Massachusetts
Health Quality Partners

MHQP 2018 Patient Experience Survey Report

Adult Primary Care

Detailed Practice Report
prepared for

Family Medicine Associates, A Member of Lahey Health - South Hamilton
Northeast PHO, Inc.

October 2018

MHQP 2018 Patient Experience Survey Report

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About Your Report

The 2018 MHQP Patient Experience Survey Report (PES Report) summarizes results for your practice site from the 2018 statewide survey of adult and pediatric primary care patients. The 2018 MHQP Patient Experience Survey is based on the CG-CAHPS 3.0 survey developed by the National Committee for Quality Assurance (NCQA) and the Agency for Healthcare Research and Quality (AHRQ). The short versions of the 2018 adult and child surveys include Patient-Centered Medical Home (PCMH) survey items. The 2018 Patient Experience Survey (PES) adult survey had 39 items and the child survey had 54 items.

Prior to using these survey versions, MHQP used longer versions, based on CG-CAHPS 2.0. MHQP arrived at its shorter survey versions based on the following: multi-stakeholder input on what was needed, past years' experience regarding the performance of items and composites, requirements imposed by risk contracts, and Massachusetts PCMH certification requirements. MHQP's surveys are generally consistent with the CG-CAHPS 3.0 versions, but do have minor differences related to the make-up of survey composites; however, all composite questions in the CG-CAHPS 3.0 surveys are included in the MHQP short survey versions.

The survey was fielded in the spring of 2018 and sampled patients from 842 adult and 343 pediatric primary care practices statewide, representing over 4,000 primary care providers (PCPs). Results for adult and pediatric primary care are reported separately.

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

Quality of Doctor-Patient Interactions

- Communication
- Integration of Care
- Knowledge of the Patient
- Adult Behavioral Health (Adult reports only)
- Shared-Decision Making (Adult reports only)
- Pediatric Preventative Care (Pediatric reports only)
- Pediatric Growth and Development (Pediatric reports only)

Organizational Features of Care

- Organizational Access
- Self-Management Support
- Office Staff

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

Sample sizes were estimated according to the number of providers at a practice in order to obtain reliable information at the practice site level.

MHQP will release a public report of the 2018 Statewide Patient Experience Survey results **at the practice level only** in the winter of 2019 on MHQP's website for healthcare consumers, www.healthcarecompassma.org. Only practices with three or more providers will be included in MHQP's public reporting. **No provider or medical group level results will be reported on MHQP's consumer website, Healthcare Compass.**

About Your Report

This report contains up to ten sections of results:

- **Comparison to Statewide Mean** – This chart graphs patients' experiences within your practice across the summary measures and the global rating item as compared with the state mean. This section also explains how sample size is determined and provides information about statistical reliability.
- **Summary Performance Chart** – This chart is included in reports for practices with three or more PCPs; these results are publicly reported. The chart indicates a practice's score in relation to all other practices sampled in Massachusetts. The summary performance measures in this chart are consistent with MHQP's previously reported composites, which have been used for public reporting since 2005. The chart reports results for all reported composites and notes which measures will be publicly reported.
- **Priority Matrix** – This chart plots your practice's relative performance on summary measures with patients' willingness to recommend your practice on an x-y axis. The chart is designed to help guide decisions about where to focus quality improvement efforts at your practice.
- **Detailed Question-Level Results** – This section provides detailed results for each question and a question level percentile ranking icon to help your practice make question-by-question decisions about quality improvement. This section also contains demographic information for the patients in your practice who completed the survey.
- **Characteristics of Patients in Your Practice's Sample** – This section summarizes the demographic and health characteristics reported by respondents from your practice.
- **Practice Site Comparative Performance Chart** – If your practice is part of a medical group with at least two other practices included in the survey, your report will also contain a series of charts comparing the performance of your practice with other practices (blinded) in your medical group across the summary measures.
- **Provider-Level Comparative Performance Chart** – If your practice opted to participate in the Provider-Level Survey Program, your report will also contain a series of charts comparing the performance of all the providers in your practice across the summary measures and the global rating item.
- **Trending Data** – This chart displays trending data between 2013 to 2017, reflecting the number of respondents and Composite Scores. The significant difference (-1,-2 and -3) identifies a statistically significant increase or decrease to the indicated prior year results.
- **Providers from Your Organization Included in the Survey Report** – This section indicates the names of all providers from your organization whose patients were surveyed as part of the 2018 survey. Information regarding PCPs at each practice site was obtained directly from the practice site or medical group through MHQP's Massachusetts Provider Database (MPD). All provider rosters used for this survey were updated as of December 31, 2017.
- **Patient Comments** – This section includes patient narratives/comments derived from open-ended questions (CAHPS Narrative Elicitation Protocal- beta version) found on the online survey.

About Your Report

Appendices

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

- **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.
- **Statewide and Regional Mean Scores** – This section provides regional average scores and the statewide 10th, 25th, 50th, 75th, 80th, 90th and 99th percentile ranking scores for each reported composite.
- **Patient-Centered Medical Home Measurement Chart** – This chart represents Patient-Centered Medical Home (PCMH) composite and item level measures as defined by NCQA. MHQP's standard Communication and Access composites differ slightly from the CAHPS® PCMH composites for the same areas. When CAHPS® PCMH composites are different from MHQP composites, we have also provided PCMH composite results within this section.
- **Questions and Answers –** This section contains a list of commonly asked questions about the MHQP Patient Experience Survey and the corresponding answers.
- **Technical Appendix** – This section provides detailed information on MHQP's sampling process and benchmark methodology.
- **About MHQP** – This section includes information about MHQP and its role in Massachusetts' quality reporting.

Table of Publicly Reported Survey Questions - Adult Primary Care

Quality of Provider-Patient Interaction

Summary Measure	*Survey Questions*
Communication (4 questions)	In the last 12 months, how often did this provider explain things in a way that was easy to understand?
	In the last 12 months, how often did this provider listen carefully to you?
	In the last 12 months, how often did this provider show respect for what you had to say?
	In the last 12 months, how often did this provider spend enough time with you?
Integration of Care (3 questions)	In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?
	In the last 12 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 these test results?
	In the last 12 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?
Knowledge of Patient (2 questions)	In the last 12 months, how often did this provider seem to know the important information about your medical history?
	How would you rate this provider's knowledge of you as a person, including values and beliefs that are important to you?
Adult Behavioral Health (2 questions)	In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?
	In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

Organization/Structural Features of Care

Summary Measure	*Survey Questions*
Organizational Access (3 questions)	In the last 12 months, when you called 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?
	In the last 12 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?
	In the last 12 months, when you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

Self-Management Support (2 questions)	In the last 12 months, did you and anyone in this provider's office talk about specific goals for your health? In the last 12 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?
Office Staff (2 questions)	In the last 12 months, how often were the front office staff at this provider's office as helpful as you thought they should be? In the last 12 months, how often did the front office staff at this provider's office treat you with courtesy and respect?

Global Rating

Summary Measure	***Survey Questions***
Willingness to Recommend (1 question)	Would you **recommend** this provider to your family and friends?

Comparison to Statewide Mean

The summary chart displays your mean score and a comparison of your mean score to the Statewide Mean for each of the summary measures. The information below is provided to help you interpret the chart. MHQP will release a public report of the 2018 Statewide Patient Experience Survey results **at the practice level only** in the winter of 2019 on MHQP's website for healthcare consumers, www.healthcarecompassma.org. Only practices with three or more providers will be included in MHQP's public reporting. No provider or medical group level results will be reported on MHQP's consumer website, Healthcare Compass.

Sample Size

The number of your patients responding to the survey is indicated in the title of the chart. Sampling design considers how many primary care providers are in each practice and the number of respondents needed to achieve highly reliable results. For private reporting, results are included for practices with at least 16 respondents. This minimum threshold allows practices to receive some information from the survey, even when sample sizes are limited. For provider level reports, results are included for providers with at least seven respondents. There are no minimum thresholds for the reporting of medical groups or networks. 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

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

Mean Scores Used for Comparison

The *Statewide Mean* represents the statewide average score including all respondents to the 2018 Patient Experience Survey and can be used as a benchmark for comparison to your own score. We also list your adjusted mean score. Your scores have been case-mix adjusted so that patient 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, race, language, health plan, and region.

Statistical Significance

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

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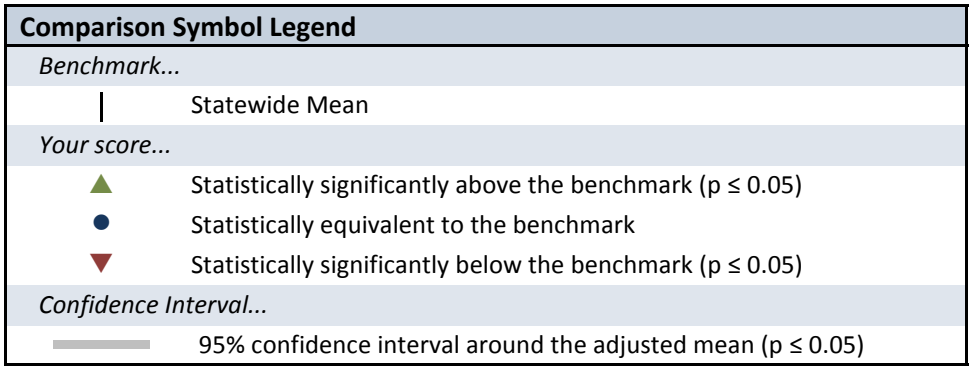
Patients' Experiences with Your Practice Site (n = 76)

Compared with the Statewide Mean

Summary Measures	Comparison to State Mean	Site Mean (Reliability *r*)	State Mean
Quality of Provider-Patient Interaction	0 20 40 60 80 100		
Communication		96.4 (Highest *r*)	94.6
Integration of Care		87.3 (Highest *r*)	86.8
Knowledge of Patient		89.2 (Highest *r*)	89.7
Adult Behavioral Health		60.4 (Highest *r*)	71.1
Organization/Structural Features of Care	0 20 40 60 80 100		
Organizational Access		87.2 (Highest *r*)	87.0
Self-Management Support		64.4 (High *r*)	62.6
Office Staff		82.1 (Highest *r*)	89.4



Comparison Symbol Legend	
Benchmark...	
|	Statewide Mean
Your score...	
▲	Statistically significantly above the benchmark ($p \leq 0.05$)
●	Statistically equivalent to the benchmark
▼	Statistically significantly below the benchmark ($p \leq 0.05$)
Confidence Interval...	
▬	95% confidence interval around the adjusted mean ($p \leq 0.05$)

Reliability Legend	
Highest *r* ≥ .70	Available sample for this measure meets or exceeds reliability standards required for public reporting.
High *r* .50 to .70	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. Results are provided for your information only and will not be reported publicly.
Lower *r* .34 to .50	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. Results are provided for your information only and will not be reported publicly.
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.

Summary Performance

Publicly Reported Measures

MHQP will publicly report the results of the summary measures in the winter of 2019 on MHQP's website for healthcare consumers, www.healthcarecompassma.org. Only practice level results will be publicly reported. For each of these measures, the performance chart indicates your score as compared with two statewide benchmarks, and the performance category that will be reported for your practice on MHQP's public website. The global rating item "Willingness to Recommend" will be publicly reported on MHQP's website as a frequency distribution.

Performance Benchmarks

Performance benchmarks have been set in two ways. For some measures, performance categories are based on the Beta-Binomial methodology and set at the 20th and 80th percentiles. Another method, known as the Hochberg methodology, is used for differentiating performance for measures with high or low performance and little variation across the majority of practices being reported. Performance categories for each type of benchmark are as follows:

For composites with benchmarks developed with Beta-Binomial methodology (Adult Knowledge of Patient, Adult Behavioral Health, Adult/Pediatric Organizational Access, Pediatric Preventive Care, and Pediatric Office Staff):

- Below the lower benchmark: Lowest Performance
- Between the lower and upper benchmark: Medium Performance
- Above the upper benchmark: High Performance
- Above the 99th percentile: Special Designation Highest Performance

For composites with benchmarks developed with the Hochberg methodology (Adult/Pediatric Communication, Adult/Pediatric Integration of Care, Adult Office Staff, Pediatric Knowledge of Patient, Child Development, and Adult/Pediatric Self-Management Support):

- Below the Benchmark: Lowest Performance
- Above the Benchmark: High Performance
- Above 99th Percentile: Special Designation Highest Performance

For Adult/Pediatric Self-Management Support:

- Below the Benchmark: Lowest Performance
- Above the Benchmark: Medium Performance
- Above a score of 80: High Performance

Publicly Reported Measures

All measures with symbols in the column "Performance Category" will be publicly reported.

