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## ***MHQP 2019 Patient Experience Survey Report***

### ***Pediatric Care***

*Detailed Provider Report  
prepared for*

***ORR, BRIAN***

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***Northeast PHO, Inc.***

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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](http://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 five 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.
- **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.
- **Provider-Level Comparative Performance Chart** – If your practice opted to participate in the Provider-Level Survey Program, your report will also contain a series of charts comparing the performance of all the providers in your practice across the summary measures and the global rating item.
- **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.

### 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 provides detailed information on MHQP’s sampling process and benchmark methodology.
- **About MHQP** – This section includes information about MHQP and its role in Massachusetts’ quality reporting.



## Table of Publicly Reported Survey Questions - Pediatric Care

### Quality of Provider-Patient Interaction

<i>Summary Measure</i>	<i>Survey Questions</i>
<i>Communication (4 questions)</i>	<p>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?</p> <p>In the last 12 months, how often did this provider listen carefully to you?</p> <p>In the last 12 months, how often did this provider show respect for what you had to say?</p> <p>In the last 12 months, how often did this provider spend enough time with your child?</p>
<i>Integration of Care (2 questions)</i>	<p>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?</p> <p>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?</p>
<i>Knowledge of Patient (2 questions)</i>	<p>In the last 12 months, how often did this provider seem to know the important information about your child's medical history?</p> <p>How would you rate this provider's knowledge about your child as a person – special abilities, concerns, fears?</p>
<i>Pediatric Preventive Care (6 questions)</i>	<p>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?</p> <p>In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?</p> <p>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?</p> <p>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?</p> <p>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?</p> <p>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?</p>

*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**

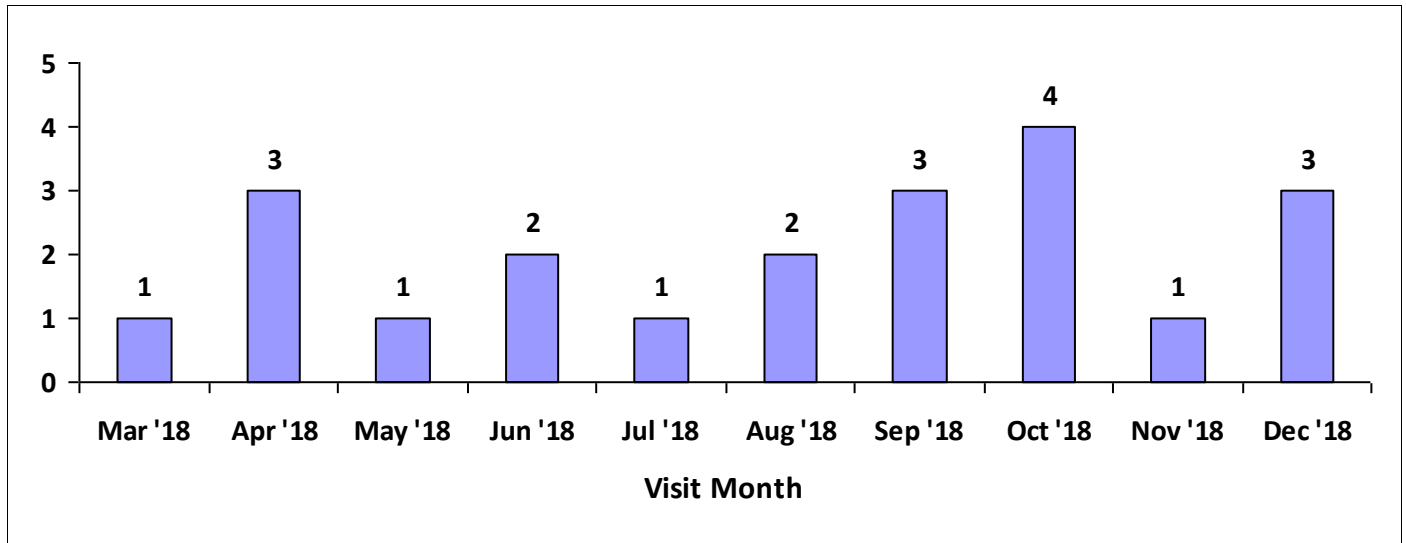
<b>Summary Measure</b>	<b>Survey Questions</b>
<i>Organizational Access (3 questions)</i>	<p>In the last 12 months, when you called this provider's office for an appointment for care your child <b>needed right away</b>, how often did you get an appointment as soon as your child needed?</p> <p>In the last 12 months, when you made an appointment for a <b>check-up or routine care</b> for your child with this provider, how often did you get an appointment as soon as your child needed?</p> <p>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?</p>
<i>Self-Management Support (2 questions)</i>	<p>In the last 12 months, did you and anyone in this provider's office talk about specific goals for your child's health?</p> <p>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?</p>
<i>Office Staff (2 questions)</i>	<p>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?</p> <p>In the last 12 months, how often did the front office staff at this provider's office treat you with courtesy and respect?</p>

**Global Rating**

<b>Summary Measure</b>	<b>Survey Questions</b>
<i>Willingness to Recommend (1 question)</i>	<p>Would you <b>recommend</b> this provider to your family and friends?</p>

**ORR, BRIAN - Pediatric Care**  
**Brian Orr Pediatrics**  
Month of Visit Summary

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



There were a total of 21 patients who responded to the survey; 66.67% 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](http://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 (n = 21)

Compared with the Statewide Mean

Summary Measures	Comparison to State Mean	Your Mean	State Mean
<i>Quality of Provider-Patient Interaction</i>	0 20 40 60 80 100		
Communication		100.0 (Lower r)	97.4
Integration of Care		91.2 (Lowest r)	89.2
Knowledge of Patient		91.8 (High r)	93.6
Pediatric Preventive Care		69.6 (High r)	75.8
Child Development		80.4 (Lower r)	80.0
<i>Organization/Structural Features of Care</i>	0 20 40 60 80 100		
Organizational Access		97.5 (High r)	93.4
Self-Management Support		45.2 (Lower r)	52.7
Office Staff		98.2 (High r)	92.6

### Comparison Symbol Legend

Benchmark...

| Statewide Mean

Your score...

▲ Statistically significantly above the benchmark ( $p \leq 0.05$ )

● Statistically equivalent to the benchmark

▼ Statistically significantly below the benchmark ( $p \leq 0.05$ )

Confidence Interval...

