHPS), assess patient experience with the domains of the medical home.

This document discusses

- The rationale for assessing the domains of the medical home from the patient’s perspective.
- Topics covered by the Patient-Centered Medical Home survey items.
- Ways to use the survey results to inform health care consumers and other stakeholders and to improve the quality of care.

Why Assess Medical Homes From the Patient’s Perspective?

The medical home model represents a promising way to improve health care in America by transforming how primary care is organized and delivered. The American Academy of Pediatrics (AAP) introduced the medical home concept in 1967, initially referring to a central location for archiving a child’s medical record. In its 2002 policy statement, the AAP expanded the medical home concept to include these operational characteristics: accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.

The American Academy of Family Physicians (AAFP) and the American College of Physicians (ACP) also developed their own models for improving patient care, referred to as the “medical home” for AAFP or “advanced medical home” for ACP.^{1,2}

In March 2007, the AAP, AAFP, ACP, and the American Osteopathic Association (AOA) jointly issued the “Joint Principles for the Patient-Centered Medical Home.”³

¹ American Academy of Family Physicians. Patient-centered medical home. Leawood, KS:AAFP, 2010. <http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html> (Accessed May 7, 2008).

² Barr MS. The need to test the patient-centered medical home. JAMA 2008 Aug 20;300(7):834-5.

³ American Academy of Pediatrics – National Center for Medical Home Implementation. Elk Grove Village, IL: AAP; 2010. <http://www.medicalhomeinfo.org/downloads/pdfs/JointStatement.pdf>. (Accessed Feb 8, 2010).

This consensus statement describes seven principles of a medical home, which include the following:

- Personal physician
- Physician-directed medical practice
- Whole-person orientation
- Coordinated care
- Quality and safety
- Enhanced access
- Appropriate payment

These principles serve as the foundation for how many organizations define the PCMH. Given the growing adoption of the medical home model and its impact on patient care, stakeholders are interested in a standardized survey that assesses patients' experiences in medical homes. The PCMH Item Set was developed to improve the ability of the CAHPS Clinician & Group Survey to assess the domains of the medical home. It expands on existing survey domains and adds questions in other domains that were not adequately addressed, for the purposes of the medical home model, in the existing Clinician & Group Survey. However, use of this item set is not limited to practices that explicitly function as medical homes. Any primary care practice that is interested in a more comprehensive assessment of their patients' experiences may add the PCMH items to the survey.

What's in the CAHPS PCMH Item Set?

The PCMH Item Set consists of supplemental items designed for use with the CAHPS Clinician & Group Surveys. In developing the items, the CAHPS Consortium focused on aspects of medical homes for which patients are the best or only source of information. The items address the following five topic areas:

- Access to care
- Comprehensiveness: Includes the composite measure "Providers pay attention to your mental or emotional health" (Adult only)
- Self-management support: Includes the composite measure "Providers support you in taking care of your own health"
- Shared decisionmaking: Includes the composite measure "Providers discuss medication decisions" (Adult only)
- Coordination of care

Appendix A provides a list of the items in the PCMH Item Set.

Where To Find More Information About Using the Items

Where are the formatted items?

A preassembled survey that combines the Clinician & Group 12-Month Survey with the PCMH Item Set is available on AHRQ's CAHPS site at <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html>. It is called the *Expanded 12-Month Survey 2.0 with Patient-Centered Medical Home Items* (Adult and Child, English and Spanish).

You can also find the formatted PCMH items with response options in the *Supplemental Items for the Adult Surveys* and the *Supplemental Items for the Child Surveys*.

How do I add these items into the survey?

To learn more about incorporating supplemental items into a questionnaire, please refer to *Preparing a Questionnaire Using the CAHPS Clinician & Group Surveys*. In addition, the document listing all of the supplemental items (see title above) also provides instructions for placing each item in the 12-Month version of the Clinician & Group Survey.

How do I administer these survey items?

The PCMH Item Set is designed to be administered as part of a CAHPS Clinician & Group Survey, not on its own. Users are encouraged to follow the administration guidelines for the Clinician & Group Surveys: *Fielding the CAHPS Clinician & Group Surveys*. In particular, these items should be asked of all patients rather than a subset (e.g., only those patients that access a patient portal).

Using Data From Responses to the PCMH Item Set

The results of this item set can be used to inform consumers, provide feedback to providers, and spur improvements in patients' experiences with care.