Top Performance Designation

For more information on the scores needed to achieve "Highest Performance" designation for each summary measure as well as the statistical methods used to determine these scores, please see the Technical Appendix at the end of this report.

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Beta-Binomial Summary Performance (n = 76)

Summary Measures	Your Score	Performance Category	Lower Benchmark	Upper Benchmark
Quality of Provider-Patient Interaction				
Publicly Reported Measures				
Knowledge of Patient	**89.2**	◒	84.4	90.0
Adult Behavioral Health	**60.4**	◒	60.0	75.0
Organization/Structural Features of Care				
Publicly Reported Measures				
Organizational Access	**87.2**	◒	80.1	87.4

Performance Category Legend

◈	Special designation of highest performance
●	At or above the upper benchmark
◒	Between the lower and upper benchmarks
○	Below the lower benchmark
N/D	Not enough data to report performance

Response Frequency: Would you recommend this provider to your family and friends?

	frequency	*percent*	*state frequency*	*percent*
Definitely not	2	3%	860	2%
Probably not	0	0%	825	2%
Not sure	1	1%	1,547	4%
Probably yes	9	12%	6,696	15%
Definitely yes	64	84%	33,895	77%
Total applicable respondent	**76**		**43,823**	
No response	0		572	

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Hochberg Summary Performance (n = 76)

Summary Measures	Your Score	Performance Category	Benchmark
Quality of Provider-Patient Interaction			
Publicly Reported Measures			
Communication	**96.4**	●	90.0
Integration of Care	**87.3**	●	79.3
Organization/Structural Features of Care			
Publicly Reported Measures			
Self-Management Support	**64.4**	◒	47.1
Office Staff	**82.1**	○	84.1

Hochberg Performance Category Legend	
◈	Special designation of highest performance
●	Above the benchmark
◒	Above the benchmark (Self-Management Support)
○	Below the benchmark
N/D	Not enough data to report performance

Priority Matrix

The Priority Matrix is a tool to help practices identify potential areas for quality improvement based on the results of the survey. This graph incorporates the patient perspective about the importance of different aspects of care with practice performance as compared to peers:

- The **vertical axis** indicates the percentile rank of practice scores. Practice site case-mix adjusted scores for summary measures are plotted on this scale to display where practice site scores fall in relation to other practices included in the survey. **The higher a measure's score is plotted, the better the performance of the practice is in relationship to other practice sites in the survey for that measure.**
- The **horizontal axis** represents a scale from 0.0 to 1.0 that indicates how strongly patients' "Willingness to Recommend" a practice is correlated with each of the summary measures. "Willingness to Recommend" is one indicator of how highly patients value their experience receiving care at a practice. **The closer to 1.0 a summary measure score is plotted on the horizontal-axis, the stronger the measure is related to patients' willingness to recommend the practice to family and friends.**

The priority matrix depicts two useful pieces of information—1) the vertical 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 horizontal axis shows how highly each survey item correlates with patients' willingness to recommend their primary care provider 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 primary care provider.

Quadrant 1: Highest Priority for Improvement. The practice scored below the 75th percentile and there is a strong correlation between patients' willingness to recommend the practice and the measure(s).

Quadrant 2: High Priority for Improvement. The practice scored below the 75th percentile but there is only a moderate or low correlation between patients' willingness to recommend the practice and the measure(s). Measures in Quadrants 1 and 2 represent the most important initial targets for improvement. By highlighting the relationship between relative performance and a key indicator of patient experience, the matrix guides prioritization. However, it is appropriate for practices to evaluate the ordering of priorities (highest vs. higher) and its relevance to the individual practice. There may be a rationale for focusing first on improving performance areas that fall within Quadrant 2.

Quadrant 3: Lower Priority for Improvement. The practice scored above the 75th percentile, and there is a strong correlation between patients' willingness to recommend the practice and the measure(s).

Quadrant 4: Lowest Priority for Improvement. The practice scored above the 75th percentile and there is a moderate or low correlation between patients' willingness to recommend the practice and the measure(s).

While there may still be opportunities for performance improvement in measure areas falling within Quadrants 3 and 4, improvement strategies for these measures should likely be developed after poorer performance areas have been targeted.

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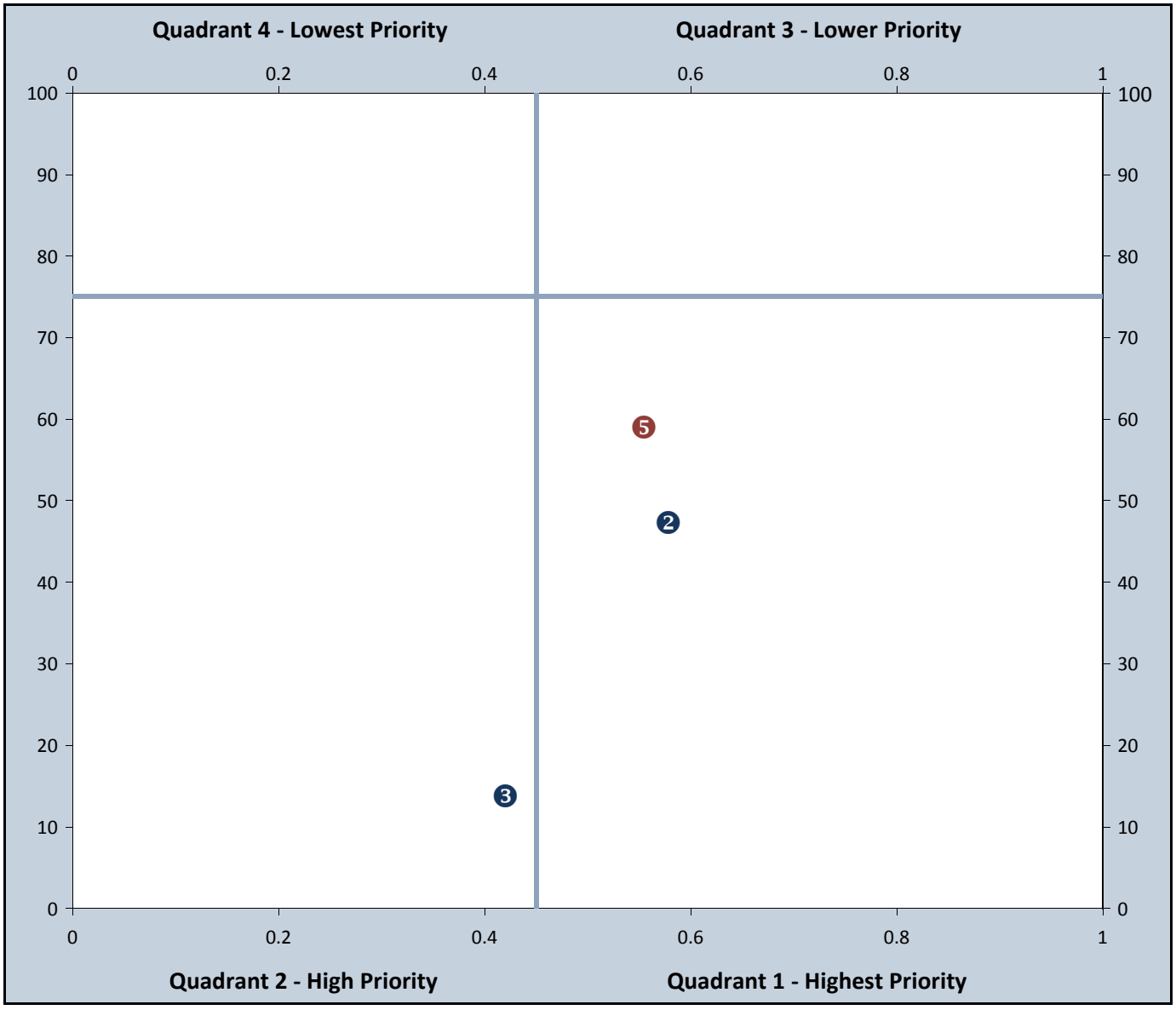
Summary Performance (n = 76)

Priority Matrix



Priority Matrix Legend - Composites with Beta-Binomial Benchmark

Quality of Provider-Patient Interaction

- 2 Knowledge of Patient
- 3 Adult Behavioral Health

Organization/Structural Features of Care

- 5 Organizational Access

As previously noted, practices' performance is very high overall for some measures and therefore cannot be plotted on the Priority Matrix. However, these measures are important to patients and very highly correlated to the global indicator Willingness to Recommend. **Practices below the lower Summary Performance benchmark should include these measures as high priority for quality improvement.**

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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.

A common method of indicating relative performance is to rank order all scores and compare each individual score relative to those of all others being measured in the same way. For example, if your result was ranked at the 34th percentile for the survey question that asks if a provider explained information in an understandable way to the patient, it means that 34% of the practices/providers in the state achieved a lower score on this item than you did. Conversely, 66% achieved better scores than yours. Hence, this item would indicate a need to improve on how information is explained to the patient.

The item-level percentile rankings are visually displayed using a color coding schematic with red representing the lowest percentile rankings and yellow depicting low (below 50%) percentile rankings. Note that visuals appear only next to items where your scores fall at or below the state's 50th percentile for that particular item. No percentile rankings are given for any providers for items within the Communication composite as scores on that domain are extremely high across the state. The horizontal line indicates your percentile ranking in relation to the scores received by all the practices/providers in the state of Massachusetts surveyed for that item.

When selecting quality improvement strategies, you may wish to focus on priority composites. If your percentile ranking for a given item that is part of a priority composite places you in the red zone, this area will be a priority for improvement. If a second item in that same composite places you in the yellow zone, it would become a priority once all red zone items in the same composite were addressed.

Communication (4 items) Adjusted Mean Score = 96.4

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

	frequency	*percent*
Never	1	1%
Sometimes	0	0%
Usually	4	5%
Always	70	93%
Total applicable respondents	**75**	
No response	1	

Communication (4 items) Adjusted Mean Score = 96.4

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

	frequency	*percent*
Never	1	1%
Sometimes	1	1%
Usually	2	3%
Always	71	95%
Total applicable respondents	**75**	
No response	1	

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

	frequency	*percent*
Never	1	1%
Sometimes	0	0%
Usually	1	1%
Always	74	97%
Total applicable respondents	**76**	
No response	0	

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

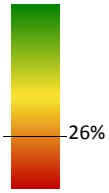
	frequency	*percent*
Never	1	1%
Sometimes	0	0%
Usually	7	9%
Always	68	89%
Total applicable respondents	**76**	
No response	0	

Integration of Care (3 items) Adjusted Mean Score = 87.3

Screener Question

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 12 months, did you see a specialist for a particular health problem?

	frequency	*percent*
Yes	54	72%
No	21	28%
Total applicable respondents	**75**	
No response	1	



Statewide Percentile

In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

	frequency	*percent*
Never	1	2%
Sometimes	2	4%
Usually	18	34%
Always	32	60%
Total applicable respondents	**53**	
No response	23	

In the last 12 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 these test results?

	frequency	*percent*
Never	2	3%
Sometimes	1	1%
Usually	8	12%
Always	58	84%
Total applicable respondents	**69**	
No response	7	

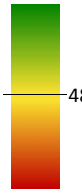
Integration of Care (3 items) Adjusted Mean Score = 87.3

In the last 12 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

	frequency	*percent*
Never	1	2%
Sometimes	3	5%
Usually	16	26%
Always	42	68%
Total applicable respondents	**62**	
No response	14	

Knowledge of Patient (2 items) Adjusted Mean Score = 89.2

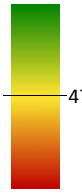
Statewide Percentile



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

	frequency	*percent*
Never	1	1%
Sometimes	0	0%
Usually	14	18%
Always	61	80%
Total applicable respondents	**76**	
No response	0	

Statewide Percentile



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

	frequency	*percent*
Very poor	1	1%
Poor	0	0%
Fair	1	1%
Good	9	12%
Very good	23	30%
Excellent	42	55%
Total applicable respondents	**76**	
No response	0	

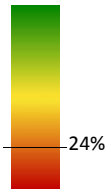
Adult Behavioral Health (2 items) Adjusted Mean Score = 60.4

Statewide Percentile

In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

	frequency	*percent*
Yes	45	60%
No	30	40%
Total applicable respondents	**75**	
No response	1	

Statewide Percentile

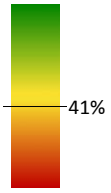


In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

	frequency	*percent*
Yes	49	64%
No	27	36%
Total applicable respondents	**76**	
No response	0	

Organizational Access (3 items) Adjusted Mean Score = 87.2

Statewide Percentile



In the last 12 months, when you called 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?

	frequency	*percent*
Never	2	4%
Sometimes	1	2%
Usually	12	23%
Always	37	71%
Total applicable respondents	**52**	
No response	24	

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.
Question Response Frequencies for Your Patient Survey Sample

Organizational Access (3 items) Adjusted Mean Score = 87.2

Screener Question

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

	frequency	*percent*
Yes	74	99%
No	1	1%
Total applicable respondents	**75**	
No response	1	

In the last 12 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?

