

CGCAHPS Overview

Centers for Medicare and Medicaid Services (CMS) release of physician practice data online will reflect **CGCAHPS surveys** and thus **will apply to physicians with office practices**. On the inpatient world, patient experience for hospital-based physicians is captured as a conglomerate score in HCAHPS and is part of the hospital survey.

At some point this year, CMS will publish, online, physician practice data for patient experience; and this data will be available to the public. CMS will initially **publish the data at the group practice level** (a group practice is defined as a single Taxpayer Identification Number [TIN] with two or more Eligible Professionals [EPs] - identified by Individual National Provider Identifier [NPI]) who have reassigned their billing rights to the TIN). CMS has not yet stated when individual physician data is going to be reported on their physician compare website. **Cooper has your individual physician data available now.** We believe that the best approach for using this data is to give you your own data. This will provide our physicians the opportunity for improvement (if needed) before their data is published online.

Cooper has developed a scorecard (sample below) for reporting data to physicians. You will be receiving your report monthly to your Cooper email address. It includes your mean **Top Box percentage and the percentile rank compared to physicians across the country.** The six questions have individual results and roll up to an overall score in a composite called PHYSICIAN COMMUNICATION QUALITY. Please note that the bottom row contains the mean Top Box percentage and percentile rank of your group, so that you can compare your overall Physician Communication Quality data to the other physicians within your group here at Cooper.

Physician CG CAHPS Patient Experience Scorecard - Feb 2017



Updated as of 02/28/2017

Physician Name

CG CAHPS - Physician Communication Quality Question	Sample 2017 YTD	Top Box 2017 YTD	AllSite %LE 2017 YTD	Sample 2016	Top Box 2016	AllSite %LE 2016
Did Provider explain things in a way that was easy to understand?	44	100.0	99 %LE	186	97.3	81 %LE
Did Provider listen carefully to you?	44	100.0	99 %LE	186	99.5	95 %LE
Did Provider give you easy to understand information about health questions or concerns?	43	97.7	89 %LE	168	98.2	93 %LE
Did Provider seem to know the important information about your medical history?	43	95.3	91 %LE	185	95.7	93 %LE
Did Provider show respect for what you had to say?	44	100.0	99 %LE	186	100.0	99 %LE
Did Provider spend enough time with you?	44	95.5	65 %LE	185	98.9	94 %LE
PHYSICIAN COMMUNICATION QUALITY	44	98.1	95 %LE	186	98.3	96 %LE

Discipline: Breast Surgery	98	97.4	91 %LE	339	98.2	96 %LE
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The Studer Group website offers many tools and resources to support our initiatives. To access this information you must register on the Studer Group website by creating a username (Cooper email) and logging in via this link <https://www.studergroup.com/create-account?orgID=26218>. If you need a Studer Group password or any Studer Group assistance, please contact Erin Connolly at 856.342.3388.

You may want more detail regarding your individual results or your patient's comments. They are located in the Press Ganey Portal. Please contact any of the following for assistance: [the Executive Director of your Institute](#), [your HUB Director of Ambulatory Operations](#), [your Manager of Ambulatory Operations](#), or [Jady Yao at 856.536.1052](#).

CGCAHPS FAQs

Q: What is a Top Box? The method that CMS uses for public reporting is called Top Box.

A: Top Box scoring is the number of respondents who provided the MOST POSITIVE response divided by the total number of respondents who gave a response. For example: “During your most recent visit, did this provider listen carefully to you?” (**Yes definitely**, Yes somewhat, No). The only response that counts is “Yes definitely.”

	Answer	Count
Top Box Answer →	Yes definitely	8
	Yes somewhat	1
	No	1
Top Box Score →	Top Box	8/10=80%

Q: Who gets a survey?

A: CGCAHPS surveys are sent to patients after their visits based on established surveying rules. The surveying rules ensure that **at least 20 patients per provider per month get paper surveys**, with all the remaining getting email surveys if patient has email on file.

Q: How frequently is the survey sent out?

A: Survey data is sent from Cooper to the vendor on a **daily basis** for patients seen the day before (daily extract). The vendor sends out surveys to patients within 48 hours of receiving the data. Therefore, surveys are sent to patients **two to three days after their visit**.

Q: Is the survey something that is randomly assigned to all patients: new patients and established patients?

A: CGCAHPS surveying is done for both new and established patients, after their visit to the office.

Q: Is the percentile for the individual physician compared to your own colleagues in your division in addition to surrounding colleagues outside of Cooper? Or, is it just outside Cooper physicians?

A: The percentile ranks provided reflect a comparison against **all practice locations** for all health care organizations participating in the vendor's benchmarking database (Press Ganey). In total, there are about **20,000 sites nation-wide** that the CGCAHPS scores are benchmarked against.

Q: How is the survey done? Via mail? Email? MyCooper?

