Patient Experience Measures from the CAHPS® Clinician & Group Surveys

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**Introduction**

This document discusses the types of reports you may produce for the CAHPS Clinician & Group Surveys, the types of measures the survey produces, and the composite and rating measures generated by the results of the surveys and associated supplemental items. It also provides a basic overview of how the CAHPS survey items are combined to come up with composite measures; for details on how the CAHPS analysis program calculates composite measures, please see *Instructions for Using CAHPS Analysis Programs* in the **CAHPS Clinician & Group Surveys and Instructions**: [https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx](https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx).

For guidance on how to select and display survey scores, refer to **How To Report Results of the CAHPS Clinician & Group Survey**: [https://www.cahps.ahrq.gov/~media/Files/SurveyDocuments/CG/Survey_Results/1309_CG_Measures.pdf](https://www.cahps.ahrq.gov/~media/Files/SurveyDocuments/CG/Survey_Results/1309_CG_Measures.pdf).

**Types of Reports**

Users of the CAHPS Clinician & Group Surveys may report the results of the survey publicly to inform health care consumers and/or privately to inform health care providers and other stakeholders and support their efforts to improve patients’ experiences with care. While the basic content included in these reports may be the same, the specific content should differ because the purposes differ.

In reports intended for consumers, the goal is to provide information the reader can use to assess and compare the performance of providers and identify those that best meet his or her needs. To that end, the presentation of measures and scores must be concise and easily digestible. For guidance on developing reports of comparative information for consumers, visit –

- The *Consumer Reporting* section of the CAHPS Web site: [https://www.cahps.ahrq.gov/Consumer-Reporting.aspx](https://www.cahps.ahrq.gov/Consumer-Reporting.aspx)

A report intended for providers and other internal audiences must also be clear and concise, but can and should contain more information in order to support use of the results to identify relative strengths and weaknesses. These reports need to provide trend data (when available) and different kinds of comparators, such as local or State averages and percentiles. They can also provide a greater level of detail, such as results at the item level, results for supplemental items, and the full range of survey responses (i.e., the percent that gave each possible response). With this information, providers are equipped to analyze their data and take steps towards improving their patients’ experiences. For guidance on improving CAHPS survey results, visit the *Quality Improvement* section of the CAHPS Web site: [http://www.cahps.ahrq.gov/quality-improvement/improvement-guide.aspx](http://www.cahps.ahrq.gov/quality-improvement/improvement-guide.aspx).
Types of Measures

Like all CAHPS surveys, the CAHPS Clinician & Group Surveys and supplemental item sets generate three types of measures for reporting purposes:

- **Rating measures**, which are based on items that use a scale of 0 to 10 to measure respondents’ assessments of their own or their child’s provider. This measure is sometimes referred to as the “global rating” or “overall rating.”

- **Composite measures** (also known as reporting composites), which combine results for closely-related items that have been grouped together. Composite measures are strongly recommended for both public and private reporting because they keep the reports comprehensive, yet of reasonable length. Psychometric analyses also indicate that they are reliable and valid measures of patients’ experiences.¹,²,³

- **Individual items**, which are survey questions that did not fit into the composite measures. These measures may be included in consumer reports, but they are especially useful in reports for providers and other internal audiences that use the data to identify specific strengths and weaknesses. The core Clinician & Group Survey has only one item that can be reported to consumers on its own: “In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow up to give you those results?” The CAHPS Supplemental Item Sets contain many items that can be reported individually to internal audiences but that are not recommended for consumer reports.

Measures Based on Core Items in the CAHPS Clinician & Group Surveys

Because the core items are standardized across the versions of the CAHPS Clinician & Group Survey, the measures are standardized as well. That is, every version of the survey produces the same set of measures that are comparable across providers, regardless of when or where the survey was fielded.


Each of the Clinician & Group Surveys produces the following four measures:

- Getting timely appointments, care, and information (5 items)
- How well providers (or doctors) communicate with patients (6 items)
- Helpful, courteous, and respectful office staff (2 items)
- Patients’ rating of the provider (or doctor) (1 item)

The Child Survey generates two additional composite measures:

- Provider’s (or doctor’s) attention to your child’s growth and development (6 items)
- Provider’s (or doctor’s) advice on keeping your child safe and healthy (5 items)

Appendix A provides measure descriptions and lists the questions for each of the measures in the Adult 12-Month Survey.

