

CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs

Report for: ACCOUNTABLE CARE ORGANIZATION

Issued September 2013

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Part 1: Executive Summary

Overview

The Affordable Care Act authorized the Centers for Medicare & Medicaid Services (CMS) to establish a Shared Savings Program to facilitate coordination and cooperation among providers to improve the quality of care delivered to Medicare Fee-For-Service (FFS) beneficiaries and reduce unnecessary costs. Eligible providers, hospitals, and other suppliers of health care may participate in the Shared Savings Program by creating or participating in an accountable care organization (ACO). Under the program, ACOs are financially rewarded to the extent that they lower health care costs while meeting performance standards on quality of care and putting patients first.

The Affordable Care Act also established a Center for Medicare and Medicaid Innovations (Innovation Center) to test new models of health care delivery and payment. Working together with the Medicare Shared Savings Program, the Innovation Center is testing alternative ACO models, including the Pioneer ACO Model. The Pioneer ACO model was designed specifically for groups of providers with experience working together to coordinate care for patients. It will allow these groups to move more quickly from a shared savings payment model to a population-based payment model.

Numerous quality measures are used to determine the performance of an ACO. These performance measures include clinical process and outcome measures as well as patient experience-of-care measures. Of the 33 performance measures specified by CMS in its final rules and regulations for the first reporting period of the Shared Savings Program,¹ seven are measured by a new patient experience survey that is based on the CAHPS Clinician & Group Survey (CG-CAHPS). The development of this survey, called the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs, included a field test of the survey in the spring of 2012 with the organizations that participated in CMS' Physician Group Practice Transition Demonstration.

The first national implementation of the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs was conducted in the first half of 2013 and measured ACO-assigned beneficiaries' experiences in the ACO over the previous six months. This report describes the results of that survey.

How This Report Is Organized

This report provides your results from the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs. The remainder of this summary describes the content of the survey, explains the scores included for comparison, shows your ACO's performance on several measures derived from the survey, and suggests how to use this report.

Part 2 of the report presents detailed results, including your ACO's performance on the individual dimensions that make up the survey measures, and frequency tables that display the unadjusted (i.e., not adjusted for case-mix) and unweighted responses to all survey questions. Shown first in Part 2 are measures of patient experience on which an ACO's quality performance score will be based beginning in 2014 for Pioneer Model ACOs and 2015 for Medicare Shared Savings Program ACOs (per the MSSP final rule), followed by five additional measures of patient experience that will not factor into an ACO's quality performance score but are nonetheless useful to examine as you consider ways to improve your performance.

Part 3 of the report describes sampling and other methodological information and provides additional background about the survey.

¹ The Medicare Shared Savings Program final rule is available at:
http://www.cms.gov/SharedSavingsProgram/30_Statutes_Regulations_Guidance.asp#TopOfPage

Survey Content

CMS' 2011 final Federal Rule for the MSSP specifies that the following seven summary survey measures of patient experience must be included in the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs:

1. Getting Timely Care, Appointments and Information
2. How Well Your Providers Communicate
3. Patient's Rating of Provider
4. Access to Specialists
5. Health Promotion and Education
6. Shared Decision-Making
7. Health Status and Functional Status

The first six of these summary survey measures are derived from the CG-CAHPS survey. The seventh summary survey measure consists of questions required by the Affordable Care Act relating to disability status, as well as additional questions regarding health and functional status derived from a widely used and well-validated health outcomes survey.² An additional summary survey measure, Courteous and Helpful Office Staff, was included because it is required for all CG-CAHPS surveys. Finally, a Technical Expert Panel³ and focus groups with Medicare beneficiaries suggested four additional summary survey measures for inclusion in the survey: Care Coordination, Between Visit Communication, Education about Taking Prescription Medications, and Stewardship of Patient Resources. Questions included in these last four summary survey measures were adapted from CAHPS supplemental question sets.⁴ Part 3 of this report contains a table that shows the exact wording of the survey questions included in all measures.

How Results Are Adjusted

Analyses of CAHPS data have shown that beneficiaries with certain characteristics tend to report systematically higher or lower scores. For example, older patients, healthier patients, and less educated patients tend to give higher scores than younger, sicker and more educated patients. Different ACOs do not have the same distribution ("case mix") of beneficiaries with these characteristics, so these tendencies can bias comparisons among ACOs.

We perform a procedure called "case-mix adjustment" to correct for these effects using a statistical model (linear regression) to estimate the scores that would be obtained by each ACO if every ACO had the same distribution of beneficiary characteristics, equivalent to the average across all ACOs. Because the overall (national) ACO mean is the same before and after the adjustment, scores for some ACOs (those with beneficiaries who tend to give more favorable scores) will be adjusted downwards, and others (those with beneficiaries who tend to give more unfavorable scores) will be adjusted upwards. A more detailed explanation of these procedures is presented in Part 3 of this report.

² The RAND 36-question short-form health survey (SF-36), details of which can be found here: http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html

³ This panel included representatives of accrediting groups, purchasers and consumers, health care organizations and providers, as well as experts on survey research and performance measurement and improvement.

⁴ CAHPS supplemental questions explore topics or domains not covered by core measures (questions that survey sponsors are required to field to refer to the survey as a CG-CAHPS survey) or that explore core measures in more detail.

Summary Tables

Below is a summary of how your ACO performed on the seven patient experience summary survey measures on which ACO quality performance scores are based and on the five additional summary survey measures of patient experience that were assessed by the survey.

Summary Survey Measures To Be Used in Determining an ACO’s Quality Score – Responses to one or more survey questions were used to create each of the seven summary survey measures listed on the preceding page. Together, these seven summary survey measures will constitute one-quarter of an ACO’s quality score. For each summary survey measure, the table below shows the overall mean for the 152 ACOs that participated in the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs and your ACO’s case-mix adjusted mean, both presented on a 0-100 scale. Information about how summary scores were calculated is presented in Part 3. For detailed results of your ACO’s performance on these measures, see Part 2.

Table 1. Your ACO’s mean and overall ACO mean scores on the summary survey measures that will be used to determine an ACO’s quality score in the patient experience domain

Summary Survey Measure	Your ACO	ACO Mean
Getting Timely Care, Appointments and Information		82
How Well Providers Communicate		93
Patient’s Rating of Provider*		92
Access to Specialists		85
Health Promotion and Education		57
General Health Promotion and Education		66
Mental Health Promotion and Education		38
Shared Decision-Making		74
Making Decisions about Medications		83
Making Decisions about Surgery		78
Sharing Your Health Information		55
Health Status and Functional Status		70
Self-Rated Health*		52
Self-Rated Mental Health*		64
Cognitive Functioning*		84
Beneficiaries without a Chronic Condition		58
Beneficiaries’ Functional Status		76

* Measure derived from a single survey question

Additional Summary Measures Derived From the Survey – Responses to individual survey questions were used to derive five additional summary survey measures of beneficiaries’ experiences with the ACO. Three of these five summary survey measures were derived from multiple survey questions; two (Between Visit Communication and Stewardship of Patient Resources) are based on a single survey question. For each of these summary survey measures, the table below shows the overall mean for the 152 ACOs that participated in the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs and your ACO’s case-mix adjusted mean, both presented on a 0-100 scale. Although these measures will not be used to determine an ACO’s quality score, they nevertheless capture important dimensions of patient experience and thus are useful to examine as you consider ways to improve your performance. For detailed information about how your ACO performed on these measures, see Part 2.