A: We use two approved modes of surveying: **paper and email**. Our sampling and surveying rules ensure that at least 20 paper surveys are sent out per provider per month; with unlimited email surveys – i.e., all patients who provide email addresses will get a survey.

Q: Is there a time limit on when it can be filled out and counted? In other words, is there an expiration date on it, as an experience changes over time the longer it sits on someone's desk.

A: **Paper** surveys can be answered for **up to three months** while **Email survey links expire within 30 days**. Historical data suggest that most email surveys are answered within five days while most paper surveys are answered within three weeks.

Q: For those in the division who have low percentiles, what steps are going to take place for remediation?

A: Our **physician champions** for this endeavor are interested in hearing from individual physicians who have a desire to improve their CGCAHPS performance. Physicians who would like to attend a session regarding the scores will be invited to attend an interactive session where they will be given a brief and high-level overview of the data and collection process and will spend the remainder of the session in role-playing with our champions, other physicians, and some of the physicians who have consistently performed well in the data analysis. [Please contact Erin Connolly for Physician Workshop details.](#)

Q: How does Cooper intend to use this information? Whether it be in regard to scheduling, RVUs, compensation plan incentives, etc.?

A: First and foremost, Cooper plans to use the information to share it back with our physicians **in preparation of the public reporting** of this data soon.

Secondly, Cooper has already incorporated the “physician communication” scores into the **compensation plan**.

Q: What is considered more important? The individual scores or the overall division score?

A: CMS has not announced that physicians will be named. There's been a lot of speculation on this point but based on a recent conversation with our internal expert, I think it's premature to say that it is firm.

Q: Will insurances base payment reimbursement off of the individual scores or division scores?

A: Again, CMS has not yet announced plans to publish patient experience (CAHPS) data at the individual level at this point in time - only at the physician group (billing ID).

Q: Are APNs getting their CGCAHPS scores sent monthly? I know my APN can get them via hub manager pulling them from the Press Ganey site, but not automated. Should I answer this person to talk to office manager? Do we plan to add APNs to monthly distribution?

A: The monthly scorecards are only created for **physicians whose scores roll-up to the various disciplines/divisions**. APNs were excluded because their scores are not supposed to be part of the division/discipline roll-up score. The roll-up score is tied to the discipline/division goals and comp-plan (it's my understanding that APNs are not part of the comp-plan).
That being said, they can always obtain their scores from the Press Ganey Portal at any time. We are also working on creating a monthly scorecard that can be sent to APPs alongside what we send to physicians.

Q: Why is my sample size for 2016 only 18?

A: We survey our patients using a mixture of paper-based and email surveys. Surveys are sent out on a daily basis using a surveying logic which ensures that 20 patients per provider per month receive paper surveys, with all the remaining receiving email surveys (if they have an email address on file). The sample size on the report reflects the **number of patients who responded** to the surveys they received. This number is influenced by the following:

1. **Accuracy of patients' contact information** – whenever the patient's **mailing address or email address** is not accurately captured in the Medical Record, surveys sent will result in a delivery failure.
2. **Email address capture rate** – Across Cooper, about 55 percent of our patients have an email address on file. There's still the opportunity to increase the email address capture rate, thereby increasing the population of patients that can be surveyed by email.
3. **Response rates** – On average, About **15 percent** of the patients seen at our outpatient physician offices **respond to the surveys** they receive (compared to national averages of about 23%). There's an opportunity to increase this number by better communicating to the patients about the survey before they leave the practice.
4. **Geographic Location of Practice(s)** – there are many factors that influence response rates, one of them being the socio-economic status of the surveyed population. Therefore, we will observe small changes in response rates depending on where a provider's practice is located geographically.
5. **Patient Volume (panel size)** – because of all the above factors, providers with large patient panels (high volume) are more likely to have a higher number of surveys returned for any reporting period (compared to those with smaller panels/low patient volume).

Q: Since I serve mostly the Spanish speaking population, I have concerns that this sampling may not be representative of my real communication quality. I know most of the Spanish speaking people may not be able to use a computer or answer these questionnaires in English.

A: The survey is sent out in two main languages – **English and Spanish**. A determination is made based on what's documented in the Medical Record regarding the patient's preferred language of communication. Email survey links give patients the option to change survey into Spanish if needed.



Q: These statistics carry so much weight - there is no analysis of what is statistically significant. My overall score was a 96.6 which put me in the 87th

percentile. I have a hard time believing that a 96.6 is statistically worse than a 99. It is also amazing that my group as a whole scored a 90 which sounds pretty good but left them in the 22nd percentile. What is the statistical significance implied when no statistical analysis is performed?

A: That's a great observation that you made. The explanation for it lies in the relationship between the Top Box scores and the percentile ranks. Generally we consider scores with a **sample size of at or over 30** to be close to the line graph below and are thus **statistically significant**.