Appendix B provides measure descriptions and lists the questions for each of the measures in the Adult Visit Survey.

Appendix C provides measure descriptions and lists the questions for each of the measures in the Child 12-Month Survey.

**Measures Based on CAHPS Supplemental Items Designed for the Clinician & Group Surveys**

Users of the Clinician & Group Surveys may choose to customize their questionnaires with supplemental items. Among the many supplemental items available for this survey are four sets designed to help assess patients’ experiences in specific areas:

- Health Information Technology Item Set (https://www.cahps.ahrq.gov/Surveys-Guidance/Item-Sets/HIT.aspx)
- Patient-Centered Medical Home Item Set (https://www.cahps.ahrq.gov/Surveys-Guidance/Item-Sets/PCMH.aspx)

These item sets generate several rating and composite measures that can be reported to consumers and other audiences. Like the measures from the core survey, these measures have been validated and tested by the CAHPS Consortium. Users of these
item sets have the option of reporting these measures to complement the main survey measures.

**Cultural Competence Item Set**

Users of this item set can report three composite measures and one rating measure:

- Providers are polite and considerate (3 items)
- Providers give advice on staying healthy (4 items)
- Providers are caring and inspire trust (5 items)
- Patients’ rating of trust in provider (on a scale of 0 to 10) (1 item)

A second rating measure of the interpreter is among items being re-evaluated for the 2.0 version of the Clinician & Group supplemental items.

The remaining questions in the item set cannot be rolled up into composite measures.

Please note that the labels for these measures have not yet been tested with consumers.

Learn more about these measures in *About the Cultural Competence Item Set:*

[https://www.cahps.ahrq.gov/~media/Files/SurveyDocuments/CG/Get_Surveys/1312_About_Cultural_Comp.pdf](https://www.cahps.ahrq.gov/~media/Files/SurveyDocuments/CG/Get_Surveys/1312_About_Cultural_Comp.pdf).

**Health Information Technology Item Set**

Users of this item set can report three composite measures and one single-item measure:

- Getting timely answers to medical questions by e-mail (2 items)
- Helpfulness of provider’s use of computers during a visit (2 items)
- Helpfulness of provider’s web site in giving you information about your care and tests (4 items)
- Getting timely appointments through e-mail or a website (1 item)

The remaining questions in the item set cannot be rolled up into a composite measure.

Learn more about these measures in *About the Health Information Technology Item Set.*

[https://www.cahps.ahrq.gov/~media/Files/SurveyDocuments/CG/Get_Surveys/1313_About_HIT.pdf](https://www.cahps.ahrq.gov/~media/Files/SurveyDocuments/CG/Get_Surveys/1313_About_HIT.pdf)

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4 Note: This composite measure is intended to supplement the existing composite measure for provider communication (How well providers communicate with patients), which can be calculated from the core items in the Clinician & Group Surveys.
**Item Set for Addressing Health Literacy**

Users of this item set can report one composite measure:

- How well providers communicate about medicines (4 items)

The remaining questions in the item set cannot be rolled up into composite measures. Learn more about this measure in *About the Item Set for Addressing Health Literacy*:
  https://www.cahps.ahrq.gov/~media/Files/SurveyDocuments/CG/Get_Surveys/1311_About_Health_Lit.pdf

**Patient-Centered Medical Home Item Set**

Users of this item set can report three patient experience measures:

- Providers pay attention to your mental or emotional health (adult only) (3 items)
- Providers support you in taking care of your own health (2 items)
- Providers discuss medication decisions (adult only) (3 items)

The remaining questions in the item set cannot be rolled up into composite measures. Please note that these measure labels are provisional; the CAHPS team is testing the labels with consumers and may revise them based on the results of this testing. Learn more about these measures in *About the Patient-Centered Medical Home Item Set*:
  https://www.cahps.ahrq.gov/~media/Files/SurveyDocuments/CG/Get_Surveys/1314_About_PCMH.pdf

**How to Calculate Composite Scores for Reporting**

All users of CAHPS surveys can apply the SAS®-based CAHPS Analysis Program (also referred to as the CAHPS macro) to calculate performance scores for individual items—including the rating measure—and composite measures. The analysis programs and instructions for using those programs are available in the *CAHPS Clinician & Group Surveys and Instructions*:

The calculation of CAHPS survey composites uses a proportional scoring method, which basically generates a proportion for each response option.
There are three basic steps to this approach:

1. Calculate the proportion of patient responses in each response category for each item in a composite.
2. Combine these proportions for all items in a composite.
3. Adjust for the case-mix of the patients who evaluated each provider to allow comparison of scores across providers.

