

MHQP 2019 Patient Experience Survey Report Pediatric Care

Detailed Practice Report prepared for

Cape Ann Pediatricians, P.C. Northeast PHO, Inc.

October 2019

MHQP 2019 Patient Experience Survey Report

Table of Contents

Ab	out Your Report	1
Tal	ble of Publicly Reported Survey Questions	4
Pat	tients' Experiences with Your Practice: Summary Results	
	Visit Month Summary for Your Patient Survey Sample	6
	Comparison to Statewide Mean	7
	Summary Performance	9
	Priority Matrix	12
	Question Response Frequencies for Your Patient Survey Sample	14
Pat	tients' Experiences with Your Practice: Comparative Results	
	Practices Comparison to Medical Group	36
	Providers Comparison to Practice	45
Co	mposite Score Trend	53
Lis	ting of Sampled Providers	54
Pat	tient Comments Report	55
Аp	pendices	
	Massachusetts Statewide and Regional Performance	Α1
	Performance on PCMH Measures	В1
	Selected Tools and References for Quality Improvement	C1
	Questions and Answers	D1
	Technical Appendix	E1
	Acknowledgements	F1
	About MHQP	G1

About Your Report

The 2019 MHQP Patient Experience Survey Report (PES Report) summarizes results for your practice site from the 2019 statewide survey of adult and pediatric primary care patients. The 2019 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), and also includes Patient-Centered Medical Home (PCMH) survey items. The 2019 adult and child Patient Experience Surveys (PES) had 39 items and 54 items, respectively.

The survey was fielded in the spring of 2019 and sampled patients from 771 adult and 315 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)
- 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 2019 Statewide Patient Experience Survey results at the practice level only in the winter of 2020 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:

- Visit Month Summary— This chart provides a distribution of the counts of the most recent visits to your practice.
- 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. Please note that we have added the top box score (i.e., the percentage of patients whose responses reflect the highest possible category/rating for a given question) and the statewide top box score for comparison purposes. This section also summarizes the demographic and health characteristics reported by respondents from your practice. Please note that we have included results for self-reported chronic conditions back into this section.
- 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.
- **Trending Data** This chart displays trending data from 2018 to 2019, reflecting the number of respondents and Composite Scores. The significant difference identifies statistically significant increase or decrease to prior year results.
- Providers from Your Organization Included in the Survey Report This section indicates the names of all providers (PCPs) from your organization whose patients were surveyed as part of the 2019 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, 2018.
- Patient Comments This section includes patient narratives/comments derived from open-ended questions (CG-CAHPS Narrative Elicitation Protocol-beta version) found on the online survey.

About Your Report

Appendices

Your report also contains supplemental material, available in the appendices. The appendices contain 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 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 contains a description of MHQP's sampling process and benchmark methodology.
- About MHQP This section contains information about MHQP and its role in Massachusetts' quality reporting.

Table of Publicly Reported Survey Questions - Pediatric 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 about your child's health 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 your child?
Integration of Care (2 questions)	In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?
	In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you these results?
Knowledge of Patient (2 questions)	In the last 12 months, how often did this provider seem to know the important information about your child's medical history?
	How would you rate this provider's knowledge about your child as a person – special abilities, concerns, fears?
Pediatric Preventive Care (6 questions)	In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?
	In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?
	In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?
	In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?
	In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?
	In the last 12 months, did you and anyone in this provider's office talk about whether there are any problems in your household that might affect your child?

Child Development (5 questions)	In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?
	In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?
	In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?
	In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?
	In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?

Organization/Structural Features of Care

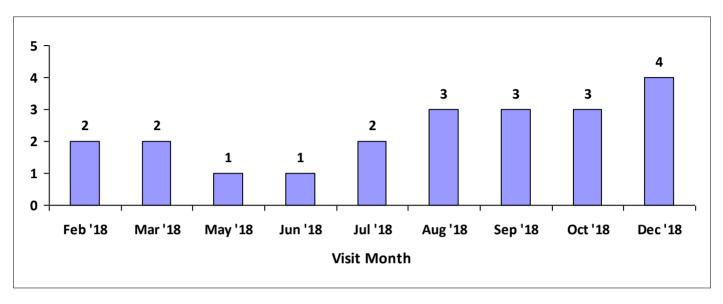
Summary Measure	Survey Questions
Organizational Access (3 questions)	In the last 12 months, when you called this provider's office for an appointment for care your child needed right away , how often did you get an appointment as soon as your child needed?
	In the last 12 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?
	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 child's 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 child's 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	Would you recommend this provider to your family and friends?
(1 question)	

Month of Visit Summary

We created a relative recency distribution based on the count of visits to the practice by those who responded to the survey.



There were a total of 21 patients who responded to the survey; 71.43% had seen the provider/practice within the last 6 months (July - December 2018). Please note that across the state, 70% of survey respondents had their most recent primary care visit between July and December 2018 which is within the 6 month lookback period.

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 2019 Statewide Patient Experience Survey results **at the practice level only** in the winter of 2020 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 <u>private</u> 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 2019 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 ($p \le 0.05$) 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 $p \le 0.05$).

Patients' Experiences with Your Practice Site (n = 21)
Compared with the Statewide Mean

Summary Measures		C	omparison	to State Mea	an		Site Mean (Reliability r)	State Mean
Quality of Provider-Patient Interaction	0	20	40	60	80	100		
Communication						-	94.9 (Lowest <i>r</i>)	97.4
Integration of Care					_	•	91.1 (Lowest <i>r</i>)	89.2
Knowledge of Patient						•	91.1 (Lowest <i>r</i>)	93.6
Pediatric Preventive Care			_	_			54.8 (High <i>r</i>)	75.8
Child Development							67.0 (Lower <i>r</i>)	80.0
Organization/Structural Features of Care	0	20	40	60	80	100		
Organizational Access						+	97.8 (Lower <i>r</i>)	93.4
Self-Management Support			•	$+$ $\overline{}$			37.2 (Lower <i>r</i>)	52.7
Office Staff						+	96.0 (High <i>r</i>)	92.6

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

Reliability	Reliability Legend						
Highest <i>r</i> ≥ .70	Available sample for this measure meets or exceeds reliability standards required for public reporting.						
High <i>r</i> .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 <i>r</i> .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 <i>r</i> <.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 2020 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.

Beta-Binomial Summary Performance (n = 21)

Summary Measures	Your Score	Performance Category	Lower Benchmark	Upper Benchmark
Quality of Provider-Patient Interaction				
Publicly Reported Measures Pediatric Preventive Care	54.8		68.0	77.5
Organization/Structural Features of Care				
Publicly Reported Measures				
Organizational Access	97.8		88.6	92.8
Office Staff	96.0		87.5	92.7

Performance Category Legend						
\$	Special designation of highest performance At or above the upper benchmark					
	Between the lower and upper benchmarks					
Ō	Below the lower benchmark					
N/D	Not enough data to report performance					

	frequency	percent	state frequency	perce
Definitely not	0	0%	156	1%
Probably not	0	0%	100	1%
Not sure	0	0%	211	1%
Probably yes	3	15%	1,509	8%
Definitely yes	17	85%	15,939	89%
Total applicable respondent	20		17,915	
No response	1		214	

Hochberg Summary Performance (n = 21)

Summary Measures	Your Score	Performance Category	Benchmark
Quality of Provider-Patient Interaction			
Publicly Reported Measures			
Communication	94.9		94.5
Integration of Care	91.1		81.2
Knowledge of Patient	91.1		89.3
Child Development	67.0		71.8
Organization/Structural Features of Care			
Publicly Reported Measures			
Self-Management Support	37.2		35.8

Hochberg Performance Category Legend							
♦	Special designation of highest performance Above the benchmark Above the benchmark (Self-Management Support) Below the benchmark 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).

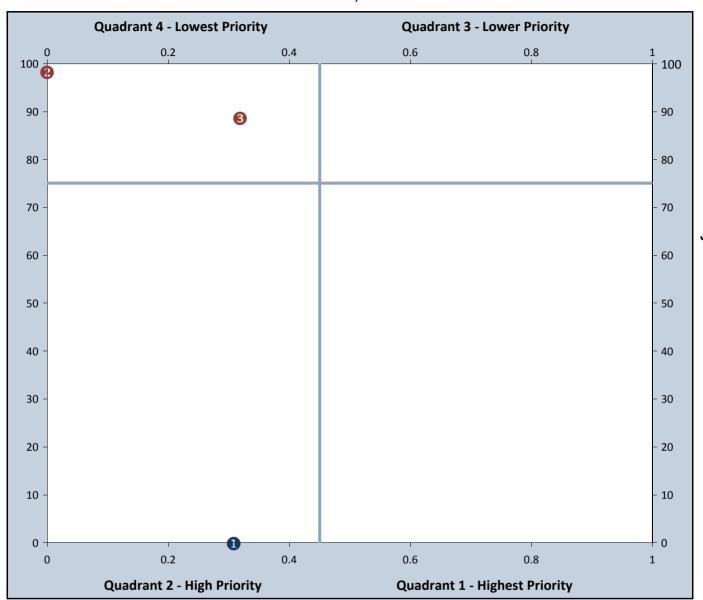
Quadrant 4: Lowest Priority for Improvement. The practice scored above the 75th percentile and there is a moderate or low correlation between patients' willingness to recommend the practice and the measure(s).