Table 2. Your ACO’s mean and overall ACO mean scores on five additional summary survey measures of patient experience

Summary Survey Measure	Your ACO	ACO Mean
Courteous and Helpful Office Staff		92
Care Coordination		87
Between Visit Communication*		60
Helping You to Take Medications as Directed		77
Stewardship of Patient Resources*		29

*Measure derived from a single survey question

Comparisons and Benchmarks

Throughout the report, comparisons are presented to provide context for your ACO’s scores, and to guide quality improvement. The overall ACO mean is presented for all summary survey measures, more specific (subsidiary) measures that compose the summary survey measures, and individual questions. In addition, the mean response of Medicare FFS beneficiaries (i.e., including both those assigned to ACOs, and those not assigned to ACOs) in your ACO’s geographic service area is presented for questions that overlap with the FFS Medicare CAHPS survey. We refer to this as the “local FFS mean.” For information on how your ACO’s geographic service area was determined and how the local FFS mean was computed, see Part 3.

The number of quality points an ACO will receive in future years will be based on percentile benchmarks that CMS will publish each year. These benchmarks and resulting quality points will not be established using statistical significance tests. In an effort to maintain consistency of reports across years, we have not included tests of statistical significance here.

How to Use This Report

ACOs can use the information in this report to identify strengths and opportunities for improvement and to give feedback to providers about how beneficiaries perceive their experiences with the ACO overall. You may also want to see how your performance changes over time. You can do so by comparing this year’s survey results to the results of the 2014 national survey of ACOs, which will assess beneficiaries’ experiences with care during the 2013 reporting period.

Part 2: Detailed Results

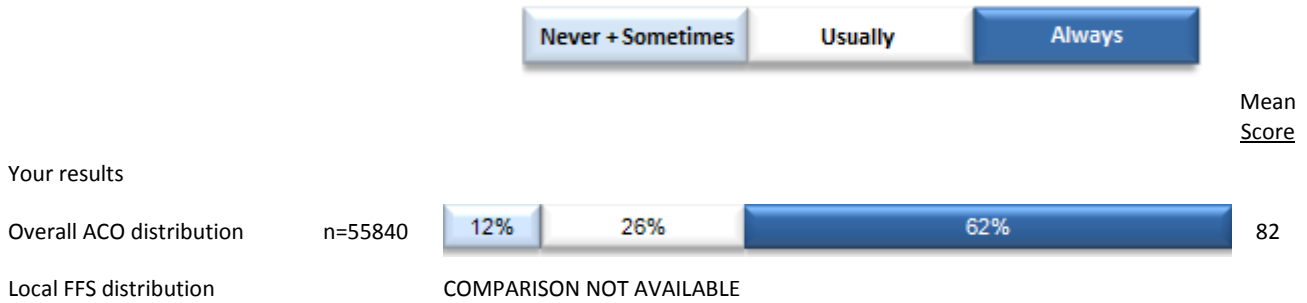
In the following pages, we provide detailed results from the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs, including your performance on the individual performance dimensions that make up each of the summary survey measures. These results have been case-mix adjusted and weighted. For information on how we conducted case-mix adjustment and weighting, see Part 3 of this report.

Frequency tables that display unadjusted responses (not case-mix adjusted, not weighted) to all survey questions are also shown at the end of this section. Local FFS comparisons⁵ are displayed for questions that appear on both the Medicare FFS Survey and the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs. Otherwise, “Comparison is Not Available” is displayed.

⁵ The “local FFS mean” is the mean response of Medicare FFS beneficiaries (i.e., including both those assigned to ACOs, and those not assigned to ACOs) in your ACO’s geographic service area. It is presented for questions that overlap with the FFS Medicare CAHPS survey. For more information on how your ACO’s geographic service area was determined and how the local FFS mean was computed, see Part 3 of this report.

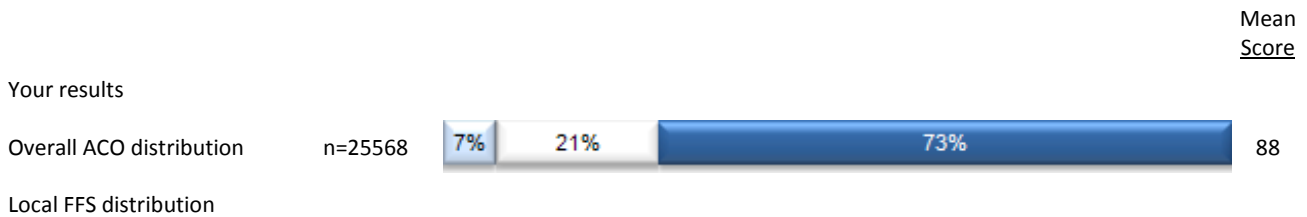
Getting Timely Care, Appointments and Information

This graph shows how your ACO performed on the summary survey measure “Getting Timely Care, Appointments and Information,” which is derived from survey questions 6, 8, 10, 12, and 15. The graph shows the number of respondents who answered at least one of these questions, the distribution of responses and the mean score. Results for the individual questions are also shown below.



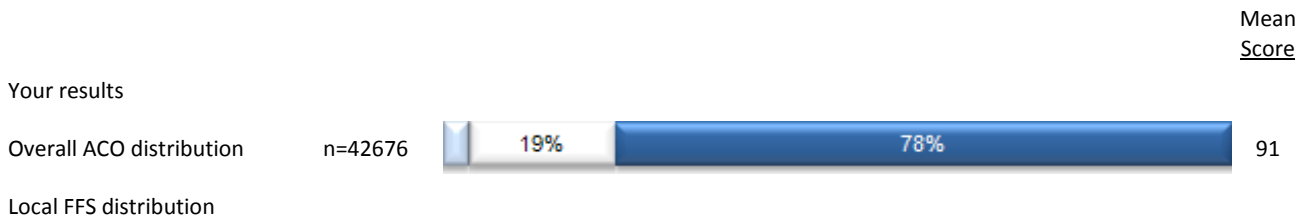
Getting Appointments for Urgent Care

Q6: In the last 6 months, when you phoned this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?



Getting Appointments for Routine Care

Q8: In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?



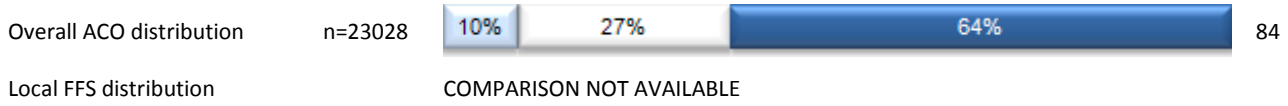
Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Medical Question Answered

Q10. In the last 6 months, when you phoned this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?

Mean
Score

Your results

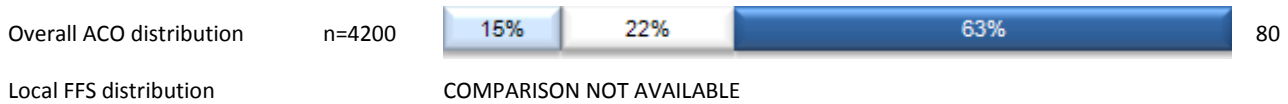


Medical Question Answered After Hours

Q12. In the last 6 months, when you phoned this provider’s office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

Mean
Score

Your results

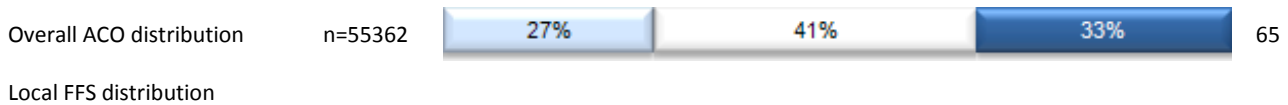


Getting Seen Within 15 Minutes of Your Appointment

Q15. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?