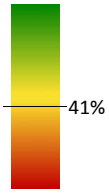
	frequency	*percent*
Never	1	1%
Sometimes	1	1%
Usually	15	20%
Always	58	77%
Total applicable respondents	**75**	
No response	1	

Screener Question

In the last 12 months, did you call this provider's office with a medical question during regular office hours?

	frequency	*percent*
Yes	42	56%
No	33	44%
Total applicable respondents	**75**	
No response	1	

Statewide Percentile



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

	frequency	*percent*
Never	1	2%
Sometimes	3	7%
Usually	11	26%
Always	27	64%
Total applicable respondents	**42**	
No response	34	

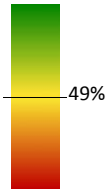
Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.
Question Response Frequencies for Your Patient Survey Sample

Self-Management Support (2 items) Adjusted Mean Score = 64.4

In the last 12 months, did you and anyone in this provider's office talk about specific goals for your health?

	frequency	*percent*
Yes	60	79%
No	16	21%
Total applicable respondents	**76**	
No response	0	

Statewide Percentile



In the last 12 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?

	frequency	*percent*
Yes	40	53%
No	36	47%
Total applicable respondents	**76**	
No response	0	

Office Staff (2 items) Adjusted Mean Score = 82.1

Statewide Percentile

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

	frequency	*percent*
Never	1	1%
Sometimes	7	9%
Usually	30	39%
Always	38	50%
Total applicable respondents	**76**	
No response	0	

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.
Question Response Frequencies for Your Patient Survey Sample

Office Staff (2 items) Adjusted Mean Score = 82.1

Statewide Percentile

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

	frequency	*percent*
Never	1	1%
Sometimes	6	8%
Usually	18	24%
Always	51	67%
Total applicable respondents	**76**	
No response	0	

Overall Ratings (2 items)

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?

	frequency	*percent*
0 Worst provider possible	1	1%
1	0	0%
2	0	0%
3	0	0%
4	0	0%
5	0	0%
6	0	0%
7	0	0%
8	10	13%
9	23	30%
10 Best provider possible	42	55%
Total applicable respondents	**76**	
No response	0	

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.
Question Response Frequencies for Your Patient Survey Sample

Overall Ratings (2 items)

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

	frequency	*percent*
Definitely not	2	3%
Probably not	0	0%
Not sure	1	1%
Probably yes	9	12%
Definitely yes	64	84%
Total applicable respondents	**76**	
No response	0	

Communication (PCMH) (5 items) Adjusted Mean Score = 95.5

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

	frequency	*percent*
Never	1	1%
Sometimes	0	0%
Usually	4	5%
Always	70	93%
Total applicable respondents	**75**	
No response	1	

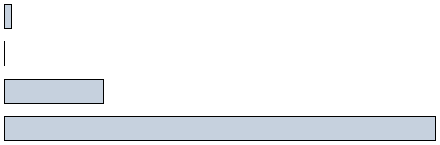
In the last 12 months, how often did this provider listen carefully to you?

	frequency	*percent*
Never	1	1%
Sometimes	1	1%
Usually	2	3%
Always	71	95%
Total applicable respondents	**75**	
No response	1	

Communication (PCMH) (5 items) Adjusted Mean Score = 95.5

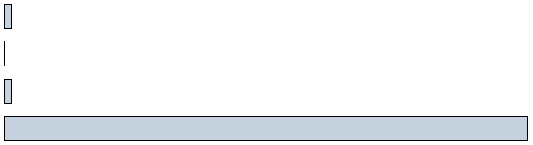
In the last 12 months, how often did this provider seem to know the important information about your medical history?

	frequency	*percent*
Never	1	1%
Sometimes	0	0%
Usually	14	18%
Always	61	80%
Total applicable respondents	**76**	
No response	0	



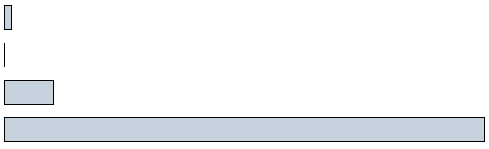
In the last 12 months, how often did this provider show respect for what you had to say?

	frequency	*percent*
Never	1	1%
Sometimes	0	0%
Usually	1	1%
Always	74	97%
Total applicable respondents	**76**	
No response	0	



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

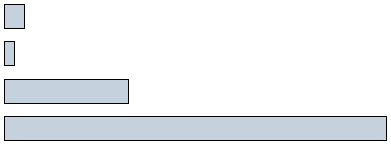
	frequency	*percent*
Never	1	1%
Sometimes	0	0%
Usually	7	9%
Always	68	89%
Total applicable respondents	**76**	
No response	0	



Organizational Access (PCMH) (3 items) Adjusted Mean Score = 87.2

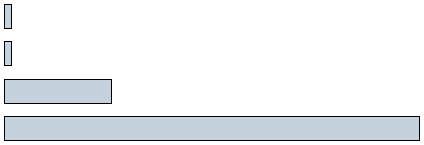
In the last 12 months, when you called this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

	frequency	*percent*
Never	2	4%
Sometimes	1	2%
Usually	12	23%
Always	37	71%
Total applicable respondents	**52**	
No response	24	



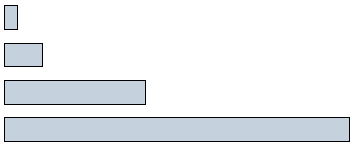
In the last 12 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

	frequency	*percent*
Never	1	1%
Sometimes	1	1%
Usually	15	20%
Always	58	77%
Total applicable respondents	**75**	
No response	1	



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

	frequency	*percent*
Never	1	2%
Sometimes	3	7%
Usually	11	26%
Always	27	64%
Total applicable respondents	**42**	
No response	34	



Coordination: Follow-Up About Test Results (1 item) Adjusted Mean Score = 91.0

In the last 12 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 these test results?

	frequency	*percent*
Never	2	3%
Sometimes	1	1%
Usually	8	12%
Always	58	84%
Total applicable respondents	**69**	
No response	7	

Coordination: Provider Up to Date About Specialists (1 item) Adjusted Mean Score = 83.2

In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

	frequency	*percent*
Never	1	2%
Sometimes	2	4%
Usually	18	34%
Always	32	60%
Total applicable respondents	**53**	
No response	23	

Coordination: Talk About Prescription Meds (1 item) Adjusted Mean Score = 86.0

In the last 12 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

	frequency	*percent*
Never	1	2%
Sometimes	3	5%
Usually	16	26%
Always	42	68%
Total applicable respondents	**62**	
No response	14	

Information: About Care After Hours (1 item) Adjusted Mean Score = 85.7

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

	frequency	*percent*
Yes	65	87%
No	10	13%
Total applicable respondents	**75**	
No response	1	

Self Assessment of Health (1 item)

In general, how would you rate your overall health?

	frequency	*percent*
Excellent	18	24%
Very good	32	42%
Good	21	28%
Fair	5	7%
Poor	0	0%
Total applicable respondents	**76**	
No response	0	

Self Assessment of Emotional Health (1 item)

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

	frequency	*percent*
Excellent	32	42%
Very good	28	37%
Good	8	11%
Fair	7	9%
Poor	1	1%
Total applicable respondents	**76**	
No response	0	

Demographics (10 items)

What is your age?

	frequency	*percent*
18 to 24	3	4%
25 to 34	3	4%
35 to 44	10	13%
45 to 54	13	17%
55 to 64	34	45%
65 to 74	10	13%
75 or older	3	4%
Total applicable respondents	**76**	
No response	0	

Are you male or female?

	frequency	*percent*
Male	49	64%
Female	27	36%
Total applicable respondents	**76**	
No response	0	

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

	frequency	*percent*
8th grade or less	0	0%
Some high school, but did not graduate	1	1%
High school graduate or GED	9	12%
Some college or 2-year degree	12	16%
4-year college graduate	25	33%
More than 4-year college degree	28	37%
Total applicable respondents	**75**	
No response	1	

Demographics (10 items)

Are you of Hispanic or Latino origin or descent?

	frequency	*percent*
No, not Hispanic or Latino	74	97%
Yes, Hispanic or Latino	2	3%
Total applicable respondents	**76**	
No response	0	

What is your race?: **White**

	frequency	*percent*
Yes	67	88%
No	9	12%
Total applicable respondents	**76**	
No response	0	

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

	frequency	*percent*
Yes	0	0%
No	76	100%
Total applicable respondents	**76**	
No response	0	

What is your race?: **Asian**

	frequency	*percent*
Yes	3	4%
No	73	96%
Total applicable respondents	**76**	
No response	0	

Demographics (10 items)

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

	frequency	*percent*
Yes	0	0%
No	76	100%
Total applicable respondents	**76**	
No response	0	

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

	frequency	*percent*
Yes	2	3%
No	74	97%
Total applicable respondents	**76**	
No response	0	

What is your race?: **Other**

	frequency	*percent*
Yes	0	0%
No	76	100%
Total applicable respondents	**76**	
No response	0	

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care

Northeast PHO, Inc.

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* ≥ .70	Available sample for this measure meets or exceeds reliability standards required for public reporting.
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. Results are provided for your information only and will not be reported publicly.
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. Results are provided for your information only and will not be reported publicly.
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.

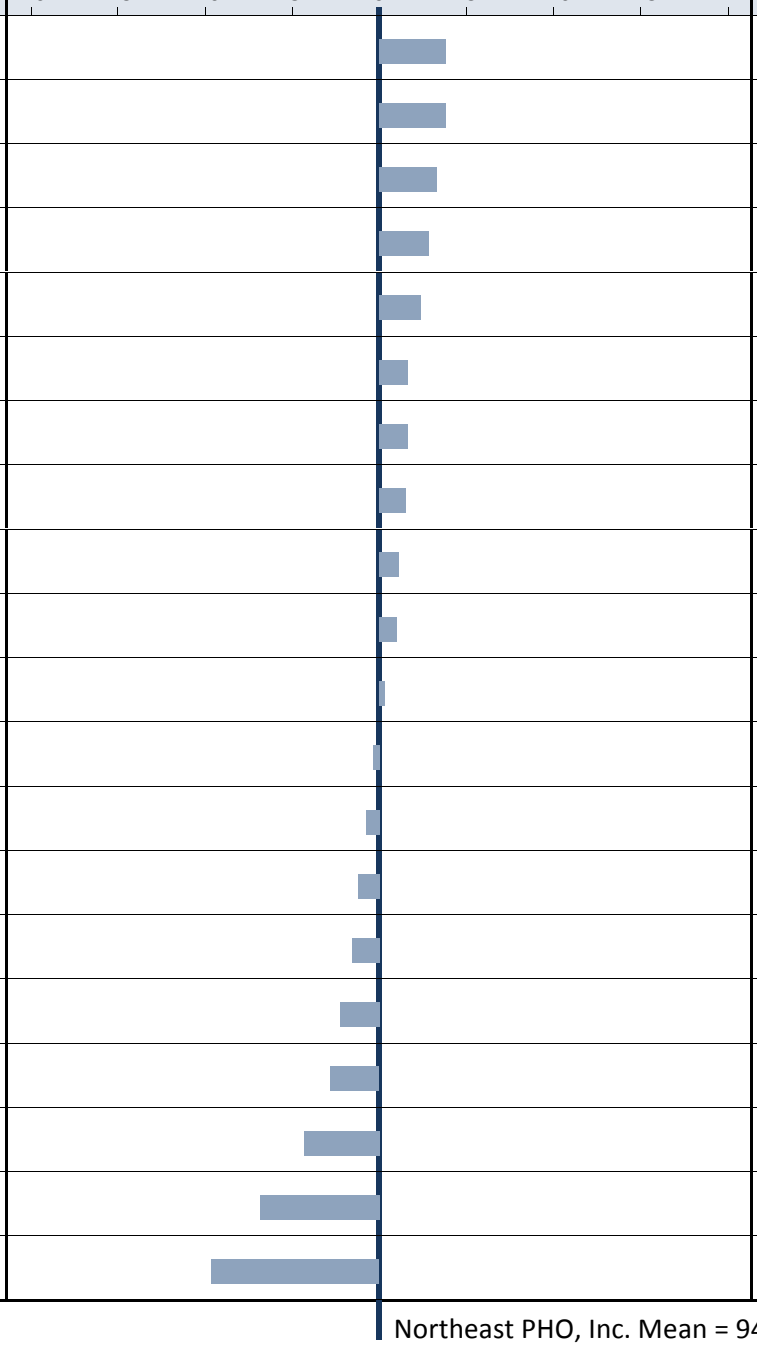
Note: Primary Care Providers not eligible for provider level sampling are not displayed in the provider comparison charts. A minimum threshold of 20 patients, attributed through claims visit data from participating commercial health plans, was required for a provider to be included in provider level sampling.