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.

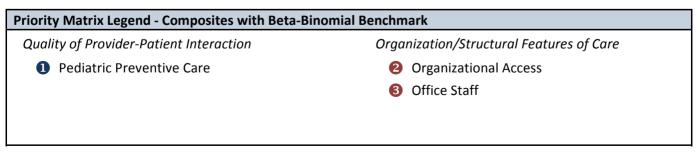
Adjusted Percentile Rank

Cape Ann Pediatricians, P.C. - Pediatric Care Northeast PHO, Inc.

Summary Performance (n = 21)
Priority Matrix



Correlation to Measure of Willingness to Recommend



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.**

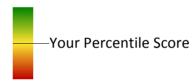
Question Response Frequencies for Your Patient Survey Sample

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.

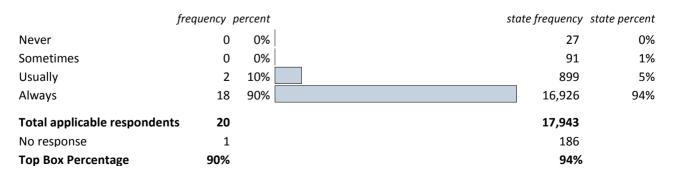
When selecting quality improvement strategies, you may wish to focus on priority composites. If your percentile ranking for a given item that is part of a priority composite places you in the red zone, this area will be a priority for improvement. If a second item in that same composite places you in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



CG-CAHPS survey items can be calculated using a top-box scoring method. The "top-box" is the most favorable response to the survey item. The top box score is the percentage of patients whose responses reflect the highest possible category/rating for a given question (e.g., percentage who indicated that they "always" received the desired care or service). We include top box scores so that you can easily identify areas of outstanding patient experiences and conversely areas of low performance to achieve higher goal setting. We have also included statewide top box scores for comparison purposes.

Communication (4 items) Adjusted Mean Score = 94.9

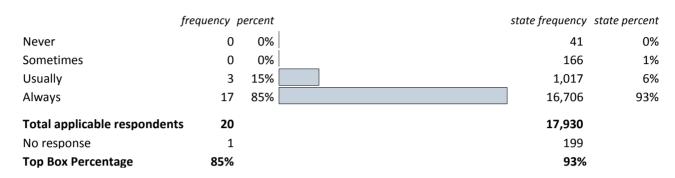
In the last 12 months, how often did this provider explain things about your child's health in a way that was easy to understand?



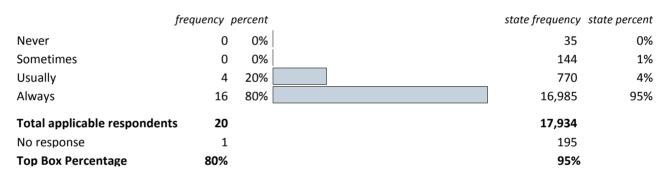
Question Response Frequencies for Your Patient Survey Sample

Communication (4 items) Adjusted Mean Score = 94.9

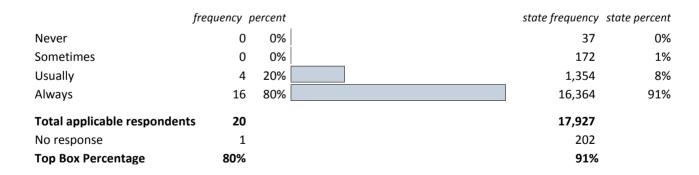
In the last 12 months, how often did this provider listen carefully to you?



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



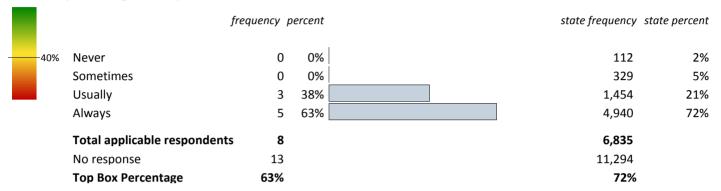
In the last 12 months, how often did this provider spend enough time with your child?



Question Response Frequencies for Your Patient Survey Sample

Integration of Care (2 items) Adjusted Mean Score = 91.1

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

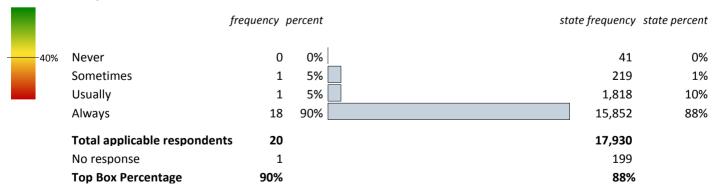


In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you these results?

f	requency _[percent	state frequency	state percent
Never	0	0%	186	3%
Sometimes	0	0%	216	3%
Usually	0	0%	674	11%
Always	5	100%	5,170	83%
Total applicable respondents	5		6,246	
No response	16		11,883	
Top Box Percentage	100%		83%	

Knowledge of Patient (2 items) Adjusted Mean Score = 91.1

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

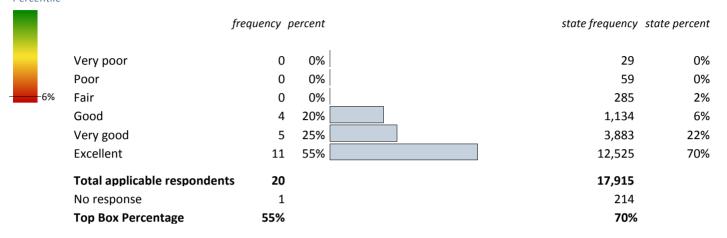


Question Response Frequencies for Your Patient Survey Sample

Knowledge of Patient (2 items) Adjusted Mean Score = 91.1

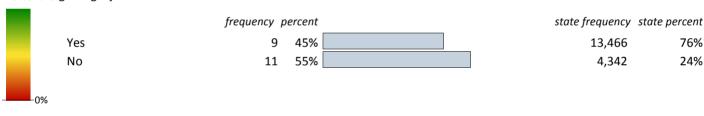
Statewide How would you rate this provider's knowledge about your child as a person – special abilities, concerns, fears?

Percentile



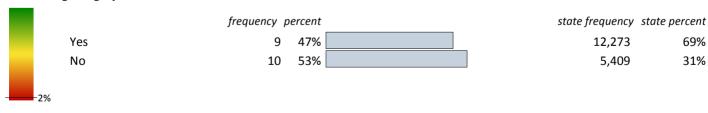
Pediatric Preventive Care (6 items) Adjusted Mean Score = 54.8

Statewide In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from Percentile getting injured?



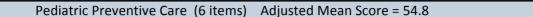
Total applicable respondents	20	17,808
No response	1	321
Top Box Percentage	45%	76%

Statewide In the last 12 months, did anyone in this provider's office give you information about how to keep your child from Percentile getting injured?

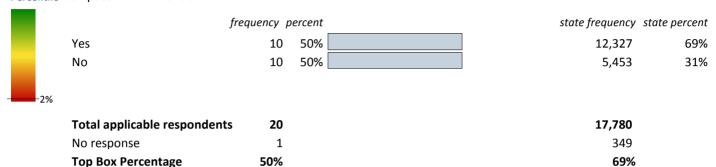


Total applicable respondents	19	17,682
No response	2	447
Top Box Percentage	47%	69%

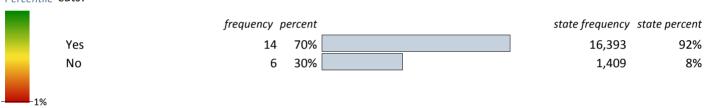
Question Response Frequencies for Your Patient Survey Sample



Statewide In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a Percentile computer and in front of a TV?

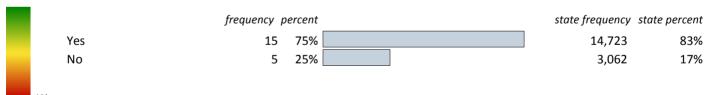


Statewide In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child Percentile eats?



Total applicable respondents2017,802No response1327Top Box Percentage70%92%

Statewide In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your Percentile child gets?

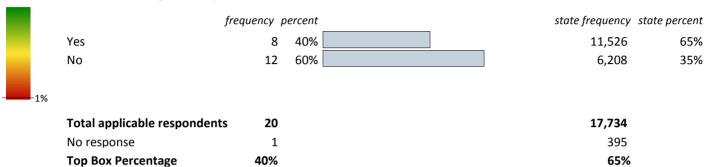


Total applicable respondents	20	17,785
No response	1	344
Top Box Percentage	75%	83%

Question Response Frequencies for Your Patient Survey Sample

Pediatric Preventive Care (6 items) Adjusted Mean Score = 54.8

Statewide In the last 12 months, did you and anyone in this provider's office talk about whether there are any problems in your Percentile household that might affect your child?



Child Development (5 items) Adjusted Mean Score = 67.0

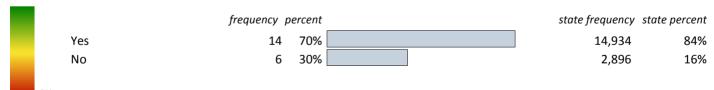
Statewide In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?

