Maine Quality Forum

Patient Experience Survey Guidelines, 2014

A Guide for Qualified Vendors and Participating Practices

June 25, 2014
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Introduction

The Dirigo Health Agency's Maine Quality Forum (MQF), in collaboration with the Maine Department of Health and Human Services, Maine Quality Counts, Maine Healthcare Management Coalition and Aligning Forces for Quality, launched the Patient Experience Matters initiative in 2012 to collect and publicly report patient experience survey data about primary and specialty healthcare in Maine. A total of 269 practice sites participated in this voluntary initiative, representing approximately one-third of Maine's primary and specialty physicians. Survey results were publicly reported and can be found at www.mainepatientexperiencematters.org.

In 2014, the MQF is extending a second offer for practice sites who participated in 2012 to repeat the patient experience survey and for other practice sites to administer it for the first time. As in 2012, substantial subsidies will be available to support survey administration for practices that agree to use a standard instrument and approach to survey administration, work with a Qualified Vendor contracting with MQF, submit their data to the national CAHPS Database for aggregation and scoring, and provide MQF access to survey results for purposes of public reporting.

The following Survey Guidelines will be incorporated and made part of the contract between MQF and Qualified Vendors.

Survey Design Features

Target Population

The target populations for this survey are adult patients (18 years of age or older) of primary care and specialty care practice sites and parents of children (under 18 years of age) who are patients of pediatric practice sites. Children served in general family care practices may be included but will require vendors to draw a separate sample for the child survey that is sufficient to meet the target sample size (see Figure 1).

Definition of Primary and Specialty Care Practice Sites

Providers representing the following primary and specialty care practice types are included in this survey initiative:

Primary care: Internal Medicine (adult primary care survey only); Family Medicine (adult primary care survey only required, parents of children survey optional); General Medicine (adult primary care survey only); Pediatrics (parents of children survey only).

Specialists (adult specialist care survey only): Allergy/Immunology, Cardiology, Child & Adolescent Psychiatry, Dermatology, Endocrinology/Metabolism, Gastroenterology, General Preventive Medicine, General surgery, Geriatrics, Hematology/oncology, Infectious disease, Medical genetics, Nephrology, Neurology, OB/GYN, Ophthalmology, Orthopedics, Otolaryngology, Physical medicine and rehabilitation, Psychiatry, Pulmonary medicine, Rheumatology, Surgery, Urology, Vascular medicine.
Survey Instrument
The preferred survey for both primary care and specialty practices is the adult and child CG-CAHPS 6 or 12 month survey with PCMH supplemental items. The Adult PCMH 6-month version can be found in APPENDIX A; the child PCMH 6-month version can be found in APPENDIX B. The adult and child PCMH 12-month survey can be found at: https://cahps.ahrq.gov/surveys-guidance/cg/index.html

Practices that have been using the Adult CG-CAHPS 6 or 12 month survey without the PCMH items in the past may continue to do so without administering the PCMH item set.

CG-CAHPS visit surveys are not eligible for MQF subsidies or public reporting.

Modification to the Survey Instrument
Supplemental questions approved by CAHPS may be added to the survey as long as all CAHPS protocols for doing so are followed: https://www.cahps.ahrq.gov/surveys-guidance/helpful-resources/modifying/index.html.

Modes of Administration
The survey may be administered using any of the data collection modes approved by CAHPS. The current approved data collection modes include:

- Mail only
- Telephone only
- A mixed mode of mail with telephone follow-up
- A mixed mode of e-mail with mail follow-up
- A mixed mode of e-mail with telephone follow-up

Protocols for each of the data collection modes can be found in the Fielding the CAHPS Clinician & Group Surveys available on the CAHPS website at: https://cahps.ahrq.gov/surveys-guidance/docs/1033_CG_Fielding_the_Survey.pdf
## Practice-Site Recruitment and Registration

Practice sites are required to register with MQF as a condition of participation in this initiative and to receive survey subsidies. Practice sites must register through an online registration process between July 15, 2014 and August 15, 2014 at: [http://www.mainepatientexperiencematters.org/register.php](http://www.mainepatientexperiencematters.org/register.php). Registration must be completed by the practice owner or delegate and includes the following:

- Name and contract information for practice site owner;
- Selection of Qualified Vendor (if known);
- Attestation indicating that the practice site owner authorizes its vendor to submit its practice site level survey results to the CAHPS Database and authorizes the CAHPS Database to release its practice site level survey results to MQF for public reporting;
- For each practice site that the practice site owner wishes to register, provide:
  - contact person;
  - average weekly patient visit;
- The full name, provider type and specialty of all full and part-time clinicians who were a provider of record at the practice site as of July 2014. The provider of record is defined as the provider with whom the patient makes the appointment to see at the practice site. The list should include nurse practitioners and physician assistants if patients make appointments to see them directly.