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Quality of Provider-Patient Interaction: Communication			
Practice Name	**Difference from Northeast PHO, Inc. Mean (94.8)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice LMT		● 98.6 (Highest *r*)	39
Practice LMZ		● 98.6 (Highest *r*)	30
Practice LMO		● 98.1 (High *r*)	22
Practice GWH		● 97.6 (Lower *r*)	25
Practice OE		● 97.2 (Highest *r*)	105
Family Medicine Associates, A Member of Lahey Health - South		● 96.4 (Highest *r*)	76
Practice LNA		● 96.4 (Lower *r*)	11
Practice MRT		● 96.3 (High *r*)	15
Practice ANC		● 95.9 (High *r*)	44
Practice LMV		● 95.8 (Highest *r*)	49
Practice OG		● 95.1 (Highest *r*)	32
Practice OF		● 94.4 (High *r*)	34
Practice DGP		● 94.0 (High *r*)	56
Practice IGJ		● 93.6 (Highest *r*)	81
Practice AII		● 93.2 (High *r*)	23
Practice MRP		● 92.5 (High *r*)	20
Practice BXV		● 92.0 (High *r*)	29
Practice ANA		▼ 90.5 (Highest *r*)	77
Practice CIH		▼ 88.0 (High *r*)	25
Practice LMX		▼ 85.2 (High *r*)	14



Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Quality of Provider-Patient Interaction: Integration of Care			
Practice Name	**Difference from Northeast PHO, Inc. Mean (86.1)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice LMO		92.2 (High *r*)	18
Practice LNA		91.6 (Lower *r*)	11
Practice LMV		91.2 (High *r*)	35
Practice MRT		89.8 (High *r*)	13
Practice LMZ		89.0 (High *r*)	20
Practice OF		88.8 (High *r*)	28
Practice ANC		87.6 (High *r*)	34
Practice LMT		87.3 (Highest *r*)	33
Family Medicine Associates, A Member of Lahey Health - South		87.3 (Highest *r*)	64
Practice DGP		85.5 (High *r*)	52
Practice GWH		85.4 (Lower *r*)	22
Practice OE		85.3 (Highest *r*)	84
Practice AII		85.2 (High *r*)	18
Practice IGJ		84.9 (Highest *r*)	63
Practice OG		84.9 (High *r*)	29
Practice ANA		84.1 (Highest *r*)	65
Practice LMX		83.0 (Lower *r*)	12
Practice BXV		82.5 (High *r*)	26
Practice CIH		81.7 (High *r*)	22
Practice MRP		80.5 (Lower *r*)	18

Northeast PHO, Inc. Mean = 86.1

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Quality of Provider-Patient Interaction: Knowledge of Patient			
Practice Name	**Difference from Northeast PHO, Inc. Mean (89.0)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice LMT		▲ 95.0 (Highest *r*)	38
Practice LMV		▲ 93.9 (Highest *r*)	49
Practice LMZ		● 94.7 (Highest *r*)	31
Practice LMO		● 94.3 (Highest *r*)	22
Practice AII		● 93.9 (Highest *r*)	23
Practice OE		● 91.8 (Highest *r*)	104
Practice MRT		● 91.5 (High *r*)	15
Practice ANC		● 89.5 (Highest *r*)	44
Practice LNA		● 89.3 (High *r*)	11
Family Medicine Associates, A Member of Lahey Health - South		● 89.2 (Highest *r*)	76
Practice OG		● 89.2 (Highest *r*)	32
Practice IGJ		● 88.8 (Highest *r*)	81
Practice OF		● 88.5 (Highest *r*)	34
Practice LMX		● 86.7 (High *r*)	14
Practice GWH		● 86.3 (High *r*)	25
Practice MRP		● 85.4 (High *r*)	20
Practice BXV		● 84.0 (High *r*)	29
Practice DGP		▼ 83.9 (Highest *r*)	56
Practice ANA		▼ 83.3 (Highest *r*)	77
Practice CIH		▼ 81.3 (Highest *r*)	25

Northeast PHO, Inc. Mean = 89.0

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Quality of Provider-Patient Interaction: Adult Behavioral Health			
Practice Name	**Difference from Northeast PHO, Inc. Mean (70.8)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-40 -30 -20 -10 0 +10 +20 +30 +40		
Practice OG		▲ 85.0 (Highest *r*)	33
Practice DGP		▲ 82.5 (Highest *r*)	54
Practice OE		▲ 80.4 (Highest *r*)	104
Practice GWH		● 84.2 (High *r*)	25
Practice LMT		● 80.1 (Highest *r*)	38
Practice LMZ		● 79.6 (Highest *r*)	30
Practice LMO		● 78.8 (High *r*)	22
Practice BXV		● 78.0 (High *r*)	29
Practice ANC		● 77.5 (Highest *r*)	42
Practice LMV		● 74.3 (Highest *r*)	49
Practice OF		● 71.8 (Highest *r*)	33
Practice ANA		● 65.9 (Highest *r*)	76
Practice MRT		● 65.1 (High *r*)	14
Practice MRP		● 63.2 (High *r*)	20
Practice LMX		● 58.6 (High *r*)	14
Practice LNA		● 57.1 (Lower *r*)	10
Family Medicine Associates, A Member of Lahey Health - South		▼ 60.4 (Highest *r*)	76
Practice IGJ		▼ 53.1 (Highest *r*)	80
Practice CIH		▼ 51.8 (High *r*)	23
Practice AII		▼ 47.9 (High *r*)	22
	Northeast PHO, Inc. Mean = 70.8		

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Organization/Structural Features of Care: Organizational Access			
Practice Name	**Difference from Northeast PHO, Inc. Mean (88.7)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice LMT		94.4 (Highest *r*)	33
Practice DGP		93.5 (Highest *r*)	37
Practice LMZ		93.2 (Highest *r*)	24
Practice LMV		92.7 (Highest *r*)	35
Practice LNA		92.6 (High *r*)	9
Practice LMO		92.3 (High *r*)	18
Practice IGJ		90.5 (Highest *r*)	57
Practice MRT		90.4 (High *r*)	11
Practice BXV		88.1 (High *r*)	20
Practice ANC		87.8 (Highest *r*)	30
Practice AII		87.7 (High *r*)	14
Family Medicine Associates, A Member of Lahey Health - South		87.2 (Highest *r*)	61
Practice ANA		86.9 (Highest *r*)	52
Practice GWH		86.8 (High *r*)	18
Practice MRP		86.7 (High *r*)	15
Practice OE		86.6 (Highest *r*)	68
Practice OF		85.6 (High *r*)	21
Practice LMX		82.9 (High *r*)	11
Practice OG		82.6 (Highest *r*)	23
Practice CIH		81.6 (High *r*)	18

Northeast PHO, Inc. Mean = 88.7

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Organization/Structural Features of Care: Self-Management Support			
Practice Name	**Difference from Northeast PHO, Inc. Mean (61.0)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-40 -30 -20 -10 0 +10 +20 +30 +40		
Practice LMO		● 77.2 (High *r*)	22
Practice MRT		● 73.8 (Lower *r*)	14
Practice GWH		● 68.7 (Lower *r*)	25
Practice OE		● 68.1 (Highest *r*)	102
Practice OG		● 66.3 (High *r*)	32
Practice LMV		● 64.7 (High *r*)	49
Family Medicine Associates, A Member of Lahey Health - South		● 64.4 (High *r*)	76
Practice ANC		● 64.1 (High *r*)	42
Practice LMZ		● 63.7 (High *r*)	30
Practice LMT		● 62.5 (High *r*)	38
Practice MRP		● 62.4 (Lower *r*)	20
Practice LMX		● 60.3 (Lower *r*)	14
Practice ANA		● 60.2 (High *r*)	75
Practice DGP		● 58.5 (High *r*)	53
Practice OF		● 58.1 (High *r*)	33
Practice LNA		● 51.2 (Lowest *r*)	10
Practice BXV		● 48.7 (Lower *r*)	29
Practice IGJ		▼ 50.6 (High *r*)	81
Practice CIH		▼ 44.8 (High *r*)	24
Practice AII		▼ 39.7 (High *r*)	22

Northeast PHO, Inc. Mean = 61.0

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Organization/Structural Features of Care: Office Staff			
Practice Name	**Difference from Northeast PHO, Inc. Mean (89.0)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice MRT		▲ 99.9 (Lower *r*)	14
Practice LMZ		▲ 98.7 (High *r*)	30
Practice OF		▲ 95.2 (High *r*)	33
Practice LNA		● 94.2 (Lower *r*)	10
Practice OG		● 93.1 (High *r*)	33
Practice LMO		● 93.1 (High *r*)	22
Practice LMV		● 92.9 (Highest *r*)	49
Practice LMT		● 92.8 (Highest *r*)	38
Practice GWH		● 92.5 (High *r*)	25
Practice AII		● 90.8 (High *r*)	22
Practice BXV		● 90.7 (High *r*)	29
Practice DGP		● 89.7 (Highest *r*)	55
Practice OE		● 89.7 (Highest *r*)	104
Practice MRP		● 87.8 (High *r*)	20
Practice IGJ		● 87.3 (Highest *r*)	81
Practice ANC		● 85.4 (High *r*)	42
Practice LMX		● 83.8 (Lower *r*)	14
Practice ANA		▼ 83.8 (Highest *r*)	76
Family Medicine Associates, A Member of Lahey Health - South		▼ 82.1 (Highest *r*)	76
Practice CIH		▼ 77.4 (High *r*)	24
	Northeast PHO, Inc. Mean = 89.0		

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.

Providers compared with Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean

Quality of Provider-Patient Interaction: Communication			
Provider Name	**Difference from Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean (96.4)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
TAYLOR, HUGH		99.5 (Highest *r*)	29
MEDWID, WILLIAM		95.6 (High *r*)	21
GORDON, LAURENCE		93.6 (High *r*)	26

Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean = 96.4

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.

Providers compared with Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean

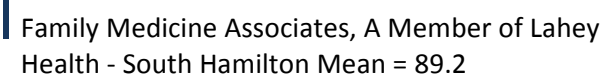
Quality of Provider-Patient Interaction: Integration of Care			
Provider Name	**Difference from Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean (87.3)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
TAYLOR, HUGH		90.6 (High *r*)	24
MEDWID, WILLIAM		85.6 (High *r*)	17
GORDON, LAURENCE		85.1 (High *r*)	23

Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean = 87.3

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.

Providers compared with Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean

Quality of Provider-Patient Interaction: Knowledge of Patient			
Provider Name	**Difference from Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean (89.2)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
TAYLOR, HUGH		90.8 (Highest *r*)	29
MEDWID, WILLIAM		90.3 (Highest *r*)	21
GORDON, LAURENCE		86.5 (Highest *r*)	26



Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.

Providers compared with Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean

Quality of Provider-Patient Interaction: Adult Behavioral Health			
Provider Name	**Difference from Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean (60.4)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
TAYLOR, HUGH		▲ 74.0 (Highest *r*)	29
GORDON, LAURENCE		● 55.4 (Highest *r*)	26
MEDWID, WILLIAM		● 47.7 (High *r*)	21

Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean = 60.4

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.

Providers compared with Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean

Organization/Structural Features of Care: Organizational Access			
Provider Name	**Difference from Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean (87.2)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
GORDON, LAURENCE		88.0 (Highest *r*)	22
MEDWID, WILLIAM		87.0 (High *r*)	16
TAYLOR, HUGH		86.5 (Highest *r*)	23

Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean = 87.2

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.

Providers compared with Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean

Organization/Structural Features of Care: Self-Management Support			
Provider Name	**Difference from Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean (64.4)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
TAYLOR, HUGH		72.6 (High *r*)	29
MEDWID, WILLIAM		60.8 (High *r*)	21
GORDON, LAURENCE		58.3 (High *r*)	26

Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean = 64.4

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.

Providers compared with Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean

Organization/Structural Features of Care: Office Staff			
Provider Name	**Difference from Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean (82.1)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
TAYLOR, HUGH		● 87.0 (High *r*)	29
GORDON, LAURENCE		● 82.9 (High *r*)	26
MEDWID, WILLIAM		▼ 74.2 (High *r*)	21

Family Medicine Associates, A Member of Lahey Health - South Hamilton Mean = 82.1

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.