Mean
Score

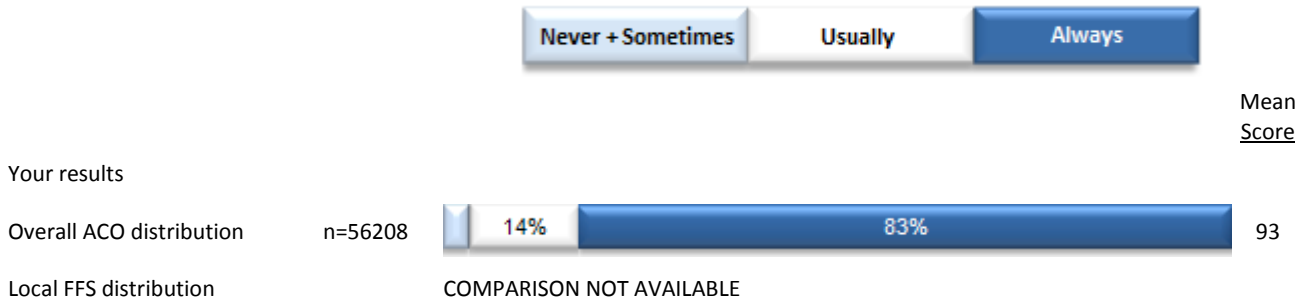
Your results



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

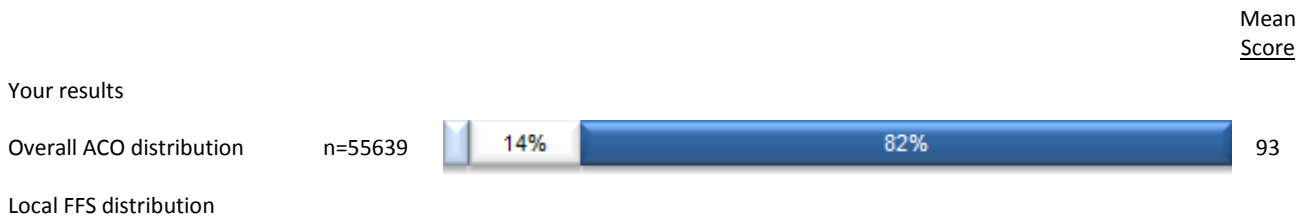
How Well Providers Communicate

This graph shows how your ACO performed on the summary survey measure “How Well Providers Communicate,” which is derived from survey questions 16, 17, 19, 20, 22 and 23. The graph shows the number of respondents who answered at least one of these questions, the distribution of responses and the mean score. Results for the individual questions are also shown below.



Providing Clear Explanations

Q16. In the last 6 months, how often did this provider explain things in a way that was easy to understand?



Listen Carefully

Q17. In the last 6 months, how often did this provider listen carefully to you?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Easy to Understand Information

Q19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

Mean
Score

Your results



Local FFS distribution

Know Important Medical History

Q20. In the last 6 months, how often did this provider seem to know the important information about your medical history?

Mean
Score

Your results



Local FFS distribution COMPARISON NOT AVAILABLE

Showing Respect for What Patients Have to Say

Q22. In the last 6 months, how often did this provider show respect for what you had to say?

Mean
Score

Your results

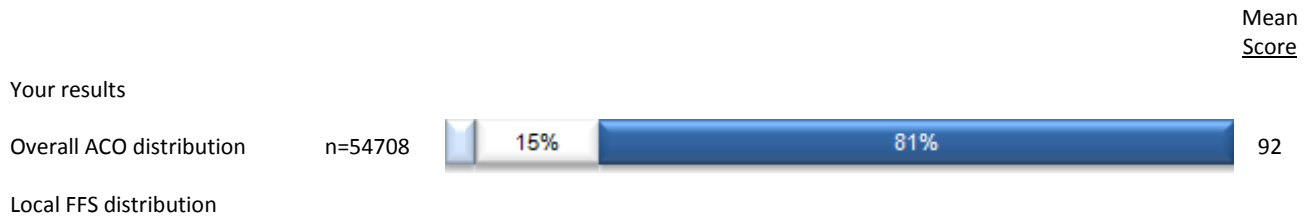


Local FFS distribution

Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Spending Enough Time With Patients

Q23. In the last 6 months, how often did this provider spend enough time with you?

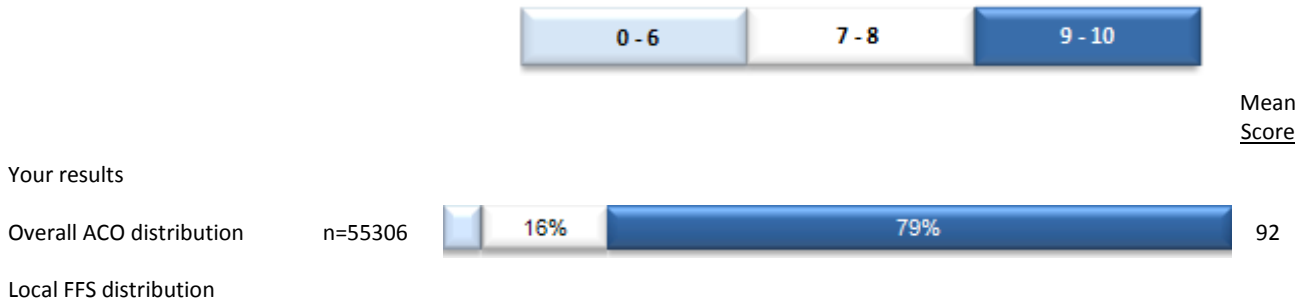


Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Patient's Rating of Provider

This graph shows how your ACO performed on the summary survey measure "Patient's Rating of Provider," which is derived from a single survey question: 41. The graph shows the number of respondents who answered this question, the distribution of responses, and the mean score.

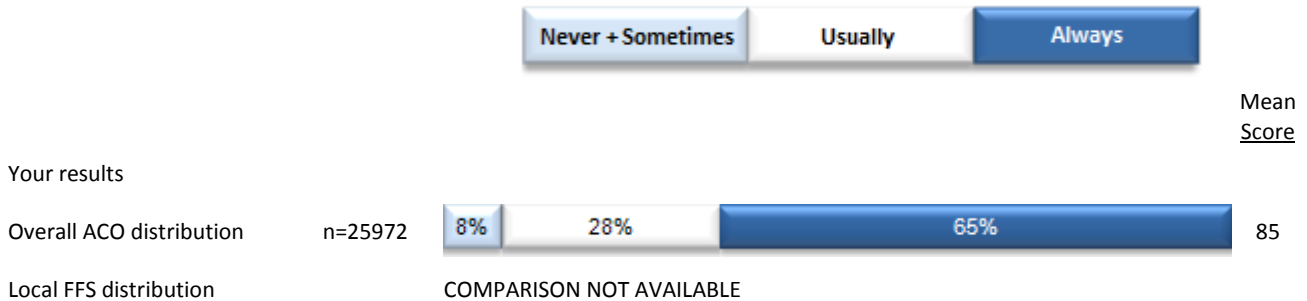
Q41: Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