Appendix E spells out the first two steps in greater detail. The CAHPS Analysis Program handles these calculations as well as the case-mix adjustment.

This approach provides users with several options for reporting. Two recommended strategies are average scoring and “top box” scoring, which involves reporting only the score for the most positive categories (e.g., the proportion of patients reporting “always”). To learn more about these strategies, go to How To Report Results of the CAHPS Clinician & Group Survey: https://www.cahps.ahrq.gov/~media/Files/SurveyDocuments/CG/Survey_Results/1309_CG_Measures.pdf
Appendix A: Measures for the Adult 12-Month Survey

### Getting Timely Appointments, Care, and Information
The survey asked patients how often they got appointments for care as soon as needed and timely answers to questions when they called the office.
The survey also asked patients how often they saw the provider within 15 minutes of their appointment time.

<table>
<thead>
<tr>
<th>Q6</th>
<th>Patient got appointment for urgent care as soon as needed</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q8</td>
<td>Patient got appointment for non-urgent care as soon as needed</td>
<td></td>
</tr>
<tr>
<td>Q10</td>
<td>Patient got answer to medical question the same day he/she phoned provider’s office</td>
<td></td>
</tr>
<tr>
<td>Q12</td>
<td>Patient got answer to medical question as soon as he/she needed when phoned provider’s office after hours</td>
<td></td>
</tr>
<tr>
<td>Q13</td>
<td>Patient saw provider within 15 minutes of appointment time</td>
<td></td>
</tr>
</tbody>
</table>

### How Well Providers (or Doctors) Communicate with Patients
The survey asked patients how often their providers explained things clearly, listened carefully, showed respect, provided easy to understand instructions, knew their medical history, and spent enough time with the patient.

<table>
<thead>
<tr>
<th>Q14</th>
<th>Provider explained things in a way that was easy to understand</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q15</td>
<td>Provider listened carefully to patient</td>
<td></td>
</tr>
<tr>
<td>Q17</td>
<td>Provider gave easy to understand information about health questions or concerns</td>
<td></td>
</tr>
<tr>
<td>Q18</td>
<td>Provider knew important information about patient’s medical history</td>
<td></td>
</tr>
<tr>
<td>Q19</td>
<td>Provider showed respect for what patient had to say</td>
<td></td>
</tr>
<tr>
<td>Q20</td>
<td>Provider spent enough time with patient</td>
<td></td>
</tr>
</tbody>
</table>
### Helpful, Courteous, and Respectful Office Staff

The survey asked patients how often office staff were helpful and treated them with courtesy and respect.

<table>
<thead>
<tr>
<th>Q24</th>
<th>Clerks and receptionists helpful</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Never</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sometimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Usually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Always</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q25</th>
<th>Clerks and receptionists courteous and respectful</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Never</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sometimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Usually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Always</td>
</tr>
</tbody>
</table>

### Patients’ Rating of the Provider (or Doctor)

The survey asked patients to rate their provider on a scale of 0 to 10, with 0 being the worst and 10 being the best.

<table>
<thead>
<tr>
<th>Q23</th>
<th>Rating of provider</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• 0-10</td>
</tr>
</tbody>
</table>

### Individual Item: Followup on Test Results

<table>
<thead>
<tr>
<th>Q22</th>
<th>Someone from provider’s office followed up with patient to give results of blood test, x-ray, or other test</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Never</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sometimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Usually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Always</td>
</tr>
</tbody>
</table>
Appendix B: Measures for the Adult Visit Survey

