MHQP 2019 Patient Experience Survey Report

Pediatric Care

Detailed Practice Report
prepared for

Garden City Pediatrics
Northeast PHO, Inc.

October 2019

MHQP 2019 Patient Experience Survey Report

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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 (1 question)	Would you **recommend** this provider to your family and friends?

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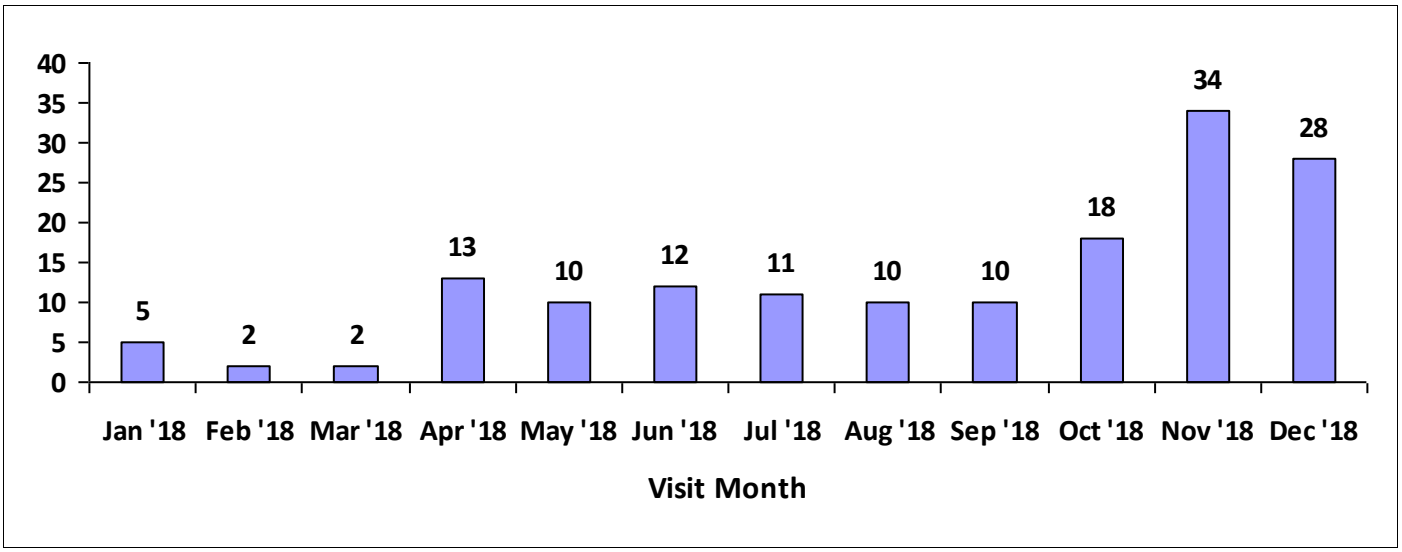
Month of Visit Summary

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 155 patients who responded to the survey; 71.61% 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 private reporting, results are included for practices with at least 16 respondents. This minimum threshold allows practices to receive some information from the survey, even when sample sizes are limited. For provider level reports, results are included for providers with at least seven respondents. There are no minimum thresholds for the reporting of medical groups or networks. Please consider each measure's reliability score (explained below) and refer to advice contained in the Reliability Legend when determining how to use results.

Reliability

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

Mean Scores Used for Comparison

The *Statewide Mean* represents the statewide average score including all respondents to the 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 ($p \leq 0.05$) expresses that there is a 95% probability that the score represents "true" performance relative to the Statewide Mean score (indicated by a vertical line).

Confidence Interval

A confidence interval represents the range of scores within which you can be confident that your "true" mean score falls. The confidence interval is represented by the horizontal bar around each measure's reported mean score. For the purposes of this report, there is 95% estimated probability that your "true" mean score falls within the reported confidence intervals (also expressed as $p \leq 0.05$).

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Patients' Experiences with Your Practice Site (n = 155)

Compared with the Statewide Mean

Summary Measures	Comparison to State Mean	Site Mean (Reliability *r*)	State Mean
Quality of Provider-Patient Interaction	0 20 40 60 80 100		
Communication		97.2 (High *r*)	97.4
Integration of Care		92.0 (Lower *r*)	89.2
Knowledge of Patient		92.9 (High *r*)	93.6
Pediatric Preventive Care		76.1 (Highest *r*)	75.8
Child Development		74.8 (Highest *r*)	80.0
Organization/Structural Features of Care	0 20 40 60 80 100		
Organizational Access		93.9 (Highest *r*)	93.4
Self-Management Support		48.7 (Highest *r*)	52.7
Office Staff		91.5 (Highest *r*)	92.6

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

Reliability Legend	
Highest *r* ≥ .70	Available sample for this measure meets or exceeds reliability standards required for public reporting.
High *r* .50 to .70	Available sample for this measure is slightly less than optimal. Your performance relative to the state average is very likely correct, but your actual score could differ somewhat in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
Lower *r* .34 to .50	Available sample size for this measure is less than optimal. Your performance relative to the state average is likely correct, but your actual score could vary considerably in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
Lowest *r* <.34	Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.

Summary Performance

Publicly Reported Measures

MHQP will publicly report the results of the summary measures in the winter of 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.

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Beta-Binomial Summary Performance (n = 155)

Summary Measures	Your Score	Performance Category	Lower Benchmark	Upper Benchmark
Quality of Provider-Patient Interaction				
Publicly Reported Measures				
Pediatric Preventive Care	**76.1**		68.0	77.5
Organization/Structural Features of Care				
Publicly Reported Measures				
Organizational Access	**93.9**		88.6	92.8
Office Staff	**91.5**		87.5	92.7

Performance Category Legend

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

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

	frequency	*percent*	*state frequency*	*percent*
Definitely not	1	1%	156	1%
Probably not	0	0%	100	1%
Not sure	1	1%	211	1%
Probably yes	14	9%	1,509	8%
Definitely yes	138	90%	15,939	89%
Total applicable respondent	**154**		**17,915**	
No response	1		214	

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Hochberg Summary Performance (n = 155)

Summary Measures	Your Score	Performance Category	Benchmark
Quality of Provider-Patient Interaction			
Publicly Reported Measures			
Communication	**97.2**	●	94.5
Integration of Care	**92.0**	●	81.2
Knowledge of Patient	**92.9**	●	89.3
Child Development	**74.8**	●	71.8
Organization/Structural Features of Care			
Publicly Reported Measures			
Self-Management Support	**48.7**	◒	35.8

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

Priority Matrix

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

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

The priority matrix depicts two useful pieces of information—1) the vertical axis displays where your scores stand in relation to all other practices included in the survey. The top two quadrants of the priority symbols indicate performance above the 75th percentile while the bottom two quadrants indicate performance below the 75th percentile; and 2) the horizontal axis shows how highly each survey item correlates with patients' willingness to recommend their primary care provider to family members and friends. The right quadrants of the priority symbol indicate the strongest association between the item and a patient's willingness to recommend their primary care provider.