Percentile



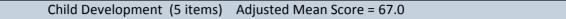
Total applicable respondents	20	17,802
No response	1	327
Top Box Percentage	60%	66%

Statewide In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for *Percentile* your child at this age?



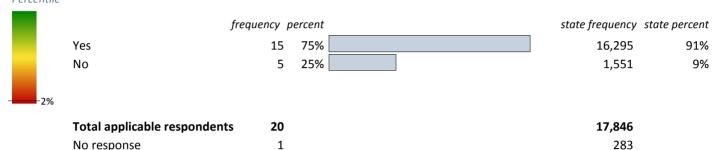
Total applicable respondents	20	17,830
No response	1	299
Top Box Percentage	70%	84%

Question Response Frequencies for Your Patient Survey Sample



Statewide In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?

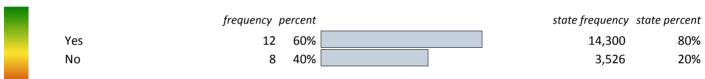
Percentile



Top Box Percentage 75% 91%

Statewide In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?

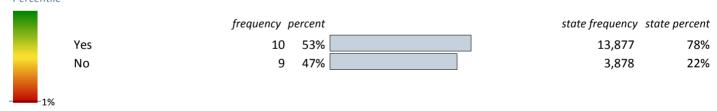
Percentile



Total applicable respondents2017,826No response1303Top Box Percentage60%80%

Statewide In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?

Percentile

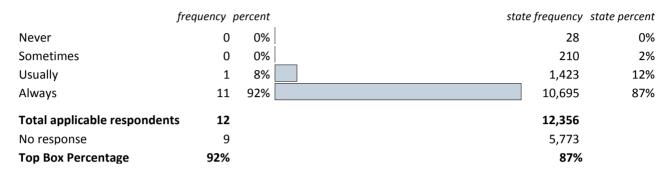


Total applicable respondents1917,755No response2374Top Box Percentage53%78%

Question Response Frequencies for Your Patient Survey Sample

Organizational Access (3 items) Adjusted Mean Score = 97.8

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



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

free	quency p	ercent	state frequency	state percent
Never	0	0%	58	0%
Sometimes	0	0%	566	3%
Usually	2	11%	3,200	19%
Always	17	89%	13,344	78%
Total applicable respondents	19		17,168	
No response	2		961	
Top Box Percentage	89%		78%	

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?

fr	equency	percent	state frequency	state percent
Never	0	0%	25	0%
Sometimes	0	0%	211	2%
Usually	0	0%	1,504	13%
Always	6	100%	10,081	85%
Total applicable respondents	6		11,821	
No response	15		6,308	
Top Box Percentage	100%		85%	

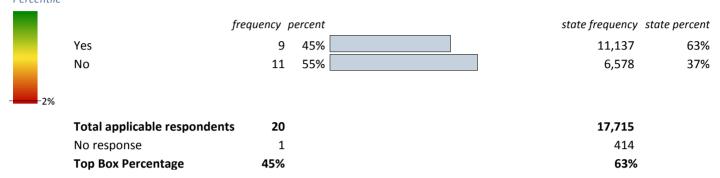
21

Question Response Frequencies for Your Patient Survey Sample

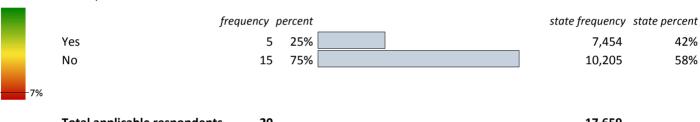
Self-Management Support (2 items) Adjusted Mean Score = 37.2

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

Percentile



Statewide 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 Percentile care of your child's health?



Total applicable respondents2017,659No response1470Top Box Percentage25%42%

Office Staff (2 items) Adjusted Mean Score = 96.0

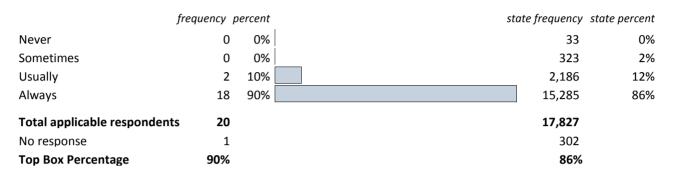
In the last 12 months, how often were the front office staff at this provider's office as helpful as you thought they should be?

fred	quency p	ercent	stat	e frequency	state percent
Never	0	0%		55	0%
Sometimes	0	0%		505	3%
Usually	3	15%		3,766	21%
Always	17	85%		13,500	76%
Total applicable respondents	20			17,826	
No response	1			303	
Top Box Percentage	85%			76%	

Question Response Frequencies for Your Patient Survey Sample

Office Staff (2 items) Adjusted Mean Score = 96.0

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



Overall Ratings (2 items)

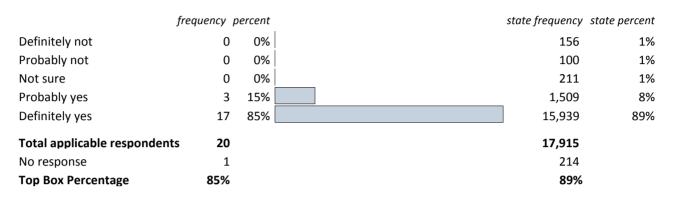
Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

j	frequency p	percent	state frequency	state percent
0 Worst provider possible	0	0%	15	0%
1	0	0%	4	0%
2	0	0%	9	0%
3	0	0%	12	0%
4	0	0%	36	0%
5	0	0%	66	0%
6	0	0%	82	0%
7	0	0%	 327	2%
8	3	15%	1,338	7%
9	5	25%	3,501	20%
10 Best provider possible	12	60%	12,518	70%
Total applicable respondents	20		17,908	
No response	1		221	
Top Box Percentage	60%		70%	

Question Response Frequencies for Your Patient Survey Sample

Overall Ratings (2 items)

Would you recommend this provider to your family and friends?



Communication (PCMH) (5 items) Adjusted Mean Score = 95.0

In the last 12 months, how often did this provider explain things about your child's health in a way that was easy to understand?

fred	quency p	ercent	state frequency	state percent
Never	0	0%	27	0%
Sometimes	0	0%	91	1%
Usually	2	10%	899	5%
Always	18	90%	16,926	94%
Total applicable respondents	20		17,943	
No response	1		186	
Top Box Percentage	90%		94%	

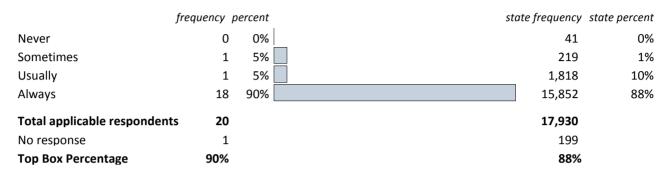
In the last 12 months, how often did this provider listen carefully to you?

free	quency p	ercent	state frequency	state percent
Never	0	0%	41	0%
Sometimes	0	0%	166	1%
Usually	3	15%	1,017	6%
Always	17	85%	16,706	93%
Total applicable respondents	20		17,930	
No response	1		199	
Top Box Percentage	85%		93%	

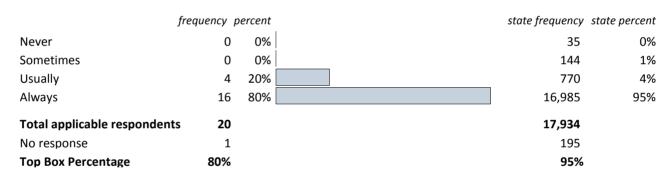
Question Response Frequencies for Your Patient Survey Sample

Communication (PCMH) (5 items) Adjusted Mean Score = 95.0

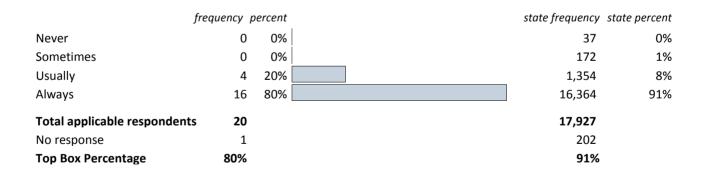
In the last 12 months, how often did this provider seem to know the important information about your child's medical history?



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



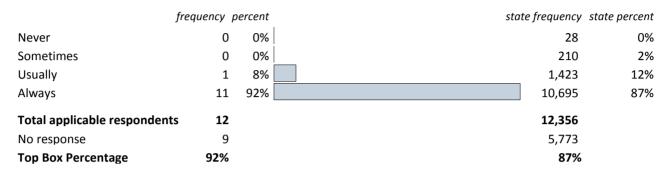
In the last 12 months, how often did this provider spend enough time with your child?