After a practice site registers, MQF will assign a unique practice site identification number. When notified of the selected vendor, MQF will send an excel file to the vendor listing all registered practice sites and their corresponding practice site identification number. Vendors must use the MQF-assigned practice site identification number when submitting survey results to the CAHPS Database.

To aid in practice site registration, MQF is implementing a communication strategy to promote broad awareness among primary and specialty care practices through the following activities:

- Distribution of a project fact sheet and instructions for practice site registration through communication channels, including MaineCare, Maine Medical Association, Maine Osteopathic Association, Maine Primary Care Association, Maine Quality Counts, Maine Hospital Associations and major health systems in the State.
- Direct appeal to practice sites participating in the 2012 MQF survey initiative and those currently serving as health homes under MaineCare.
- A webinar for practice sites to learn more about the initiative was held on June 23, 2014.

### Marketing Materials

Qualified Vendors are encouraged to directly solicit practice sites to register. Qualified Vendors are required to use the following language when describing the survey initiative in written or
oral communications.

This survey is being conducted as part of a voluntary effort to collect and publicly report patient experience survey data in Maine. The initiative is sponsored by the Dirigo Health Agency’s Maine Quality Forum [MQF] in collaboration with Maine Quality Counts and the Maine Health Management Coalition. [Name of Company] is a MQF-Qualified Vendor authorized to administer the patient experience survey to patients served by primary and specialty practices in Maine under this initiative.

The above language must be used in practice site recruitment and in cover letters to patients when using the mail protocol. Cover letters may be customized to include the practice site or group logo and the signature of an appropriate practice site or medical group representative. MQF reserves the right to review marketing materials pertaining to practice site recruitment and request modifications as needed.

Once MQF has contracted with its Qualified Vendors, the agency will post a list of vendors as well as notify practices and professional associations of the eligible vendors. MQF will work with contracted vendors to develop comparable information about services, modes and price per completed survey (optional) that will be included in this announcement.

### Sample Frame

This is a practice-site survey. A practice site is one or more clinicians who practice together and provide patient care in an office location whether at a single geographic address or separate office suites at the same address. Where a medical group has multiple practice site locations, the sample frame pertains to each individual practice site.

The survey will be distributed to a random sample drawn from the target population who have had at least one visit (consultations made over the phone or via email are not included) to the practice site during the following measurement period:

#### Measurement Period

- **For Continuous Sampling**: September 1, 2014 through December 31, 2014
- **For One-Time Sampling**: June 1, 2014 through November 31, 2014

No patient will be excluded from the sample on the basis of the reason for the visit or duration of the patient/provider relationship.

Practice sites may choose to have their Qualified Vendor administer surveys at intervals throughout the four-month measurement period (e.g., “continuous or rolling sampling”) or

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1 This is the minimum measurement period for continuous sampling. Practice sites that have existing working relationships with Qualified Vendors and are able to begin survey administration in August, are encouraged to do so.
conduct a survey at the close of the one-time measurement period, December 31, 2014 (“One time sampling”).

Practice sites that do internal surveying on a continuous basis are requested to conduct continuous surveying under this initiative. There are several options for doing so.

- The practice site owner’s internal survey can qualify for a MQF subsidy, assuming that all other conditions of practice site registration and the MQF Survey Guidelines (including survey instrument and sample size) are met.

- The practice site owner may continue internal surveying in addition to the MQF surveys. When doing so, however, the MQF sample must be pulled before the sample for any internal surveying during the measurement period. Patients selected to receive a survey as part of the MQF survey initiative should be eliminated from the sample frame used for ongoing/internal survey activity during the MQF survey initiative measurement period. The starting sample for the MQF initiative must be sufficient to meet the target sample size (see Figure 1 below). For example, if one currently pulls a weekly sample for ongoing surveying, then the MQF sample should also be pulled weekly, prior to pulling any other sample for internal surveying. Patients sampled for the MQF initiative should then be removed from the sampling frame used for ongoing work. The starting sample size should be calculated based on achieving the target number of completed surveys for the MQF initiative (see Figure 1).

- If the practice site owner currently administers a survey that is not eligible under the MQF initiative, the practice site owner can choose to replace the survey instrument used for internal surveying with the MQF-endorsed survey for the four-month measurement period.

### Sample Size

Sample sizes are based on guidelines for practice site sampling developed by the Agency for Healthcare Research and Quality (AHRQ).