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

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

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

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

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

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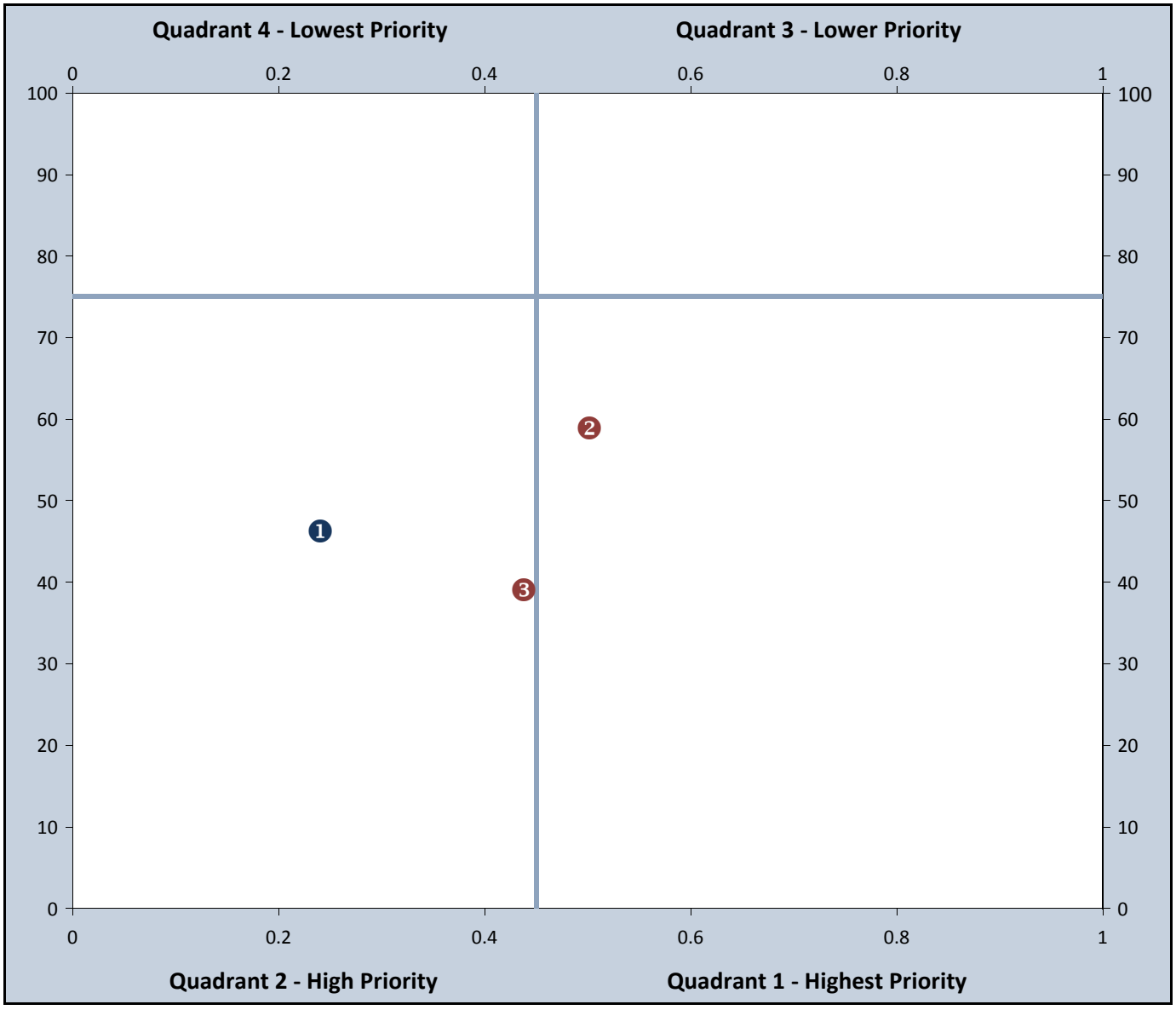
Summary Performance (n = 155)

Priority Matrix



Priority Matrix Legend - Composites with Beta-Binomial Benchmark

Quality of Provider-Patient Interaction

1 Pediatric Preventive Care

Organization/Structural Features of Care

2 Organizational Access

3 Office Staff

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

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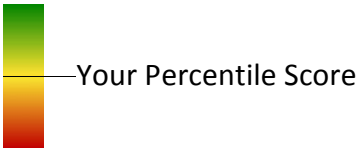
Question Response Frequencies for Your Patient Survey Sample

To assist you in interpreting the summary scores shown on the previous graphs, your individual results for each survey question are provided below. These results show the distribution of your patients' responses to each survey question across the continuum of response options available for that question. Each question is shown as part of the measure in which it was scored.

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

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

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



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 = 97.2

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?

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	27	0%
Sometimes	1	1%	91	1%
Usually	8	5%	899	5%
Always	145	94%	16,926	94%
Total applicable respondents	**154**		**17,943**	
No response	1		186	
Top Box Percentage	**94%**		**94%**	

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Question Response Frequencies for Your Patient Survey Sample

Communication (4 items) Adjusted Mean Score = 97.2

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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	41	0%
Sometimes	1	1%	166	1%
Usually	12	8%	1,017	6%
Always	142	92%	16,706	93%
Total applicable respondents	**155**		**17,930**	
No response	0		199	
Top Box Percentage	**92%**		**93%**	

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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	35	0%
Sometimes	1	1%	144	1%
Usually	4	3%	770	4%
Always	150	97%	16,985	95%
Total applicable respondents	**155**		**17,934**	
No response	0		195	
Top Box Percentage	**97%**		**95%**	

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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	37	0%
Sometimes	4	3%	172	1%
Usually	15	10%	1,354	8%
Always	136	88%	16,364	91%
Total applicable respondents	**155**		**17,927**	
No response	0		202	
Top Box Percentage	**88%**		**91%**	

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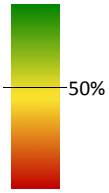
Question Response Frequencies for Your Patient Survey Sample

Integration of Care (2 items) Adjusted Mean Score = 92.0

Statewide Percentile



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

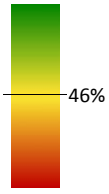
	frequency	*percent*	*state frequency*	*state percent*
Never	1	2%	112	2%
Sometimes	2	4%	329	5%
Usually	11	22%	1,454	21%
Always	36	72%	4,940	72%
Total applicable respondents	**50**		**6,835**	
No response	105		11,294	
Top Box Percentage	**72%**		**72%**	

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?

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	186	3%
Sometimes	0	0%	216	3%
Usually	3	7%	674	11%
Always	39	93%	5,170	83%
Total applicable respondents	**42**		**6,246**	
No response	113		11,883	
Top Box Percentage	**93%**		**83%**	

Knowledge of Patient (2 items) Adjusted Mean Score = 92.9

Statewide Percentile



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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	41	0%
Sometimes	3	2%	219	1%
Usually	15	10%	1,818	10%
Always	137	88%	15,852	88%
Total applicable respondents	**155**		**17,930**	
No response	0		199	
Top Box Percentage	**88%**		**88%**	

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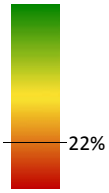
Question Response Frequencies for Your Patient Survey Sample

Knowledge of Patient (2 items) Adjusted Mean Score = 92.9

Statewide Percentile

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



	frequency	*percent*	*state frequency*	*state percent*
Very poor	1	1%	29	0%
Poor	1	1%	59	0%
Fair	3	2%	285	2%
Good	11	7%	1,134	6%
Very good	36	23%	3,883	22%
Excellent	103	66%	12,525	70%
Total applicable respondents	**155**		**17,915**	
No response	0		214	
Top Box Percentage	**66%**		**70%**	

Pediatric Preventive Care (6 items) Adjusted Mean Score = 76.1

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?

	frequency	*percent*	*state frequency*	*state percent*
Yes	130	85%	13,466	76%
No	23	15%	4,342	24%
Total applicable respondents	**153**		**17,808**	
No response	2		321	
Top Box Percentage	**85%**		**76%**	

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	115	75%	12,273	69%
No	38	25%	5,409	31%
Total applicable respondents	**153**		**17,682**	
No response	2		447	
Top Box Percentage	**75%**		**69%**	

Garden City Pediatrics - Pediatric Care

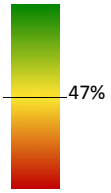
Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Pediatric Preventive Care (6 items) Adjusted Mean Score = 76.1

Statewide Percentile

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?



	frequency	*percent*	*state frequency*	*state percent*
Yes	104	68%	12,327	69%
No	48	32%	5,453	31%
Total applicable respondents	**152**		**17,780**	
No response	3		349	
Top Box Percentage	**68%**		**69%**	

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?

	frequency	*percent*	*state frequency*	*state percent*
Yes	146	95%	16,393	92%
No	8	5%	1,409	8%
Total applicable respondents	**154**		**17,802**	
No response	1		327	
Top Box Percentage	**95%**		**92%**	