Informing Consumers and Others

Users of the PCMH Item Set can report results at the level of the medical group, physician practice, or individual clinician. In addition to the patient experience measures from the 12-Month Survey, users can calculate and report three composite measures:

- Attention to your mental and emotional health (Adult only) (3 items)
 - Anyone in provider's office asked if patient had felt sad, empty, or depressed
 - Anyone in provider's office talked about worrying/stressful aspects of patient's life
 - Anyone in provider's office talked with patient about personal problem, family problem, alcohol use, drug use, or a mental or emotional illness

- Talking with you about taking care of your own health (2 items)
 - Anyone in provider's office talked with patient about specific health goals
 - Anyone in provider's office asked if there were things that made it hard for patient to take care of health
- Talking about medication decisions (Adult only) (3 items)
 - Provider talked to patient about reasons patient might want to take a medicine
 - Provider talked to patient about reasons patient might not want to take a medicine
 - Provider asked what patient thought was best

The CAHPS Team does not currently recommend public reporting of the individual items in this item set. In general, single-item measures set may be publicly reported if the report sponsors have reason to believe that the measure is important to their audience and the data for those items are sufficiently reliable. However, some items in this item set have been found to have inadequate site-level reliability because of the small number of patients who have had certain experiences (e.g., needing care on evenings, weekends, or holidays). Moreover, there are limits to how much comparative information consumers can process effectively. Because a public report would include both the core survey measures as well as the composite measures listed above, and possibly other measures of quality, it is important to consider the value and potential burden to consumers of adding single-item measures.

For more information about the PCMH composites and related measures, please see *Patient Experience Measures from the CAHPS Clinician & Group Surveys*.

For information on calculating scores for composite measures, review the analysis instructions in *Instructions for Analyzing Data from CAHPS Surveys* and *Preparing and Analyzing Data from the CAHPS Clinician & Group Surveys*, both of which are available at <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html>.

Providing Feedback

Health care organizations can use the composite measures from this item set for benchmarking and reporting at the group or practice site level. For example, a health system may report the composite measures listed above to compare performance across provider groups, or a provider group may compare performance across practice sites.

To help providers better understand the behaviors and actions that improve patients' experiences with the care they receive through the medical home, organizations may also want to provide feedback on performance at the item level. In addition to the items

included in the composite measures, the following survey items may be useful for this purpose:

- Number of days wait for urgent care appointment (Access)
- Patient got information about what to do if care is needed on evenings, weekends, or holidays (Access)
- Patient able to get needed care on evenings, weekends, or holidays (Access)
- Patient got reminders from provider's office between visits (Access)
- Provider seemed informed and up-to-date about care from specialists (Coordination)
- Anyone in provider's office talked with patient about all prescriptions (Coordination)

Please note that even though these individual items address similar topics, statistical analyses do not support combining them into new or existing composite measures.

Improving Quality

Health care providers can use survey results to identify targets for improvement. Strategies include—

- Identifying strengths and weaknesses by topic area or individual item.
- Examining trends in scores over time.
- Comparing results to internal and external benchmarks.
- Conducting a key driver analysis to understand how PCMH topics drive the patients' rating of their experience.
- Assessing other quantitative and qualitative data that complements the survey results, such as call abandonment rates and feedback from provider shadowing.

Responses can also be segmented for further analysis to provide more detailed information. To identify subgroups of possible interest, providers can use one or more variables from multiple sources:

- Variables from the survey, such as patient demographics, health status, or whether or not the provider is the patient's regular provider.
- Variables from administrative or medical record data, such as clinical data.
- Additional supplemental items on the survey, such as length of relationship with providers.

Based on this data, providers can identify opportunities for improvement, such as:

- Including patients in the decisionmaking process around starting or stopping a prescription medication
- Providing patients with reminders about appointments

- Helping patients set health goals and overcome barriers to these goals
- Enhancing coordination of care among providers, including specialists, through information systems

Providers can then field the items again to evaluate the success of improvement activities.

The CAHPS Improvement Guide offers insights into quantitative and qualitative analyses useful for identifying improvement opportunities as well as strategies for improving patients' experiences: <https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html>.

Getting Recognition as a Medical Home

The PCMH Item Set was developed in collaboration with the National Committee for Quality Assurance (NCQA) in order to have one standardized survey that would meet the needs of NCQA's PCMH Recognition program. Practices applying for PCMH Recognition through NCQA may also elect to apply for the Optional Module: Recognition in Patient Experiences. This module requires that practices report the results of patient experiences using the CAHPS Clinician & Group 12-Month Survey with the PCMH Item Set.