Composite Score From 2013 to 2017

	Year	Respondents	Mean	Sig Diff -1	Sig Diff -2	Sig Diff -3
Quality of Provider-Patient Interaction						
Communication	2017	79	94.12	●	●	●
	2016	70	93.57	●	●	
	2015	44	95.00	●		
	2014	46	94.07			
Integration of Care	2017	72	81.93	●	●	●
	2016	66	86.97	●	●	
	2015	40	89.91	●		
	2014	42	86.13			
Knowledge of Patient	2017	79	85.23	●	●	●
	2016	70	86.95	●	●	
	2015	44	88.25	●		
	2014	46	86.53			
Adult Behavioral Health	2017	78	48.11	●	●	●
	2016	70	54.73	●	●	
	2015	44	50.47	●		
	2014	45	44.56			
Organization/Structural Features of Care						
Organizational Access	2017	56	82.08	●	●	●
	2016	47	80.83	●	●	
	2015	38	87.42	●		
	2014	27	81.63			
Office Staff	2017	79	77.78	▼	▼	●
	2016	70	84.35	●	●	
	2015	44	87.80	●		
	2014	46	82.40			
Self-Management Support	2017	78	53.82	●	●	●
	2016	70	51.85	●	●	
	2015	44	56.75	●		
	2014	46	52.78			
Global Rating						
Willingness to Recommend	2017	79	91.53	●	●	●

Note: analysis includes publicly reportable sites only

▲ = siginificantly above prior year
● = No Significant Change
▼ = siginificantly below prior year

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care

Northeast PHO, Inc.

Willingness to Recommend	2016	70	93.49	● ●
	2015	44	96.41	●
	2014	46	95.22	

Note: analysis includes publicly reportable sites only

▲ = siginificantly above prior year ● = No Significant Change

▼ = siginificantly below prior year

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.
Listing of Sampled Providers

Family Medicine Associates, A Member of Lahey Health - South Hamilton
Northeast PHO, Inc.

GORDON, LAURENCE

MEDWID, WILLIAM

TAYLOR, HUGH

Patient Comments Report

The inclusion of open-ended questions that elicit comments from survey respondents can add meaningful information to quantitative data. Patients often want to elaborate on their particular experiences of care and this forum enables them to delve into personal and specific issues that may not be elicited from close-ended survey questions. Today's patients are already reporting their health care experience on the internet in blogs, social networks, and on health care rating websites.

MHQP routinely captures this free-text information in a systematic way. Specifically, we incorporate the beta version of the CAHPS® Narrative Elicitation Protocol, which is a set of open-ended questions that prompt survey respondents to tell a clear and comprehensive story about their experience with a health care provider. The ultimate objective of obtaining patient comments is to provide additional textured information to help providers and practices understand what they can do to improve their care and/or continue with strategies that are positively impacting patients' experiences. In the 2018 survey, patients who responded to the survey electronically are presented with the following:

In Your Own Words
Please answer the following questions to provide detailed feedback about the care, treatment, and services you receive from your [child's] provider. Your [child's] provider can use this information to know what is working well or what may need improvement.

You should not use your comments in place of a visit, phone call, or to seek advice from your [child's] provider. Your comments will never be matched to your name. These comments may be shared with your [child's] provider and may be reported publicly.

Items in the Adult Version of the Patient Narrative Elicitation Protocol

In your own words, please describe your experiences with this provider and his or her office staff, such as nurses and receptionists.

1. What are the most important things that you look for in a healthcare provider and the staff in his or her office?
2. When you think about the things that are most important to you, how do your provider and the staff in his or her office measure up?
3. Now we'd like to focus on anything that has gone well in your experiences in the last 12 months with your provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.
4. Next we'd like to focus on any experiences in that last 12 months with your provider and the staff in his or her office that you wish had gone differently. Please explain what happened, how it happened, and how it felt to you.
5. Please describe how you and your provider relate to and interact with each other.

Items in the Child Version of the Patient Narrative Elicitation Protocol

In your own words, please describe your experiences with this provider and his or her office staff, such as nurses and receptionists.

1. What are the most important things that you look for in your child's healthcare provider and the staff in his or her office?
2. When you think about the things that are most important to you, how do your child's provider and the staff in his or her office measure up?
3. Now we'd like to focus on anything that has gone well in your experiences in the last 12 months with your child's provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.

4. Next we'd like to focus on any experiences in that last 12 months with your child's provider and the staff in his or her office that you wish had gone differently. Please explain what happened, how it happened, and how it felt to you.
5. Please describe how you and your child's provider relate to and interact with each other.
6. Please describe how **your child** and his or her provider relate to and interact with each other.

MHQP continues to explore and seek ways to collate and display narrative content so that it is usable and actionable for health care providers. The patient comments in this report are categorized into two sections: comments provided by patients who gave favorable overall ratings to the provider and comments from patients who gave less favorable overall ratings. Comments are classified by two global ratings: overall Provider Rating (based on a 10-point scale) and Willingness to Recommend (based on a 5-point scale). Please see the actual wording of these items and legend below for more detail.

Categories

Favorable overall ratings = Provider Rating 7-10 and Willingness to Recommend 3-5;
Less favorable overall ratings = Provider Rating 1-6 and Willingness to Recommend 1-2

When overall ratings differ, for example, a patient rates a provider as an 8 but is unlikely to recommend, the comment will fall under the "less favorable" category.

Global Rating Items

Provider Rating

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
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Willingness to Recommend

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

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not

Favorable overall ratings

What are the most important things that you look for in a healthcare provider and the staff in his or her office?

- A connection w/ the Dr treating me; is he interested in me and my health and will he be responsive to my health needs. Would like for his staff to be attentive and helpful when calling, which the staff at this office is frequently not.
- Follow up care and prompt return of messages and timely prescription call ins. From the Dr, easy accessibility and respect and courtesy as well as great knowledge in how to care for me.
- Front Desk and Co-Pay issues. Front desk says one co pay and I get a bill for more money. The tiers should be established at the time of the visit i.e. I pay 10.00 and get a bill for another 10. 00??
- talking so i can understand what the issues are
- Professional/medical interest and attention to me as a unique person who needs their expertise. Adequate knowledge of my personal medical history and present health needs.
- Medical knowledge, listening to patients.
- Knowledgeable, easy to talk to, concerned about my physical well being
- Someone who listens to what I have to say. Also someone who is knowledgeable and caring.
- Easy acces to office visits.
- Friendly, courteous and maintain privacy. Knowledgeable and experienced regarding medical matters Can react and arrange medical appointments in a flexible timely manner.
- knowledge and reasons as to why I am there. Often times there is a mix up where he is under the impression it's a follow up when it is a new issue.
- Competence, positive personalities, and ability to relate to non-[Personal identifier] life
- Competence and availability
- I always make sure I see an MD. I don't suggest seeing a nurse for appointments. The MDs have more knowledge.
- I look for knowledgeable providers that carefully listen and thoughtfully consider my case and health in a manner that is both effective and considerate of my health and need to know that my interests and understanding is important.

- Knowledgeable, honest, good listener, asks thoughtful questions, and remembers me and my circumstances- not being bounced around between lower level providers like NP etc

When you think about the things that are most important to you , how do your provider and the staff in his or her office measure up?

- They are very good.
- My provider, Dr William Medwid is a great person and doctor, he takes the time to be thorough and knowledgeable about my concerns and health. Quute honestly with his help, he has put me back on the right track to being more healthy physically and mentally. I think the world of Dr Medwid and respect him and his opinions about my health care!!
- Good
- They explain everything in easy to understand words
- my Dr. is great, the best, terrific. His staff is not his equal. The staff is frequently rushed, not altogether polite on the phone, and the phone frequently rings w/ no answer during hours.
- I have had positive interactions with my regular medical staff but once in a while I will get someone else and they tend to be friendly but less personable.
- Family Medicine has terrific staff and are very accommodating to my needs.
- The provider has always met my expectations. While I would always love to have more time compared to other providers he knocks it out of the park. The office staff have often done quite the opposite. They are often curt, hesitant to find solutions and ready to accuse.
- Excellent
- Generally well.
- They measure up well.
- They do what they can, with the information I provide them with.
- Very well!
- Very good.
- Front Desk person should be more bright and personal

Now we'd like to focus on anything that has gone well in your experiences in the last 12 months with your provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.

- They review family history as part of checkups. They confirm I'm not following those issues.
- They have been very good about having me come in with short notice.
- Arranged physical in a timely manner to accommodate my schedule. Was seen with no wait time. Reviewed medical history as well as current health examination. Never appeared rushed. Everything completed in a calm professional way.
- I was very sick with a respiratory infection earlier this year. During my visit they quickly determined the cause and took timely actions to address the condition and were careful to ask additional questions to be sure that they fully understood my sickness.
- Everything is great. My Husband had issues with scheduleing an appointment recently. The office dealt with it very quickly and the Issue was resolved with in 24 hours.
- N/A
- I am usually in the office only once a year and everything has gone very smoothly.
- Doctor allowed me to put off blood pressure meds in order to give me a chance to make appropriate lifestyle changes - which I was able to do. Gave me a sense of accomplishment.
- Experienced symptoms of depression and anxiety, Dr. took time to understand the circumstances and came up with a treatment plan and continued to follow up and make adjustments as necessary. I felt like he cared and was thoughtfully providing treatment that was reasonable and rational for my needs. As a result my health has improved.
- Everything thats has happened in the past 12 months have been positive and routine, nothing really stands out. I have been satusfied thus far.
- I have been a patient of Dr Taylor for 30 plus years he himself is though and I myself need that .he has been awesome for me with my health and other concerns. I feel when I see Dr Taylor and his associate that he refers me to is outstanding
- My knee was swollen and filled with fluid. Dr. Medwid explained the problem and lead me in the right direction to treat the problem

Next we'd like to focus on any experiences in that last 12 months with your provider and the staff in his or her office that you wish had gone differently. Please explain what happened, how it happened, and how it felt to you.

- None
- My only complaint is sometimes my prescription medication is not called in within 24 hrs, like promised. A couple of times I have had to wait and call back several times to het my prescription called in.
- I don't really have one to be honest.
- Sometimes when you call up somebody asks for details of a condition you are calling about that you prefer to discuss with doctor or nurse practioner.
- Getting thru on the phone to make an appointment or get an answer to a question be frustrating. The office staff who answer the phone can be abrupt and sometime quick or rude. I wish they were as excellent as Dr. Medwid.
- Every instance in my interactions with the office whether it is scheduling rescheduling or otherwise often leave me with a neutral if not slightly negative impression. Staff have often openly gripped to me about staffing conflicts with administrative management which led me to feel uncertain about the focus of the staff in supporting their provider in their primary goal...my health.
- NA
- N/A
- No incidents like that.
- I have been struggling with [Personal identifier] for 3 years, though no one in the doctor's office seems to be concerned about it and the effect it is having on my mental health.
- I have no Issues with the office at this time.
- My wife see the same provider and while we were on vacation she came down with food poisoning over [Personal identifier] weekend and the office was closed. When contacting the office to speak with the Dr on call (Medwid) information was left with the nurse/call service but he never called back and no one ever followed up (like never ever) - we waited a few hours and ended up resorting to telemedicine which was much faster and easier, the telemedicine Dr recommended a probiotic instead of an antibiotic and it was effective. It seems like the Dr. on call could have called back and come to the same conclusion.
- I really cant think of anything that went wrong

Please describe how you and your provider relate to and interact with each other.

- We relate extremely well. I trust and respect him and have no problem telling him anything I want.
- The regular Nurse Practitioner I see get along very well. I have been seeing her for the past several years and have developed a good rapport with her. She remembers me even when we haven't seen each other in several months which helps significantly.
- I'm able to interact with my Dr as a peer, I think he is reasonably knowledgeable and I get the sense he listens and gives good advice. That seems like the most you can hope for.
- Both adult males. He uses his medical knowledge to confirm I'm healthy or give information on conditions and treatments when I'm not.
- Among the best I've ever experienced. Keep it up.
- N/A
- Dr. Medwid and I interact excellently. He's great, the best. Really like his care, his demeanor and his attention.
- I relate to my Dr and interact with him very well. Like i said earlier I love my Dr and would not change Drs for any reason.
- Appropriately professional.
- Great no Problem
- Very pleasantly.
- We are like brothers. I've known Bill over 20 years, (more like 25). He's always been there when we need him.
- Overall I am very pleased.

Appendix

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.