— 95% confidence interval around the adjusted mean ( $p \leq 0.05$ )

### Reliability Legend

<b>Highest <math>r \geq .70</math></b>	Available sample for this measure meets or exceeds reliability standards for highly reliable estimates of performance.
<b>High <math>r .50</math> to <math>.70</math></b>	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.
<b>Lower <math>r .34</math> to <math>.50</math></b>	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.
<b>Lowest <math>r &lt; .34</math></b>	Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.

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### Brian Orr Pediatrics

#### 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.



Your Percentile Score

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 = 100.0

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

	<i>frequency percent</i>		<i>state frequency state percent</i>	
Never	0	0%	27	0%
Sometimes	0	0%	91	1%
Usually	0	0%	899	5%
Always	21	100%	16,926	94%
<b>Total applicable respondents</b>	<b>21</b>		<b>17,943</b>	
No response	0		186	
<b>Top Box Percentage</b>	<b>100%</b>		<b>94%</b>	

# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

### Question Response Frequencies for Your Patient Survey Sample

Communication (4 items) Adjusted Mean Score = 100.0

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		41	0%
Sometimes	0	0%		166	1%
Usually	0	0%		1,017	6%
Always	21	100%		16,706	93%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,930</b>	
No response	0			199	
<b>Top Box Percentage</b>	<b>100%</b>			<b>93%</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		35	0%
Sometimes	0	0%		144	1%
Usually	0	0%		770	4%
Always	21	100%		16,985	95%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,934</b>	
No response	0			195	
<b>Top Box Percentage</b>	<b>100%</b>			<b>95%</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		37	0%
Sometimes	0	0%		172	1%
Usually	0	0%		1,354	8%
Always	21	100%		16,364	91%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,927</b>	
No response	0			202	
<b>Top Box Percentage</b>	<b>100%</b>			<b>91%</b>	

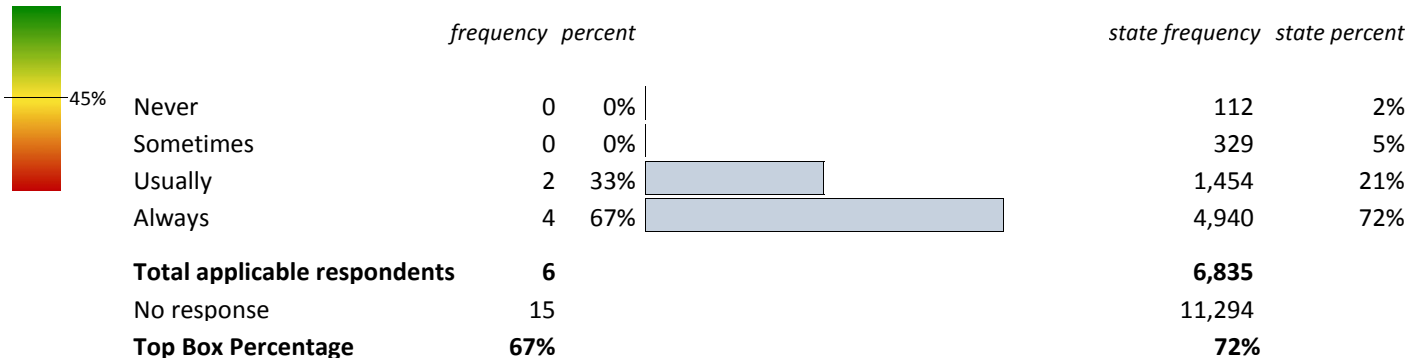
# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

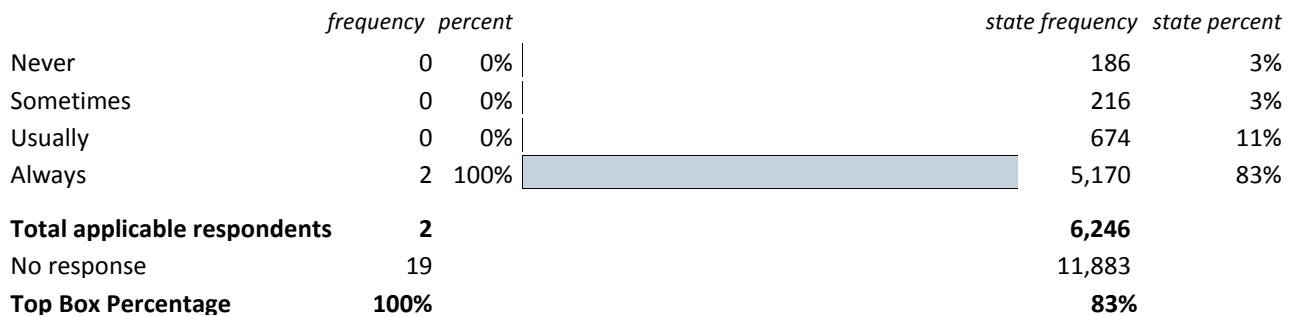
### Question Response Frequencies for Your Patient Survey Sample

Integration of Care (2 items) Adjusted Mean Score = 91.2

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

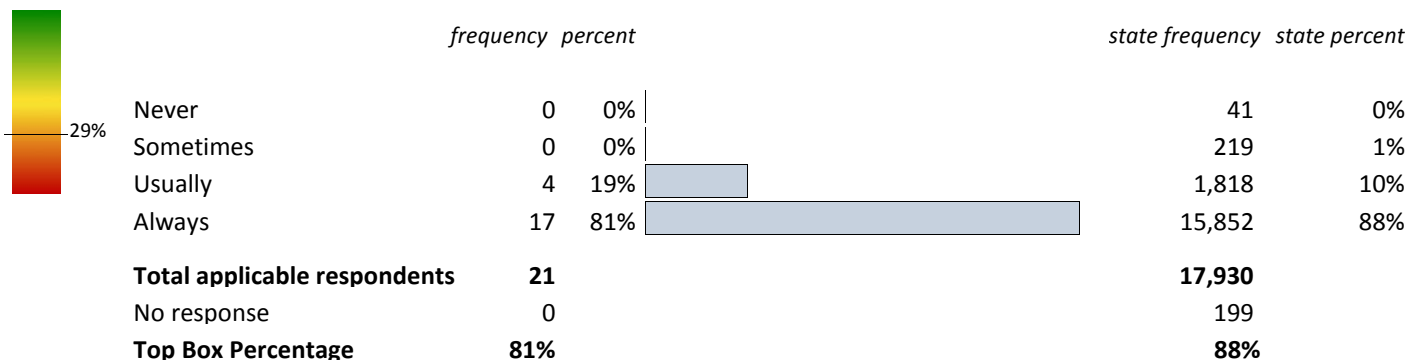


In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you these results?