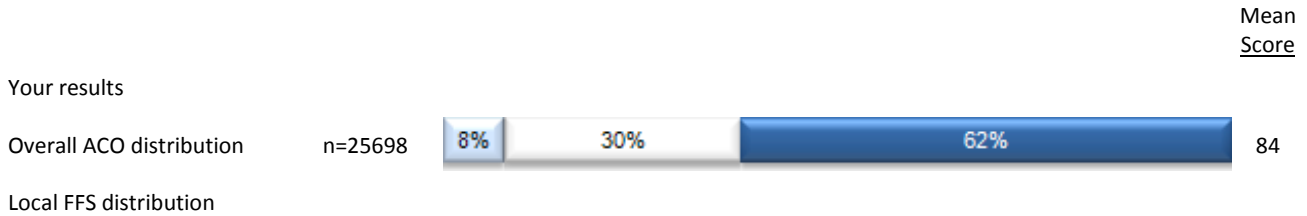
Access to Specialists

This graph shows how your ACO performed on the summary survey measure “Access to Specialists,” which is derived from survey questions 46 and 47. The graph shows the number of respondents who answered at least one of these questions, the distribution of responses and the mean score. Results for the individual questions are also shown below.



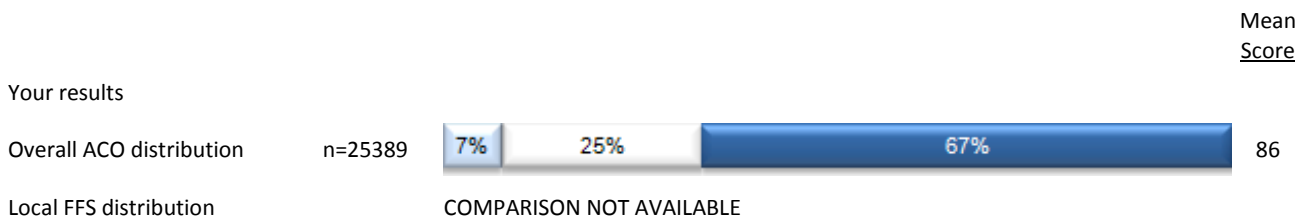
Getting Appointments With Specialists

Q46. In the last 6 months, how often was it easy to get appointments with specialists?



Specialist Knows Important Medical History

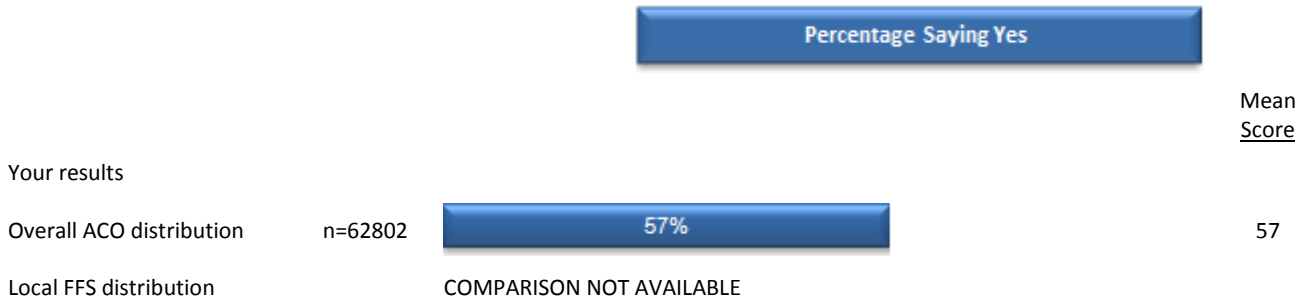
Q47. In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Health Promotion and Education

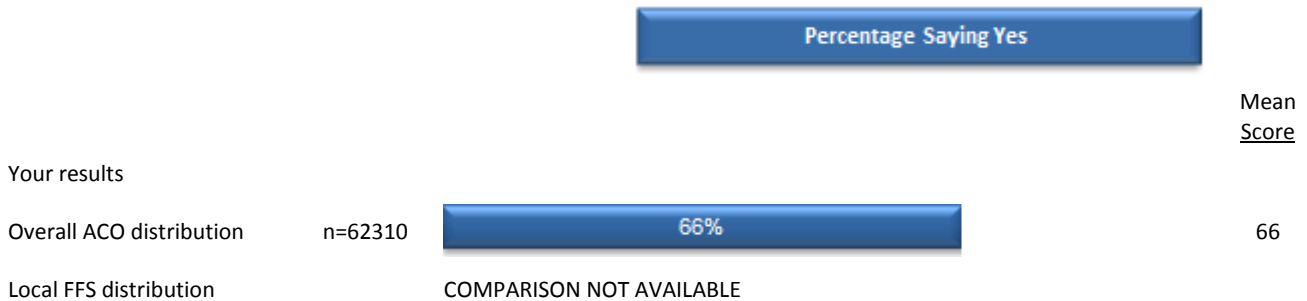
This graph shows how your ACO performed on the summary survey measure “General Health Promotion and Education.” This summary survey measure is made up of two more specific measures: “General Health Promotion and Education” and “Mental Health Promotion and Education,” each of which is derived from multiple survey questions. The graph shows the number of respondents who answered at least one of the questions from which the “Health Promotion and Education” summary survey measure was derived, the distribution of responses on that measure and the mean score. Results for the more specific measures and the individual questions from which they were derived are also shown below.



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

General Health Promotion and Education

This graph shows how your ACO performed on the measure “General Health Promotion and Education,” which is made up of survey questions 49, 50, 51, and 52. The graph shows the number of respondents who answered at least one of these questions, the distribution of responses and the mean score. Results for the individual questions are also shown below.



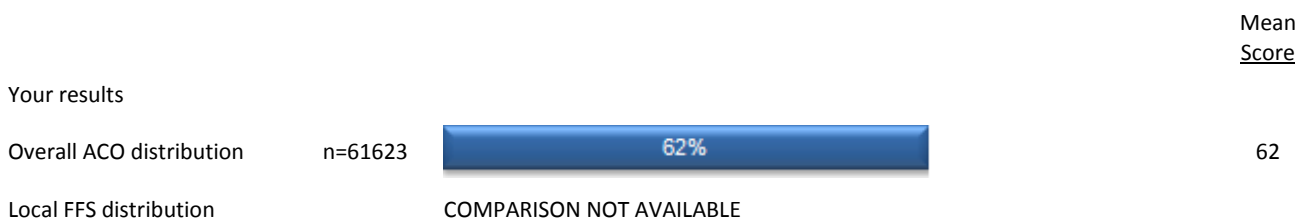
Told How to Prevent Illness

Q49. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?



Told About Healthy Habits

Q50. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Discuss Exercise or Physical Activity

Q51. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

Mean
Score

Your results

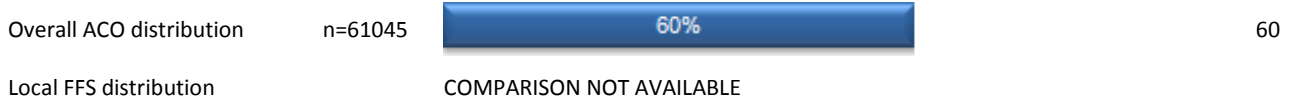


Discuss Specific Health Goals

Q52. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?