Question Response Frequencies for Your Patient Survey Sample

Organizational Access (PCMH) (3 items) Adjusted Mean Score = 97.8

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



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

free	quency p	ercent	state frequency	state percent
Never	0	0%	58	0%
Sometimes	0	0%	566	3%
Usually	2	11%	3,200	19%
Always	17	89%	13,344	78%
Total applicable respondents	19		17,168	
No response	2		961	
Top Box Percentage	89%		78%	

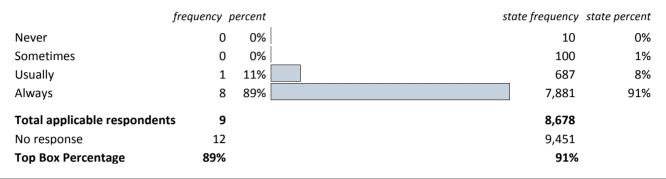
In the last 12 months, when you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

fr	equency	percent	state frequency	state percent
Never	0	0%	25	0%
Sometimes	0	0%	211	2%
Usually	0	0%	1,504	13%
Always	6	100%	10,081	85%
Total applicable respondents	6		11,821	
No response	15		6,308	
Top Box Percentage	100%		85%	

Question Response Frequencies for Your Patient Survey Sample

Communication: Provider Explains Clearly to Child (1 item) Adjusted Mean Score = 96.3

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



Communication: Provider Listens to Child (1 item) Adjusted Mean Score = 96.5

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

fr	equency p	ercent	state frequency	state percent
Never	0	0%	7	0%
Sometimes	0	0%	82	1%
Usually	1	11%	439	5%
Always	8	89%	8,146	94%
Total applicable respondents	9		8,674	
No response	12		9,455	
Top Box Percentage	89%		94%	

Communication: Information for Child Follow-Up (1 item) Adjusted Mean Score = 100.0

Did this provider give you enough information about what you needed to do to follow up on your child's care?

fr	equency pe	ercent	state frequency	state percent
Yes	11	100%	9,708	99%
No	0	0%	66	1%
Total applicable respondents	11		9,774	
No response	10		8,355	
Top Box Percentage	100%		99%	

Question Response Frequencies for Your Patient Survey Sample

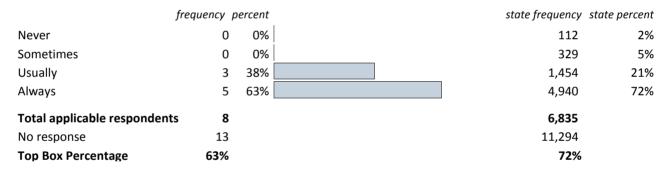
Coordination: Follow-Up About Test Results (1 item) Adjusted Mean Score = 98.3

In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you these results?

fre	equency p	percent	state frequency	state percent
Never	0	0%	186	3%
Sometimes	0	0%	216	3%
Usually	0	0%	674	11%
Always	5	100%	5,170	83%
Total applicable respondents	5		6,246	
No response	16		11,883	
Top Box Percentage	100%		83%	

Coordination: Provider Up to Date About Specialists (1 item) Adjusted Mean Score = 86.9

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



Information: About Care After Hours (1 item) Adjusted Mean Score = 91.4

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

free	quency pe	ercent	state frequency	state percent
Yes	18	90%	16,692	93%
No	2	10%	1,271	7%
Total applicable respondents	20		17,963	
No response	1		166	
Top Box Percentage	90%		93%	

Question Response Frequencies for Your Patient Survey Sample

Self Assessment of Health (1 item)

In general, how would you rate your child's overall health?

fr	state frequency	state percent			
Excellent	14	67%		11,096	62%
Very good	3	14%		5,550	31%
Good	4	19%		1,034	6%
Fair	0	0%		124	1%
Poor	0	0%		14	0%
Total applicable respondents	21			17,818	
No response	0			311	
Top Box Percentage	67%			62%	

Self Assessment of Emotional Health (1 item)

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

fre	equency p	ercent	state frequency	state percent
Excellent	8	38%	9,997	56%
Very good	9	43%	5,532	31%
Good	4	19%	1,726	10%
Fair	0	0%	465	3%
Poor	0	0%	85	0%
Total applicable respondents	21		17,805	
No response	0		324	
Top Box Percentage	38%		56%	

Demographics (20 items)

What is your child's age?

free	quency p	state frequency	state percent	
Less than 2 years old	1	5%	2,330	13%
2 to 4 years old	1	5%	2,874	16%
5 to 9 years old	5	24%	3,736	21%
10 to 14 years old	4	19%	4,622	25%
15 to 18 years old	10	48%	4,567	25%
Total applicable respondents	21		18,129	
No response	0		0	
Top Box Percentage	N/A		N/A	

Question Response Frequencies for Your Patient Survey Sample

Demograp	hics	(<u>2</u> 0	itams)	Ī

Is your child male or female?

fre	state frequency	state percent		
Male	12	57%	9,393	52%
Female	9	43%	8,736	48%
Total applicable respondents	21		18,129	
No response	0		0	
Top Box Percentage	N/A		N/A	

Is your child of Hispanic or Latino origin or descent?

fre	quency p	percent	state frequency	state percent
No, not Hispanic or Latino	19	90%	16,567	93%
Yes, Hispanic or Latino	2	10%	1,154	7%
Total applicable respondents	21		17,721	
No response	0		408	
Top Box Percentage	N/A		N/A	١

What is your child's race?: White

fre	quency p	ercent	state freq	uency state percent
Yes	19	90%	15	,747 87%
No	2	10%	2	,382 13%
Total applicable respondents	21		18	,129
No response	0			0
Top Box Percentage	N/A			N/A

What is your child's race?: Black or African American

fre	quency percent	state frequency	state percent
Yes	0 0%	728	4%
No	21 100%	17,401	96%
Total applicable respondents	21	18,129	
No response	0	0	
Top Box Percentage	N/A	N/A	

Question Response Frequencies for Your Patient Survey Sample

				8
Demo	oranhics	120	items)	

What is your child's race?: Asian

fre	quency p	percent	state frequency	state percent
Yes	2	10%	1,410	8%
No	19	90%	16,719	92%
Total applicable respondents	21		18,129	
No response	0		0	
Top Box Percentage	N/A		N/A	

What is your child's race?: Native Hawaiian or Other Pacific Islander

fre	quency	percent	state frequency	state percent
Yes	0	0%	55	0%
No	21	100%	18,074	100%
Total applicable respondents	21		18,129	
No response	0		0	
Top Box Percentage	N/A		N/A	

What is your child's race?: American Indian or Alaska Native

fre	equency per	rcent	state frequency	state percent
Yes	0	0%	72	0%
No	21 1	00%	18,057	100%
Total applicable respondents	21		18,129	
No response	0		0	
Top Box Percentage	N/A		N/A	

What is your child's race?: Other

fre	quency percen	t state frequency	state percent
Yes	0 0%	673	4%
No	21 100%	17,456	96%
Total applicable respondents	21	18,129	
No response	0	0	
Top Box Percentage	N/A	N/A	

Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

Has a provider ever told you that your child had: Diabetes

fre	quency	percent	state frequency	state percent
Yes	0	0%	62	0%
No	21	100%	17,747	100%
Total applicable respondents	21		17,809	
No response	0		320	
Top Box Percentage	N/A		N/A	

Has a provider ever told you that your child had: Asthma



Has a provider ever told you that your child had: The problem of being overweight or excessive weight gain

fre	quency p	ercent	state frequency	state percent
Yes	0	0%	1,096	6%
No	21	100%	16,713	94%
Total applicable respondents	21		17,809	
No response	0		320	
Top Box Percentage	N/A		N/A	

Has a provider ever told you that your child had: Attention Disorder such as ADD or ADHD

fre	quency p	ercent	state frequency	state percent
Yes	1	5%	1,458	8%
No	20	95%	16,351	92%
Total applicable respondents	21		17,809	
No response	0		320	
Top Box Percentage	N/A		N/A	

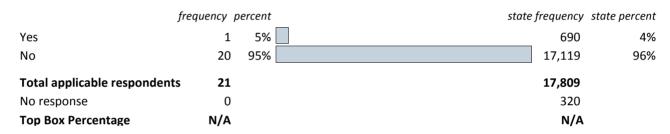
Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

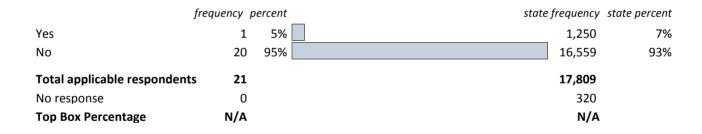
Has a provider ever told you that your child had: Depression or other emotional problem

fre	quency p	percent	state frequency	state percent
Yes	2	10%	1,176	7%
No	19	90%	16,633	93%
Total applicable respondents	21		17,809	
No response	0		320	
Top Box Percentage	N/A		N/A	

Has a provider ever told you that your child had: Autism, intellectual disability, or other developmental problems



Has a provider ever told you that your child had: Other chronic (long term) health condition



Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

What is your age?

fi	requency p	ercent			state frequency	state percent
Under 18	1	5%			157	1%
18 to 24	0	0%			56	0%
25 to 34	3	14%			2,503	14%
35 to 44	6	29%			6,942	39%
45 to 54	6	29%			6,596	37%
55 to 64	5	24%			1,342	8%
65 to 74	0	0%			105	1%
75 or older	0	0%			9	0%
Total applicable respondents	21				17,710	
No response	0				419	
Top Box Percentage	N/A				N/A	

Are you male or female?

frequency percent			state frequency	state percent	
Male	5	24%		2,773	16%
Female	16	76%		14,945	84%
Total applicable respondents	21			17,718	
No response	0			411	
Top Box Percentage	N/A			N/A	

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

£			atata firancanan	
jre	quency p	ercent	state frequency	state percent
8th grade or less	0	0%	56	0%
Some high school, but did not graduate	1	5%	57	0%
High school graduate or GED	3	14%	762	4%
Some college or 2-year degree	0	0%	2,603	15%
4-year college graduate	9	43%	5,231	30%
More than 4-year college degree	8	38%	8,969	51%
Total applicable respondents	21		17,678	
No response	0		451	
Top Box Percentage	N/A		N/A	

Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

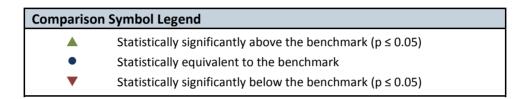
How are you related to the child?

fre	quency	percent	state frequency	state percent
Mother or father	21	100%	17,661	100%
Grandparent	0	0%	40	0%
Aunt or uncle	0	0%	1	0%
Older brother or sister	0	0%	3	0%
Other relative	0	0%	3	0%
Legal guardian	0	0%	23	0%
Someone else	0	0%	7	0%
Total applicable respondents	21		17,738	
No response	0		391	
Top Box Percentage	N/A		N/A	

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.