Knowledge of Patient (2 items) Adjusted Mean Score = 91.8

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





# ORR, BRIAN - Pediatric Care

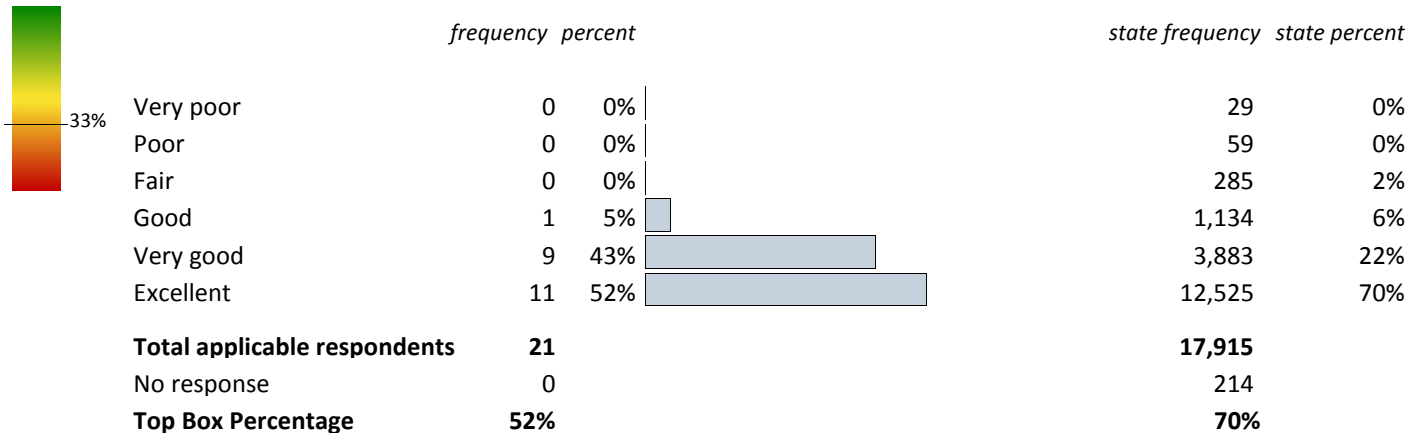
## Brian Orr Pediatrics

### Question Response Frequencies for Your Patient Survey Sample

Knowledge of Patient (2 items) Adjusted Mean Score = 91.8

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

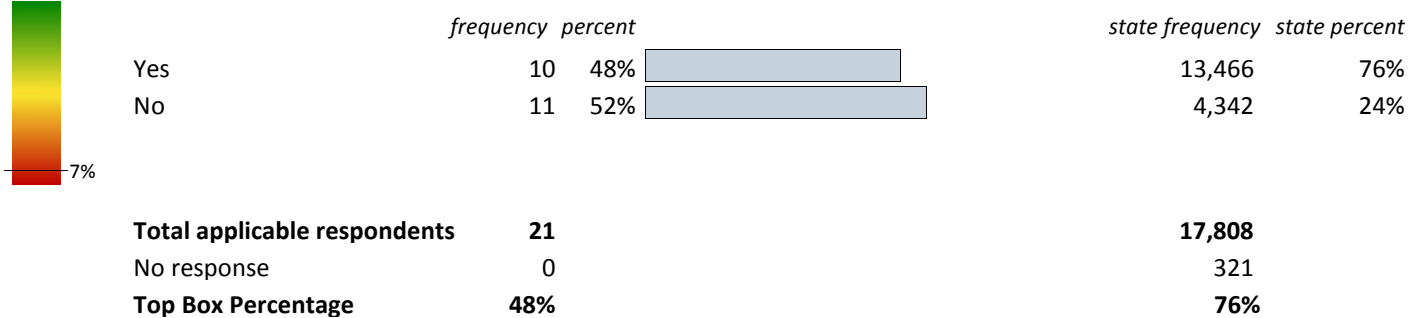
Percentile



Pediatric Preventive Care (6 items) Adjusted Mean Score = 69.6

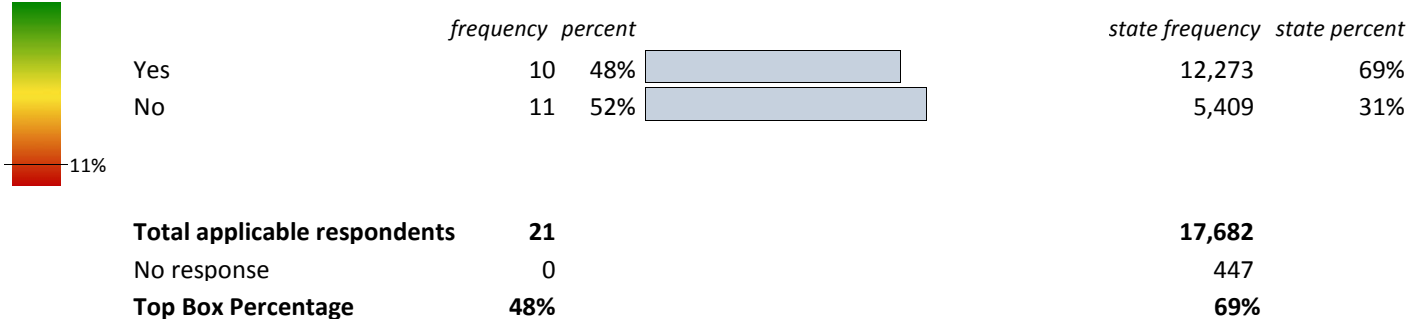
Statewide In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?