Massachusetts Statewide and Regional Means

Summary Measures	MA State Mean	Metro Boston	Metro West	Northeast MA	Southeast MA	Central MA	Western MA
Quality of Provider-Patient Interaction							
Communication	94.6	▲ 95.0	● 94.4	● 94.5	● 94.5	● 94.6	● 94.6
Integration of Care	86.8	● 87.2	● 86.7	● 86.7	● 86.4	● 86.7	● 86.4
Knowledge of Patient	89.7	▲ 90.4	● 89.3	● 89.7	▼ 89.3	● 89.6	● 89.5
Adult Behavioral Health	71.1	▲ 73.4	● 70.8	● 71.4	▼ 69.5	● 71.0	● 70.2
Organization/Structural Features of Care							
Organizational Access	87.0	▼ 86.5	● 87.3	● 87.3	● 87.0	● 86.8	▼ 86.2
Self-Management Support	62.6	● 63.0	● 61.6	● 63.2	● 62.3	● 62.6	● 62.0
Office Staff	89.4	▼ 88.7	● 89.3	● 89.5	▲ 89.8	● 89.4	● 89.0

Family Medicine Associates, A Member of Lahey Health - South Hamilton contributes to the Northeastern 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 ($p \leq 0.05$)

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care
Northeast PHO, Inc.

Massachusetts Statewide Performance Percentiles

Summary Measures	10th Percentile	25th Percentile	50th Percentile	75th Percentile	80th Percentile	90th Percentile	99th Percentile
Quality of Provider-Patient Interaction							
Publicly Reported Measures							
Communication	91.0	93.0	94.8	96.0	97.0	97.4	99.0
Integration of Care	81.0	84.0	86.6	90.0	90.0	91.8	95.0
Knowledge of Patient	84.0	87.0	89.4	92.0	92.0	93.8	96.0
Adult Behavioral Health	58.0	65.0	72.2	79.0	80.0	83.5	92.0
Organization/Structural Features of Care							
Publicly Reported Measures							
Organizational Access	78.0	82.0	86.2	89.0	90.0	91.8	97.0
Self-Management Suppor	51.0	58.0	62.3	67.0	68.0	70.8	80.0
Office Staff	83.0	86.0	89.0	91.0	92.0	93.4	96.0

Family Medicine Associates, A Member of Lahey Health - South Hamilton - Adult Primary Care

Northeast PHO, Inc.

Patients' Experiences with Your Practice Site (n = 76)

PCMH Measure Results Compared with the Statewide Mean

PCMH Measures	Measure Set *	Site Mean (Reliability *r*)	State Mean
Composite Measures			
Communication (PCMH)	PCMH	● 95.5 (Highest *r*)	94.1
Adult Behavioral Health	PCMH & MHQP	▼ 60.4 (Highest *r*)	71.1
Organizational Access (PCMH)	PCMH	● 87.2 (Highest *r*)	87.0
Self-Management Support	PCMH & MHQP	● 64.4 (High *r*)	62.6
Office Staff	PCMH & MHQP	▼ 82.1 (Highest *r*)	89.4
Single Item Measures			
Coordination: Follow-Up About Test Results	PCMH	● 91.0 (Highest *r*)	88.6
Coordination: Provider Up to Date About Specialists	PCMH	● 83.2 (High *r*)	86.6
Coordination: Talk About Prescription Meds	PCMH	● 86.0 (High *r*)	84.8
Information: About Care After Hours	PCMH	● 85.7 (High *r*)	78.1

** This survey contains additional questions and composites that correspond to the CAHPS PCMH survey. The measure set column indicates whether the composite measures are part of the Patient Centered Medical Home (PCMH) survey questions or part of the standard MHPQ survey or both.*

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 ($p \leq 0.05$)

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 .70	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* .34 to .50	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.

Tables of Survey Questions - Adult Primary Care

PCMH Composite Measures

Summary Measure	*Survey Questions*
Communication (PCMH) (5 questions)	In the last 12 months, how often did this provider explain things in a way that was easy to understand? In the last 12 months, how often did this provider listen carefully to you? In the last 12 months, how often did this provider seem to know the important information about your medical history? In the last 12 months, how often did this provider show respect for what you had to say? In the last 12 months, how often did this provider spend enough time with you?
Adult Behavioral Health (2 questions)	In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed? In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?
Organizational Access (PCMH) (3 questions)	In the last 12 months, when you called 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? In the last 12 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? In the last 12 months, when you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
Self-Management Support (2 questions)	In the last 12 months, did you and anyone in this provider's office talk about specific goals for your health? In the last 12 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?
Office Staff (2 questions)	In the last 12 months, how often were the front office staff at this provider's office as helpful as you thought they should be? In the last 12 months, how often did the front office staff at this provider's office treat you with courtesy and respect?
Coordination: Follow-Up About Test Results (1 question)	In the last 12 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 these test results?
Coordination: Provider Up to Date About Specialists (1 question)	In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

Coordination: Talk About Prescription Meds (1 question)	In the last 12 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?
Information: About Care After Hours (1 question)	Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

Selected Tools and References for Quality Improvement

Quality Improvement Tools		
Source	**Description**	**Website Link**
A Tool Kit for Creating a Patient and Family Advisory Council	This guide provides information on developing and implementing a Patient and Family Advisory Council (PFAC), which, in turn, can help advise a practice on how to improve the patient and family experiences of care.	http://bit.ly/2bN0GWd
Agency for Healthcare Research and Quality, Patient-Centered Medical Home Resource Center	This website provides policymakers and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of U.S. health care.	https://pcmh.ahrq.gov/
Agency for Healthcare Research and Quality: Quality Improvement in Primary Care	A synopsis of how to achieve quality improvement in primary care settings.	http://www.ahrq.gov/research/findings/factsheets/quality/qipc/index.html
Aligning Forces for Quality – A Tale of Three Practices: How Medical Groups are Improving the Patient Experience	A description of how three practices, including one in Massachusetts, used strategies to improve the patient experience.	http://forces4quality.org/tale-three-practices-how-medical-groups-are-improving-patient-experience
Association for Patient Experiences	Provides case studies on best practices used to improve the patient experience.	http://www.patient-experience.org/Resources/Best-Practices.aspx
CAHPS® Improvement Guide - Practical Strategies for Improving the Patient Experience	This is a comprehensive guide to help organizations improve performance in the domains of care measured by the CAHPS Surveys.	https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html
California Health Care Foundation: Community Health Centers Focus on Staff to Improve Patient Experience	Eight case studies of California community health centers engaging staff to support patient experience efforts.	https://tinyurl.com/y93htxb6
Improving Patient Experience: A Hands-on Guide for Safety-Net Clinics	This guide offers clinics and small practices a four-step approach to identify areas in need of patient experience improvement efforts and subsequent quality improvement interventions.	https://tinyurl.com/ydx7cb7p
Developing and Implementing a QI Plan	A module highlighting the important role of an effective QI plan in improving performance of your organization's health care system.	https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/developingqiplan.pdf

Quality Improvement Tools Continued…		
Source	**Description**	**Website Link**
Engaging Primary Care Practices in Quality Improvement	A paper written for practice facilitators and the organizations that train and deploy QI efforts within primary care practice sites.	https://tinyurl.com/ybnep29b
Facilitating Improvement in Primary Care: The Promise of Practice Coaching (The Commonwealth Fund)	Practice coaching, also called practice facilitation, assists physician practices with the desire to improve in such areas as patient access, chronic and preventive care, electronic medical record use, patient-centeredness, cultural competence, and team-building. This issue brief offers guidance on how best to structure and design these programs in primary care settings.	http://bit.ly/2bpTCM9
Improving Primary Care: Strategies and Tools for a Better Practice (Lange Medical Books)	Suggests helpful improvement strategies and tools for primary care sites.	Bodenheimer, Thomas, and Kevin Grumbach. *Improving primary care: strategies and tools for a better practice*. 1st ed. New York: Lange Medical /Mcgraw-Hill, 2007. Print.
Improving the Patient Experience Change Package	A guide of nine proven changes to improve patient experience ratings.	https://tinyurl.com/ybzspwz7
Institute of Healthcare Improvement Website	The IHI model for improvement utilizes PDSA (Plan-Do-Study-Act) cycles to test change in an organization. This model of improvement is meant to establish what your organization is trying to accomplish, how you will determine if the changes made are in fact an improvement, and what changes can be made that result in improvement.	http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
Massachusetts Health Quality Partners (MHQP) and California Healthcare Performance Information System (CHPI)- Patient Experience Measurement: Building a Statewide Short Form Program	This guide is intended to provide information on the steps involved in the development of a patient experience program. It focuses on two organizations' experiences developing an electronic short form instrument. The toolkit is a comprehensive guide for those who may be considering developing their own short form and/or electronic patient experience survey program.	Patient Experience Measurement: Building a Statewide Short Form Program
National Training Center for Quality Assurance, Quality Improvement, and Evaluation: Patient Experience Improvement Toolkit	This toolkit provides practical guidance to help improve different domains of patient experience and be better prepared to compete in the changing health care environment.	http://bit.ly/2c22Ra3

Quality Improvement Tools Continued…		
Source	**Description**	**Website Link**
Patient Experience Strategy	This document is specific to the National Health Services system in the United Kingdom but provides information and strategies that U.S. organizations can apply to their processes of collecting and responding to patient feedback.	http://bit.ly/2boGrA4
Patient Experience Tool Kit for Doctors	A helpful guide for providers that addresses specific aspects of care (e.g. patient doctor communication) and offers tips and strategies on how to improve patients' experiences during visits.	http://bit.ly/2bG2eiU
Points Group: Strategic Steps to Perfecting Patient Experience	This white paper discusses the importance of patient experience and provides suggested methods to understand and measure patient experience as well as carry out quality improvement strategies.	*https://www.pointsgroup.com/patient-experience/*
Physician Practice Resource Center	A support and resource network for physician practices in MA, sponsored by the Massachusetts Medical Society	http://www.massmed.org/Physicians/Practice-Management/Physician-Practice-Resource-Center/Physician-Practice-Resource-Center
Quality Improvement using Plan-Do-Study-Act	A module that provides strategies for local quality improvement.	https://tinyurl.com/y6w7aqzs
Sharon N. Black Consultants, LLC: Putting the Pieces Together: The Patient Experience Puzzle	This presentation discusses the principles of good customer/patient service, organizational benefits of excellent customer/patient service, and staff training ideas.	*https://tinyurl.com/ydb8jqbr*
Stoekle Center for Primary Care Innovation at Massachusetts General Hospital	Links to tools, curriculum, and articles categorized by survey composite topics.	http://www.massgeneral.org/stoecklecenter/programs/patient_exper/about.resources.aspx
Tools and Strategies for Quality Improvement and Patient Safety	This chapter discusses strategies and tools for quality improvement—including failure modes and effects analysis, Plan-Do-Study-Act, Six Sigma, Lean, and root-cause analysis—used to improve the quality and safety of health care.	https://www.ncbi.nlm.nih.gov/books/NBK2682/

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The MHQP 2018 Patient Experience Survey

Questions and Answers

Note: This section answers general questions about the survey. Detailed information about statistical methods behind survey administration and scoring can be found in the Technical Appendix.

What is the MHQP Patient Experience Survey?

The 2018 MHQP Patient Experience Survey is based on the CG-CAHPS 3.0 survey developed by the National Committee for Quality Assurance (NCQA) and the Agency for Healthcare Research and Quality (AHRQ). The short versions of the 2018 adult and child surveys include Patient-Centered Medical Home (PCMH) survey items. The 2018 Patient Experience Survey (PES) adult survey had 39 items and the child survey had 54 items.

Prior to using these survey versions, MHQP used longer versions, based on CG-CAHPS 2.0. MHQP arrived at its shorter survey versions based on the following: multi-stakeholder input on what was needed, past years' experience regarding the performance of items and composites, requirements imposed by risk contracts; and Massachusetts PCMH certification requirements. MHQP's surveys are generally consistent with the CG-CAHPS 3.0 versions, but do have minor differences related to the make-up of survey composites; however, all composite questions in the CG-CAHPS 3.0 surveys are included in the MHQP short survey versions.

MHQP's objective in collecting and reporting results of the survey is to provide valid and reliable information to help primary care providers improve the quality of care they deliver to their patients and to help consumers take an active role in making informed decisions about their health care.

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

In 2001, the Institute of Medicine report entitled *Crossing the Quality Chasm* first identified patient-centered care as one of the six essential pillars for an outstanding healthcare system. Patient experience surveys have been developed and validated for over 15 years and are now fundamental tools 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).