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 <i>r</i> ≥ .70	Available sample for this measure meets or exceeds reliability standards required for public reporting.
High <i>r</i> .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 <i>r</i> .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 <i>r</i> ≤ .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.

Practices compared with Northeast PHO, Inc. Mean

	Qualit	y of Pro	vider-P	atient .	Interact	tion: Co	ommun	ication				
Practice Name		Difference from Northeast PHO, Inc. Mean (97.8) Adj. Mean (Reliability r										
	-20	-15	-10	-5	0	+5	+10	+15	+20			
Practice MRQ		'	,	,		"	,	,		• 100.0 (Lower <i>r</i>)	21	
Practice LMZ										• 99.1 (Lowest <i>r</i>)	9	
Practice BXY										• 98.8 (Lower <i>r</i>)	100	
Practice BYD										• 97.2 (High <i>r</i>)	155	
Cape Ann Pediatricians, P.C.										• 94.9 (Lowest <i>r</i>)	20	

Northeast PHO, Inc. Mean = 97.8

Practices compared with Northeast PHO, Inc. Mean

	Quality	of Prov	ider-Pa	tient In	teractio	n: Inte	gration	of Car	e		
Practice Name		Differe	ence fro	m Nor	theast P	HO, In	c. Mean	(92.5)		Adj. Mean (Reliability <i>r</i>)	Sample Size
	-20	-15	-10	-5	0	+5	+10	+15	+20		
Practice BXY		'	,	'		"	,	"	ľ	• 94.8 (Lower <i>r</i>)	44
Practice BYD										92.0 (Lower <i>r</i>)	70
Practice MRQ										• 91.2 (Lowest <i>r</i>)	7
Cape Ann Pediatricians, P.C.										• 91.1 (Lowest <i>r</i>)	8
Practice LMZ										82.6 (Lowest r)	5

Northeast PHO, Inc. Mean = 92.5

Practices compared with Northeast PHO, Inc. Mean

C	Quality o	f Provid	ler-Pati	ent Int	eractio	n: Knov	vledge (of Patie	nt		
Practice Name		Differe	ence fro	m Nor	theast F	PHO, In	c. Mear	ı (94.0)		Adj. Mean (Reliability <i>r</i>)	Sample Size
	-20	-15	-10	-5	0	+5	+10	+15	+20		
Practice BXY		ľ		'			'	,	'	▲ 96.6 (High <i>r</i>)	100
Practice LMZ										• 93.3 (Lowest <i>r</i>)	9
Practice BYD										• 92.9 (High <i>r</i>)	155
Practice MRQ										• 91.8 (High <i>r</i>)	21
Cape Ann Pediatricians, P.C.										• 91.1 (Lowest <i>r</i>)	20

Northeast PHO, Inc. Mean = 94.0

Practices compared with Northeast PHO, Inc. Mean

Qu	ality of	Provide	r-Patie	nt Inter	action:	Pediati	ric Prev	entive	Care		
Practice Name		Differe	ence fro	m Nort	heast	PHO, Inc	c. Mean	ı (75.5)		Adj. Mean (Reliability <i>r</i>)	Sample Size
	-40	-30	-20	-10	0	+10	+20	+30	+40		
Practice BXY		ľ	,	,			,		'	▲ 81.3 (Highest <i>r</i>)	99
Practice BYD										• 76.1 (Highest <i>r</i>)	154
Practice MRQ										• 69.6 (High <i>r</i>)	21
Practice LMZ										• 59.0 (Lower <i>r</i>)	9
Cape Ann Pediatricians, P.C.										▼ 54.8 (High <i>r</i>)	20

Northeast PHO, Inc. Mean = 75.5

Practices compared with Northeast PHO, Inc. Mean

Quality of Provider-Patient Interaction: Child Development												
Practice Name		Differe	ence fro	m Nort	theast I	PHO, In	c. Mear	ı (77.2)		Adj. Mean (Reliability <i>r</i>)	Sample Size	
	-20	-15	-10	-5	0	+5	+10	+15	+20			
Practice BXY		'	<u>'</u>	•			'	ľ	'	▲ 83.1 (High <i>r</i>)	100	
Practice MRQ										● 80.4 (Lower <i>r</i>)	21	
Practice BYD										• 74.8 (Highest <i>r</i>)	154	
Practice LMZ										• 68.8 (Lowest <i>r</i>)	9	
Cape Ann Pediatricians, P.C.										• 67.0 (Lower <i>r</i>)	20	

Northeast PHO, Inc. Mean = 77.2

Practices compared with Northeast PHO, Inc. Mean

Org	ganizati	ion/Stru	ıctural	Feature	s of Ca	re: Org	anizatio	onal Ac	cess		
Practice Name		Differe	ence fro	m Nort	heast F	PHO, In	c. Mear	ı (94.8)		Adj. Mean (Reliability <i>r</i>)	Sample Size
	-20	-15	-10	-5	0	+5	+10	+15	+20		
Cape Ann Pediatricians, P.C.									·	• 97.8 (Lower <i>r</i>)	11
Practice MRQ						1				• 97.5 (High <i>r</i>)	19
Practice BXY										95.8 (Highest r)	80
Practice BYD										• 93.9 (Highest <i>r</i>)	120
Practice LMZ										88.2 (Lower r)	9

Northeast PHO, Inc. Mean = 94.8

Practices compared with Northeast PHO, Inc. Mean

Orgo	anization	/Struct	ural Fe	atures (of Care	: Self-M	lanager	nent Su	ppor	t	
Practice Name		Differe	ence fro	m Nort	heast	PHO, Inc	c. Mean	(49.8)		Adj. Mean (Reliability <i>r</i>)	Sample Size
	-40	-30	-20	-10	0	+10	+20	+30	+40		
Practice BXY		,	,	ľ			"	,		▲ 56.9 (High <i>r</i>)	99
Practice BYD										48.7 (Highest r)	153
Practice MRQ										• 45.2 (Lower <i>r</i>)	21
Cape Ann Pediatricians, P.C.										• 37.2 (Lower <i>r</i>)	20
Practice LMZ										• 28.6 (Lowest <i>r</i>)	9

Northeast PHO, Inc. Mean = 49.8

Practices compared with Northeast PHO, Inc. Mean

Organization/Structural Features of Care: Office Staff												
Practice Name		Differe	ence fro	m Nort	theast I	PHO, In	c. Mear	(91.8)		Adj. Mean (Reliability <i>r</i>)	Sample Size	
	-20	-15	-10	-5	0	+5	+10	+15	+20			
Practice MRQ				-						▲ 98.2 (High <i>r</i>)	21	
Cape Ann Pediatricians, P.C.										• 96.0 (High <i>r</i>)	20	
Practice BYD										• 91.5 (Highest <i>r</i>)	154	
Practice BXY										• 90.2 (Highest <i>r</i>)	99	
Practice LMZ										• 90.1 (Lower <i>r</i>)	9	

Northeast PHO, Inc. Mean = 91.8

Providers compared with Cape Ann Pediatricians, P.C. Mean

(Quality of Provider-Patient Interaction: Communication													
Provider Name	Diff	erence	from C	ape An	n Pediat	ricians	s, P.C. N	lean (9	-	Adj. Mean (Reliability <i>r</i>)	Sample Size			
	-20	-15	-10	-5	0	+5	+10	+15	+20					
CARBONE, THOMAS									·	96.8 (Lowest r)	9			
STOCKMAN, JEFFREY										• 93.4 (Lowest <i>r</i>)	11			

Cape Ann Pediatricians, P.C. Mean = 94.9

Providers compared with Cape Ann Pediatricians, P.C. Mean

Quality of Provider-Patient Interaction: Integration of Care												
Provider Name	Diff	erence	from C	ape An	n Pedia	tricians	s, P.C. N	/lean (9	-	Adj. Mean (Reliability <i>r</i>)	Sample Size	
	-20	-15	-10	-5	0	+5	+10	+15	+20			
CARBONE, THOMAS										• 97.1 (Lowest <i>r</i>)	1	
STOCKMAN, JEFFREY										• 90.3 (Lowest <i>r</i>)	7	