Survey results for the MQF initiative will be reported at the practice site level. Practice sites whose caseload is less than the applicable “Minimum target sample size” (see Figure 1) for the applicable measurement period cannot participate. For medical groups with more than one practice site location, samples must be generated for each practice site location.
### Figure 1: Sample Size Requirements

<table>
<thead>
<tr>
<th># of Providers* at a Practice Site</th>
<th># of Completed Surveys Required</th>
<th>Minimum Target Sample Size**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Primary Care</td>
</tr>
<tr>
<td>1</td>
<td>50</td>
<td>150</td>
</tr>
<tr>
<td>2</td>
<td>100</td>
<td>300</td>
</tr>
<tr>
<td>3</td>
<td>150</td>
<td>450</td>
</tr>
<tr>
<td>4-9</td>
<td>175</td>
<td>525</td>
</tr>
<tr>
<td>10-13</td>
<td>200</td>
<td>600</td>
</tr>
<tr>
<td>14-19</td>
<td>250</td>
<td>750</td>
</tr>
<tr>
<td>20+</td>
<td>300</td>
<td>900</td>
</tr>
</tbody>
</table>

**The number of clinicians who served at the practice site as the provider of record as of July, 2014. Provider of record is defined as the provider with whom the patient makes the appointment to see at the practice site. The list should include nurse practitioners and physician assistants if patients make appointments to see them directly. This number must correspond to information provided by practice site owners at the time of registration.

** Assumes a 33% response rate when calculating the target sample size for primary care practices, consistent with national and MQF experience. However, vendors should use a 20% response rate for calculating the target sample size for pediatric or other family practice sites administering the child survey and specialty practices, consistent with historical response rates in the child/parent population, in order to achieve sufficient sample sizes for reporting.

For practices serving both adult and pediatric patients, the practice is encouraged to select the population that represents the majority of its visits and use the corresponding survey version.

Practices that wish to survey both adult patients and parents of children can do so, but must achieve twice the target number of completed surveys for a practice of its size. In other words, the practice site must reach the target number of completed surveys from its adult patient respondents and from its child patient respondents.

Prior to sampling, vendors are required to review and confirm the number and names of providers identified by the practice site at the time of registration to ensure the sample is sufficient for the actual number of providers. If corrections are required, the vendor should notify MQF and the practice site owner. It will be the responsibility of the practice site owner to revise information submitted at the time of registration.

## Data Collection

### Data Collection Protocols

Vendors are required to adhere to CAHPS data collection protocols for the applicable mode of administration. In addition:
For the mail protocol, vendors are encouraged to customize cover letters by including the practice site or group logo and the signature of an appropriate practice site or representative.

For the mixed mode of mail with telephone follow-up, a notification letter to respondents in advance to let them know that you will be contacting them by telephone is not required.

Protocols for survey administration can be found in the Fielding the CAHPS Clinician & Group Surveys available on the CAHPS website at: https://cahps.ahrq.gov/surveys-guidance/docs/1033_CG_Fielding_the_Survey.pdf

**Data Submission**

To facilitate comparison of survey results for public reporting, MQF is requiring that all surveys completed for this initiative be submitted to the CAHPS Clinician & Group Survey Database through the CAHPS Database online submission system. The CG-CAHPS Database is a national repository of data funded by the Agency for Healthcare Research and Quality that allows for benchmarking with other practices that use this database nationally. There is no charge to participate. To participate in Maine’s statewide public reporting initiative and to be eligible for practice site subsidies, Qualified Vendors must submit completed surveys to the CAHPS Database on behalf of participating practice sites for this initiative using the practice site IDs assigned during the registration process.

**Data Submission requirements**

- MQF Qualified Vendors must submit survey results and other required data to the CAHPS Database during the first week of open submission, March 16, 2015 through March 23, 2015. This will assure that any issues or reconciliations that need to be made can be resolved prior to the close of the CAHPS Database submission period on March 27, 2014. All CAHPS Database submission specifications must be met.

- Consistent with CAHPS Database specifications, Qualified Vendors must submit three separate flat files:
  - Group data file
  - Practice site data file
  - Sample data file (containing survey responses)

- **Qualified vendors must use the practice site ID number assigned by MQF at the time of practice site registration when submitting data files to the CAHPS Database.**

For information on CAHPS submission requirements, see https://cahps.ahrq.gov/cahps-database/submitting-data/CG-Training.swf.

**Data Use Agreement**

At the time of data submission, MQF will submit to the CAHPS Database a single Data Use Agreement (DUA) specifying the name and ID numbers of registered practice sites. The DUA will formalize the attestation made at the time of registration by a practice site authorizing
release of its CAHPS data to MQF for public reporting.

No additional DUA will be required unless the practice site wishes to have access to the CAHPS online reporting system. If the practice site wishes to have access to its own data in the password-protected portion of the CAHPS online reporting system, the vendor must submit a separate DUA directly to the CAHPS Database for the registered practice site. For questions on the benefits of using the password-protected portion of the CAHPS Database, contact:

   Email: CAHPSDatabase@Westat.com
   Phone: 888-808-7108

### Subsidies

MQF will make practice-site subsidy payments up to $8.65 per completed survey or 90% of actual survey costs, whichever is less. Practice-site subsidies will be paid to Qualified Vendors, under contract with MQF, for survey administration at registered practice sites. To qualify for a subsidy, practice sites must be registered and must comply with all other conditions of these Guidelines.