Percentile



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

Percentile




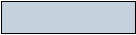
# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics


### Question Response Frequencies for Your Patient Survey Sample

Pediatric Preventive Care (6 items) Adjusted Mean Score = 69.6



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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	15	75%		12,327	69%
No	5	25%		5,453	31%
<b>Total applicable respondents</b>	<b>20</b>			<b>17,780</b>	
No response	1			349	
<b>Top Box Percentage</b>	<b>75%</b>			<b>69%</b>	



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?

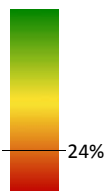
	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	21	100%		16,393	92%
No	0	0%		1,409	8%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,802</b>	
No response	0			327	
<b>Top Box Percentage</b>	<b>100%</b>			<b>92%</b>	

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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	19	90%		14,723	83%
No	2	10%		3,062	17%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,785</b>	
No response	0			344	
<b>Top Box Percentage</b>	<b>90%</b>			<b>83%</b>	

*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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	11	52%		11,526	65%
No	10	48%		6,208	35%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,734</b>	
No response	0			395	
<b>Top Box Percentage</b>	<b>52%</b>			<b>65%</b>	





# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics



### Question Response Frequencies for Your Patient Survey Sample

Child Development (5 items) Adjusted Mean Score = 80.4



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	16	76%		11,803	66%
No	5	24%		5,999	34%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,802</b>	
No response	0			327	
<b>Top Box Percentage</b>	<b>76%</b>			<b>66%</b>	



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	19	90%		14,934	84%
No	2	10%		2,896	16%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,830</b>	
No response	0			299	
<b>Top Box Percentage</b>	<b>90%</b>			<b>84%</b>	

Statewide  
Percentile

	frequency percent			state frequency state percent	
Yes	18	86%		16,295	91%
No	3	14%		1,551	9%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,846</b>	
No response	0			283	
<b>Top Box Percentage</b>	<b>86%</b>			<b>91%</b>	

Statewide  
Percentile

	frequency percent			state frequency state percent	
Yes	15	71%		14,300	80%
No	6	29%		3,526	20%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,826</b>	
No response	0			303	
<b>Top Box Percentage</b>	<b>71%</b>			<b>80%</b>	



# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

### Question Response Frequencies for Your Patient Survey Sample



#### Child Development (5 items) Adjusted Mean Score = 80.4

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



	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	17	81%		13,877	78%
No	4	19%		3,878	22%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,755</b>	
No response	0			374	
<b>Top Box Percentage</b>	<b>81%</b>			<b>78%</b>	

#### Organizational Access (3 items) Adjusted Mean Score = 97.5

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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		28	0%
Sometimes	0	0%		210	2%
Usually	1	6%		1,423	12%
Always	15	94%		10,695	87%
<b>Total applicable respondents</b>	<b>16</b>			<b>12,356</b>	
No response	5			5,773	
<b>Top Box Percentage</b>	<b>94%</b>			<b>87%</b>	

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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		58	0%
Sometimes	0	0%		566	3%
Usually	2	10%		3,200	19%
Always	18	90%		13,344	78%
<b>Total applicable respondents</b>	<b>20</b>			<b>17,168</b>	
No response	1			961	
<b>Top Box Percentage</b>	<b>90%</b>			<b>78%</b>	

# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

### Question Response Frequencies for Your Patient Survey Sample

#### Organizational Access (3 items) Adjusted Mean Score = 97.5

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	0	0%		211	2%
Usually	0	0%		1,504	13%
Always	19	100%		10,081	85%
<b>Total applicable respondents</b>	<b>19</b>			<b>11,821</b>	
No response	2			6,308	
<b>Top Box Percentage</b>	<b>100%</b>			<b>85%</b>	

#### Self-Management Support (2 items) Adjusted Mean Score = 45.2

*Statewide Percentile* 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	10	48%		11,137	63%
No	11	52%		6,578	37%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,715</b>	
No response	0			414	
<b>Top Box Percentage</b>	<b>48%</b>			<b>63%</b>	

*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	8	40%		7,454	42%
No	12	60%		10,205	58%
<b>Total applicable respondents</b>	<b>20</b>			<b>17,659</b>	
No response	1			470	
<b>Top Box Percentage</b>	<b>40%</b>			<b>42%</b>	



# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics



### Question Response Frequencies for Your Patient Survey Sample

Office Staff (2 items) Adjusted Mean Score = 98.2

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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		55	0%
Sometimes	0	0%		505	3%
Usually	1	5%		3,766	21%
Always	20	95%		13,500	76%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,826</b>	
No response	0			303	
<b>Top Box Percentage</b>	<b>95%</b>			<b>76%</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		33	0%
Sometimes	0	0%		323	2%
Usually	1	5%		2,186	12%
Always	20	95%		15,285	86%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,827</b>	
No response	0			302	
<b>Top Box Percentage</b>	<b>95%</b>			<b>86%</b>	

# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

### Question Response Frequencies for Your Patient Survey Sample

#### 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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
0 Worst provider possible	0	0%		15	0%
1	0	0%		4	0%
2	0	0%		9	0%
3	0	0%		12	0%
4	0	0%		36	0%
5	0	0%		66	0%
6	0	0%		82	0%
7	0	0%		327	2%
8	1	5%		1,338	7%
9	5	24%		3,501	20%
10 Best provider possible	15	71%		12,518	70%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,908</b>	
No response	0			221	
<b>Top Box Percentage</b>	<b>71%</b>			<b>70%</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Definitely not	0	0%		156	1%
Probably not	0	0%		100	1%
Not sure	0	0%		211	1%
Probably yes	0	0%		1,509	8%
Definitely yes	21	100%		15,939	89%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,915</b>	
No response	0			214	
<b>Top Box Percentage</b>	<b>100%</b>			<b>89%</b>	


# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics


### Question Response Frequencies for Your Patient Survey Sample

Communication (PCMH) (5 items) Adjusted Mean Score = 98.9



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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		27	0%
Sometimes	0	0%		91	1%
Usually	0	0%		899	5%
Always	21	100%		16,926	94%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,943</b>	
No response	0			186	
<b>Top Box Percentage</b>	<b>100%</b>			<b>94%</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		41	0%
Sometimes	0	0%		166	1%
Usually	0	0%		1,017	6%
Always	21	100%		16,706	93%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,930</b>	
No response	0			199	
<b>Top Box Percentage</b>	<b>100%</b>			<b>93%</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		41	0%
Sometimes	0	0%		219	1%
Usually	4	19%		1,818	10%
Always	17	81%		15,852	88%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,930</b>	
No response	0			199	
<b>Top Box Percentage</b>	<b>81%</b>			<b>88%</b>	



# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

### Question Response Frequencies for Your Patient Survey Sample

Communication (PCMH) (5 items) Adjusted Mean Score = 98.9

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		35	0%
Sometimes	0	0%		144	1%
Usually	0	0%		770	4%
Always	21	100%		16,985	95%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,934</b>	
No response	0			195	
<b>Top Box Percentage</b>	<b>100%</b>			<b>95%</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		37	0%
Sometimes	0	0%		172	1%
Usually	0	0%		1,354	8%
Always	21	100%		16,364	91%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,927</b>	
No response	0			202	
<b>Top Box Percentage</b>	<b>100%</b>			<b>91%</b>	

Organizational Access (PCMH) (3 items) Adjusted Mean Score = 97.5

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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		28	0%
Sometimes	0	0%		210	2%
Usually	1	6%		1,423	12%
Always	15	94%		10,695	87%
<b>Total applicable respondents</b>	<b>16</b>			<b>12,356</b>	
No response	5			5,773	
<b>Top Box Percentage</b>	<b>94%</b>			<b>87%</b>	

# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

### Question Response Frequencies for Your Patient Survey Sample

Organizational Access (PCMH) (3 items) Adjusted Mean Score = 97.5

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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		58	0%
Sometimes	0	0%		566	3%
Usually	2	10%	<div></div>	3,200	19%
Always	18	90%	<div></div>	13,344	78%
<b>Total applicable respondents</b>	<b>20</b>			<b>17,168</b>	
No response	1			961	
<b>Top Box Percentage</b>	<b>90%</b>			<b>78%</b>	

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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		25	0%
Sometimes	0	0%		211	2%
Usually	0	0%		1,504	13%
Always	19	100%	<div></div>	10,081	85%
<b>Total applicable respondents</b>	<b>19</b>			<b>11,821</b>	
No response	2			6,308	
<b>Top Box Percentage</b>	<b>100%</b>			<b>85%</b>	

Communication: Provider Explains Clearly to Child (1 item) Adjusted Mean Score = 100.0

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		10	0%
Sometimes	0	0%		100	1%
Usually	0	0%		687	8%
Always	9	100%	<div></div>	7,881	91%
<b>Total applicable respondents</b>	<b>9</b>			<b>8,678</b>	
No response	12			9,451	
<b>Top Box Percentage</b>	<b>100%</b>			<b>91%</b>	

# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

### Question Response Frequencies for Your Patient Survey Sample

#### Communication: Provider Listens to Child (1 item) Adjusted Mean Score = 100.0

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		7	0%
Sometimes	0	0%		82	1%
Usually	0	0%		439	5%
Always	9	100%		8,146	94%
<b>Total applicable respondents</b>	<b>9</b>			<b>8,674</b>	
No response	12			9,455	
<b>Top Box Percentage</b>	<b>100%</b>			<b>94%</b>	

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

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	11	100%		9,708	99%
No	0	0%		66	1%
<b>Total applicable respondents</b>	<b>11</b>			<b>9,774</b>	
No response	10			8,355	
<b>Top Box Percentage</b>	<b>100%</b>			<b>99%</b>	

#### Coordination: Follow-Up About Test Results (1 item) Adjusted Mean Score = 100.0

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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		186	3%
Sometimes	0	0%		216	3%
Usually	0	0%		674	11%
Always	2	100%		5,170	83%
<b>Total applicable respondents</b>	<b>2</b>			<b>6,246</b>	
No response	19			11,883	
<b>Top Box Percentage</b>	<b>100%</b>			<b>83%</b>	

# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

### Question Response Frequencies for Your Patient Survey Sample

#### Coordination: Provider Up to Date About Specialists (1 item) Adjusted Mean Score = 88.7

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?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Never	0	0%		112	2%
Sometimes	0	0%		329	5%
Usually	2	33%	<div></div>	1,454	21%
Always	4	67%	<div></div>	4,940	72%
<b>Total applicable respondents</b>	<b>6</b>			<b>6,835</b>	
No response	15			11,294	
<b>Top Box Percentage</b>	<b>67%</b>			<b>72%</b>	

#### Information: About Care After Hours (1 item) Adjusted Mean Score = 94.9

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	20	95%	<div></div>	16,692	93%
No	1	5%	<div></div>	1,271	7%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,963</b>	
No response	0			166	
<b>Top Box Percentage</b>	<b>95%</b>			<b>93%</b>	

#### Self Assessment of Health (1 item)

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Excellent	13	62%	<div></div>	11,096	62%
Very good	7	33%	<div></div>	5,550	31%
Good	1	5%	<div></div>	1,034	6%
Fair	0	0%		124	1%
Poor	0	0%		14	0%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,818</b>	
No response	0			311	
<b>Top Box Percentage</b>	<b>62%</b>			<b>62%</b>	


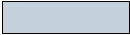

# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

### Question Response Frequencies for Your Patient Survey Sample



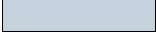


#### Self Assessment of Emotional Health (1 item)

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



	<i>frequency percent</i>			<i>state frequency state percent</i>	
Excellent	11	52%		9,997	56%
Very good	5	24%		5,532	31%
Good	5	24%		1,726	10%
Fair	0	0%		465	3%
Poor	0	0%		85	0%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,805</b>	
No response	0			324	
<b>Top Box Percentage</b>	<b>52%</b>			<b>56%</b>	

#### Demographics (20 items)

What is your child's age?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Less than 2 years old	2	10%		2,330	13%
2 to 4 years old	6	29%		2,874	16%
5 to 9 years old	6	29%		3,736	21%
10 to 14 years old	3	14%		4,622	25%
15 to 18 years old	4	19%		4,567	25%
<b>Total applicable respondents</b>	<b>21</b>			<b>18,129</b>	
No response	0			0	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

Is your child male or female?