### Getting Timely Appointments, Care, and Information
The survey asked patients how often they got appointments for care as soon as needed and timely answers to questions when they called the office. The survey also asked patients how often they saw the provider within 15 minutes of their appointment time.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q6</td>
<td>Patient got appointment for urgent care as soon as needed</td>
<td>• Never</td>
</tr>
<tr>
<td>Q8</td>
<td>Patient got appointment for non-urgent care as soon as needed</td>
<td>• Sometimes</td>
</tr>
<tr>
<td>Q10</td>
<td>Patient got answer to medical question the same day he/she phoned provider’s office</td>
<td>• Usually</td>
</tr>
<tr>
<td>Q12</td>
<td>Patient got answer to medical question as soon as he/she needed when phoned provider’s office after hours</td>
<td>• Always</td>
</tr>
<tr>
<td>Q13</td>
<td>Patient saw provider within 15 minutes of appointment time</td>
<td></td>
</tr>
</tbody>
</table>

### How Well Providers (or Doctors) Communicate with Patients
The survey asked patients if their providers explained things clearly, listened carefully, showed respect, provided easy to understand instructions, knew their medical history, showed respect, and spent enough time with the patient during the most recent visit.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q16</td>
<td>Provider explained things in a way that was easy to understand</td>
<td>• Yes, definitely</td>
</tr>
<tr>
<td>Q17</td>
<td>Provider listened carefully to patient</td>
<td>• Yes, somewhat</td>
</tr>
<tr>
<td>Q19</td>
<td>Provider gave easy to understand information about health questions or concerns</td>
<td>• No</td>
</tr>
<tr>
<td>Q20</td>
<td>Provider seemed to know the important information about patient’s medical history</td>
<td></td>
</tr>
<tr>
<td>Q21</td>
<td>Provider showed respect for what patient had to say</td>
<td></td>
</tr>
<tr>
<td>Q22</td>
<td>Provider spent enough time with patient</td>
<td></td>
</tr>
</tbody>
</table>
**Helpful, Courteous, and Respectful Office Staff**
The survey asked patients if office staff were helpful and treated them with courtesy and respect during the most recent visit.

<table>
<thead>
<tr>
<th>Q27</th>
<th>Clerks and receptionists helpful</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes, definitely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, somewhat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q28</th>
<th>Clerks and receptionists courteous and respectful</th>
</tr>
</thead>
</table>

**Patients’ Rating of the Provider (or Doctor)**
The survey asked patients to rate their provider on a scale of 0 to 10, with 0 being the worst and 10 being the best.

<table>
<thead>
<tr>
<th>Q25</th>
<th>Rating of provider</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0-10</td>
</tr>
</tbody>
</table>

**Individual Item: Follow-up on Test Results**

<table>
<thead>
<tr>
<th>Q24</th>
<th>Someone from provider’s office followed up with patient to give results of blood test, x-ray, or other test</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
## Appendix C: Measures for the Child 12-Month Survey

### Getting Timely Appointments, Care, and Information

The survey asked parents how often they got appointments for a child’s care as soon as needed and timely answers to questions when they called the office.

The survey also asked parents how often they saw the provider within 15 minutes of their appointment time.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q13</td>
<td>Child got appointment for urgent care as soon as needed</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
<tr>
<td>Q15</td>
<td>Child got appointment for non-urgent care as soon as needed</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
<tr>
<td>Q17</td>
<td>Respondent got answer to medical question the same day he/she phoned provider’s office</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
<tr>
<td>Q19</td>
<td>Respondent got answer to medical question as soon as he/she needed when phoned provider’s office after hours</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
<tr>
<td>Q20</td>
<td>Child saw provider within 15 minutes of appointment time</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
</tbody>
</table>

### How Well Providers (or Doctors) Communicate with Patients

The survey asked parents how often the providers explained things clearly, listened carefully, showed respect, provided easy to understand instructions, knew their child’s medical history, and spent enough time with the patient.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q21</td>
<td>Provider explained things in a way that was easy to understand</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
<tr>
<td>Q22</td>
<td>Provider listened carefully to respondent</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
<tr>
<td>Q24</td>
<td>Provider gave easy to understand information about health questions or concerns</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
<tr>
<td>Q25</td>
<td>Provider knew important information about child’s medical history</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
<tr>
<td>Q26</td>
<td>Provider showed respect for what respondent had to say</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
<tr>
<td>Q27</td>
<td>Provider spent enough time with child</td>
<td>Never • Sometimes • Usually • Always</td>
</tr>
</tbody>
</table>
### Helpful, Courteous, and Respectful Office Staff

The survey asked parents how often office staff were helpful and treated them with courtesy and respect.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
</table>
| Q42      | Clerks and receptionists helpful | • Never  
  • Sometimes  
  • Usually  
  • Always |
| Q43      | Clerks and receptionists courteous and respectful. | |
### Patients’ Rating of the Provider (or Doctor)
The survey asked patients to rate their provider on a scale of 0 to 10, with 0 being the worst and 10 being the best.