According to a 2014 study in *Medical Care Research and Review*, patient experience surveys are helping to drive improvement in patient-centered care and quality improvement. For example, some of the key characteristics measured in patient experience surveys, such as physician-patient communication, are found to be associated with health outcomes and adherence to recommended care. [1] Evidence from this study also indicated that physicians are becoming increasingly responsive to publicly reported surveys of patient experience and are subsequently motivated to make changes to improve and/or maintain performance. In addition, there are increasing financial incentives tied to these measurements.

[1] *Examining the Role of Patient Experience Surveys in Measuring Health Care Quality;* Medical Care Research and Review, 2014; Price RA, Elliott, M, Zaslavsky, A, Hays, R, Lehrman, W, Rybowski, L, Edgman-Levitan, S, Cleary, P.

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

Since 2005, the statewide survey and public reporting have been supported by the state's major health plans: Blue Cross Blue Shield of Massachusetts, Fallon Health, Harvard Pilgrim Health Care, and Tufts Health Plan. This year, eleven provider organizations, representing nearly half of the state's primary care physicians, added their financial support: Cooley Dickinson PHO, Lowell General PHO, Mount Auburn Cambridge IPA, New England Quality Care Alliance, Northeast PHO, Partners HealthCare System Inc., Southcoast Health Network, Steward Healthcare System, The Pediatric Physicians' Organization at Children's Hospital Boston, Tri-county Medical Associates, and UMass Memorial Healthcare. Additionally, recognizing the value of patient experience information, which is part of the Standard Quality Measure Set (SQMS), the Center for Health Information and Analysis (CHIA), an independent Massachusetts state agency, has purchased PES results in recent years and incorporated them into CHIA's Annual Reports on the Performance of the Massachusetts Health Care System. Continued plan and provider organization support of MHQP's survey efforts has made Massachusetts a leader in this area of health quality measurement. Improving patient experience is now recognized as an essential component of system transformation to patient-centered care and provider organizations increasingly use patient experience survey results to support quality improvement for performance and recognition programs.

What survey instrument was used?

The MHQP 2018 Patient Experience Survey Instrument for adults is a 39 question tool and the pediatric version has 54 items. These instruments are based on the CAHPS® Patient-Centered Medical Home (PCMH) Survey, developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). The adult survey is designed to be completed by the adult patient of the named primary care provider. The pediatric survey is designed to be completed by the parent or guardian of the child patient of the named primary care provider.

Prior to using these survey versions, MHQP used longer versions, based on CG-CAHPS 2.0. MHQP arrived at its shorter survey versions based on the following: multi-stakeholder input on what was needed, past years' experience regarding the performance of items and composites; requirements imposed by risk contracts; and Massachusetts PCMH certification requirements. MHQP's surveys are generally consistent with the CG-CAHPS 3.0 versions, but do have minor differences related to the make-up of survey composites; however, all composite questions in the CG-CAHPS 3.0 surveys are included in the MHQP short survey versions.

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's definition of primary care (1996).[2] Beginning in 2013, new survey questions were added to address measurement of the patient-centered home model of care. These questions are also included in the 2018 instrument. 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.

[2] *Primary Care: America's Health in a New Era;* National Academy Press, 1996; Donaldson, M. S., Yordy, K. D., Lohr, K. N., & Vanselow, N. A.

Why is MHQP collecting patient comments?

MHQP routinely captures free-text information in a systematic way. Specifically, we incorporate the beta version of the CAHPS® Narrative Elicitation Protocol, which is a set of open-ended questions that prompts survey respondents to tell a clear and comprehensive story about their experience with a health care provider. The ultimate objective of obtaining patient comments is to provide additional, more textured information to help providers and practices understand what they can do to improve their care and/or continue with strategies that are positively impacting patients' experiences.

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

To be included in the survey, practices were required to have at least three eligible primary care providers of the same specialty (adult or pediatric), each having a panel size of at least 20 eligible patients across the participating health plans. Solo and dual practice sites were only included in the survey if they or their provider organization opted to fund the sampling of their patients. These solo and dual practices will not be included in MHQP's public reporting of the survey results. Practice site groupings are based on where providers were practicing as of December 31, 2017.

I did not receive results for certain practices and providers. Why?

For private reporting, results are included for practices with at least **16** respondents. This minimum threshold allows practices to receive some information from the survey, even when sample sizes are limited. For provider level reports, results are included for providers with at least **seven** respondents. There are no minimum thresholds for the reporting of medical groups or networks.

How many patients were selected to participate in the survey?

The survey was sent to over 201,000 adult patients and to the parents of over 119,000 children.

What was the overall response rate to the survey?

The overall response rate to the survey was 19.16%. This response rate is typical for recent large scale surveys of this kind and is similar to response rates achieved in other regional health care survey efforts. The response rate in 2017 was 19.66%. The decline in response rates for traditional survey administration via mailed paper-based instruments points to the need to develop valid electronic surveys. In our statewide provider level survey, the response rate for those who received an e-mail invitation and completed the survey was 30.5%. This figure is substantially higher than the response rate from our traditional mailed survey and underscores the importance of moving in new directions towards electronic surveying.

What is the value of using e-mails?

For the last four years, MHQP has been preparing the transition to a shorter e-mail-based PES survey, which would have better response rates and be more cost effective. While previous work in 2015 suggests that both changes could be made without effecting results, a multi-stakeholder workgroup suggested we re-test each concept in 2017. In 2017, we piloted an electronic mode of administration in addition to our traditional mailed survey to test the impact of using e-mails to invite survey responses. Our results were in line with those found in our previous 2015 pilot. In both we found that electronic surveying returns comparable results to paper/mail surveying. As noted above, e-mails return higher response rates and are less costly than traditional mail surveys.

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?

Several decades of survey research show that the reverse is true. When a survey is administered using the protocol applied here (mailing/e-mail, with mail follow-up of non-respondents), patients with more favorable care experiences are more likely to respond than those who are disgruntled. In fact, patients who respond sooner to our survey consistently rate their provider with higher scores than patients who respond later. There is strong and consistent evidence that patients who have the most negative care experiences are *less* likely to respond, and are therefore under-represented in surveys of this type.

When will MHQP publicly report 2018 PES results?

MHQP will publicly report practice site results in the winter of 2019 on MHQP's website for healthcare consumers, www.healthcarecompassma.org. MHQP will allow all provider organizations across the state that did not contribute financially to this PES project to review their results shortly before the public report. Network, medical group, and individual provider results **will not** be publicly reported by MHQP.

Do you need a certain number of responses to be publicly reported on the website?

Yes, a practice site needs a minimum of 16 responses to be included.

Do you need a certain number of reportable composites in order to be included on the website?

Yes, you need at least two composites with a reliability of 0.70 or greater to be included; willingness to recommend is counted as one of the two composites.

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

MHQP maintains an organizational website; www.mhqp.org, which includes updates on our Patient Experience initiatives. MHQP also maintains a consumer-friendly public reporting website, www.healthcarecompassma.org, which hosts the publicly reported survey results. Questions may be directed to Amy Stern, Sr. Project Manager for Patient Experience Surveys at astern@mhqp.org.

The MHQP 2018 Patient Experience Survey

Technical Appendix

Overview

MHQP's 2018 Patient Experience Survey was conducted in the spring of 2018 and included patients sampled from commercial adult and pediatric practice sites in MHQP's Massachusetts Provider Database (MPD) with at least three primary care providers (PCPs). The survey asked patients to report about their experiences with a particular named primary care provider and his or her practice.

Survey Instrument

The 2018 MHQP Patient Experience Survey is based on the CG-CAHPS 3.0 survey developed by the National Committee for Quality Assurance (NCQA) and the Agency for Healthcare Research and Quality (AHRQ). The short versions of the 2018 adult and child surveys include Patient-Centered Medical Home (PCMH) survey items. The 2018 Patient Experience Survey (PES) adult survey had 39 items and the child survey had 54 items.

Prior to using these survey versions, MHQP used longer versions, based on CG-CAHPS 2.0. MHQP arrived at its shorter survey versions based on the following: multi-stakeholder input on what was needed, past years' experience regarding the performance of items and composites, requirements imposed by risk contracts, and Massachusetts PCMH certification requirements. MHQP's surveys are generally consistent with the CG-CAHPS 3.0 versions, but do have minor differences related to the make-up of survey composites; however, all composite questions in the CG-CAHPS 3.0 surveys are included in the MHQP short survey versions.

Eligible Providers and Practice Sites

Over the past decade of its measurement work, MHQP has developed a Massachusetts Provider Database (MPD). The MPD is a unique data source that allows mapping of primary care providers, nurse practitioners, and physician assistants to the locations where they provide care. The MPD includes providers' organizational hierarchy and links to health plan data from Massachusetts' four largest commercial plans. Plans and provider organizations update MHQP's MPD information on an annual basis just prior to survey administration. Practice-site groupings are based on where a provider was practicing as of December 31, 2017. Changes in practice-site composition after this date are not reflected in the 2018 MHQP survey.

Physicians with a primary specialty designation of Internal Medicine, Pediatric, Family Medicine or General Medicine and practicing as primary care providers are eligible for the survey. Nurse practitioners and physician assistants practicing as primary care providers are also included. Providers must also have a panel size of at least 20 eligible patients across the participating health plans to be included in the survey.

Practices having at least three providers meeting the above eligibility criteria are included the statewide survey. Once a practice has at least three PCPs eligible for the survey, any remaining PCPs having at least 20 patients are included in the practice-level sample. Using health plan claims visit data, each provider is classified as either "adult" or "child," based on

the age of the majority of his or her patients in the sample pool (child=ages 0-17; adult=ages 18 and older). Practice sites are also classified as follows:

- Practice sites are classified as "adult" if there are three or more providers, each with 20 or more eligible adult patients. Practice sites were classified as "child" if they had three or more providers, each with 20 or more eligible child patients. Practice sites were classified as "mixed" if they met both sets of criteria (adult and child practice site).
- Based on the number of adult and pediatric providers within each practice site, the composition of the survey sample(s) is drawn using the following criteria (applied in the order listed):
    1. If a practice site was classified as "mixed" (i.e., the smaller population must be at least 25 percent of the total patient panel), two samples were drawn.
    2. If a practice site was either "adult" or "child" (but not mixed), a single survey sample was drawn consisting of adult or child.

Eligible Patients

The adult and pediatric patients surveyed for each provider were randomly drawn based on visit and membership data from the participating health plans. To be eligible for surveying, patients had to meet the following criteria:

- Current enrollment in one of the participating commercial health plans;
- Commercial member in an HMO, POS, or PPO health plan product;
- Age 18 and older to receive an adult survey;
- Age 17 or younger to receive a pediatric survey; and
- Patients of Massachusetts primary care providers.

MHQP used both visit data and health plan membership data to link patients to their primary care providers. The attribution methodology considers whether the patient received primary care services, and how often and recently the patient saw the primary care provider. Once patients had been assigned to providers, patients are aggregated across health plans at the provider level and then the practice level.

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

- The patient considered the provider named on the survey to be his or her primary care provider (adult survey) or his or her child's primary provider (pediatric survey); and
- The patient had at least one visit with that provider in the previous 12 months.

Responses of patients who reported that the named provider was not their (or their child's) primary provider and/or reported having no visits with that provider in the past 12 months were not included in the analysis completed for this report.

Survey Sampling

Sample sizes are designed to provide information at the *practice-site level***.** Site-level surveys do not survey enough patients to reliably measure each provider's performance. For this reason, some provider organizations elected to purchase additional surveys to obtain provider-level results. Provider-level results are not publicly reported.

MHQP uses a variable sampling protocol based on the type (adult or pediatric) and size of the practice site being surveyed. Previous survey analyses have demonstrated that the individual provider 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 increases with the number of providers at a site.

At each practice site, starting samples were drawn by randomly sampling an equal number of patients from each provider's panel. A range of the targeted number of completed surveys and initial sample sizes are provided in the table below. Statistical analysis indicated that larger samples sizes were needed to obtain statistically reliable results for pediatric practices, in part because there is less variability in performance among pediatric practices.

Table 1 - Variable Sample Sizes

Number of Providers per site	Starting sample – Adult survey (assuming 20.9% mail response rate)	Starting sample – Pediatric survey (assuming 16.2% mail response rate)
3	273	580
4-9	326-488	691-1,037
10-13	507-555	1,080-1,185
14-19	570-617	1,210-1,315
20-28	627-670	1,333-1,426
29-55	675-723	1,432-1,561

Survey Administration

Core sample of patients for the core survey

The Center for the Study of Services (CSS) mailed up to two surveys to each patient in the sample through non-profit mail. Non-respondents to the first survey mailing were sent a second survey package, identical to the first, five weeks after the initial mailing. The initial personalized 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.