Statewide Percentile

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?

	frequency	*percent*	*state frequency*	*state percent*
Yes	116	75%	14,723	83%
No	38	25%	3,062	17%
Total applicable respondents	**154**		**17,785**	
No response	1		344	
Top Box Percentage	**75%**		**83%**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Pediatric Preventive Care (6 items) Adjusted Mean Score = 76.1

Statewide Percentile

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?

	frequency	*percent*	*state frequency*	*state percent*
Yes	84	55%	11,526	65%
No	68	45%	6,208	35%
Total applicable respondents	**152**		**17,734**	
No response	3		395	
Top Box Percentage	**55%**		**65%**	

Child Development (5 items) Adjusted Mean Score = 74.8

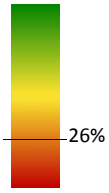
Statewide Percentile

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	89	59%	11,803	66%
No	63	41%	5,999	34%
Total applicable respondents	**152**		**17,802**	
No response	3		327	
Top Box Percentage	**59%**		**66%**	

Statewide Percentile

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?



	frequency	*percent*	*state frequency*	*state percent*
Yes	126	82%	14,934	84%
No	28	18%	2,896	16%
Total applicable respondents	**154**		**17,830**	
No response	1		299	
Top Box Percentage	**82%**		**84%**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

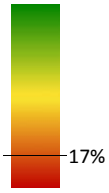
Child Development (5 items) Adjusted Mean Score = 74.8

Statewide Percentile

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	137	89%	16,295	91%
No	17	11%	1,551	9%
Total applicable respondents	**154**		**17,846**	
No response	1		283	
Top Box Percentage	**89%**		**91%**	

Statewide Percentile



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

	frequency	*percent*	*state frequency*	*state percent*
Yes	114	75%	14,300	80%
No	39	25%	3,526	20%
Total applicable respondents	**153**		**17,826**	
No response	2		303	
Top Box Percentage	**75%**		**80%**	

Statewide Percentile

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	108	71%	13,877	78%
No	44	29%	3,878	22%
Total applicable respondents	**152**		**17,755**	
No response	3		374	
Top Box Percentage	**71%**		**78%**	

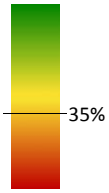
Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Organizational Access (3 items) Adjusted Mean Score = 93.9

Statewide Percentile



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?

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	28	0%
Sometimes	2	2%	210	2%
Usually	12	12%	1,423	12%
Always	84	86%	10,695	87%
Total applicable respondents	**98**		**12,356**	
No response	57		5,773	
Top Box Percentage	**86%**		**87%**	

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?

	frequency	*percent*	*state frequency*	*state percent*
Never	1	1%	58	0%
Sometimes	4	3%	566	3%
Usually	19	13%	3,200	19%
Always	121	83%	13,344	78%
Total applicable respondents	**145**		**17,168**	
No response	10		961	
Top Box Percentage	**83%**		**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?

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	25	0%
Sometimes	2	2%	211	2%
Usually	7	6%	1,504	13%
Always	105	92%	10,081	85%
Total applicable respondents	**114**		**11,821**	
No response	41		6,308	
Top Box Percentage	**92%**		**85%**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Self-Management Support (2 items) Adjusted Mean Score = 48.7

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	98	64%	11,137	63%
No	55	36%	6,578	37%
Total applicable respondents	**153**		**17,715**	
No response	2		414	
Top Box Percentage	**64%**		**63%**	

Statewide Percentile

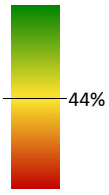
In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

	frequency	*percent*	*state frequency*	*state percent*
Yes	49	32%	7,454	42%
No	103	68%	10,205	58%
Total applicable respondents	**152**		**17,659**	
No response	3		470	
Top Box Percentage	**32%**		**42%**	

Office Staff (2 items) Adjusted Mean Score = 91.5

Statewide Percentile

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



	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	55	0%
Sometimes	5	3%	505	3%
Usually	34	22%	3,766	21%
Always	115	75%	13,500	76%
Total applicable respondents	**154**		**17,826**	
No response	1		303	
Top Box Percentage	**75%**		**76%**	

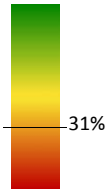
Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Office Staff (2 items) Adjusted Mean Score = 91.5

Statewide Percentile



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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	33	0%
Sometimes	4	3%	323	2%
Usually	25	16%	2,186	12%
Always	125	81%	15,285	86%
Total applicable respondents	**154**		**17,827**	
No response	1		302	
Top Box Percentage	**81%**		**86%**	

Overall Ratings (2 items)

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

	frequency	*percent*	*state frequency*	*state percent*
0 Worst provider possible	1	1%	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	4	3%	327	2%
8	11	7%	1,338	7%
9	30	19%	3,501	20%
10 Best provider possible	108	70%	12,518	70%
Total applicable respondents	**154**		**17,908**	
No response	1		221	
Top Box Percentage	**70%**		**70%**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Overall Ratings (2 items)

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

	frequency	*percent*	*state frequency*	*state percent*
Definitely not	1	1%	156	1%
Probably not	0	0%	100	1%
Not sure	1	1%	211	1%
Probably yes	14	9%	1,509	8%
Definitely yes	138	90%	15,939	89%
Total applicable respondents	**154**		**17,915**	
No response	1		214	
Top Box Percentage	**90%**		**89%**	

Communication (PCMH) (5 items) Adjusted Mean Score = 96.9

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?

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	27	0%
Sometimes	1	1%	91	1%
Usually	8	5%	899	5%
Always	145	94%	16,926	94%
Total applicable respondents	**154**		**17,943**	
No response	1		186	
Top Box Percentage	**94%**		**94%**	

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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	41	0%
Sometimes	1	1%	166	1%
Usually	12	8%	1,017	6%
Always	142	92%	16,706	93%
Total applicable respondents	**155**		**17,930**	
No response	0		199	
Top Box Percentage	**92%**		**93%**	

Communication (PCMH) (5 items) Adjusted Mean Score = 96.9

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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	41	0%
Sometimes	3	2%	219	1%
Usually	15	10%	1,818	10%
Always	137	88%	15,852	88%
Total applicable respondents	**155**		**17,930**	
No response	0		199	
Top Box Percentage	**88%**		**88%**	

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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	35	0%
Sometimes	1	1%	144	1%
Usually	4	3%	770	4%
Always	150	97%	16,985	95%
Total applicable respondents	**155**		**17,934**	
No response	0		195	
Top Box Percentage	**97%**		**95%**	

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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	37	0%
Sometimes	4	3%	172	1%
Usually	15	10%	1,354	8%
Always	136	88%	16,364	91%
Total applicable respondents	**155**		**17,927**	
No response	0		202	
Top Box Percentage	**88%**		**91%**	

Organizational Access (PCMH) (3 items) Adjusted Mean Score = 93.9

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?

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	28	0%
Sometimes	2	2%	210	2%
Usually	12	12%	1,423	12%
Always	84	86%	10,695	87%
Total applicable respondents	**98**		**12,356**	
No response	57		5,773	
Top Box Percentage	**86%**		**87%**	

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?

	frequency	*percent*	*state frequency*	*state percent*
Never	1	1%	58	0%
Sometimes	4	3%	566	3%
Usually	19	13%	3,200	19%
Always	121	83%	13,344	78%
Total applicable respondents	**145**		**17,168**	
No response	10		961	
Top Box Percentage	**83%**		**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?

