

Measure #4b. Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Adult Specialty Care 1.0

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility	□		
Communicate	■		
<i>Interpersonal communication</i>	■		
<i>Information transfer</i>	■		
Facilitate transitions			
<i>Across settings</i>			
<i>As coordination needs change</i>			
Assess needs and goals	□		
Create a proactive plan of care			
Monitor, follow up, and respond to change	□		
Support self-management goals	■		
Link to community resources			
Align resources with patient and population needs			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination			
Health care home	□		
Care management			
Medication management	□		
Health IT-enabled coordination			

Legend:

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

Consumer Assessment of Healthcare Providers and Systems (CAHPS) — Adult Specialty Care 1.0

Purpose: To measure adult consumers' experiences with a specialty care physician and practice.

Format/Data Source: Survey comprised of 31 core items with an additional 20 supplemental items specific to adult specialty care. Supplemental items focus on additional aspects of care, including: (1) care received, (2) care coordination, (3) costs of care (prescription medications, etc.), (4) role of doctor, (5) shared decisionmaking, and (6) procedures done by doctor. All questions were answered on a 4-point frequency scale. Responses covered experiences in the last 12 months and were compiled into a nationally available database.¹

Date: Measure released in 2008.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 2, DR1
- **Communicate:**
 - *Between health care professional(s) and patient/family:* 14, 15, CC1, SD1, SD2
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* DC1-3, SD3
 - Information transfer:
 - *Between health care professional(s) and patient/family:* 10, 12, 22, SP2
 - *Participants not specified:* 18
- **Assess needs and goals:** SD1, SD2
- **Monitor, follow up, and respond to change:** 22
- **Support self-management goals:** 17, DC4, SP5, SP6
- **Health care home:** 1, 2
- **Medication management:** CC1

Development and Testing: The draft instrument was revised based on a literature review and feedback that was provided from extensive field tests with various health care organizations, cognitive interviews, and stakeholders.¹ The final instrument is endorsed by the National Quality Forum as well as the Ambulatory Care Quality Alliance (AQA).

Link to Outcomes or Health System Characteristics: The CAHPS survey questions and data have been used for evaluating patient experiences with care delivery.² Measure scores related to communication and care coordination were shown to be higher (more favorable) for patients seen by physicians in large, integrated medical groups compared with other practice settings.³ Study populations enrolled in care management programs also showed trends toward higher ratings of patient experience with provider communication via the CAHPS.⁴

Logic Model/Conceptual Framework: None described in the sources identified.

Country: United States

Past or Validated Applications*:

- **Patient Age:** Adults
- **Patient Condition:** General Population/Not Condition Specific
- **Setting:** Other Outpatient Specialty Care Facility

*Based on the sources listed below.

Notes:

- The final survey includes 3 variations of a multi-item instrument: (1) Adult Primary Care 1.0, (2) Adult Specialty Care 1.0, and (3) Child Primary Care 1.0, which has a beta adaptation (Child Primary Care 2.0). Core question items are the same across the non-beta versions, but wording (patient vs. child; primary care physician vs. specialist) changes according to the instrument. All questions are answered on a 4-point frequency scale. Supplemental items focus on additional aspects of care (shared decisionmaking, costs, prescription medications, etc.). The survey also includes questions to obtain health status and demographic data.
- All instrument items are located online.¹
- The core instrument contains 31 questions; 9 were mapped.
- The supplement contains 51 items; 21 were mapped.
- Validated versions are available online for adult and child, in both English and Spanish.¹
- In addition to the CAHPS Clinical and Group Survey, ambulatory care surveys include: (1) CAHPS Health Plan Survey, (2) CAHPS Surgical Care Survey, (3) ECHO Survey, (4) CAHPS Dental Plan Survey, (5) CAHPS American Indian Survey, and (6) CAHPS Home Health Care Survey.¹
- Facility Surveys are also available, including: (1) CAHPS Hospital Survey, (2) CAHPS In-Center Hemodialysis Survey, and (3) CAHPS Nursing Home Surveys.¹

Sources:

1. CAHPS Survey's and Tools. Agency for Health Research and Quality. Available at: <https://www.cahps.ahrq.gov/default.asp>. Accessed: 20 September 2010.
2. Agency for Health Research and Quality CAHPS Web site, CAHPS Bibliography. Available at: <http://www.cahps.ahrq.gov/content/cahpsoverview/Bibliography.asp?orderby=D&p=101&s=15>. Accessed: 16 September 2010.
3. Rodriguez HP, von Glan T, Rogers WH, et al. Organizational and market influences on physician performance and patient experience measures. *Health Serv Res* 2009;44(3):880-901.
4. Isetts BJ, Schondelmeyer SW, Heaton AH, et al. Effects of collaborative drug therapy management on patients' perceptions of care and health related quality of life. *Res Soc Adm Pharm* 2006;2:129-42.