Mean
Score

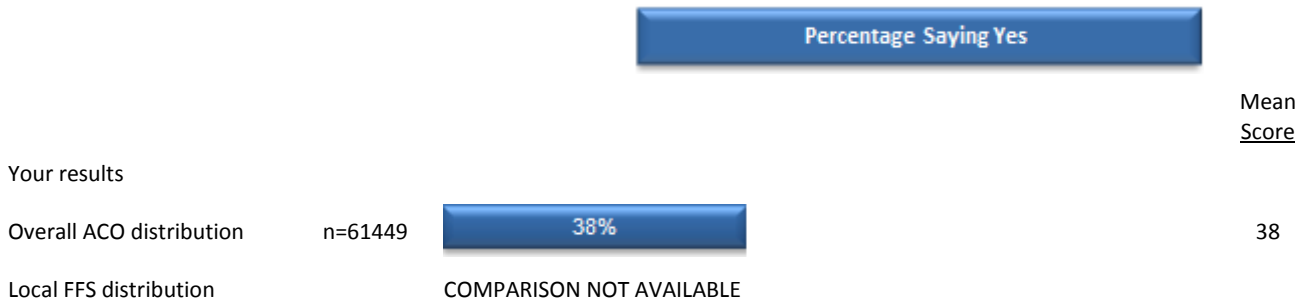
Your results



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Mental Health Promotion and Education

This graph shows how your ACO performed on the measure “Mental Health Promotion and Education,” which is made up of survey questions 57 and 58. The graph shows the number of respondents who answered at least one of these questions, the distribution of responses and the mean score. Results for the individual questions are also shown below.



Asked About Mental Health

Q57. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?



Asked About Stress

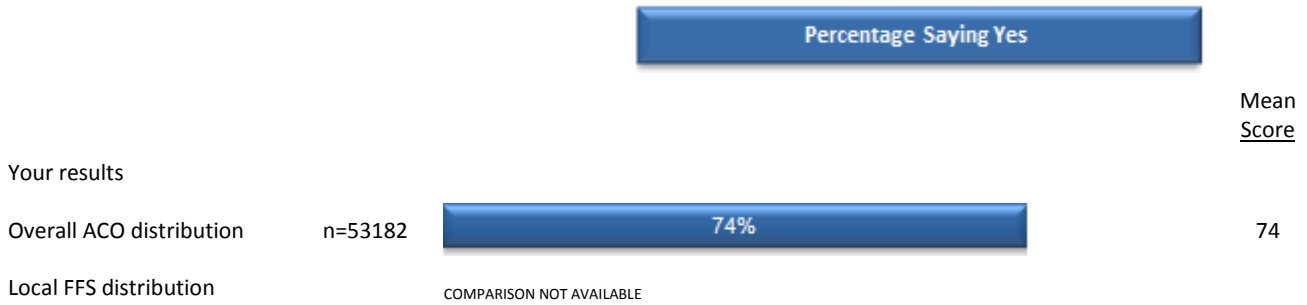
Q58. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Shared Decision-Making

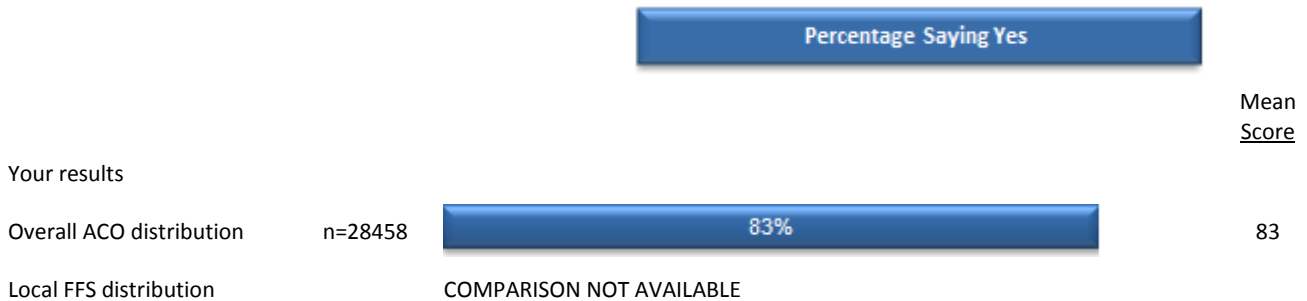
This graph shows how your ACO performed on the summary survey measure “Shared Decision-Making.” This summary survey measure is made up of three more specific measures, “Making Decisions about Medications,” “Making Decisions about Surgery” and “Sharing Your Health Information,” each of which is derived from multiple survey questions. The graph shows the number of respondents who answered at least one of the questions from which the “Shared Decision-Making” summary survey measure was derived, the distribution of responses on that measure, and the mean score. Results for the more specific measures and the individual questions from which they were derived are also shown below.



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Making Decisions about Medications

This graph shows how your ACO performed on the measure “Making Decisions About Medications,” which is made up of survey questions 27, 28 and 29. The graph shows the number of respondents who answered at least one of these questions, the distribution of responses and the mean score. Results for the individual questions are also shown below.



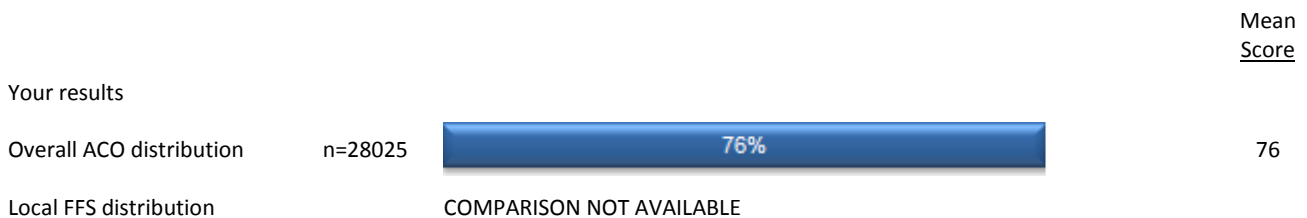
Discuss Reasons for Taking Medicine

Q27. Did you and this provider talk about the reasons you might want to take a medicine?



Discuss Reasons for Not Taking Medicine

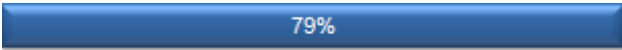
Q28. Did you and this provider talk about the reasons you might not want to take a medicine?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Discuss What is Best

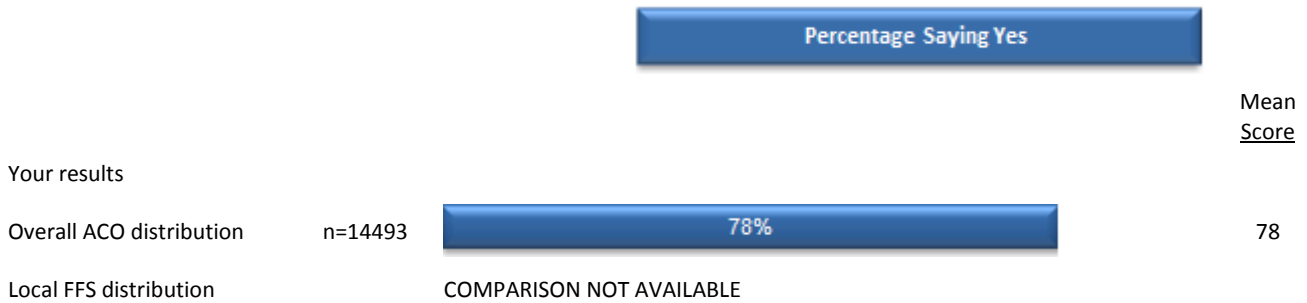
Q29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

			Mean Score
Your results			
Overall ACO distribution	n=27630		79
Local FFS distribution	COMPARISON NOT AVAILABLE		

Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Making Decisions about Surgery

This graph shows how your ACO performed on the measure “Making Decisions About Surgery,” which is made up of survey questions 36, 37 and 38. The graph shows the number of respondents who answered at least one of these questions, the distribution of responses and the mean score. Results for the individual questions are also shown below.