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	25	0%
Sometimes	2	2%	211	2%
Usually	7	6%	1,504	13%
Always	105	92%	10,081	85%
Total applicable respondents	**114**		**11,821**	
No response	41		6,308	
Top Box Percentage	**92%**		**85%**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Communication: Provider Explains Clearly to Child (1 item) Adjusted Mean Score = 96.7

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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	10	0%
Sometimes	1	2%	100	1%
Usually	4	6%	687	8%
Always	60	92%	7,881	91%
Total applicable respondents	**65**		**8,678**	
No response	90		9,451	
Top Box Percentage	**92%**		**91%**	

Communication: Provider Listens to Child (1 item) Adjusted Mean Score = 96.9

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

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	7	0%
Sometimes	2	3%	82	1%
Usually	2	3%	439	5%
Always	61	94%	8,146	94%
Total applicable respondents	**65**		**8,674**	
No response	90		9,455	
Top Box Percentage	**94%**		**94%**	

Communication: Information for Child Follow-Up (1 item) Adjusted Mean Score = 97.8

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	82	98%	9,708	99%
No	2	2%	66	1%
Total applicable respondents	**84**		**9,774**	
No response	71		8,355	
Top Box Percentage	**98%**		**99%**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Coordination: Follow-Up About Test Results (1 item) Adjusted Mean Score = 97.5

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?

	frequency	*percent*	*state frequency*	*state percent*
Never	0	0%	186	3%
Sometimes	0	0%	216	3%
Usually	3	7%	674	11%
Always	39	93%	5,170	83%
Total applicable respondents	**42**		**6,246**	
No response	113		11,883	
Top Box Percentage	**93%**		**83%**	

Coordination: Provider Up to Date About Specialists (1 item) Adjusted Mean Score = 87.9

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?

	frequency	*percent*	*state frequency*	*state percent*
Never	1	2%	112	2%
Sometimes	2	4%	329	5%
Usually	11	22%	1,454	21%
Always	36	72%	4,940	72%
Total applicable respondents	**50**		**6,835**	
No response	105		11,294	
Top Box Percentage	**72%**		**72%**	

Information: About Care After Hours (1 item) Adjusted Mean Score = 93.8

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	146	94%	16,692	93%
No	9	6%	1,271	7%
Total applicable respondents	**155**		**17,963**	
No response	0		166	
Top Box Percentage	**94%**		**93%**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

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?

	frequency	*percent*	*state frequency*	*state percent*
Excellent	90	58%	11,096	62%
Very good	48	31%	5,550	31%
Good	15	10%	1,034	6%
Fair	1	1%	124	1%
Poor	0	0%	14	0%
Total applicable respondents	**154**		**17,818**	
No response	1		311	
Top Box Percentage	**58%**		**62%**	

Self Assessment of Emotional Health (1 item)

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

	frequency	*percent*	*state frequency*	*state percent*
Excellent	78	51%	9,997	56%
Very good	56	37%	5,532	31%
Good	14	9%	1,726	10%
Fair	5	3%	465	3%
Poor	0	0%	85	0%
Total applicable respondents	**153**		**17,805**	
No response	2		324	
Top Box Percentage	**51%**		**56%**	

Demographics (20 items)

What is your child's age?

	frequency	*percent*	*state frequency*	*state percent*
Less than 2 years old	26	17%	2,330	13%
2 to 4 years old	28	18%	2,874	16%
5 to 9 years old	17	11%	3,736	21%
10 to 14 years old	46	30%	4,622	25%
15 to 18 years old	38	25%	4,567	25%
Total applicable respondents	**155**		**18,129**	
No response	0		0	
Top Box Percentage	**N/A**		**N/A**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

Is your child male or female?

	frequency	*percent*	*state frequency*	*state percent*
Male	86	55%	9,393	52%
Female	69	45%	8,736	48%
Total applicable respondents	**155**		**18,129**	
No response	0		0	
Top Box Percentage	**N/A**		**N/A**	

Is your child of Hispanic or Latino origin or descent?

	frequency	*percent*	*state frequency*	*state percent*
No, not Hispanic or Latino	142	94%	16,567	93%
Yes, Hispanic or Latino	9	6%	1,154	7%
Total applicable respondents	**151**		**17,721**	
No response	4		408	
Top Box Percentage	**N/A**		**N/A**	

What is your child's race?: **White**

	frequency	*percent*	*state frequency*	*state percent*
Yes	146	94%	15,747	87%
No	9	6%	2,382	13%
Total applicable respondents	**155**		**18,129**	
No response	0		0	
Top Box Percentage	**N/A**		**N/A**	

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	2	1%	728	4%
No	153	99%	17,401	96%
Total applicable respondents	**155**		**18,129**	
No response	0		0	
Top Box Percentage	**N/A**		**N/A**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

What is your child's race?: **Asian**

	frequency	*percent*	*state frequency*	*state percent*
Yes	9	6%	1,410	8%
No	146	94%	16,719	92%
Total applicable respondents	**155**		**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**

	frequency	*percent*	*state frequency*	*state percent*
Yes	0	0%	55	0%
No	155	100%	18,074	100%
Total applicable respondents	**155**		**18,129**	
No response	0		0	
Top Box Percentage	**N/A**		**N/A**	

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	0	0%	72	0%
No	155	100%	18,057	100%
Total applicable respondents	**155**		**18,129**	
No response	0		0	
Top Box Percentage	**N/A**		**N/A**	

What is your child's race?: **Other**

	frequency	*percent*	*state frequency*	*state percent*
Yes	2	1%	673	4%
No	153	99%	17,456	96%
Total applicable respondents	**155**		**18,129**	
No response	0		0	
Top Box Percentage	**N/A**		**N/A**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	0	0%	62	0%
No	153	100%	17,747	100%
Total applicable respondents	**153**		**17,809**	
No response	2		320	
Top Box Percentage	**N/A**		**N/A**	

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	14	9%	2,266	13%
No	139	91%	15,543	87%
Total applicable respondents	**153**		**17,809**	
No response	2		320	
Top Box Percentage	**N/A**		**N/A**	

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	12	8%	1,096	6%
No	141	92%	16,713	94%
Total applicable respondents	**153**		**17,809**	
No response	2		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**

	frequency	*percent*	*state frequency*	*state percent*
Yes	11	7%	1,458	8%
No	142	93%	16,351	92%
Total applicable respondents	**153**		**17,809**	
No response	2		320	
Top Box Percentage	**N/A**		**N/A**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

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**

	frequency	*percent*	*state frequency*	*state percent*
Yes	13	8%	1,176	7%
No	140	92%	16,633	93%
Total applicable respondents	**153**		**17,809**	
No response	2		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**

	frequency	*percent*	*state frequency*	*state percent*
Yes	8	5%	690	4%
No	145	95%	17,119	96%
Total applicable respondents	**153**		**17,809**	
No response	2		320	
Top Box Percentage	**N/A**		**N/A**	

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

	frequency	*percent*	*state frequency*	*state percent*
Yes	14	9%	1,250	7%
No	139	91%	16,559	93%
Total applicable respondents	**153**		**17,809**	
No response	2		320	
Top Box Percentage	**N/A**		**N/A**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

What is **your** age?

	frequency	*percent*	*state frequency*	*state percent*
Under 18	3	2%	157	1%
18 to 24	0	0%	56	0%
25 to 34	26	17%	2,503	14%
35 to 44	54	35%	6,942	39%
45 to 54	56	37%	6,596	37%
55 to 64	14	9%	1,342	8%
65 to 74	0	0%	105	1%
75 or older	0	0%	9	0%
Total applicable respondents	**153**		**17,710**	
No response	2		419	
Top Box Percentage	**N/A**		**N/A**	

Are you male or female?

	frequency	*percent*	*state frequency*	*state percent*
Male	25	16%	2,773	16%
Female	128	84%	14,945	84%
Total applicable respondents	**153**		**17,718**	
No response	2		411	
Top Box Percentage	**N/A**		**N/A**	

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

	frequency	*percent*	*state frequency*	*state percent*
8th grade or less	0	0%	56	0%
Some high school, but did not graduate	1	1%	57	0%
High school graduate or GED	4	3%	762	4%
Some college or 2-year degree	13	8%	2,603	15%
4-year college graduate	54	35%	5,231	30%
More than 4-year college degree	81	53%	8,969	51%
Total applicable respondents	**153**		**17,678**	
No response	2		451	
Top Box Percentage	**N/A**		**N/A**	

Demographics (20 items)

How are you related to the child?

	frequency	*percent*	*state frequency*	*state percent*
Mother or father	152	99%	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	1	1%	23	0%
Someone else	0	0%	7	0%
Total applicable respondents	**153**		**17,738**	
No response	2		391	
Top Box Percentage	**N/A**		**N/A**	

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Comparative Performance Charts

The symbols and reliability definitions illustrated below relate to each of the Comparative Performance Charts appearing on the following pages. These charts are being provided for internal use by your organization for quality improvement. It is important to note that while the adjusted mean score is presented for each reported entity as a point of reference, any comparison based on the adjusted mean score is not a meaningful way to differentiate one from another and will result in an unacceptably high risk of misclassification.