#### Subsidy Payment Schedule

The subsidy amount will be based on the number of completed surveys as determined by the CAHPS Database. Subsidy payments will be made in two installments.

**First subsidy payment – on or around September 30, 2014**

The first payment will equal 50% of the total estimated subsidy amount based on the required number of completed surveys estimated for a practice site.

**Second payment –after cleaning by the CAHPS Database and notification to MQF of the final completed survey count**

The second payment will be made to Qualified Vendors after the CAHPS Database conducts its cleaning and edit function, and the CAHPS Database notifies MQF of the final number of completed surveys submitted. According to CAHPS guidelines, a survey is considered complete if it has responses to at least 50 percent of the key survey items and at least 1 item from the composite measures or provider rating item. Further information can be found at: [https://cahps.ahrq.gov/surveys-guidance/docs/1033_CG_Fielding_the_Survey.pdf](https://cahps.ahrq.gov/surveys-guidance/docs/1033_CG_Fielding_the_Survey.pdf).

No Qualified Vendor will be paid for more than the total number of surveys shown in Figure 1 based on practice site size. A Qualified Vendor could be paid less than the original subsidy estimate if less than the established number of completed surveys is collected.

#### Balance billing

Qualified Vendors must not bill practice sites for the balance of survey costs until after all subsidies are paid by MQF.
Invoices
Qualified Vendors must submit an invoice to receive subsidy payments. Listed below is the information that must accompany the invoice request.

<table>
<thead>
<tr>
<th>Subsidy Payment</th>
<th>Invoice Requirements</th>
</tr>
</thead>
</table>
| First or Second Subsidy | • Vendor Name, contact person, address, Tax ID and State of Maine Contract Number  
  • Narrative statement of work  
  • List of registered practice sites on whose behalf the Qualified Vendor is conducting surveys  
  • Price per completed survey  
  • Invoice amount as determined by MQF |

Public Reporting
MQF will have access to practice-site survey results through the CAHPS Database under terms of the Data Use Agreement submitted to the CAHPS Database. Survey results will be publicly reported at: [www.mainepatientexperiencematters.org](http://www.mainepatientexperiencematters.org).

Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 6, 2014</td>
<td>Release of Survey Vendor RFQ</td>
</tr>
<tr>
<td>June 20, 2014</td>
<td>Vendor application for qualification due</td>
</tr>
<tr>
<td>July 11, 2014</td>
<td>MQF/Qualified Vendor contracts finalized</td>
</tr>
<tr>
<td>July 15, 2014</td>
<td>Practice site registration opens</td>
</tr>
<tr>
<td>September 1 – December 31, 2014</td>
<td>Survey measurement period*</td>
</tr>
<tr>
<td>August 15, 2014</td>
<td>Practice site registration closes</td>
</tr>
<tr>
<td>September 30, 2014</td>
<td>First subsidy payment</td>
</tr>
<tr>
<td>March 16 – 23, 2015</td>
<td>CAHPS Database open submission period for MQF surveys**</td>
</tr>
<tr>
<td>June 12, 2015</td>
<td>CAHPS Database analysis complete</td>
</tr>
<tr>
<td>June 30, 2015</td>
<td>Final subsidy payment</td>
</tr>
<tr>
<td>August, 2015</td>
<td>MQF publicly reports survey results</td>
</tr>
</tbody>
</table>

*Measurement period varies based on continuous versus one-time survey administration

**The end date of the MQF open submission period is one week sooner than the general CAHPS Database open submission period to assure time to reconcile and correct any submissions. MQF is requesting vendors to begin the submission process on March 16, 2015.
Appendices

1. Adult PCMH Survey Instrument
2. Child PCMH Survey Instrument
Appendix 1
Adult PCMH Survey Instrument
CAHPS® Clinician & Group Surveys

Version: 6-Month Survey with Patient-Centered Medical Home (PCMH) Items

Population: Adult

Language: English

Response Scale: 4 points

Notes

• **Expanding on the 6-Month Survey**: This survey combines the Clinician & Group 6-Month Survey with the Patient-Centered Medical Home Item Set to address the domains of the medical home. The PCMH supplemental items are highlighted in yellow.

  Survey users may add more questions to this survey. A document with supplemental items developed by the CAHPS Consortium and descriptions of major item sets are available at: [Clinician & Group Surveys and Instructions](#).

• **References to “this provider” rather than “this doctor”:** This survey uses “this provider” to refer to the individual specifically named in Question 1. A “provider” could be a doctor, nurse practitioner, physician assistant, or other individual who provides clinical care. Survey users may change “provider” to “doctor” throughout the questionnaire. For guidance, please see [Preparing a Questionnaire Using the CAHPS Clinician & Group Surveys](#).