Cape Ann Pediatricians, P.C. Mean = 91.1

Providers compared with Cape Ann Pediatricians, P.C. Mean

Qua	Quality of Provider-Patient Interaction: Knowledge of Patient										
Provider Name	Diff	erence	from C	ape An	n Pedia	tricians	s, P.C. N	/lean (9	-	Adj. Mean (Reliability <i>r</i>)	Sample Size
	-20	-15	-10	-5	0	+5	+10	+15	+20		
CARBONE, THOMAS									·	• 96.7 (Lowest <i>r</i>)	9
STOCKMAN, JEFFREY										86.6 (Lowest r)	11

Cape Ann Pediatricians, P.C. Mean = 91.1

Providers compared with Cape Ann Pediatricians, P.C. Mean

Quali	Quality of Provider-Patient Interaction: Pediatric Preventive Care										
Provider Name	Diff	erence	from C	ape An	n Pedia	tricians	, P.C. N	1ean (5	-	Adj. Mean (Reliability <i>r</i>)	Sample Size
	-20	-15	-10	-5	0	+5	+10	+15	+20		
CARBONE, THOMAS									·	• 61.4 (Lower <i>r</i>)	9
STOCKMAN, JEFFREY										• 49.5 (Lower <i>r</i>)	11

Cape Ann Pediatricians, P.C. Mean = 54.8

Providers compared with Cape Ann Pediatricians, P.C. Mean

Qı	Quality of Provider-Patient Interaction: Child Development										
Provider Name	Diff	erence	from C	ape An	n Pedia	tricians	, P.C. N	/lean (6	-	Adj. Mean (Reliability <i>r</i>)	Sample Size
	-20	-15	-10	-5	0	+5	+10	+15	+20		
STOCKMAN, JEFFREY									·	• 73.1 (Lowest <i>r</i>)	11
CARBONE, THOMAS										• 59.6 (Lowest <i>r</i>)	9

Cape Ann Pediatricians, P.C. Mean = 67.0

Providers compared with Cape Ann Pediatricians, P.C. Mean

Orga	Organization/Structural Features of Care: Organizational Access										
Provider Name	Diff	erence	from C	ape An	n Pedia	tricians	s, P.C. N	/lean (9	•	Adj. Mean (Reliability <i>r</i>)	Sample Size
	-20	-15	-10	-5	0	+5	+10	+15	+20		
STOCKMAN, JEFFREY										• 98.7 (Lower <i>r</i>)	8
CARBONE, THOMAS										• 95.5 (Lowest <i>r</i>)	3

Cape Ann Pediatricians, P.C. Mean = 97.8

Providers compared with Cape Ann Pediatricians, P.C. Mean

Organiz	Organization/Structural Features of Care: Self-Management Support										
Provider Name	Diff	erence	from C	ape An	n Pedia	tricians	s, P.C. N	/lean (3	-	Adj. Mean (Reliability <i>r</i>)	Sample Size
	-20	-15	-10	-5	0	+5	+10	+15	+20		
CARBONE, THOMAS									·	• 40.6 (Lowest <i>r</i>)	9
STOCKMAN, JEFFREY										• 34.4 (Lowest <i>r</i>)	11

Cape Ann Pediatricians, P.C. Mean = 37.2

Providers compared with Cape Ann Pediatricians, P.C. Mean

	Organization/Structural Features of Care: Office Staff										
Provider Name	Diff	erence	from C	ape An	n Pedia	tricians	s, P.C. N	/lean (9	-	Adj. Mean (Reliability <i>r</i>)	Sample Size
	-20	-15	-10	-5	0	+5	+10	+15	+20		
CARBONE, THOMAS										• 96.4 (Lower <i>r</i>)	9
STOCKMAN, JEFFREY										• 95.7 (Lower <i>r</i>)	11

Cape Ann Pediatricians, P.C. Mean = 96.0

Composite Score Trend

				Sig Diff
	Year F	Respondents	Mean	-1
Quality of Provider-Patient Interaction				
Communication	2019	20	94.93	•
	2018	29	98.95	
Integration of Care	2019	8	91.14	•
	2018	19	92.45	
Knowledge of Patient	2019	20	91.14	•
	2018	29	94.94	
Pediatric Preventive Care	2019	20	54.84	▼
	2018	27	71.77	
Child Development	2019	20	67.03	•
	2018	27	74.98	
Organization/Structural Features of Care				
Organizational Access	2019	11	97.79	•
	2018	20	96.79	
Office Staff	2019	20	95.98	•
	2018	28	94.66	
Self-Management Support	2019	20	37.21	•
	2018	27	36.50	
Global Rating				
Willingness to Recommend	2019	20	96.71	•
	2018	28	98.23	

Note: analysis includes publicly reportable sites only

▲ = Siginificantly above prior year

= No Significant Change

▼ = Siginificantly below prior year

Listing of Sampled Providers

Cape Ann Pediatricians, P.C. Northeast PHO, Inc.

CARBONE, THOMAS

STOCKMAN, JEFFREY

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 2019 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.

<u>Items in the Child Version of the Patient Narrative Elicitation Protocol</u>

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.

Patient Comments Report

- 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 three sections: comments provided by patients who gave the most favorable overall ratings to the provider, comments provided by patients who gave neutral overall ratings to the provider, and comments from patients who gave the least 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

Most Favorable overall ratings = Provider Rating= 9-10 and Willingness to Recommend= 5

Neutral overall ratings = Provider Rating= 4-8 and Willingness to Recommend= 2-4

Least favorable overall ratings=Provider Rating= 0-3 and Willingness to Recommend= 1

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=5
- Probably yes=4
- Not sure=3
- Probably not=2
- Definitely not=1

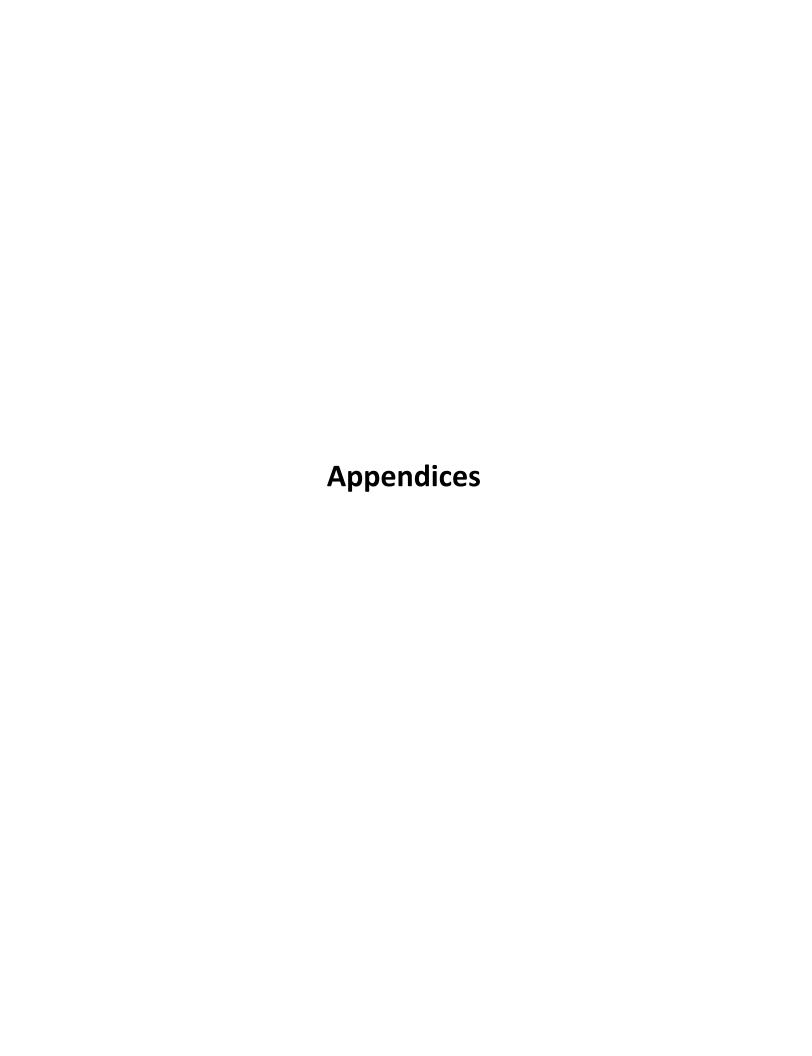
Patient Comments Report

Most Favorable overall ratings

What are the most important things that you look for in your child's healthcare provider and the staff in his or her office? To respect my choices I make regarding my child's diet, lifestyle, and vaccinations - within the context of my child being healthy as a top priority. Thoroughness excellent communication and kindness. 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? They make my child feel safe. They are excellent at all three 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 expain what happened, how it happened, and how it felt to you. They encourage my child to speak up about their well being and if there is anything that is bothering them. I especially like how the doctors office starts the appointment with my child and only and then he invites me and towards the end to update me on anything necessary. Please describe how you and your child's provider relate to and interact with each other. They relate and interact very well with Please describe how your child and his or her provider relate to and interact with each other.

friendly and trusting. My child loves going to the provider.