In using these charts for quality improvement purposes, it is the symbol indicating performance relative to the benchmark that should be considered in interpreting performance. Therefore, results are grouped according to whether the adjusted mean score achieved for the measure is significantly above (green triangle), no different than (blue circle), or significantly below (red triangle) the benchmark.

Comparison Symbol Legend	
▲	Statistically significantly above the benchmark ($p \leq 0.05$)
●	Statistically equivalent to the benchmark
▼	Statistically significantly below the benchmark ($p \leq 0.05$)

As an additional point of reference for interpreting these results, the charts also include the sample size and reliability of the measure for each reported entity. Please refer to the reliability definitions in the table below to interpret reliability numbers. Smaller sample sizes lead to larger confidence intervals around adjusted mean scores and may decrease the likelihood of capturing differences in performance that are statistically significant.

Reliability Legend	
Highest *r* ≥ .70	Available sample for this measure meets or exceeds reliability standards required for public reporting.
High *r* .50 to .69	Available sample for this measure is slightly less than optimal. Your performance relative to the state average is very likely correct, but your actual score could differ somewhat in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
Lower *r* .35 to .49	Available sample size for this measure is less than optimal. Your performance relative to the state average is likely correct, but your actual score could vary considerably in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
Lowest *r* ≤ .34	Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.

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

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Quality of Provider-Patient Interaction: Communication			
Practice Name	**Difference from Northeast PHO, Inc. Mean (97.8)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice MRQ		100.0 (Lower *r*)	21
Practice LMZ		99.1 (Lowest *r*)	9
Practice BXY		98.8 (Lower *r*)	100
Garden City Pediatrics		97.2 (High *r*)	155
Practice CYB		94.9 (Lowest *r*)	20

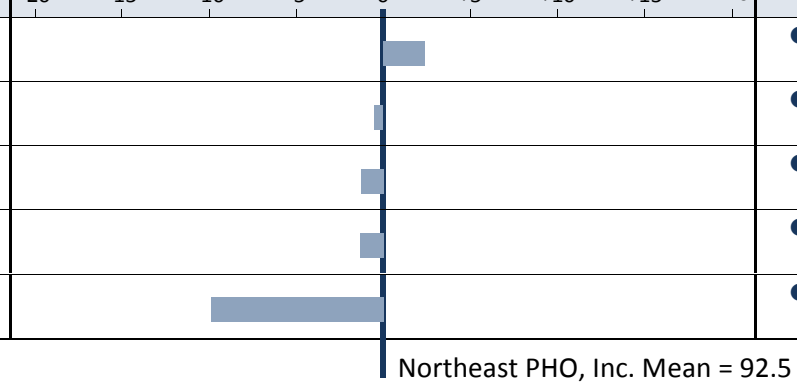
Northeast PHO, Inc. Mean = 97.8

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Quality of Provider-Patient Interaction: Integration of Care			
Practice Name	**Difference from Northeast PHO, Inc. Mean (92.5)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice BXY		94.8 (Lower *r*)	44
Garden City Pediatrics		92.0 (Lower *r*)	70
Practice MRQ		91.2 (Lowest *r*)	7
Practice CYB		91.1 (Lowest *r*)	8
Practice LMZ		82.6 (Lowest *r*)	5



Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Quality of Provider-Patient Interaction: Knowledge of Patient			
Practice Name	**Difference from Northeast PHO, Inc. Mean (94.0)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice BXY		▲ 96.6 (High *r*)	100
Practice LMZ		● 93.3 (Lowest *r*)	9
Garden City Pediatrics		● 92.9 (High *r*)	155
Practice MRQ		● 91.8 (High *r*)	21
Practice CYB		● 91.1 (Lowest *r*)	20

Northeast PHO, Inc. Mean = 94.0

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Quality of Provider-Patient Interaction: Pediatric Preventive Care			
Practice Name	**Difference from Northeast PHO, Inc. Mean (75.5)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-40 -30 -20 -10 0 +10 +20 +30 +40		
Practice BXY		▲ 81.3 (Highest *r*)	99
Garden City Pediatrics		● 76.1 (Highest *r*)	154
Practice MRQ		● 69.6 (High *r*)	21
Practice LMZ		● 59.0 (Lower *r*)	9
Practice CYB		▼ 54.8 (High *r*)	20

Northeast PHO, Inc. Mean = 75.5

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Quality of Provider-Patient Interaction: Child Development			
Practice Name	**Difference from Northeast PHO, Inc. Mean (77.2)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice BXY		▲ 83.1 (High *r*)	100
Practice MRQ		● 80.4 (Lower *r*)	21
Garden City Pediatrics		● 74.8 (Highest *r*)	154
Practice LMZ		● 68.8 (Lowest *r*)	9
Practice CYB		● 67.0 (Lower *r*)	20

Northeast PHO, Inc. Mean = 77.2

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Organization/Structural Features of Care: Organizational Access			
Practice Name	**Difference from Northeast PHO, Inc. Mean (94.8)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice CYB		97.8 (Lower *r*)	11
Practice MRQ		97.5 (High *r*)	19
Practice BXY		95.8 (Highest *r*)	80
Garden City Pediatrics		93.9 (Highest *r*)	120
Practice LMZ		88.2 (Lower *r*)	9

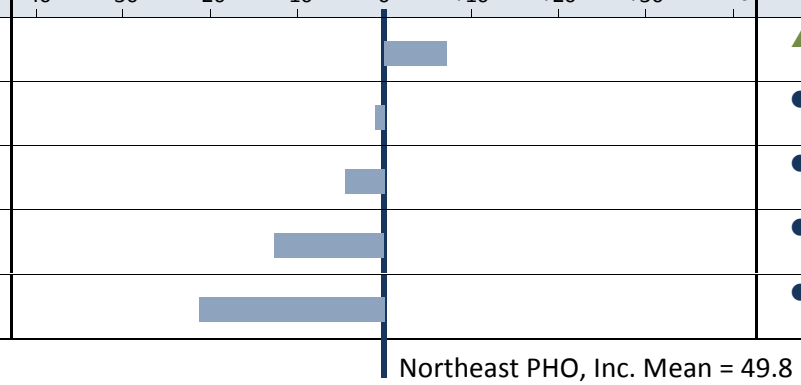
Northeast PHO, Inc. Mean = 94.8

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Organization/Structural Features of Care: Self-Management Support			
Practice Name	**Difference from Northeast PHO, Inc. Mean (49.8)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-40 -30 -20 -10 0 +10 +20 +30 +40		
Practice BXY		▲ 56.9 (High *r*)	99
Garden City Pediatrics		● 48.7 (Highest *r*)	153
Practice MRQ		● 45.2 (Lower *r*)	21
Practice CYB		● 37.2 (Lower *r*)	20
Practice LMZ		● 28.6 (Lowest *r*)	9



Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Practices compared with Northeast PHO, Inc. Mean

Organization/Structural Features of Care: Office Staff			
Practice Name	**Difference from Northeast PHO, Inc. Mean (91.8)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
Practice MRQ		▲ 98.2 (High *r*)	21
Practice CYB		● 96.0 (High *r*)	20
Garden City Pediatrics		● 91.5 (Highest *r*)	154
Practice BXY		● 90.2 (Highest *r*)	99
Practice LMZ		● 90.1 (Lower *r*)	9