• **Never-to-Always response scale**: This survey employs a 4-point response scale – “Never/Sometimes/Usually/Always” – which is the standard frequency scale for CAHPS surveys. The CAHPS Consortium is currently awaiting National Quality Forum (NQF) review and endorsement of this 2.0 version of the survey with a 4-point scale.
Instructions for Front Cover

• Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.

• Include this text regarding the confidentiality of survey responses:

  **Your Privacy is Protected.** All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential.** You may notice a number on the cover of the survey. This number is used only to let us know if you returned your survey so we don’t have to send you reminders.

  **Your Participation is Voluntary.** You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

  **What To Do When You're Done.** Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

  If you want to know more about this study, please call XXX-XXX-XXXX.

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team’s recommendations include the following:

• If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.

• Maximize readability by using two columns, serif fonts for the questions, and ample white space.

• Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

Additional guidance is available in [Preparing a Questionnaire Using the CAHPS Clinician & Group Survey](#).
Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☑ Yes → If Yes, go to #1 on page 1
☐ No
### Your Provider

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

   Name of provider label goes here

   Is that right?

   1. Yes
   2. No → If No, go to #44 on page 6

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

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

   1. Yes
   2. No

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

   1. Less than 6 months
   2. At least 6 months but less than 1 year
   3. At least 1 year but less than 3 years
   4. At least 3 years but less than 5 years
   5. 5 years or more

### Your Care From This Provider in the Last 6 Months

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

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

   1. None → If None, go to #44 on page 6
   2. 1 time
   3. 2
   4. 3
   5. 4
   6. 5 to 9
   7. 10 or more times

5. In the last 6 months, did you phone this provider’s office to get an appointment for an illness, injury or condition that needed care right away?

   1. Yes
   2. No → If No, go to #8

6. In the last 6 months, when you phoned this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

   1. Never
   2. Sometimes
   3. Usually
   4. Always
7. In the last 6 months, how many days did you usually have to wait for an appointment when you **needed care right away**?

   - [ ] Same day
   - [ ] 1 day
   - [ ] 2 to 3 days
   - [ ] 4 to 7 days
   - [ ] More than 7 days

8. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

   - [ ] Yes
   - [ ] No → **If No, go to #10**

9. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

   - [ ] Never
   - [ ] Sometimes
   - [ ] Usually
   - [ ] Always

10. Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays?

    - [ ] Yes
    - [ ] No

11. In the last 6 months, did you need care for yourself during evenings, weekends, or holidays?

    - [ ] Yes
    - [ ] No → **If No, go to #13**

12. In the last 6 months, how often were you able to get the care you needed from this provider’s office during evenings, weekends, or holidays?

    - [ ] Never
    - [ ] Sometimes
    - [ ] Usually
    - [ ] Always

13. In the last 6 months, did you phone this provider’s office with a medical question during regular office hours?

    - [ ] Yes
    - [ ] No → **If No, go to #15**

14. In the last 6 months, when you phoned this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?

    - [ ] Never
    - [ ] Sometimes
    - [ ] Usually
    - [ ] Always

15. In the last 6 months, did you phone this provider’s office with a medical question **after** regular office hours?

    - [ ] Yes
    - [ ] No → **If No, go to #17**
16. In the last 6 months, when you phoned this provider’s office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

1. Never
2. Sometimes
3. Usually
4. Always

17. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider’s office between visits?

1. Yes
2. No

18. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?

1. Never
2. Sometimes
3. Usually
4. Always

19. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

1. Never
2. Sometimes
3. Usually
4. Always

20. In the last 6 months, how often did this provider listen carefully to you?

1. Never
2. Sometimes
3. Usually
4. Always
21. In the last 6 months, did you talk with this provider about any health questions or concerns?

1  Yes
2  No → If No, go to #23

22. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

1  Never
2  Sometimes
3  Usually
4  Always

23. In the last 6 months, how often did this provider seem to know the important information about your medical history?

1  Never
2  Sometimes
3  Usually
4  Always

24. In the last 6 months, how often did this provider show respect for what you had to say?

1  Never
2  Sometimes
3  Usually
4  Always

25. In the last 6 months, how often did this provider spend enough time with you?

1  Never
2  Sometimes
3  Usually
4  Always

26. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

1  Yes
2  No → If No, go to #28

27. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow up to give you those results?

1  Never
2  Sometimes
3  Usually
4  Always

28. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

1  Yes
2  No → If No, go to #32

29. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?

1  Not at all
2. A little
3. Some
4. A lot

30. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might not want to take a medicine?

1. Not at all
2. A little
3. Some
4. A lot

31. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?

1. Yes
2. No

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

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

33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you see a specialist for a particular health problem?