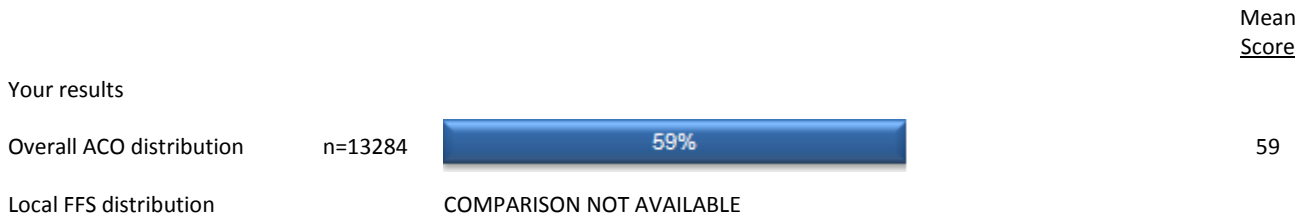
Discuss Reasons for Surgery

Q36. Did you and this provider talk about the reasons you might want to have the surgery or procedure?



Discuss Reasons for Not Having Surgery


Q37. Did you and this provider talk about the reasons you might not want to have the surgery or procedure?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Discuss What is Best

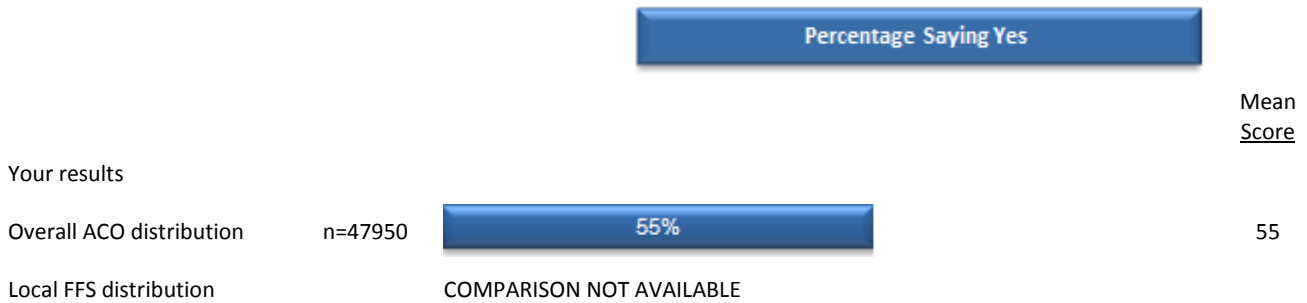
Q38. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?

Your results			Mean Score
Overall ACO distribution	n=13953		80
Local FFS distribution	COMPARISON NOT AVAILABLE		

Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Sharing Your Health Information

This graph shows how your ACO performed on the measure “Sharing Your Health Information,” which is made up of survey questions 39 and 40. The graph shows the number of respondents who answered at least one of these questions, the distribution of responses and the mean score. Results for the individual questions are also shown below.



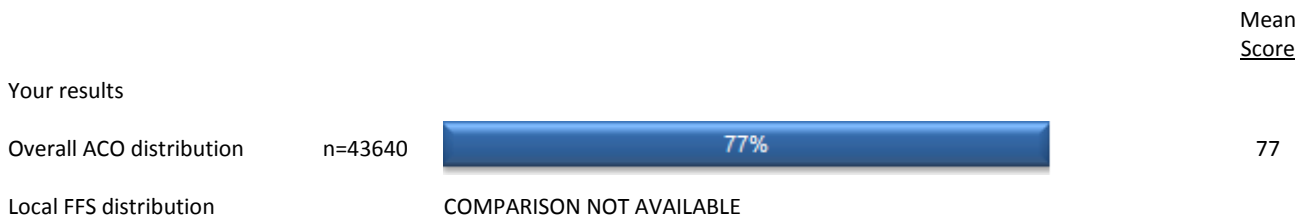
Extent of Information Shared with Family and Friends

Q39. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?



Provider Respect Extent of Information Shared

Q40. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?



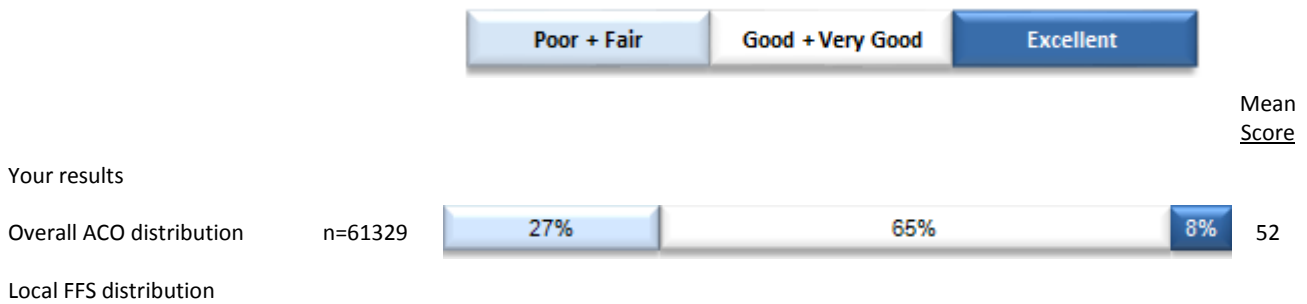
Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Health Status and Functional Status

The summary survey measure “Health Status and Functional Status” is made up of five more specific measures, three of which are derived from a single survey question and two of which are derived from multiple survey questions. The single-question measures included in the “Health Status and Functional Status” summary survey measure are “Self-rated Health,” “Self-rated Mental Health,” and “Cognitive Functioning.” The multi-question measures are “Beneficiaries without a Chronic Condition” and “Beneficiaries’ Functional Status.” Because the questions that make up this summary survey measure have different response scales, it is not possible to display a segmented-bar graph for the summary survey measure. Results for the more specific measures and the individual questions from which they are derived are shown below.

Self-rated Health

Q59. In general, how would you rate your overall health?