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



# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics



### Question Response Frequencies for Your Patient Survey Sample

#### Demographics (20 items)



Is your child of Hispanic or Latino origin or descent?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
No, not Hispanic or Latino	18	90%		16,567	93%
Yes, Hispanic or Latino	2	10%		1,154	7%
<b>Total applicable respondents</b>	<b>20</b>			<b>17,721</b>	
No response	1			408	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	19	90%		15,747	87%
No	2	10%		2,382	13%
<b>Total applicable respondents</b>	<b>21</b>			<b>18,129</b>	
No response	0			0	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	2	10%		728	4%
No	19	90%		17,401	96%
<b>Total applicable respondents</b>	<b>21</b>			<b>18,129</b>	
No response	0			0	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	0	0%		1,410	8%
No	21	100%		16,719	92%
<b>Total applicable respondents</b>	<b>21</b>			<b>18,129</b>	
No response	0			0	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	


# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics


### Question Response Frequencies for Your Patient Survey Sample

#### Demographics (20 items)


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

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

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	0	0%		72	0%
No	21	100%		18,057	100%
<b>Total applicable respondents</b>	<b>21</b>			<b>18,129</b>	
No response	0			0	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	0	0%		673	4%
No	21	100%		17,456	96%
<b>Total applicable respondents</b>	<b>21</b>			<b>18,129</b>	
No response	0			0	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

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

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



# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics



### Question Response Frequencies for Your Patient Survey Sample

#### Demographics (20 items)



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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	1	5%		2,266	13%
No	20	95%		15,543	87%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,809</b>	
No response	0			320	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	



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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	1	5%		1,096	6%
No	20	95%		16,713	94%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,809</b>	
No response	0			320	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	3	14%		1,458	8%
No	18	86%		16,351	92%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,809</b>	
No response	0			320	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	3	14%		1,176	7%
No	18	86%		16,633	93%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,809</b>	
No response	0			320	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	





# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

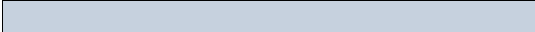
### Question Response Frequencies for Your Patient Survey Sample

#### Demographics (20 items)





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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	1	5%		690	4%
No	20	95%		17,119	96%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,809</b>	
No response	0			320	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Yes	0	0%		1,250	7%
No	21	100%		16,559	93%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,809</b>	
No response	0			320	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

What is **your** age?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Under 18	0	0%		157	1%
18 to 24	0	0%		56	0%
25 to 34	3	14%		2,503	14%
35 to 44	9	43%		6,942	39%
45 to 54	8	38%		6,596	37%
55 to 64	1	5%		1,342	8%
65 to 74	0	0%		105	1%
75 or older	0	0%		9	0%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,710</b>	
No response	0			419	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	



# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics




### Question Response Frequencies for Your Patient Survey Sample

#### Demographics (20 items)


Are you male or female?

	<i>frequency percent</i>			<i>state frequency state percent</i>	
Male	3	14%		2,773	16%
Female	18	86%		14,945	84%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,718</b>	
No response	0			411	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

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

	<i>frequency percent</i>			<i>state frequency state percent</i>	
8th grade or less	0	0%		56	0%
Some high school, but did not graduate	0	0%		57	0%
High school graduate or GED	0	0%		762	4%
Some college or 2-year degree	4	19%		2,603	15%
4-year college graduate	10	48%		5,231	30%
More than 4-year college degree	7	33%		8,969	51%
<b>Total applicable respondents</b>	<b>21</b>			<b>17,678</b>	
No response	0			451	
<b>Top Box Percentage</b>	<b>N/A</b>			<b>N/A</b>	

How are you related to the child?

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

# 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 the doctor does exclusively prescribe medication liberally for an illness but rather will make sure that I'm doing all the correct things (give the child enough water, over-the-counter medicine, sleep schedule, etc.) before resorting to medication. I also look for a doctor that isn't in a rush during an appointment and is open to answering/talking through any questions I ask.  
-----
- ✚ I truly appreciate a healthcare provider that spends time with the child, not just having conversation about the child in the room with his/her parent. Asking them questions, observing them, giving them time and attention. I believe it helps them to see a fuller picture of who the child is and helps to develop a trust with them over time.  
-----
- ✚ The doctor's personal demeanor and skill.  
-----
- ✚ Kindness, competence, longevity  
-----
- ✚ Caring, thoughtful, attentive, knowledgeable, supportive, comfortable with uncomfortable questions and concerns  
-----
- ✚ I looked for someone who is knowledgeable about physical and mental health, who also understands personalities, families, and can communicate well with most people; someone with patience and understanding who can be involved with our family over the long run.  
-----

***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 want the doctor's office to be a place my children and I enjoy going.  
-----
- ✚ They are very excellent!  
-----
- ✚ I think most of the staff is really good at this. We never feel rushed, the kids look forward to seeing their doctor. There has only been one experience where I felt that I was given more attention at the appointment than my daughter was.  
-----
- ✚ They exceed my expectations.  
-----
- ✚ Exactly what I want  
-----

***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.***

- ⊕ My child experienced some mental health issues which resulted in needing medication and therapy. The doctor and his staff were invaluable in helping us to navigate this health crisis and help connect us to services. My child is doing much better now, in large part to our pediatrician and his office.
- ⊕ I was on the fence on whether to give my 4-year-old son the flu shot, Dr. Orr recommended it and said, What are your concerns regarding this shot? I'd like to make sure you have all the information you need to make this decision. So we talked it through and he answered all my question so I consented to give my son the shot as I felt a lot more confident about the decision.
- ⊕ Can be difficult to schedule appointments due to insurance regulations requiring a one year between appointments and the office is very busy in summer
- ⊕ Everything goes well in Dr. Orr's practice. From the receptionist, to the nurse practitioner, to the office environment and how we're welcomed, it's the ideal place.
- ⊕ Dr. Orr has been very attentive and supportive as we've navigated my child's mental health. He provided a therapist recommendation that has been life-changing for my son and my family.

***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.***

- ⊕ Once Dr. Orr's assistant (She's in scrubs but I forgot her title- maybe an NR?), had to give two shots to my daughter by herself (usually Dr. Orr and the assistant do it together). Anyway, the assistant was on her own and had a bad cold (she was coughing a lot and looked unwell). She just seemed overwhelmed and unwell which made my daughter even more upset about getting the shot. I'm guessing that the assistant ran out of sick days or something because she definitely needed to be resting at home. However, in the 4 years I've gone to Dr. Orr (I also have a son), this was the only bad experience with getting a shot.
- ⊕ I honestly don't have any experience to share about my child's health care provider that was not a positive experience, or that I wish had gone differently.