1. Yes
2. No → If No, go to #35

34. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

1. Never
2. Sometimes
3. Usually
4. Always

35. In the last 6 months, did anyone in this provider’s office talk with you about specific goals for your health?

1. Yes
2. No

36. In the last 6 months, did anyone in this provider’s office ask you if there are things that make it hard for you to take care of your health?

1. Yes
2. No
37. In the last 6 months, did you take any prescription medicine?

1 □ Yes
2 □ No → If No, go to #39

38. In the last 6 months, did you and anyone in this provider’s office talk at each visit about all the prescription medicines you were taking?

1 □ Yes
2 □ No

39. In the last 6 months, did anyone in this provider’s office ask you if there was a period of time when you felt sad, empty, or depressed?

1 □ Yes
2 □ No

40. In the last 6 months, did you and anyone in this provider’s office talk about things in your life that worry you or cause you stress?

1 □ Yes
2 □ No

41. In the last 6 months, did you and anyone in this provider’s office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

1 □ Yes
2 □ No
Clerks and Receptionists at This Provider’s Office

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

1 □ Never
2 □ Sometimes
3 □ Usually
4 □ Always

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

1 □ Never
2 □ Sometimes
3 □ Usually
4 □ Always

About You

44. In general, how would you rate your overall health?

1 □ Excellent
2 □ Very good
3 □ Good
4 □ Fair
5 □ Poor

45. In general, how would you rate your overall mental or emotional health?

1 □ Excellent
2 □ Very good
3 □ Good
4 □ Fair
5 □ Poor

46. What is your age?

□ 18 to 24
□ 25 to 34
□ 35 to 44
□ 45 to 54
□ 55 to 64
□ 65 to 74
□ 75 or older

47. Are you male or female?

1 □ Male
2 □ Female
48. What is the highest grade or level of school that you have completed?
   - □ 8th grade or less
   - □ Some high school, but did not graduate
   - □ High school graduate or GED
   - □ Some college or 2-year degree
   - □ 4-year college graduate
   - □ More than 4-year college degree

49. Are you of Hispanic or Latino origin or descent?
   - □ Yes, Hispanic or Latino
   - □ No, not Hispanic or Latino

50. What is your race? Mark one or more.
   - □ White
   - □ Black or African American
   - □ Asian
   - □ Native Hawaiian or Other Pacific Islander
   - □ American Indian or Alaskan Native
   - □ Other

51. Did someone help you complete this survey?
   - □ Yes
   - □ No → Thank you.

52. How did that person help you? Mark one or more.
   - □ Read the questions to me
   - □ Wrote down the answers I gave
   - □ Answered the questions for me
   - □ Translated the questions into my language
   - □ Helped in some other way

Please print: ______________________________

________________________________________

________________________________________
Thank you

Please return the completed survey in the postage-paid envelope.
Appendix 2
Child PCMH Survey Instrument for Pediatric Practice Sites
CAHPS® Clinician & Group Surveys

Version: 6-Month Survey with Patient-Centered Medical Home (PCMH) Items

Population: Child
Language: English
Response Scale: 4 points

Notes

• **Expanding on the 6-Month Survey:** This survey combines the Clinician & Group 6-Month Survey with the Patient-Centered Medical Home Item Set to address the domains of the medical home. The PCMH supplemental items are highlighted in yellow.

Survey users may add more questions to this survey. A document with supplemental items developed by the CAHPS Consortium and descriptions of major item sets are available at: [Clinician & Group Surveys and Instructions](#).

• **References to “this provider” rather than “this doctor”:** This survey uses “this provider” to refer to the individual specifically named in Question 1. A “provider” could be a doctor, nurse practitioner, physician assistant, or other individual who provides clinical care. Survey users may change “provider” to “doctor” throughout the questionnaire. For guidance, please see [Preparing a Questionnaire Using the CAHPS Clinician & Group Surveys](#).

• **Never-to-Always response scale:** This survey employs a 4-point response scale – “Never/Sometimes/Usually/Always” – which is the standard frequency scale for CAHPS surveys. The CAHPS Consortium is currently awaiting National Quality Forum (NQF) review and endorsement of this 2.0 version of the survey with a 4-point scale.
Instructions for Front Cover

• Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
• Include this text regarding the confidentiality of survey responses:

  **Your Privacy is Protected.** All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely confidential. You may notice a number on the cover of the survey. This number is used only to let us know if you returned your survey so we don’t have to send you reminders.

  **Your Participation is Voluntary.** You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

  **What To Do When You’re Done.** Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

  If you want to know more about this study, please call XXX-XXX-XXXX.

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team’s recommendations include the following:

• If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
• Maximize readability by using two columns, serif fonts for the questions, and ample white space.
• Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

Additional guidance is available in [Preparing a Questionnaire Using the CAHPS Clinician & Group Survey](#).
Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☑ Yes → If Yes, go to #1 on page 1
☐ No
Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

**Your Child’s Provider**

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

   Name of provider label goes here

   Is that right?
   