Self-rated Mental Health

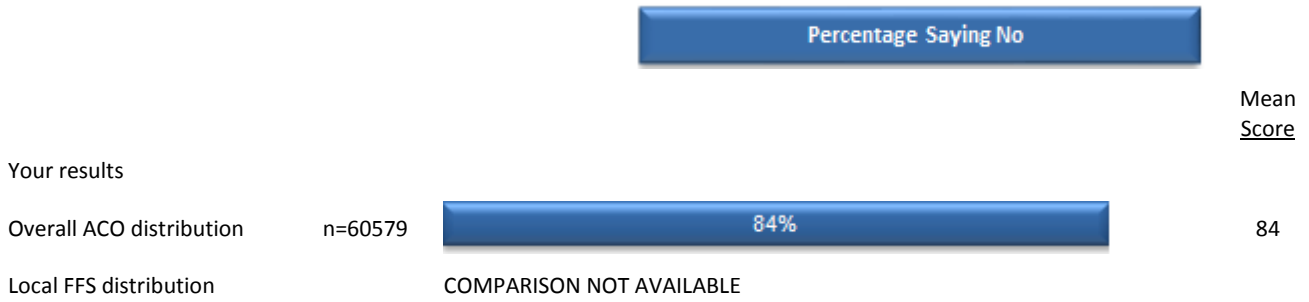
Q60. In general, how would you rate your overall mental or emotional health?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Cognitive Functioning

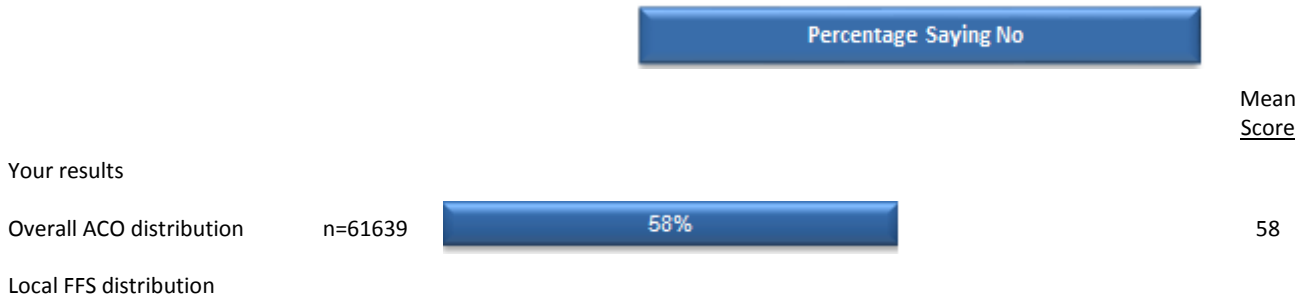
Q75. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

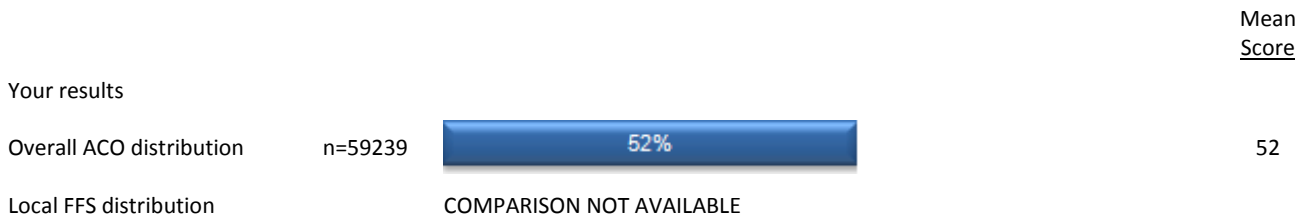
Beneficiaries without a Chronic Condition

This graph shows how your ACO performed on “Beneficiaries without a Chronic Condition,” a measure comprised of survey questions 62 and 64. This graph shows the number of respondents who answered “No” to either Q62 or Q64, indicating that they had NOT seen a provider at least three times in the past 12 months for a condition lasting at least three months *or* that they had seen a provider at least three times in the past 12 months for such a condition *but* did NOT take medicine to treat that condition. The graph shows the number of respondents who answered both of these questions, the distribution of responses and the mean score. Results for the individual questions included in this measure are also shown below.



Condition Lasted at Least 3 Months

Q62. Is this a condition or problem that has lasted for at least 3 months?



Taking Medicine to Treat Condition

Q64. Is this medicine to treat a condition that has lasted for at least 3 months?



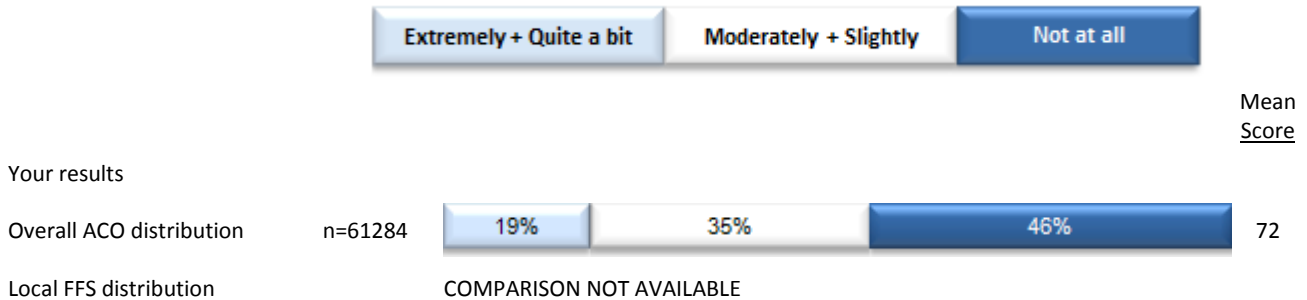
Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Beneficiaries' Functional Status

Beneficiaries' Functional Status is a measure comprised of survey questions 65, 66, 76, 77, and 78. Because these five survey questions have different response scales, it is not possible to display a segmented-bar graph for this measure. Results for the individual questions included in this measure are shown below.

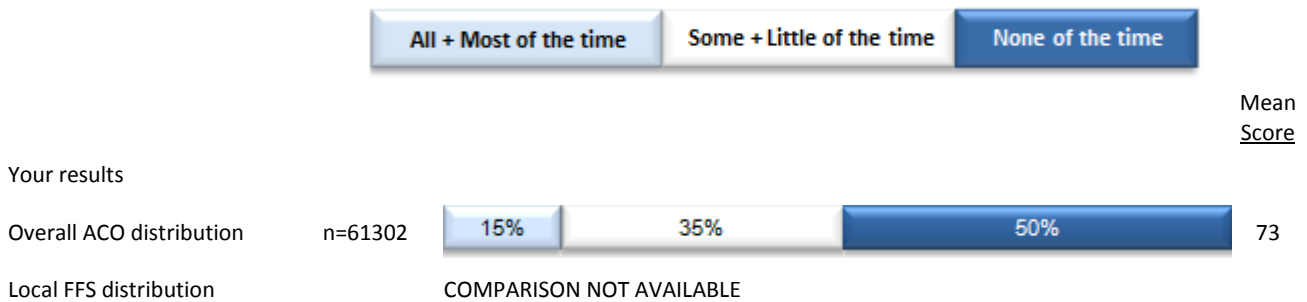
Extent Physical Health Interfered with Social Activities

Q65. During the last 4 weeks, how much did your physical health interfere with your normal social activities with family, friends, neighbors or groups?