Development of the CAHPS PCMH Item Set

The Agency for Healthcare Research and Quality (AHRQ) sponsored the CAHPS Consortium's development of the PCMH Item Set to improve the usefulness of the CAHPS Clinician & Group 12-Month Survey as a tool for assessing patients' experiences with the domains of primary care that define a medical home. The development process, which started in late 2009, included the following steps:

- **Literature review.** The CAHPS Team conducted a literature review to ensure that the items would reflect appropriate content and the best research in this area.
- **Technical Expert Panel input.** The CAHPS Team assembled a panel of PCMH experts representing various stakeholders, including providers, health plans, payers, professional organizations, policymakers, and regional collaboratives, to provide input on the development and use of a CAHPS survey to assess patient experience with the medical home. Panel members were interviewed in late 2009 and early 2010; the panel met in person in April 2010 and by phone in July 2011.
- **Stakeholder input.** Stakeholder input is critical to the CAHPS survey development process. The CAHPS Team benefited from extensive feedback that the National Committee for Quality Assurance (NCQA) gathered from stakeholders on the development of a patient experience survey for its PCMH program.

- **Focus group input.** In summer 2010, adult patients and parents of children receiving care in medical home practices provided input to
 - Confirm the domains of interest identified by the Technical Expert Panel and other stakeholders;
 - Identify additional domains, if any; and
 - Convey how they describe the care they receive in their medical homes.
- **Cognitive testing (English and Spanish).** In August 2010, the CAHPS Team conducted cognitive testing of draft questionnaires that incorporated PCMH items into the 12-Month Survey. The testing was done with both adults and children in English and Spanish. A second round of cognitive testing was completed in the spring of 2011. The team revised the draft questionnaires based on the findings from the cognitive interviews.
- **Field testing.** NCQA field tested the instrument in the winter of 2010-2011. Data from early adopters of the survey were also used to inform implementation issues.
- **Psychometric analysis.** In the spring of 2011, the data collected during field testing was analyzed to determine the psychometric properties of the survey items. This analysis informed the final version of the expanded 12-Month Survey with Patient-Centered Medical Home items.
- **Consumer testing of composite labels.** In the winter of 2011, the CAHPS Team conducted focus groups with consumers to assess how they interpret and categorize the items. In spring 2012, the Team did one-on-one testing with consumers to gauge their response to composite labels and alternative approaches to displaying the full set of measures.

Appendix A. Items in the PCMH Item Set

The table below lists the individual questions in the PCMH Item Set, the measures that can be calculated, and the PCMH topics that the items address.

To download a version of the Clinician & Group Survey that combines the 12-Month Survey with the complete set of formatted PCMH items, go to <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html>. Both the Adult and Child versions are available.

Additional information on using other supplemental items with the PCMH Item Set, including placement instructions, is available in *CAHPS Clinician & Group Surveys: Supplemental Items for the Adult Surveys* and *CAHPS Clinician & Group Surveys: Supplemental Items for the Child Surveys*.

Number in the Adult PCMH Item Set	Number in the Child PCMH Item Set	Short Item Title	PCMH Item Set Measure	PCMH Topic Addressed
PCMH1	PCMH1	Number of days wait for urgent care appointment	Individual item	Access
PCMH2	PCMH2	Patient got information about what to do if care is needed on evenings, weekends, or holidays	Individual item	Access
PCMH3	PCMH3	Patient needed care during evenings, weekends, or holidays	(Screening item)	Access
PCMH4	PCMH4	Patient able to get needed care on evenings, weekends, or holidays	Individual item	Access
PCMH5	PCMH5	Patient got reminders from provider's office between visits	Individual item	Access
PCMH6		Patient started or stopped a medicine	(Screening item)	
PCMH7		Provider talked to patient about reasons patient might want to take a medicine	Talking with you about medication decisions (composite)	Shared decisionmaking
PCMH8		Provider talked to patient about reasons patient might not want to take a medicine		Shared decisionmaking
PCMH9		Provider asked what patient thought was best		Shared decisionmaking
PCMH10	PCMH6	Patient saw a specialist for a particular health problem	(Screening item)	
PCMH11	PCMH7	Provider seemed informed and up-to-date about care from specialists	Individual item	Coordination

CAHPS® Clinician & Group Surveys and Instructions

Number in the Adult PCMH Item Set	Number in the Child PCMH Item Set	Short Item Title	PCMH Item Set Measure	PCMH Topic Addressed
PCMH12	PCMH8	Anyone in provider's office talked with patient about specific health goals	Talking with you about taking care of your own health (composite)	Self-management support
PCMH13	PCMH9	Anyone in provider's office asked if there were things that made it hard for patient to take care of health		Self-management support
PCMH14	PCMH10	Patient took prescription medicine	(Screening item)	
PCMH15	PCMH11	Anyone in provider's office talked with patient about all prescriptions	Individual item	Coordination
PCMH16		Anyone in provider's office asked if patient had felt sad, empty, or depressed	Attention to your mental and emotional health (composite)	Comprehensive-ness
PCMH17		Anyone in provider's office talked about worrying/stressful aspects of patient's life		Comprehensive-ness
PCMH18		Anyone in provider's office talked with patient about personal problem, family problem, alcohol use, drug use, or a mental or emotional illness		Comprehensive-ness