The sender of the mail surveys was identified as both the plan and MHQP on the outside of the envelope.
The cover letter was signed by MHQP's President & CEO and the signature of an official from the patient's health plan. The bottom of the letter also included a note in the following non-English languages: Spanish, Russian, Portuguese, and Chinese to inform sample members that they had the option to complete the survey online in one of the non-English languages. Patients were given the option of responding through the mail or going to a website and completing the survey online.

Sampled patients with e-mail addresses

This year MHQP sent e-mail invitations with a link to the online survey to 4.3% of the sampled population. These individuals were patients of clinicians who were being sampled by their organizations at the individual provider level rather than at the practice level. If the clinicians were members of practices of three or more providers their results were included in the practice-level results seen in this report. If they were patients of solo or dual practices, their results were included in the provider-level results only for organizations that sponsored surveys at this level.

The response rate for those who received e-mails and completed the survey was 30.5% as compared with a response rate of 19.16% for mailed surveys. E-mails came from two provider organizations and one health plan. We plan to field future surveys using technology and approaches that patients prefer while also allowing us to achieve valid results more cost effectively. We are working with provider organizations and health plans to implement these changes.

Before we used e-mails, we conducted our standard random survey sampling of all eligible patients regardless of whether or not the patient had an e-mail address listed. The survey vendor then selected a random sample of these patients to be surveyed. This is the standard process we have used for sampling since 2005. Once the core sample was selected, we then randomly selected additional sample members for provider-level sampling. For this expanded sample, those with an e-mail address were sent an e-mail invitation to complete the survey online. Patients without an e-mail address available were mailed the survey using our traditional two-wave mail protocol. Finally, patients who were sent the survey via e-mail originally, but did not respond, were sent a follow-up mailed survey. A subset of sampled patients was sent a second survey in the mail. This additional survey mailing was limited to providers with relatively low e-mail response rates.

Survey Reliability

All survey questions and summary measures have undergone 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. For all measures except those with very high overall performance, **site-level results must achieve a reliability threshold of 0.70 to be publicly reported.**

Performance Categories for Public Reporting

In order to allow Massachusetts practices to measure their performance against stable benchmarks from year to year, MHQP had used the same performance categories since 2013. This year we have created new benchmarks in order to: 1) reflect changes to our survey instrument- i.e., we are using a shorter form survey instrument and some composites have changed slightly, and 2) update standards that are reflective of how practices are performing today. Massachusetts practices have made great strides in performance over the past five years; therefore, it no longer makes sense to compare their current performance to benchmarks established five years ago. As we all strive for continuous improvement, it makes more sense for current performance to be compared to updated benchmarks.

MHQP uses three methodologies to develop performance benchmarks depending on the amount of discrimination between practice scores:

- The first statistical methodology, known as the Beta-Binomial method, fits performance data to a theoretical model that has been shown to fit the distribution of performance scores well. In this model, the true distribution of scores (if they could be measured without error) would follow a normalized beta distribution. Classification is

based on the calculated 20th and 80th percentiles of the beta distribution. The relative performance levels differentiate those practices that are truly higher or lower in performance than those practices in the middle range of performance with relatively low error rates. Measures whose classification is based on observed relative performance percentiles include Adult Knowledge of Patient, Adult Behavioral Health, Adult/Pediatric Organizational Access, Pediatric Preventive Care, and Pediatric Office Staff.

- When it is difficult to properly classify most practices using the Beta-Binomial method, a second method of performance classification is needed. The Hochberg method, named after the statistician who developed it, is the method MHQP uses for these measures. This method defines performance level by comparing practice performance with median performance. Practice scores are statistically evaluated to determine whether they are close enough to the median practice score to be in the middle category or significantly higher or lower than the median practice score after accounting for multiple comparisons. Cut-points are defined by determining the exact point at which no practice is significantly lower than or higher than the median. Measures whose classification is based on the Hochberg method include Adult/Pediatric Communication, Adult/Pediatric Integration of Care, Adult Office Staff, Pediatric Knowledge of Patient, Child Development, and Adult/Pediatric Self-Management Support.
- For measures with high overall performance, MHQP has moved both the middle and high range of performance into the high performance category and set a benchmark judged by experts to be suitably excellent. All Hochberg measures are classified in this manner, with the exception of Adult and Pediatric Self-Management Support. Since overall performance is low for Self-Management, the middle and high performance categories are combined into the middle performance category.

Cut-points are set in the baseline year (originally 2013 and now 2018) and used in subsequent years in order to give practices a consistent achievement target. In subsequent years, measures based on Beta-Binomial methods are evaluated using the established cut-points if enough practices can be classified with 70% reliability. All other measures are classified using a combination of the established benchmarks and the Hochberg method. A practice is classified as below average if it is below the established low cut-point and is statistically significant using the multiple-comparison Hochberg method. Similarly, practices above the upper cut-point are classified as above average if they are significantly above the upper cut-point. Practices are classified as average if their scores lie between the two cut-points and they have enough patients to be reasonably sure that their scores lie in the middle range. All other practices lack a sufficient number of patients to be classified as described.

MHQP will publicly report practice site results for patient experience in the winter of 2019 on its website for healthcare consumers, www.healthcarecompassma.org.

Misclassification Risk and Buffer Zones

MHQP's public reporting establishes performance categories so that meaningful differences in performance among practices are represented. The number of performance categories is limited in order to highlight differences and reduce the chance that a practice could be misclassified in a category that is lower than it should be. For measures using observed relative performance benchmarks, MHQP also defines a buffer zone around each performance cut-point to further reduce the possibility of incorrectly categorizing a practice in a lower category. The Hochberg method protects against misclassification through a statistical process which reduces the chance of error. Therefore, measures using this method to set benchmarks do not require buffers.

"Top Performance" Designation

MHQP continues to identify practices achieving the highest level of performance in private and public reporting. Practices reaching this level of performance were identified using the Beta-Binomial method. Practices achieving "Highest Performance" designation are at or above the 99th percentile of the Beta-Binomial distribution for a given measure. The Beta-Binomial 99th percentile can be used to set achievable quality improvement goals for existing measures.

The highest performance designation point value for measures is provided below.

Table 2 – Highest Performance Designation Thresholds

	Measure	Score Needed for "Highest Performance" Designation
Adult	Communication	98.1
	Integration of Care	93.3
	Knowledge of Patient	95.5
	Adult Behavioral Health	88.9
	Organizational Access	94.1
	Self-Management Support	74.0
	Office Staff	94.9
Pediatric	Communication	99.0
	Knowledge of Patient	96.7
	Pediatric Preventive Care	87.3
	Child Development	86.6
	Organizational Access	97.3
	Self-Management Support	63.1
	Office Staff	97.6

The reason they may look slightly different is because MHQP incorporates a buffer zone around the Beta-Binomial score to reduce the possibility of misclassification (see above section on Misclassification for more detailed information). For example, if a practice had a score of 75 when the upper benchmark was set at 77 (based on the 80th Beta-Binomial percentile), that practice's scores would show up in the middle (or average) category on the public website. If in the following year the same practice improved to 78 (up three points) and all other practices improved as well, the new 80th percentile may be set at 79. Despite this improvement, the practice would still have a middle category ranking on the public website. In order to reduce the chance that a practice could be placed in a category lower than one in which it truly belongs, buffer zones, which are based on the current year's results, are utilized. As a result, the practice's improved score of 78 is compared with the original 80th percentile ranking of 77, resulting in placement of the higher performing category on the public website.

Below are some frequently asked questions regarding statistical and methodological terms and analytic procedures used in scoring the data.

Sampling thresholds- what are they and how are they determined?

Table 3 – PES Sampling Thresholds

2018 PES Sampling Thresholds	
Provider-Level	• Ideal: 140 adult patients/provider and 140 pediatric patients/provider, however will include providers with 90 patients or more. • The provider organization can request samples <90 in their contract however, the provider being sampled must have at least 20 patients.
Practice-Level	• Practice must have 3+ providers. • Depending on how many providers practice at the site, the practice must meet the sample size threshold (See Table 1). • Any one provider must have at least 20 patients to be included as part of the 3+ practice site.
Practices Serving Both Adult and Pediatric Patients	• If a practice serves both adult and pediatric patients, they must meet the following threshold in addition to the level of sampling they wish to participate in (e.g. provider or practice-level): • At least 25% of their patients must be in the second patient population to be surveyed.

How were sampling thresholds for the Provider-Level Survey (PLS) Program determined?
After the practice level sample is drawn, the provider level sample is drawn to add respondents, which allows for calculation of meaningful provider level results. For example, for an adult practice with three providers, we target a practice level sample size of 268, about 89 patients per provider. If the three providers at that practice were included in the provider level sample, we would then draw an additional sample of 51 patients per provider so each provider would have a total sample size of 140.

How is the willingness to recommend correlation calculated for each composite measure?
Each composite measure is ranked on a 0-100 scale (see the practice's adjusted mean score for that composite). We use the Pearson correlation coefficient to determine if the score on willingness to recommend is significantly correlated with each composite. If performance on the composite measure is correlated with willingness to recommend at the 0.45 level, we consider that the measure influences patients' willingness to recommend the doctor.

What is case-mix adjustment and why do you adjust for patient characteristics?
Certain patient characteristics that are not under the control of the provider, such as age and education, may be related to the patient's survey responses. For example, several studies have found that younger and more educated patients provide less positive evaluations of healthcare. If such differences occur, it is necessary to adjust for such respondent characteristics before comparing providers' results. The goal of adjusting for patient characteristics is to estimate how different providers' scores would be if they all provided care to comparable groups of patients. Case-mix adjustment allows for comparability of providers without different patient characteristics confounding the results. We provide adjusted results for public reporting and pay-for-performance financial incentive programs. Proper adjustment for

differences in patient characteristics is critical to ensure fair comparisons across health care providers serving different patient populations.

What variables are used in case-mix adjustment and how are they selected?

In MHQP's results, scores have been case-mix adjusted so that patient characteristics match the overall characteristics of patients throughout the state as reflected in the statewide results, creating a fair comparison of performance. In developing our case-mix adjustment model, we sought important and statistically significant predictors of patients' reports of their experiences. Research has shown that practices with younger patients, more ethnic minority patients and patients living in more socioeconomically deprived areas are more likely to gain from case-mix adjustment. Age and race/ethnicity are the most influential adjustors. Results data are adjusted according to age, gender, education, race, language, health plan, and region.

Why are other variables not used in the case-mix adjustment equation?

Other variables are not used because they do not have a significant impact on results. For example, our research showed that email had no case-mix adjustment utility. In addition, the length of time one has seen the provider and the number of visits one has had with the provider/practice has no case-mix adjustment utility as reported by the CAHPS team.

What is the adjusted mean score?

The adjusted mean score is the mean score of an item that has been case-mix adjusted by sociodemographic characteristics and patient-reported health status.

How are the survey responses scored?

All survey responses are coded to a 0 to 100 scale so that questions with different response options may be easily combined. Higher values indicate more positive responses.

For example, a question with four response options would be assigned the following values:

Response		Value
Always	=	100.00
Usually	=	66.67
Sometimes	=	33.33
Never	=	0.00

A question with two response options would be assigned the following values:

Response		Value
Yes	=	100.00
No	=	0.00

Composites are calculated as a simple average of the response values for each of the component questions. If fewer than half of the questions have valid responses for a given survey respondent, then the composite cannot be calculated and is considered missing.

For example, a composite that is comprised of five questions would be calculated as follows:

	Q1	Q2	Q3	Q4	Q5	Composite
Respondent A	66.67	66.67	0.00	.	.	44.45
Respondent B	100.00	66.07	100.00	100.00	100.00	93.21
Respondent C	100.00	100.00	100.00	66.67	66.67	86.67
Respondent D	33.33	.	.	66.67	.	.
Respondent E	66.67	100.00	50.00	100.00	66.67	76.67

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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 Health, Harvard Pilgrim Health Care, and Tufts Health Plan, for providing their time, expertise, and data resources, without which this project would not have been possible.

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About MHQP

Since 1995, MHQP has been leveraging its unique position as an independent coalition of key stakeholder groups (providers, payers and patients) in Massachusetts healthcare to help provider organizations, health plans, and policy makers improve the quality of patient care experiences throughout the state.

We do this by:

1. **Measuring and publicly reporting non-biased, trusted and comparable patient experience data;**
2. **Sharing tools, guidelines and best practices to help support improvement efforts; and**
3. **Catalyzing collaboration to find breakthrough solutions to shared challenges.**

MHQP's work is driven by and organized around the principle that the challenges facing healthcare can only be solved through collaboration and innovation across key stakeholder groups – including patients, whom we believe are the most underutilized resources in the healthcare system. MHQP is the neutral body that brings these organizations and individuals together to find shared interests and solve problems that none can solve alone.

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