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

- ⊕ My child's provider is like a friend or family member. He has been with us since my child was born and knows my child well and because of that I feel he understands my child very well.
- ⊕ Friendly, questioning, helpful, positive, interested, focused, listening.
- ⊕ My kids have been at Dr. Orr's for the past four years so Dr. Orr knows us. We all feel very comfortable talking to him and asking questions. He's very friendly with us all.

Patient Comments Report

✚ Comfortable, respectful, great

-----

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

✚ Comfortable, respectful, great

-----

✚ My child is comfortable talking about his care with our provider and relates to him well.

-----

✚ Well, my daughter is only 14 months old and remembers that Dr. Orr gives her shots, so as soon as he starts listening to her heart, she fusses as she remembers what's to come. However, my son is almost 5-years-old and he loves going to Dr. Orr's as my son asks him many many questions and the doctor answers all of them and will explain what he's doing before he does it so that my son understands what's going on. My son really likes that.

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## **Appendices**



**ORR, BRIAN - Pediatric Care**  
**Brian Orr Pediatrics**

Massachusetts Statewide and Regional Means

Summary Measures	MA State Mean	Metro Boston	Metro West	Northeast MA	Southeast MA	Central MA	Western MA
<i>Quality of Provider-Patient Interaction</i>							
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
<i>Organization/Structural Features of Care</i>							
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

*Brian Orr 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 ( $p \leq 0.05$ )

**ORR, BRIAN - Pediatric Care**  
**Brian Orr Pediatrics**

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

# ORR, BRIAN - Pediatric Care

## Brian Orr Pediatrics

Patients' Experiences with Your Practice (n = 21)

PCMH Measure Results Compared with the Statewide Mean

PCMH Measures	Measure Set *	Your Mean	State Mean
<i>Composite Measures</i>			
Communication (PCMH)	PCMH	● 98.9 (Lower r)	97.0
Pediatric Preventive Care	PCMH & MHQP	● 69.6 (High r)	75.8
Child Development	PCMH & MHQP	● 80.4 (Lower r)	80.0
Organizational Access (PCMH)	PCMH	● 97.5 (High r)	93.4
Self-Management Support	PCMH & MHQP	● 45.2 (Lower r)	52.7
Office Staff	PCMH & MHQP	● 98.2 (High r)	92.6
<i>Single Item Measures</i>			
Communication: Provider Explains Clearly to Child	PCMH	● 100.0 (Lowest r)	96.4
Communication: Provider Listens to Child	PCMH	● 100.0 (Lowest r)	97.6
Communication: Information for Child Follow-Up	PCMH	● 100.0 (Lowest r)	99.3
Coordination: Follow-Up About Test Results	PCMH	● 100.0 (Lowest r)	91.1
Coordination: Provider Up to Date About Specialists	PCMH	● 88.7 (Lowest r)	88.1
Information: About Care After Hours	PCMH	● 94.9 (Lowest 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

<b>Highest r</b> ≥ .70	Available sample for this measure meets or exceeds reliability standards for highly reliable estimates of performance.
<b>High r</b> .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.
<b>Lower r</b> .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.
<b>Lowest r</b> <.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
<i>Communication (PCMH)</i> (5 questions)	<p>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?</p> <p>In the last 12 months, how often did this provider listen carefully to you?</p> <p>In the last 12 months, how often did this provider seem to know the important information about your child's medical history?</p> <p>In the last 12 months, how often did this provider show respect for what you had to say?</p> <p>In the last 12 months, how often did this provider spend enough time with your child?</p>
<i>Pediatric Preventive Care</i> (6 questions)	<p>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?</p> <p>In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?</p> <p>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?</p> <p>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?</p> <p>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?</p> <p>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?</p>
<i>Child Development</i> (5 questions)	<p>In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?</p> <p>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?</p> <p>In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?</p> <p>In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?</p> <p>In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?</p>

<i>Organizational Access</i> (PCMH) (3 questions)	<p>In the last 12 months, when you called this provider's office for an appointment for care your child <b>needed right away</b>, how often did you get an appointment as soon as your child needed?</p> <p>In the last 12 months, when you made an appointment for a <b>check-up or routine care</b> for your child with this provider, how often did you get an appointment as soon as your child needed?</p> <p>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?</p>
<i>Self-Management Support</i> (2 questions)	<p>In the last 12 months, did you and anyone in this provider's office talk about specific goals for your child's health?</p> <p>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?</p>
<i>Office Staff</i> (2 questions)	<p>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?</p> <p>In the last 12 months, how often did the front office staff at this provider's office treat you with courtesy and respect?</p>
<i>Communication: Provider Explains Clearly to Child</i> (1 question)	<p>In the last 12 months, how often did this provider explain things in a way that was easy for <b>your child</b> to understand?</p>
<i>Communication: Provider Listens to Child</i> (1 question)	<p>In the last 12 months, how often did this provider listen carefully to <b>your child</b>?</p>
<i>Communication: Information for Child Follow-Up</i> (1 question)	<p>Did this provider give you enough information about what you needed to do to follow up on your child's care?</p>
<i>Coordination: Follow-Up About Test Results</i> (1 question)	<p>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?</p>
<i>Coordination: Provider Up to Date About Specialists</i> (1 question)	<p>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?</p>
<i>Information: About Care After Hours</i> (1 question)	<p>Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?</p>