They relate and interact very well with each other



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	97.4	• 97.7	• 97.4	• 97.3	• 97.3	• 97.3	• 97.4
Integration of Care	89.2	• 89.7	• 89.2	• 89.3	• 88.9	• 89.2	• 88.7
Knowledge of Patient	93.6	▲ 94.4	• 93.8	• 93.4	• 93.6	• 93.3	• 93.6
Pediatric Preventive Care	75.8	▲ 77.2	• 75.3	• 75.4	• 76.1	• 74.8	• 76.6
Child Development	80.0	▲ 81.4	• 80.2	• 79.7	• 80.1	• 79.1	• 80.5
Organization/Structural Features of Care							
Organizational Access	93.4	• 93.2	• 93.7	• 93.5	• 93.5	• 93.2	• 92.9
Self-Management Support	52.7	▲ 55.3	• 52.7	• 52.0	• 52.6	• 52.0	• 53.1
Office Staff	92.6	• 92.7	• 92.3	• 92.7	• 92.9	• 92.6	• 92.3

Cape Ann Pediatricians, P.C. contributes to the Northeastern MA region.

Compariso	on 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)

Massachusetts Statewide Performance Percentiles

Summary Measures	10th Percentile	25th Percentile	50th Percentile	75th Percentile	80th Percentile	90th Percentile	99th Percentile
Quality of Provider-Pat	ient Interacti	ion					
Publicly Reported Measur	res						
Communication	96.0	97.0	97.6	98.0	98.0	98.7	100.0
Integration of Care	83.0	87.0	88.9	92.0	92.0	93.7	98.0
Knowledge of Patient	91.0	93.0	93.8	95.0	95.0	95.8	97.0
Pediatric Preventive Car	re 68.0	73.0	76.5	80.0	81.0	83.9	87.0
Child Development	74.0	77.0	80.1	83.0	84.0	86.4	89.0
Organization/Structura	al Features of	^c Care					
Publicly Reported Measur	res						
Organizational Access	90.0	91.0	93.3	95.0	95.0	96.2	98.0
Self-Management Supp	ort 43.0	47.0	53.6	58.0	59.0	63.7	72.0
Office Staff	88.0	90.0	92.7	94.0	95.0	96.1	98.0

Patients' Experiences with Your Practice Site (n = 21)
PCMH Measure Results Compared with the Statewide Mean

PCMH Measures	Measure Set *	Site Mean (Reliability <i>r</i>)	State Mean
Composite Measures			
Communication (PCMH)	РСМН	95.0 (Lowest <i>r</i>)	97.0
Pediatric Preventive Care	PCMH & MHQP	▼ 54.8 (High <i>r</i>)	75.8
Child Development	РСМН & МНОР	▼ 67.0 (Lower <i>r</i>)	80.0
Organizational Access (PCMH)	PCMH	97.8 (Lower <i>r</i>)	93.4
Self-Management Support	РСМН & МНОР	• 37.2 (Lower <i>r</i>)	52.7
Office Staff	PCMH & MHQP	96.0 (High <i>r</i>)	92.6
Single Item Measures			
Communication: Provider Explains Clearly to Child	РСМН	96.3 (Lowest <i>r</i>)	96.4
Communication: Provider Listens to Child	РСМН	96.5 (Lowest <i>r</i>)	97.6
Communication: Information for Child Follow-Up	РСМН	• 100.0 (Lowest <i>r</i>)	99.3
Coordination: Follow-Up About Test Results	РСМН	98.3 (Lowest <i>r</i>)	91.1
Coordination: Provider Up to Date About Specialists	РСМН	86.9 (Lowest <i>r</i>)	88.1
Information: About Care After Hours	РСМН	• 91.4 (Lowest <i>r</i>)	92.9

^{*} 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 ($p \le 0.05$)
- Statistically equivalent to the MA Statewide Mean
- Statistically significantly below the MA Statewide Mean ($p \le 0.05$)

Reliability	Legend
Highest <i>r</i> ≥ .70	Available sample for this measure meets or exceeds reliability standards for highly reliable estimates of performance.
High <i>r</i> .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 <i>r</i> .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 <i>r</i> <.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 - Pediatric Care

PCMH Composite Measures

Summary Measure	Survey Questions	
Communication (PCMH) (5 questions)	In the last 12 months, how often did this provider explain things about your child's health 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 child's 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 your child?	
Pediatric Preventive Care (6 questions)	In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?	
	In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?	
	In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?	
	In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?	
	In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?	
	In the last 12 months, did you and anyone in this provider's office talk about whether there are any problems in your household that might affect your child?	
Child Development (5 questions)	In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?	
	In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?	
	In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?	
	In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?	
	In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?	

Organizational Access (PCMH) (3 questions)	In the last 12 months, when you called this provider's office for an appointment for care your child needed right away , how often did you get an appointment as soon as your child needed?	
	In the last 12 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?	
	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 child's 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 child's 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?	
Communication: Provider Explains Clearly to Child (1 question)	In the last 12 months, how often did this provider explain things in a way that was easy for your child to understand?	
Communication: Provider Listens to Child (1 question)	In the last 12 months, how often did this provider listen carefully to your child ?	
Communication: Information for Child Follow-Up (1 question)	Did this provider give you enough information about what you needed to do to follow up on your child's care?	
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 your child, how often did someone from this provider's office follow up to give you these 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 your child got from specialists?	
Information: About Care After Hours (1 question)	Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?	

Selected Tools and References for Quality Improvement

Tools for Improving Patient Experience				
Source	Description	Website Link		
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		
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.	Transforming Patient Experience Powerpoint		
Improving the Patient Experience Change Package	A guide of nine proven changes to improve patient experience ratings.	http://www.calquality.org/s torage/Improving Pt Experi ence Spread Change Pkg UpdatedMay2011.pdf		
Institute for HealthCare Improvement – Model for Improvement	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		
Six Ways to Use CAHPS to Improve Patient Experience	This 1-minute animated video helps show clinicians and healthcare staff how their CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey results can improve patient experience.	https://www.youtube.com/ watch?v=prE6Ty2qDq8		
The CAHPS Ambulatory Care Improvement Guide	Practical Strategies for Improving Patient Experience	https://www.ahrq.gov/sites /default/files/wysiwyg/cahp s/quality- improvement/improvement -guide/cahps-ambulatory- care-guide-full.pdf		
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.g ov/books/NBK2682/		

Other Related Tools & References				
Source	Description	Website Link/Journal		
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.	https://cdn.ymaws.com/www.theberylinstitute.org/resource		
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		
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://pcmh.ahrq.gov/sites/default/files/attachments/QI-strategies-practices.pdf		
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.	https://www.commonwealthfund.org/sites/default/files/documents		
Gleeson, H., Calderon, A., Swami, V., Deighton, J., Wolpert, M., Edbrooke- Childs, J. (2016)	Systematic review of approaches to using patient experience data for quality improvement in healthcare settings	BMJ Open 2016;6:e011907		
Martino, S., Shaller, D., Schlesinger, M., Parker, A., Rybowski, L., Grob, R., Cerully, J., Finucane, M. (2017)	CAHPS and comments: How closed-ended survey questions and narrative accounts interact in the assessment of patient experience	Journal of Patient Experience		
Martino, S., Shaller, D., Schlesinger, M., Parker, A., Rybowski, L., Grob, R., Cerully, J., Finucane, M. (2018)	A framework for conceptualizing how narratives from health-care consumers might improve or impede the use of information about provider quality	Patient Experience Journal: Vol. 5 : Issue 1 , Article 5		

Other Related Tools & References Continued				
Source	Description	Website Link/Journal		
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.	http://www.nrhi.org/upload s/fielding-guide-patient- experience-survey.pdf		
Massachusetts Health Quality Partners, California Healthcare Performance Information System	The current state of patient experience surveying and future innovations	https://www.nrhi.org/uploa ds/lit-review-for-patient- experience-pilot.pdf		
Price, R. A., Elliott, M. N., Zaslavsky, A. M., Hays, R. D., Lehrman, W. G., Rybowski, L., & Cleary, P. D. (2014).	Examining the role of patient experience surveys in measuring health care quality	Medical Care Research and Review, 71(5), 522-554.		
Schlesinger, M., Grob, R., Shaller, D., Martino, S. C., Parker, A. M., Finucane, M. L., & Rybowski, L. (2015).	Taking patients' narratives about clinicians from anecdote to science	The New England Journal of Medicine, 373(7), 675-679.		

The MHQP 2019 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 2019 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), and also includes Patient-Centered Medical Home (PCMH) survey items. The 2019 adult and child Patient Experience Surveys (PES) had 39 items and 54 items, respectively.

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. 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, 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: Affiliated Pediatric Practices, Lowell General PHO, Mount Auburn Cambridge IPA, New England Quality Care Alliance, Newton Wellesley PHO, Northeast PHO, Partners HealthCare System Inc., 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 2019 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.

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 2019 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.

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.

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.

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, 2018.

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 190,000 adult patients and to the parents of over 114,000 children.

What was the overall response rate to the survey?

The overall response rate to the survey was 19.47%. 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 2018 was 19.16%. 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 29.25%. 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?

E-mails return higher response rates and are less costly than traditional mail surveys. In addition, emails enable respondents to take the survey online in non-English languages (i.e., Chinese, Portuguese, Russian, and Spanish) and provide comments to a series of open-ended questions.

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 underrepresented in surveys of this type.

When will MHQP publicly report 2019 PES results?

MHQP will publicly report practice site results in the winter of 2020 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, that includes updates on our Patient Experience initiatives. MHQP also maintains a consumer-friendly public reporting website, www.healthcarecompassma.org, that hosts the publicly reported survey results. Questions may be directed to Amy Stern, Sr. Project Manager for Patient Experience Surveys at asserted-new-mhqp.org.