   1. Yes
   2. No → If No, go to #55 on page 7

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

2. Is this the provider you usually see if your child needs a check-up or gets sick or hurt?

   1. Yes
   2. No

3. How long has your child been going to this provider?

   1. Less than 6 months
   2. At least 6 months but less than 1 year
   3. At least 1 year but less than 3 years
   4. At least 3 years but less than 5 years
   5. 5 years or more

**Your Child’s Care From This Provider in the Last 6 Months**

These questions ask about your child’s health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

4. In the last 6 months, how many times did your child visit this provider for care?

   | 1. None → If None, go to #55 on page 7 |
   | 2. 1 time |
   | 3. 2 |
   | 4. 3 |
   | 5. 4 |
   | 6. 5 to 9 |
   | 7. 10 or more times |

5. In the last 6 months, did you ever stay in the exam room with your child during a visit to this provider?

   1. Yes → If Yes, go to #7
   2. No

6. Did this provider give you enough information about what was discussed during the visit when you were not there?

   1. Yes → If Yes, go to #10
   2. No → If No, go to #10

7. Is your child able to talk with providers about his or her health care?

   1. Yes
   2. No → If No, go to #10
8. In the last 6 months, how often did this provider explain things in a way that was easy for your child to understand?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

9. In the last 6 months, how often did this provider listen carefully to your child?
   □ Never
   □ Sometimes
   □ Usually
   □ Always

10. Did this provider tell you that you needed to do anything to follow up on the care your child got during the visit?
    □ Yes
    □ No → If No, go to #12

11. Did this provider give you enough information about what you needed to do to follow up on your child’s care?
    □ Yes
    □ No

12. In the last 6 months, did you phone this provider’s office to get an appointment for your child needed right away, how often did you get an appointment as soon as your child needed?
    □ Never
    □ Sometimes
    □ Usually
    □ Always

13. In the last 6 months, when you phoned this provider’s office to get an appointment for care your child needed right away, how often did you get an appointment as soon as your child needed?
    □ Never
    □ Sometimes
    □ Usually
    □ Always

14. In the last 6 months, how many days did you usually have to wait for an appointment when your child needed care right away?
    □ Same day
    □ 1 day
    □ 2 to 3 days
    □ 4 to 7 days
    □ More than 7 days

15. In the last 6 months, did you make any appointments for a check-up or routine care for your child with this provider?
    □ Yes
    □ No → If No, go to #17

16. In the last 6 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?
    □ Never
    □ Sometimes
    □ Usually
    □ Always
17. Did this provider’s office give you information about what to do if your child needed care during evenings, weekends, or holidays?
   1 ☐ Yes
   2 ☐ No

18. In the last 6 months, did your child need care during evenings, weekends, or holidays?
   1 ☐ Yes
   2 ☐ No → If No, go to #20

19. In the last 6 months, how often were you able to get the care your child needed from this provider’s office during evenings, weekends, or holidays?
   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always

20. In the last 6 months, did you phone this provider’s office with a medical question about your child during regular office hours?
   1 ☐ Yes
   2 ☐ No → If No, go to #22

21. In the last 6 months, when you phoned this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?
   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always

22. In the last 6 months, did you phone this provider’s office with a medical question about your child after regular office hours?
   1 ☐ Yes
   2 ☐ No → If No, go to #24

23. In the last 6 months, when you phoned this provider’s office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always

24. Some offices remind patients between visits about tests, treatment, or appointments. In the last 6 months, did you get any reminders about your child’s care from this provider’s office between visits?
   1 ☐ Yes
   2 ☐ No

25. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see this provider within 15 minutes of his or her appointment time?
   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always
26. In the last 6 months, how often did this provider explain things about your child’s health in a way that was easy to understand?

1. Never  
2. Sometimes  
3. Usually  
4. Always

27. In the last 6 months, how often did this provider listen carefully to you?

1. Never  
2. Sometimes  
3. Usually  
4. Always

28. In the last 6 months, did you and this provider talk about any questions or concerns you had about your child’s health?

1. Yes  
2. No → If No, go to #30

29. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

1. Never  
2. Sometimes  
3. Usually  
4. Always

30. In the last 6 months, how often did this provider seem to know the important information about your child’s medical history?

1. Never  
2. Sometimes  
3. Usually  
4. Always

31. In the last 6 months, how often did this provider show respect for what you had to say?

1. Never  
2. Sometimes  
3. Usually  
4. Always

32. In the last 6 months, how often did this provider spend enough time with your child?

1. Never  
2. Sometimes  
3. Usually  
4. Always

33. In the last 6 months, did this provider order a blood test, x-ray, or other test for your child?

1. Yes  
2. No → If No, go to #35
34. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider’s office follow up to give you those results?