<table>
<thead>
<tr>
<th>Q30</th>
<th>Rating of provider</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0-10</td>
</tr>
</tbody>
</table>

### Individual Item: Follow-up on Test Results
Someone from provider’s office followed up with respondent to give results of blood test, x-ray, or other test.

<table>
<thead>
<tr>
<th>Q29</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td>Usually</td>
</tr>
<tr>
<td></td>
<td>Always</td>
</tr>
</tbody>
</table>
Appendix D: Measures Based on Supplemental Items

Cultural Competence Item Set

### Providers Are Polite and Considerate

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>CU1</td>
<td>Provider interrupted patient when patient was talking</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>CU2</td>
<td>Provider talked too fast</td>
<td></td>
</tr>
<tr>
<td>CU6</td>
<td>Provider used a condescending, sarcastic, or rude tone or manner with patient</td>
<td></td>
</tr>
</tbody>
</table>

### Providers Give Advice on Staying Healthy

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>CU9</td>
<td>Provider talked about a healthy diet and healthy eating habits</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>CU10</td>
<td>Provider talked about exercise or physical activity</td>
<td></td>
</tr>
<tr>
<td>CU11</td>
<td>Provider talked about things in patient’s life that worry patient or cause stress</td>
<td></td>
</tr>
<tr>
<td>CU12</td>
<td>Provider asked if patient had felt sad, empty, or depressed</td>
<td></td>
</tr>
</tbody>
</table>

### Providers Are Caring and Inspire Trust

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>CU20</td>
<td>Patient could tell provider anything</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>CU21</td>
<td>Patient could trust provider with medical care</td>
<td></td>
</tr>
<tr>
<td>CU22</td>
<td>Provider always told patient truth about health</td>
<td></td>
</tr>
<tr>
<td>CU23</td>
<td>Provider cared as much as patient about health</td>
<td></td>
</tr>
<tr>
<td>CU24</td>
<td>Provider cared about patient as a person</td>
<td></td>
</tr>
</tbody>
</table>

### Patients’ Rating of Trust in Provider

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>CU25</td>
<td>Overall rating of trust in provider (on a scale of 0 to 10)</td>
<td>0-10</td>
</tr>
</tbody>
</table>
## Health Information Technology Item Set

### Getting Timely Answers to Medical Questions by E-mail

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIT5</td>
<td>Patient got an answer to an e-mailed medical question as soon as needed</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>HIT6</td>
<td>All of the questions in patient’s e-mail were answered</td>
<td></td>
</tr>
</tbody>
</table>

### Helpfulness of Provider’s Use of Computers During a Visit

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIT11</td>
<td>Provider’s use of computer or handheld device was helpful to patient</td>
<td>Yes, definitely, Yes, somewhat, No</td>
</tr>
<tr>
<td>HIT12</td>
<td>Provider’s use of computer or handheld device made it harder or easier to talk with him or her</td>
<td>Harder, Not harder or easier, Easier</td>
</tr>
</tbody>
</table>

### Helpfulness of Provider’s Web site in Giving You Information About Your Care and Tests

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIT15</td>
<td>Lab or other test results were easy to find on Web site</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>HIT16</td>
<td>Lab or other test results were put on Web site as soon as needed</td>
<td></td>
</tr>
<tr>
<td>HIT17</td>
<td>Lab or other test results were presented in a way that was easy to understand</td>
<td></td>
</tr>
<tr>
<td>HIT21</td>
<td>Visit notes were easy to understand</td>
<td></td>
</tr>
</tbody>
</table>
### Individual Item: Follow up on Test Results

<table>
<thead>
<tr>
<th>HIT3</th>
<th>Patient got an appointment using e-mail or website as soon as needed</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Never</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sometimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Usually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Always</td>
</tr>
</tbody>
</table>