The MHQP 2019 Patient Experience Survey

Technical Appendix

Overview

MHQP's 2019 Patient Experience Survey was conducted in the spring of 2019 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 2019 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), and also includes Patient-Centered Medical Home (PCMH) survey items. The 2019 adult and child Patient Experience Surveys (PES) had 39 items and 54 items, respectively.

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, 2018. Changes in practice-site composition after this date are not reflected in the 2019 MHQP survey.

Physicians with primary care specialty designations 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 are classified as "child" if there are three or more providers, each with 20 or more eligible child patients. Practice sites are classified as "mixed" if they meet both sets of criteria (adult and child practice site) and the smaller population must be at least 25 percent of the total patient panel.
- 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", two patient samples were drawn, consisting of adult and child patients; and
 - 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 20.6% mail response rate)	Starting sample – Pediatric survey (assuming 15.5% mail response rate)		
3	277	607		
4-9	331-496	723-1,084		
10-13	515-564	1,130-1,239		
14-19	578-627	1,265-1,375		
20-28	636-680	1,394-1,491		
29-55	685-734	1,497-1,633		

Survey Administration

Core sample of patients for the core survey

This year, both e-mail and mail protocols were used in the core survey. The Center for the Study of Services (CSS), the survey vendor, 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;
- A 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 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

Patients selected for the statewide level survey who had a valid e-mail address were sent up to three e-mail invitations to the survey. MHQP sent e-mail invitations with a link to the online survey to 14% of the sampled population. The response rate for those who received e-mails and completed the survey was 29.25% as compared with a response rate of 17.8% 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.

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. If the patient who was randomly selected as part of the core sample had an e-mail address, we sent the survey via e-mail invitation to complete the survey online. Patients without an e-mail address were mailed the survey using our traditional two-wave mail protocol. 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 were mailed the survey using our traditional two-wave mail protocol. Finally, patients who were sent the survey via e-mail, 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 between 2013 and 2017. In 2018 we 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. These benchmarks have not changed in 2019.

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 Adult/Pediatric Office Staff.
- When it is difficult to properly classify most practices using the Beta-Binomial method, a second method of performance classification is used. 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, 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 2020 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.

<u>Table 2 – Highest Performance Designation Thresholds</u>

	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		

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?

<u>Table 3 – PES Sampling Thresholds</u>

2019 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, 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 277, about 92 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 48 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 provider.

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 e-mail 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

Acknowledgments

MHQP would like to thank all the individuals whose expertise, hard work, and commitment to exacting standards of measurement and reporting contributed to bringing the 2019 Statewide Patient Experience Survey to fruition.

We are especially grateful to MHQP's Physician Council, Health Plan Council, and Consumer Health Council for their insights and advice on all of MHQP's quality measurement initiatives. Their guidance is invaluable in helping MHQP fulfill its goal of providing valid and actionable patient experience data to Massachusetts providers.

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, 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.

We are also grateful to the following provider organizations that partnered with us: Affiliated Pediatric Practices, Lowell General PHO, Mount Auburn Cambridge IPA, New England Quality Care Alliance, Newton Wellesley PHO, Northeast PHO, Partners HealthCare System Inc., Steward Healthcare System, The Pediatric Physicians' Organization at Children's Hospital Boston, Tri-county Medical Associates, and UMass Memorial Healthcare.

Special thanks and recognition go to Bill Rogers for his methodological leadership and expertise; Hong Chang for his statistical analysis; and Paul Kallaur, Jacqueline Cho, and Travis Gervais at the Center for the Study of Services for their professional management of survey administration.

Finally, we are indebted to the MHQP staff who worked so hard to develop this project and create this report – Amy Stern, Raji Rajan, Jim Courtemanche, Jason Leistikow, and Emily Berk.

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.

MHQP Board of Directors 2019

James Roosevelt, Jr., JD

Counsel Verrill Dana LLP Chair, Board of Directors

Barbara Spivak, MD

President and CEO Mount Auburn Cambridge Independent Practice Association Vice Chair, Board of Directors MHQP Physician Council

Lois Cornell, JD

Executive Vice President Massachusetts Medical Society

Michelle Davis

Chief Marketing Officer Wentworth Institute of Technology

Nancy Finn

Healthcare Journalist & Author **Communications Resources** MHQP Consumer Health Council

Eileen McAnneny

President Massachusetts Taxpayers Foundation

John Moore, MD, PhD

Medical Director Fitbit, Inc.

Lucilia Prates

Director, MA Senior Medicare Patrol Program Elder Services of Merrimack Valley Chair, MHQP Consumer Health Council

Barbra Rabson, MPH

President and CEO Massachusetts Health Quality Partners Ex-Officio Member

Meredith Rosenthal, PhD

Professor of Health Economics and Policy Senior Associate Dean for Academic Affairs Harvard T.H. Chan School of Public Health

Thomas Scornavacca, DO

Senior Medical Director **UMass Memorial Population Health** Chair, MHQP Physician Council

Richard B. Siegrist, Jr., MS, MBA, CPA

Director of Innovation and Entrepreneurship Department of Health Policy and Management Harvard T.H. Chan School of Public Health

Patricia Toro, MD, MPH

Associate Medical Director Harvard Pilgrim Health Care Chair, MHQP Health Plan Council

Jean Yang, MBA

President of Public Plans Tufts Health Plan MHQP Health Plan Council

MHQP Physician Council Members 2019

Thomas Scornavacca, DO*

Senior Medical Director
UMass Memorial Population Health
Chair, MHQP Physician Council

Kim Ariyabuddhiphongs, MD

Associate Chief Medical Officer – Southern Region Beth Israel Lahey Performance Network (BILPN)

Nicholas Cordella, MD, MSc

Associate Director of Quality Strategy Boston Medical Center

Christian Dankers, MD

Associate Chief Quality and Safety Officer Partners HealthCare

Jatin Dave, MD

Chief Medical Officer New England Quality Care Alliance

Steven Defossez, MD, EMHL, CPE

Vice President, Clinical Integration
Massachusetts Health & Hospital Association

David Elvin, MD

Senior Medical Director Accountable Care Organization Cambridge Health Alliance

Jonathan Hatoun, MD, MPH, MS

Associate Medical Director Pediatric Physicians' Organization at Children's

Thomas Isaac, MD, MBA, MPH

Medical Director of Quality within Clinical Performance Excellence Atrius Health

Deborah Kovacs, MD

Chief of Medicine Action Medical Associates

Benjamin Kruskal, MD, PhD

Medical Director
Performance Excellence
New England Quality Care Alliance

Mark Mandell, MD

Chief Pediatric Medical Officer Steward Health Care Network

Judith Melin, MA, MD

Associated Chief Quality & Safety Officer Lahey Health

Yael R. Miller, MBA

Director of Practice Management & Medical Economics Massachusetts Medical Society

Julita Mir, MD

Chief Medical Officer Community Care Cooperative

James Moses, MD, MPH

Vice President of Quality and Safety, Chief Quality Officer Boston Medical Center

Charles Rollinger, MD, MPH

Senior Medical Director, Insurance Products Steward Health Care Systems LLC

Barbara Spivak, MD*

President Mount Auburn Cambridge IPA

^{*} MHQP Board Representative

MHQP Health Plan Council Members 2019

Patricia Toro, MD, MPH*

Associate Medical Director Harvard Pilgrim Health Care Chair, Health Plan Council

Linda Brenner

Director, Quality Measurement and Performance Tufts Health Plan

Kenneth Duckworth, MD

Medical Director, Behavioral Health Blue Cross Blue Shield of MA

Beth Foley, RN, M.Ed

Vice President, Quality and Clinical Operations Fallon Health

Carolyn Langer, MD

Chief Medical Officer Fallon Health

Angela Li, MPH

Director, Performance Measurement & Improvement Blue Cross Blue Shield of MA

Jill Morrow-Gorton, MD, MBA

Acting Chief Medical Director Commonwealth Medicine

Lisa Scarfo, MD

Medical Director Neighborhood Health Plan

Linda Shaughnessy, MBA

Director, MassHealth Quality Office MassHealth

Jean Yang*

President of Public Plans Tufts Health Plan

^{*}MHQP Board Representative

MHQP Consumer Health Council 2019

Lucilia Prates*

Director, MA Senior Medicare Patrol Program Elder Services of Merrimack Valley Chair, MHQP Consumer Health Council

Judy Danielson

Health Market Strategy Consultant

Nancy Finn*

Healthcare Journalist & Author Communications Resources

Denice Garrett

Coordinator for Clinical Billing and Data Operations Action for Boston Community Development, Inc.

Cyrus Hopkins

Retired

Rosalind Joffe

President CICoach.com

Jim Lomastro

Retired

Nancy Michaels

Healthcare and Inspirational Keynote Speaker

Pamela Ressler, RN, MS

Founder, Stress Resources Adjunct Clinical Assistant Professor at Tufts University School of Medicine

Tami Rich

ePatient / Family Leader Healthcare QI / Transformation Coach

Rochelle Shokoti

Television Program Host and Producer, "BridginGaps" Cambridge Community Television

Bonnie Thompson

Family-Centered Child Health Care Advocate

^{*}MHQP Board Representative