1  Never
2  Sometimes
3  Usually
4  Always

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

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

36. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did your child see a specialist for a particular health problem?

1  Yes
2  No → If No, go to #38

37. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?

1  Never
2  Sometimes
3  Usually
4  Always

Please answer these questions about the provider named in Question 1 of this survey.

38. In the last 6 months, did you and anyone in this provider’s office talk about your child’s learning ability?

1  Yes
2  No

39. In the last 6 months, did you and anyone in this provider’s office talk about the kinds of behaviors that are normal for your child at this age?

1  Yes
2  No

40. In the last 6 months, did you and anyone in this provider’s office talk about how your child’s body is growing?

1  Yes
2  No

41. In the last 6 months, did you and anyone in this provider’s office talk about your child’s moods and emotions?

1  Yes
2  No
42. In the last 6 months, did you and anyone in this provider’s office talk about things you can do to keep your child from getting injured?

1 [ ] Yes
2 [ ] No

43. In the last 6 months, did anyone in this provider’s office give you information about how to keep your child from getting injured?

1 [ ] Yes
2 [ ] No

44. In the last 6 months, did you and anyone in this provider’s office talk about how much time your child spends on a computer and in front of a TV?

1 [ ] Yes
2 [ ] No

45. In the last 6 months, did you and anyone in this provider’s office talk about how much or what kind of food your child eats?

1 [ ] Yes
2 [ ] No

46. In the last 6 months, did you and anyone in this provider’s office talk about how much or what kind of exercise your child gets?

1 [ ] Yes
2 [ ] No

47. In the last 6 months, did you and anyone in this provider’s office talk about how your child gets along with others?

1 [ ] Yes
2 [ ] No

48. In the last 6 months, did you and anyone in this provider’s office talk about whether there are any problems in your household that might affect your child?

1 [ ] Yes
2 [ ] No

49. In the last 6 months, did anyone in this provider’s office talk with you about specific goals for your child’s health?

1 [ ] Yes
2 [ ] No

50. In the last 6 months, did anyone in this provider’s office ask you if there are things that make it hard for you to take care of your child’s health?

1 [ ] Yes
2 [ ] No

51. In the last 6 months, did your child take any prescription medicine?

1 [ ] Yes
2 [ ] No → If No, go to #53

52. In the last 6 months, did you and anyone in this provider’s office talk at each visit about all the prescription medicines your child was taking?

1 [ ] Yes
2 [ ] No
Clerks and Receptionists at This Provider’s Office

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

1 □ Never
2 □ Sometimes
3 □ Usually
4 □ Always

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

1 □ Never
2 □ Sometimes
3 □ Usually
4 □ Always

About Your Child and You

55. In general, how would you rate your child’s overall health?

1 □ Excellent
2 □ Very Good
3 □ Good
4 □ Fair
5 □ Poor

56. In general, how would you rate your child’s overall mental or emotional health?

1 □ Excellent
2 □ Very Good
3 □ Good
4 □ Fair
5 □ Poor

57. What is your child’s age?

☐ Less than 1 year old

______ YEARS OLD (write in)

58. Is your child male or female?

1 □ Male
2 □ Female
59. Is your child of Hispanic or Latino origin or descent?
   - [ ] Yes, Hispanic or Latino
   - [ ] No, not Hispanic or Latino

60. What is your child’s race? Mark one or more.
   - [ ] White
   - [ ] Black or African American
   - [ ] Asian
   - [ ] Native Hawaiian or Other Pacific Islander
   - [ ] American Indian or Alaska Native
   - [ ] Other

61. What is your age?
   - [ ] Under 18
   - [ ] 18 to 24
   - [ ] 25 to 34
   - [ ] 35 to 44
   - [ ] 45 to 54
   - [ ] 55 to 64
   - [ ] 65 to 74
   - [ ] 75 or older

62. Are you male or female?
   - [ ] Male
   - [ ] Female

63. What is the highest grade or level of school that you have completed?
   - [ ] 8th grade or less
   - [ ] Some high school, but did not graduate
   - [ ] High school graduate or GED
   - [ ] Some college or 2-year degree
   - [ ] 4-year college graduate
   - [ ] More than 4-year college degree

64. How are you related to the child?
   - [ ] Mother or father
   - [ ] Grandparent
   - [ ] Aunt or uncle
   - [ ] Older brother or sister
   - [ ] Other relative
   - [ ] Legal guardian
   - [ ] Someone else

Please print: ____________________

________________________________
65. Did someone help you complete this survey?

1 [ ] Yes
2 [ ] No → Thank you.

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

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

1 [ ] Read the questions to me
2 [ ] Wrote down the answers I gave
3 [ ] Answered the questions for me
4 [ ] Translated the questions into my language
5 [ ] Helped in some other way

Please print: ______________________

________________________________

________________________________

________________________________
Thank you

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