### Item Set for Addressing Health Literacy

#### How Well Providers Communicate About Medicines

<table>
<thead>
<tr>
<th>HL19</th>
<th>Provider gave easy to understand instructions about taking medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>HL21</td>
<td>Provider gave easy to understand explanations about possible side effects of medicines</td>
</tr>
<tr>
<td>HL23</td>
<td>Provider gave easy to understand written information about medicines</td>
</tr>
<tr>
<td>HL24</td>
<td>Provider suggested ways to help patient remember to take medicines</td>
</tr>
</tbody>
</table>

### Patient-Centered Medical Home Item Set

#### Providers Pay Attention to Your Mental or Emotional Health (Adult only)

<table>
<thead>
<tr>
<th>PCMH16</th>
<th>Anyone in provider’s office asked if patient had felt sad, empty, or depressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCMH17</td>
<td>Anyone in provider’s office talked about worrying/stressful aspects of patient’s life</td>
</tr>
<tr>
<td>PCMH18</td>
<td>Anyone in provider’s office talked with patient about personal problem, family problem, alcohol use, drug use, or a mental or emotional illness</td>
</tr>
</tbody>
</table>

#### Providers Support You in Taking Care of Your Own Health

<table>
<thead>
<tr>
<th>PCMH12</th>
<th>Anyone in provider’s office talked with patient about specific health goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCMH13</td>
<td>Anyone in provider’s office asked if there were things that made it hard for patient to take care of health</td>
</tr>
</tbody>
</table>

Response Options
- Yes
- No
### Providers Discuss Medication Decisions (Adult only)

<table>
<thead>
<tr>
<th>PCMH 7</th>
<th>Provider talked to patient about reasons patient might want to take medicine</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A little</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A lot</td>
</tr>
<tr>
<td>PCMH8</td>
<td>Provider talked to patient about reasons patient might not want to take medicine</td>
<td>Response Options</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>PCMH9</td>
<td>Provider asked what patient thought was best for patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix E: Applying the Proportional Scoring Method to Clinician & Group Survey Composites

Given a composite with five items, where each item has four response options, a provider’s score for that composite is the proportion of responses (excluding missing data) in each response category. The following steps show how those proportions are calculated:

**Step 1 – Calculate the proportion of cases in each response category for the first question:**

- \( P_{11} \) = Proportion of respondents who answered “never”
- \( P_{12} \) = Proportion of respondents who answered “sometimes”
- \( P_{13} \) = Proportion of respondents who answered “usually”
- \( P_{14} \) = Proportion of respondents who answered “always”

Follow the same steps for the second question:

- \( P_{21} \) = Proportion of respondents who answered “never”
- \( P_{22} \) = Proportion of respondents who answered “sometimes”
- \( P_{23} \) = Proportion of respondents who answered “usually”
- \( P_{24} \) = Proportion of respondents who answered “always”

Repeat the same procedure for each of the questions in the composite.

**Step 2 – Combine responses from the questions to form the composite**

Calculate the average proportion responding to each category across the questions in the composite. For example, in the “Getting Appointments and Health Care When Needed” composite (five questions), calculations would be as follows:

- \( PC_1 \) = Composite proportion who said “never” = \( \frac{ (P_{11} + P_{21} + P_{31} + P_{41} + P_{51}) }{ 5 } \)
- \( PC_2 \) = Composite proportion who said “sometimes” = \( \frac{ (P_{12} + P_{22} + P_{32} + P_{42} + P_{52}) }{ 5 } \)
- \( PC_3 \) = Composite proportion who said “usually” = \( \frac{ (P_{13} + P_{23} + P_{33} + P_{43} + P_{53}) }{ 5 } \)
- \( PC_4 \) = Composite proportion who said “always” = \( \frac{ (P_{14} + P_{24} + P_{34} + P_{44} + P_{54}) }{ 5 } \)


To learn more about the scores you can use for reporting purposes, refer to *How To Report Results of the CAHPS Clinician & Group Survey*: [https://www.cahps.ahrq.gov/~/media/Files/SurveyDocuments/CG/Survey_Results/1309_CG_Measures.pdf](https://www.cahps.ahrq.gov/~/media/Files/SurveyDocuments/CG/Survey_Results/1309_CG_Measures.pdf)