Northeast PHO, Inc. Mean = 91.8

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Providers compared with Garden City Pediatrics Mean

Quality of Provider-Patient Interaction: Communication			
Provider Name	**Difference from Garden City Pediatrics Mean (97.2)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
HUMPHREYS, ELIZABETH		99.6 (Lower *r*)	16
SLEEPER, ERIC		99.2 (Lower *r*)	19
DEAN, JOHN		98.7 (Lower *r*)	23
GOLDSTEIN, ERICA		98.1 (Lowest *r*)	11
GRAVES, SUZANNE		96.4 (Lower *r*)	21
KRITEMAN, JACOB		96.2 (Lower *r*)	16
SKLAVER, IAN		95.7 (High *r*)	25
SILVA, SHERYL		95.0 (Lower *r*)	24

Garden City Pediatrics Mean = 97.2

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Providers compared with Garden City Pediatrics Mean

Quality of Provider-Patient Interaction: Integration of Care			
Provider Name	**Difference from Garden City Pediatrics Mean (92.0)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
HUMPHREYS, ELIZABETH		98.6 (Lowest *r*)	10
SKLAVER, IAN		96.8 (Lowest *r*)	12
SLEEPER, ERIC		92.4 (Lowest *r*)	10
GRAVES, SUZANNE		91.3 (Lowest *r*)	8
GOLDSTEIN, ERICA		89.2 (Lowest *r*)	3
KRITEMAN, JACOB		89.1 (Lowest *r*)	6
DEAN, JOHN		88.2 (Lowest *r*)	11
SILVA, SHERYL		86.2 (Lowest *r*)	10

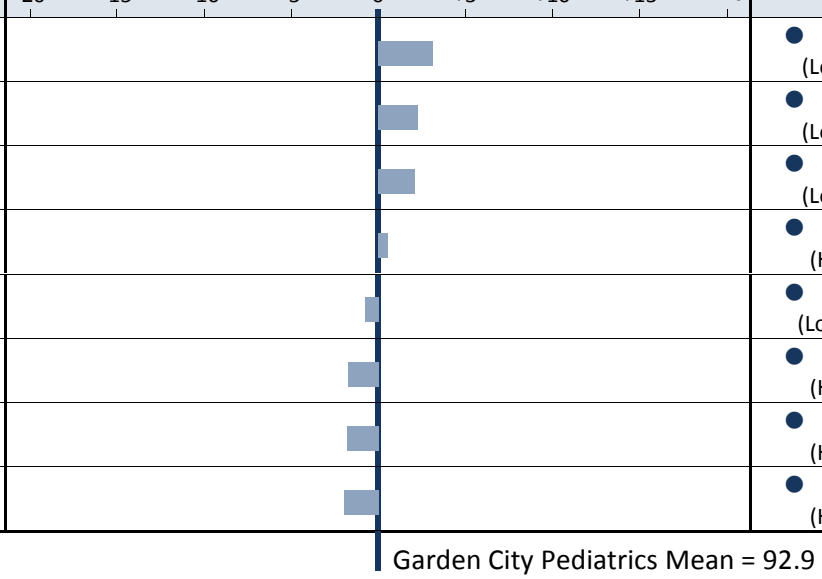
Garden City Pediatrics Mean = 92.0

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Providers compared with Garden City Pediatrics Mean

Quality of Provider-Patient Interaction: Knowledge of Patient			
Provider Name	**Difference from Garden City Pediatrics Mean (92.9)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
HUMPHREYS, ELIZABETH		96.1 (Lower *r*)	16
SLEEPER, ERIC		95.2 (Lower *r*)	19
KRITEMAN, JACOB		95.0 (Lower *r*)	16
GRAVES, SUZANNE		93.5 (High *r*)	21
GOLDSTEIN, ERICA		92.2 (Lowest *r*)	11
SILVA, SHERYL		91.2 (High *r*)	24
SKLAVER, IAN		91.2 (High *r*)	25
DEAN, JOHN		91.0 (High *r*)	23

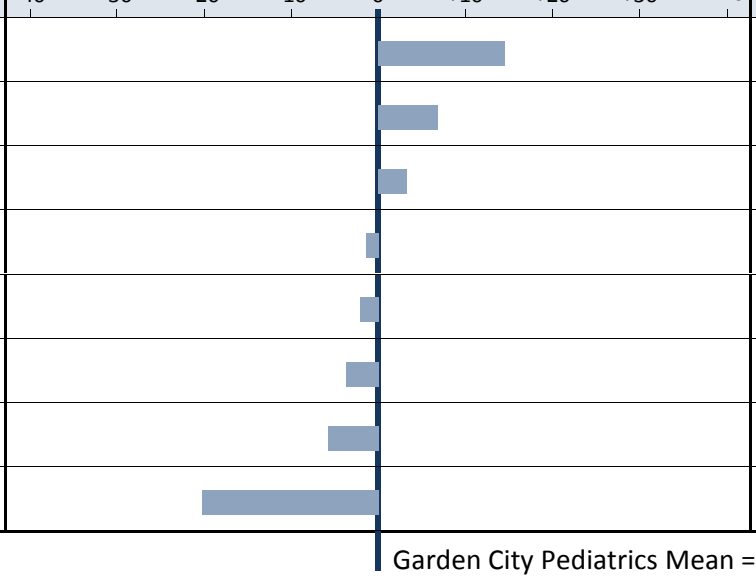


Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Providers compared with Garden City Pediatrics Mean

Quality of Provider-Patient Interaction: Pediatric Preventive Care			
Provider Name	**Difference from Garden City Pediatrics Mean (76.1)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-40 -30 -20 -10 0 +10 +20 +30 +40		
SILVA, SHERYL		▲ 90.6 (High *r*)	24
SLEEPER, ERIC		● 83.0 (High *r*)	18
DEAN, JOHN		● 79.4 (High *r*)	23
GRAVES, SUZANNE		● 74.7 (High *r*)	21
HUMPHREYS, ELIZABETH		● 74.1 (High *r*)	16
SKLAVER, IAN		● 72.4 (High *r*)	25
GOLDSTEIN, ERICA		● 70.4 (Lower *r*)	11
KRITEMAN, JACOB		▼ 55.9 (High *r*)	16



Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Providers compared with Garden City Pediatrics Mean

Quality of Provider-Patient Interaction: Child Development			
Provider Name	**Difference from Garden City Pediatrics Mean (74.8)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
SILVA, SHERYL		▲ 85.5 (High *r*)	24
HUMPHREYS, ELIZABETH		● 85.1 (Lower *r*)	16
SLEEPER, ERIC		● 82.8 (Lower *r*)	18
DEAN, JOHN		● 74.8 (High *r*)	23
SKLAVER, IAN		● 73.4 (High *r*)	25
GRAVES, SUZANNE		● 68.5 (Lower *r*)	21
GOLDSTEIN, ERICA		● 59.1 (Lowest *r*)	11
KRITEMAN, JACOB		▼ 60.5 (Lower *r*)	16

Garden City Pediatrics Mean = 74.8

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Providers compared with Garden City Pediatrics Mean

Organization/Structural Features of Care: Organizational Access			
Provider Name	**Difference from Garden City Pediatrics Mean (93.9)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
KRITEMAN, JACOB		98.0 (Lower *r*)	11
DEAN, JOHN		96.6 (High *r*)	22
SKLAVER, IAN		94.8 (High *r*)	19
GOLDSTEIN, ERICA		94.1 (Lowest *r*)	7
HUMPHREYS, ELIZABETH		93.3 (Lower *r*)	14
GRAVES, SUZANNE		92.0 (High *r*)	17
SLEEPER, ERIC		91.2 (High *r*)	17
SILVA, SHERYL		90.6 (Lower *r*)	13