## Selected Tools and References for Quality Improvement

Tools for Improving Patient Experience		
Source	Description	Website Link
<b>Developing and Implementing a QI Plan</b>	A module highlighting the important role of an effective QI plan in improving performance of your organization's health care system.	<a href="https://www.hrsa.gov">https://www.hrsa.gov</a>
<b>Improving Patient Experience: A Hands-on Guide for Safety-Net Clinics</b>	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.	<a href="#">Transforming Patient Experience Powerpoint</a>
<b>Improving the Patient Experience Change Package</b>	A guide of nine proven changes to improve patient experience ratings.	<a href="http://www.calquality.org/storage/Improving_Pt_Experience_Spread_Change_Pkg_UpdatedMay2011.pdf">http://www.calquality.org/storage/Improving_Pt_Experience_Spread_Change_Pkg_UpdatedMay2011.pdf</a>
<b>Institute for HealthCare Improvement – Model for Improvement</b>	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.	<a href="http://www.ihl.org">http://www.ihl.org</a>
<b>Six Ways to Use CAHPS to Improve Patient Experience</b>	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.	<a href="https://www.youtube.com/watch?v=prE6Ty2qDq8">https://www.youtube.com/watch?v=prE6Ty2qDq8</a>
<b>The CAHPS Ambulatory Care Improvement Guide</b>	Practical Strategies for Improving Patient Experience	<a href="https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/quality-improvement/improvement-guide/cahps-ambulatory-care-guide-full.pdf">https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/quality-improvement/improvement-guide/cahps-ambulatory-care-guide-full.pdf</a>
<b>Tools and Strategies for Quality Improvement and Patient Safety</b>	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.	<a href="https://www.ncbi.nlm.nih.gov/books/NBK2682/">https://www.ncbi.nlm.nih.gov/books/NBK2682/</a>

## Other Related Tools & References

Source	Description	Website Link/Journal
<b>A Tool Kit for Creating a Patient and Family Advisory Council</b>	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.	<a href="https://cdn.ymaws.com/www.thebervylinstitute.org/reso/urce">https://cdn.ymaws.com/www.thebervylinstitute.org/reso/urce</a>
<b>Agency for Healthcare Research and Quality: Quality Improvement in Primary Care</b>	A synopsis of how to achieve quality improvement in primary care settings.	<a href="http://www.ahrq.gov">http://www.ahrq.gov</a>
<b>Engaging Primary Care Practices in Quality Improvement</b>	A paper written for practice facilitators and the organizations that train and deploy QI efforts within primary care practice sites.	<a href="https://pcmh.ahrq.gov/sites/default/files/attachments/QI-strategies-practices.pdf">https://pcmh.ahrq.gov/sites/default/files/attachments/QI-strategies-practices.pdf</a>
<b>Facilitating Improvement in Primary Care: The Promise of Practice Coaching (The Commonwealth Fund)</b>	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.	<a href="https://www.commonwealthfund.org/sites/default/files/documents">https://www.commonwealthfund.org/sites/default/files/documents</a>
<b>Gleeson, H., Calderon, A., Swami, V., Deighton, J., Wolpert, M., Edbrooke-Childs, J. (2016)</b>	Systematic review of approaches to using patient experience data for quality improvement in healthcare settings	BMJ Open 2016;6:e011907
<b>Martino, S., Shaller, D., Schlesinger, M., Parker, A., Rybowski, L., Grob, R., Cerully, J., Finucane, M. (2017)</b>	CAHPS and comments: How closed-ended survey questions and narrative accounts interact in the assessment of patient experience	Journal of Patient Experience
<b>Martino, S., Shaller, D., Schlesinger, M., Parker, A., Rybowski, L., Grob, R., Cerully, J., Finucane, M. (2018)</b>	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
<b>Massachusetts Health Quality Partners (MHQP) and California Healthcare Performance Information System (CHPI)- Patient Experience Measurement: Building a Statewide Short Form Program</b>	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.	<a href="http://www.nrhi.org/uploads/fielding-guide-patient-experience-survey.pdf">http://www.nrhi.org/uploads/fielding-guide-patient-experience-survey.pdf</a>
<b>Massachusetts Health Quality Partners, California Healthcare Performance Information System</b>	The current state of patient experience surveying and future innovations	<a href="https://www.nrhi.org/uploads/lit-review-for-patient-experience-pilot.pdf">https://www.nrhi.org/uploads/lit-review-for-patient-experience-pilot.pdf</a>
<b>Price, R. A., Elliott, M. N., Zaslavsky, A. M., Hays, R. D., Lehrman, W. G., Rybowski, L., &amp; Cleary, P. D. (2014).</b>	Examining the role of patient experience surveys in measuring health care quality	Medical Care Research and Review, 71(5), 522-554.
<b>Schlesinger, M., Grob, R., Shaller, D., Martino, S. C., Parker, A. M., Finucane, M. L., &amp; Rybowski, L. (2015).</b>	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.<sup>1</sup> 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.

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<sup>1</sup> *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).<sup>2</sup> 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.

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<sup>2</sup> *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](http://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](http://www.mhqp.org), that includes updates on our Patient Experience initiatives. MHQP also maintains a consumer-friendly public reporting website, [www.healthcarecompassma.org](http://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](mailto: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*

<b>Number of Providers per site</b>	<b>Starting sample – Adult survey (assuming 20.6% mail response rate)</b>	<b>Starting sample – Pediatric survey (assuming 15.5% mail response rate)</b>
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 20<sup>th</sup> and 80<sup>th</sup> 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](http://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 99<sup>th</sup> percentile of the Beta-Binomial distribution for a given measure. The Beta-Binomial 99<sup>th</sup> 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***

	<b>Measure</b>	<b>Score Needed for “Highest Performance” Designation</b>
<b>Adult</b>	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
<b>Pediatric</b>	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	<ul style="list-style-type: none"> <li>• Ideal: 140 adult patients/provider and 140 pediatric patients/provider, however will include providers with 90 patients or more.</li> <li>• The provider organization can request samples &lt;90 in their contract however, the provider being sampled must have at least 20 patients.</li> </ul>
Practice-Level	<ul style="list-style-type: none"> <li>• Practice must have 3+ providers.</li> <li>• Depending on how many providers practice at the site, the practice must meet the sample size threshold (See Table 1).</li> <li>• Any one provider must have at least 20 patients to be included as part of the 3+ practice site.</li> </ul>
Practices Serving Both Adult and Pediatric Patients	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

***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 adjusters. Results data are adjusted according to age, gender, education, race, language, health plan, and region.

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

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

### ***What is the adjusted mean score?***

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

### ***How are the survey responses scored?***

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

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

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

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

Response	Value
Yes	= 100.00
No	= 0.00

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

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

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

## Acknowledgments

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

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

Further, we would like to acknowledge MHQP's Board of Directors for their foresight and willingness to undertake groundbreaking initiatives that improve the quality of care provided in Massachusetts.

We are very grateful for our partners from the participating health plans: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, and Tufts Health Plan, for providing their time, expertise, and data resources, without which this project would not have been possible.

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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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