Garden City Pediatrics Mean = 93.9

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Providers compared with Garden City Pediatrics Mean

Organization/Structural Features of Care: Self-Management Support			
Provider Name	**Difference from Garden City Pediatrics Mean (48.7)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-40 -30 -20 -10 0 +10 +20 +30 +40		
DEAN, JOHN		▲ 64.7 (Lower *r*)	23
SLEEPER, ERIC		● 54.6 (Lower *r*)	18
SILVA, SHERYL		● 51.7 (Lower *r*)	24
HUMPHREYS, ELIZABETH		● 49.9 (Lower *r*)	15
SKLAVER, IAN		● 47.1 (High *r*)	25
GRAVES, SUZANNE		● 42.8 (Lower *r*)	21
GOLDSTEIN, ERICA		● 42.7 (Lowest *r*)	11
KRITEMAN, JACOB		▼ 27.9 (Lower *r*)	16

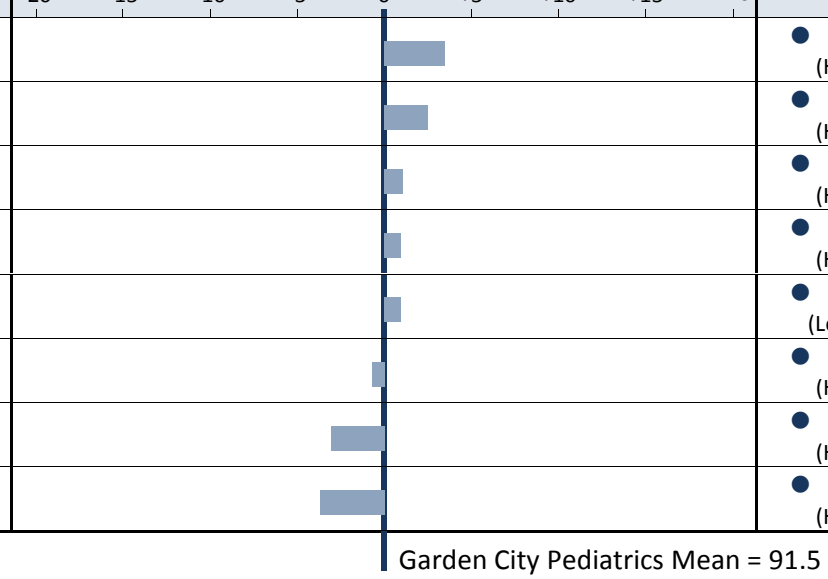
Garden City Pediatrics Mean = 48.7

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Providers compared with Garden City Pediatrics Mean

Organization/Structural Features of Care: Office Staff			
Provider Name	**Difference from Garden City Pediatrics Mean (91.5)**	**Adj. Mean (Reliability *r*)**	**Sample Size**
	-20 -15 -10 -5 0 +5 +10 +15 +20		
HUMPHREYS, ELIZABETH		94.9 (High *r*)	16
DEAN, JOHN		94.0 (High *r*)	23
SKLAVER, IAN		92.5 (High *r*)	25
KRITEMAN, JACOB		92.4 (High *r*)	16
GOLDSTEIN, ERICA		92.4 (Lower *r*)	11
SLEEPER, ERIC		90.8 (High *r*)	18
SILVA, SHERYL		88.4 (High *r*)	24
GRAVES, SUZANNE		87.8 (High *r*)	21



Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Composite Score Trend

	Year	Respondents	Mean	Sig Diff -1
Quality of Provider-Patient Interaction				
Communication	2019	155	97.19	●
	2018	180	96.39	
Integration of Care	2019	70	91.95	●
	2018	75	87.36	
Knowledge of Patient	2019	155	92.94	●
	2018	180	92.40	
Pediatric Preventive Care	2019	154	76.15	●
	2018	175	77.91	
Child Development	2019	154	74.77	●
	2018	176	76.03	
Organization/Structural Features of Care				
Organizational Access	2019	120	93.86	●
	2018	137	92.52	
Office Staff	2019	154	91.48	●
	2018	176	89.23	
Self-Management Support	2019	153	48.71	●
	2018	176	45.50	
Global Rating				
Willingness to Recommend	2019	154	96.96	●
	2018	177	95.51	

Note: analysis includes publicly reportable sites only

▲ = Siginificantly above prior year ● = No Significant Change

▼ = Siginificantly below prior year

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Listing of Sampled Providers

Garden City Pediatrics *Northeast PHO, Inc.*
DEAN, JOHN
GOLDSTEIN, ERICA
GRAVES, SUZANNE
HUMPHREYS, ELIZABETH
KRITEMAN, JACOB
SILVA, SHERYL
SKLAVER, IAN
SLEEPER, ERIC

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.

Items in the Child Version of the Patient Narrative Elicitation Protocol

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

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

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

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?

- That if we have any questions about health-related items that it is addressed!
- Understanding and feedback about my child's physical growth.
- I look for them to be available for questions and concerns. I want them to be knowledgeable and willing to answer all of my questions.
- Availability, knowledge, care, professionalism, confidence, attentiveness
- Respect, thorough health care
- Knowledge; individual attention provided; responsiveness; customer service
- My child's healthcare provider must be not only knowledgeable in medicine, but also compassionate caregiver who is respectful of my child's body and abilities. They must listen to my concerns, no matter how 'normal' or 'trivial' they may seem and provide guidance.
- Kindness, respect, knowledge, staying up-to-date on most recent research related to childhood development and needs.
- good communication, ability to make appts when needed.
- Ease of booking, Nice doctor who knows their stuff. Clean office and short wait times.
- Knowledge of our child's medical history. General interest in the well being of our child and family.
- Kindness, knowledge, bedside manner, safety.
- Experienced, Knowledgeable, understanding.
- Knowledgeable, attentive and caring toward my child.
- I value being heard and having a health care provider that takes the time to listen during yearly physical appointments. I also value being able to see our actual doctor the majority of the time that we need to see someone. I appreciate that when I call with a question, the nurses will answer my questions, but I also get a follow up call once that doctor has been made aware of my questions.
- Knowledgeable and kind with easy access.

- Professionalism Attention to my child's needs

- To be treated with respect from the provider and staff. I want the provider to pay close attention to my child's needs, whether or not I am involved.

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?

- Dr. Dean is tremendous. I dread going to my own doctor for healthcare issues but look forward to bringing my son for his checkups and the associated advice. Talking with Dr. Dean is not only comforting but also feels like he wants to be a partner in my child's success. I also know that I can count on the rest of his office team to assess problems and answer questions in a timely manner when he isn't directly available.

- They are wonderful. Top notch.

- They are very important, especially given that he is our first and only child. We needed guidance and received lots of it.

- I have no complaints about this provider or the staff, I have been very happy with the care they have provided since my child was born.

- Great! I have used the phone line many times and the nurses are very helpful. I have always been able to get a same day appointment if it is necessary. Dr. Dean spends a lot of time with us at our appointments and makes us feel like he really cares about our son.

- My child's doctor and her staff are excellent.

- Very well. We and our child feel comfortable going there.

- They are the best! Anytime I call with a question or need to come in everyone is great!

- I have always had the highest regard for Dr. Silva and her practice.

- Garden City Pediatrics is an incredible practice. They always exceed expectations.

- They are and have been excellent every time

- Excellent! We couldn't be happier with Dr. Sklaver. He has excellent interpersonal skills, our son loves him, and we always feel heard and respected by him. He readily shares research findings with us and is open to discussing our concerns when they arise.

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.

- The nurses are all great and good at their jobs.
- Able to obtain immediate attention to anxiety issues. This provider has been able to provide my teenage daughter with excellent care with regards to her now becoming a young woman and how to care for herself in terms of sexuality.
- Our child has recently had to make several visits in a short time due to ear infections and virus. We were welcomed immediately and it was very convenient and helpful and our child was given excellent care.
- Both my children have been in over the past 12 months for knee injuries. I appreciated the time that was taken to talk through how the injuries occurred. I also appreciated the follow up in regards to tests, as well as the support in finding a PT.
- Annual physical exam was easy and we feel confident in doctors ability to provide preventative care.
- Nothing out of the ordinary, other than routine check ups that have all been great.
- My son's checkup went very smoothly. My son also had strep throat and his visit to the office was very quick and easy.
- We haven't had any negative experiences :)
- in the last twelve months we have only visited for a well visit. we were taken on time and the doctor and office staff were fine.
- [Name removed] was having really bad foot and ankle pain. He is very athletic and his body pays for it. We explained the issues he was having and went to see a physical therapist. It was a very positive experience and both offices were great to work with.
- We recently had to bring our son in for what seemed to us to be an unusual rash. At least it was something we'd never seen. After conversing with the on-call nurse, we were able to bring him in right away as there was a cancellation. Ultimately it turned out to be a common diaper rash, but I really appreciated the teams attention to this 'trivial' issue. Including Dr. Dean taking the time to write down post-visit care instructions for me.
- Everything has gone well, we are very happy with Dr. Silva's care

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 expalin what happened, how it happened, and how it felt to you.

- sometimes it's hard to get through on the nurse call line to ask a question or make an appointment, sometimes the time waiting in the office during a sick visit can take awhile
- I forgot to add that I wish that I didn't keep getting surveys every blessed time I go to the doctor's. If I said that it went well several times before, and that Dr.Kriteman is an excellent doctor, THINGS DIDNT CHANGE
- Everything has gone very well. No complaints.
- One nurse wasn't particularly pleasant when we had to go in for an unplanned visit for an illness that popped up, but that's really it.
- We haven't had any negative experiences :)

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

- It's what you would expect. Dr. Sleeper is professional and courteous, I try to return the same through our interactions.
- My child's doctor is personally welcoming to me and professionally very sharp.
- The provider goes through her exam with my child then we usually discuss questions and/or concerns that I have.
- very friendly and welcoming relationship
- My children have had Dr. Silva since they were born. They have a very relaxed relationship and are comfortable sharing there concerns with her.
- they are wonderful
- My husband and I really like Dr. Sklaver. We enjoy talking with him and use him a resource to address our concerns related to our son's development.
- Excellent. My daughter trusts this provider, and I trust my daughter with this provider even though I am not always directly involved as my daughter is now a older.
- I love Dr Graves. She's intelligent, compassionate and is ALWAYS helpful.

- Dr. Dean always takes the time to ask how WE are doing, not just our child. His demeanor is always of calm confidence and I feel comfortable asking any questions we have. Even if it's a long list he will take the time to listen and provide advice which is tremendously helpful. I wish I could find this level of care in my own provider!

- He's great. Awesome to talk to and very knowledgeable. Super pleasant guy.

Please describe how your child and his or her provider relate to and interact with each other.

- My child's doctor is personally welcoming and supportive of my daughter.

- During the exam, the provider speaks directly to my child.

- Very respectful of each other. This provider treats my child appropriately for her age. My daughter has grown to trust this provider. She feels that she can talk to this provider about anything.

- Dr. Sleeper is alway great when my son is at an appointment. My son thinks it's fun to go until it's time to get a shot.

- My children have had Dr. Silva since they were born. They have a very relaxed relationship and are comfortable sharing there concerns with her.

- Really well. Dr. Dean is very good with our son.

- [Name removed] loves Dr Graves!

- Our son loves Dr. Sklaver! Dr. Sklaver has excellent bedside manner and is great with children.

Neutral 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?

- Attentive and helpful to answer any questions or concerns we might have about our child's health.

- Good care, understanding my child, in depth discussion during routine visits since we only see him 1x per year.

- I look for someone who listens to me as someone who knows my child the best, and values my opinion in decision making.

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?

- i like this office, they are efficient. sometimes I wish they listened to my opinion more.

- He's great! I wish he would ask more questions to really see how my son is doing.

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.

- Always helpful when calling in to address any concerns we might have.

Appendices

Garden City Pediatrics - Pediatric Care
Northeast PHO, Inc.

Massachusetts Statewide and Regional Means

Summary Measures	MA State Mean	Metro Boston	Metro West	Northeast MA	Southeast MA	Central MA	Western MA
Quality of Provider-Patient Interaction							
Communication	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

Garden City Pediatrics contributes to the Northeastern MA region.

Comparison Symbol Legend	
▲	Statistically significantly above the MA Statewide Mean ($p \leq 0.05$)
●	Statistically equivalent to the MA Statewide Mean
▼	Statistically significantly below the MA Statewide Mean ($p \leq 0.05$)

Garden City Pediatrics - Pediatric Care
Northeast PHO, Inc.

Massachusetts Statewide Performance Percentiles

Summary Measures	10th Percentile	25th Percentile	50th Percentile	75th Percentile	80th Percentile	90th Percentile	99th Percentile
Quality of Provider-Patient Interaction							
Publicly Reported Measures							
Communication	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 Care	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/Structural Features of Care							
Publicly Reported Measures							
Organizational Access	90.0	91.0	93.3	95.0	95.0	96.2	98.0
Self-Management Support	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

Garden City Pediatrics - Pediatric Care

Northeast PHO, Inc.

Patients' Experiences with Your Practice Site (n = 155)

PCMH Measure Results Compared with the Statewide Mean

PCMH Measures	Measure Set *	Site Mean (Reliability *r*)	State Mean
Composite Measures			
Communication (PCMH)	PCMH	● 96.9 (High *r*)	97.0
Pediatric Preventive Care	PCMH & MHQP	● 76.1 (Highest *r*)	75.8
Child Development	PCMH & MHQP	▼ 74.8 (Highest *r*)	80.0
Organizational Access (PCMH)	PCMH	● 93.9 (Highest *r*)	93.4
Self-Management Support	PCMH & MHQP	● 48.7 (Highest *r*)	52.7
Office Staff	PCMH & MHQP	● 91.5 (Highest *r*)	92.6
Single Item Measures			
Communication: Provider Explains Clearly to Child	PCMH	● 96.7 (Lowest *r*)	96.4
Communication: Provider Listens to Child	PCMH	● 96.9 (Lowest *r*)	97.6
Communication: Information for Child Follow-Up	PCMH	● 97.8 (High *r*)	99.3
Coordination: Follow-Up About Test Results	PCMH	● 97.5 (Lowest *r*)	91.1
Coordination: Provider Up to Date About Specialists	PCMH	● 87.9 (Lower *r*)	88.1
Information: About Care After Hours	PCMH	● 93.8 (High *r*)	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 ($p \leq 0.05$)
●	Statistically equivalent to the MA Statewide Mean
▼	Statistically significantly below the MA Statewide Mean ($p \leq 0.05$)

Reliability Legend	
Highest *r* ≥ .70	Available sample for this measure meets or exceeds reliability standards for highly reliable estimates of performance.
High *r* .50 to .70	Available sample for this measure is slightly less than optimal. Your performance relative to the state average is very likely correct, but your actual score could differ somewhat in a sample including a larger number of your patients.
Lower *r* .34 to .50	Available sample size for this measure is less than optimal. Your performance relative to the state average is likely correct, but your actual score could vary considerably in a sample including a larger number of your patients.
Lowest *r* <.34	Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.

Tables of Survey Questions - 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/storage/Improving_Pt_Experience_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/cahps/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.gov/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/uploads/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/uploads/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.[1] Evidence from this study also indicated that physicians are becoming increasingly responsive to publicly reported surveys of patient experience and are subsequently motivated to make changes to improve and/or maintain performance. In addition, there are increasing financial incentives tied to these measurements.

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

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

Since 2005, the statewide survey and public reporting have been supported by the state's major health plans: Blue Cross Blue Shield of Massachusetts, 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 under-represented 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 astern@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.

Table 2 – Highest Performance Designation Thresholds

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

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

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

Table 3 – PES Sampling Thresholds

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

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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.

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About MHQP

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

We do this by:

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

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

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