How Often did Physical Health Interfere with Social Activities

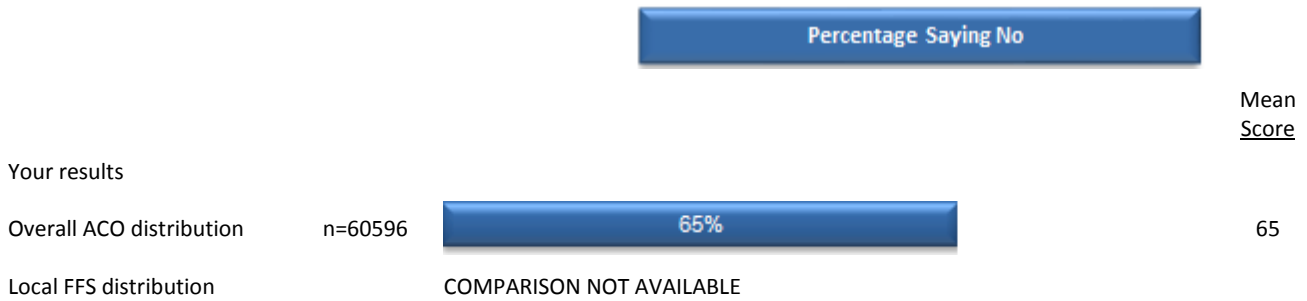
Q66. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

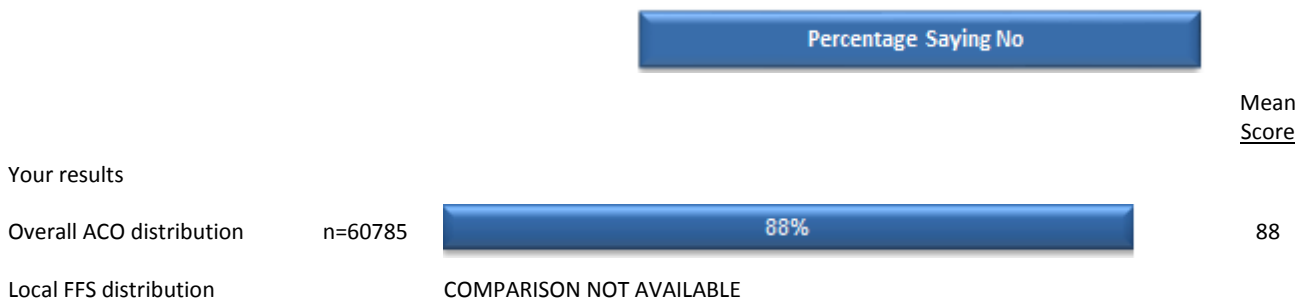
Difficulty Walking or Climbing Stairs

Q76. Do you have serious difficulty walking or climbing stairs?



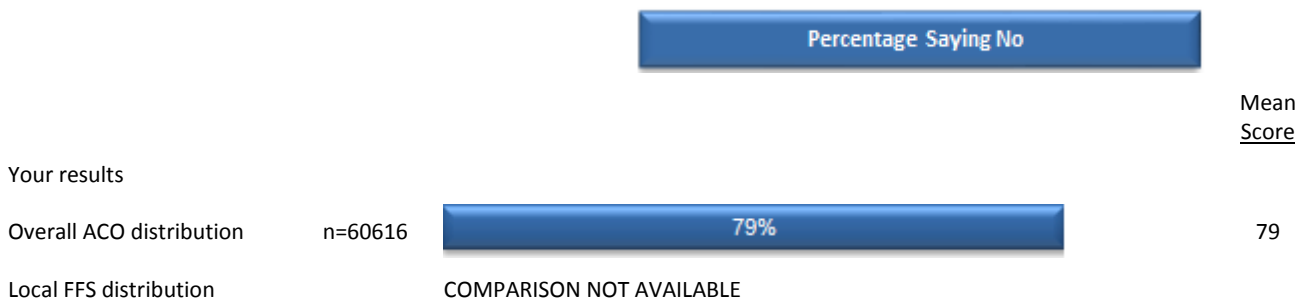
Difficulty Dressing or Bathing

Q77. Do you have difficulty dressing or bathing?



Difficulty Performing Errands

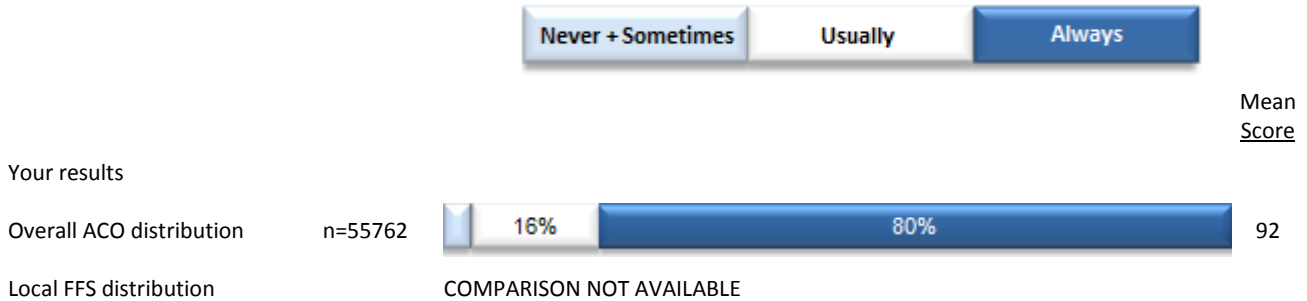
Q78. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

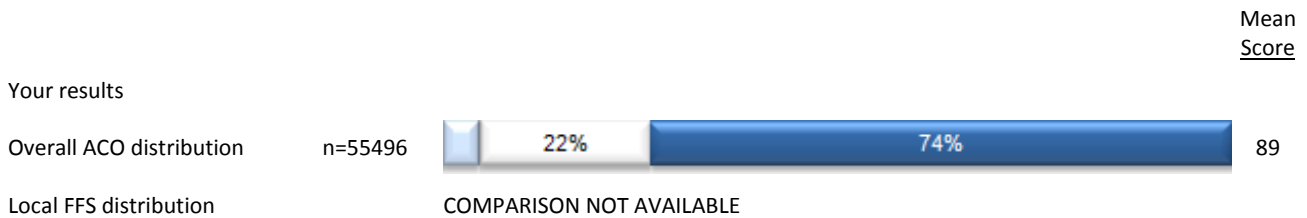
Courteous and Helpful Office Staff

This graph shows how your ACO performed on the summary survey measure “Courteous and Helpful Office Staff,” which is derived from survey questions 42 and 43. The graph shows the number of respondents who answered at least one of these questions, the distribution of responses and the mean score. Results for the individual questions are also shown below.



Office Staff Helpful

Q42. In the last 6 months, how often were clerks and receptionists at this provider’s office as helpful as you thought they should be?



Office Staff Treat You With Courtesy and Respect

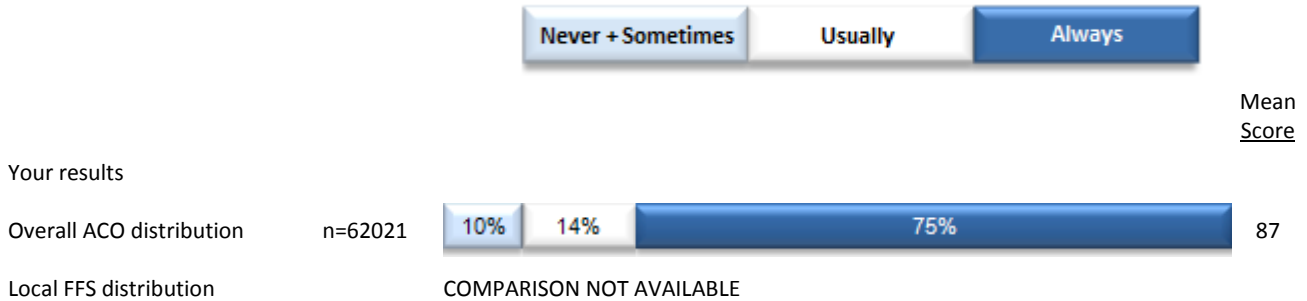
Q43. In the last 6 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Care Coordination

This graph shows how your ACO performed on the summary survey measure “Care Coordination,” which is derived from survey questions 21, 25, and 55. The graph shows the number of respondents who answered at least one of these questions, the distribution of responses and the mean score. Results for the individual questions are also shown below.



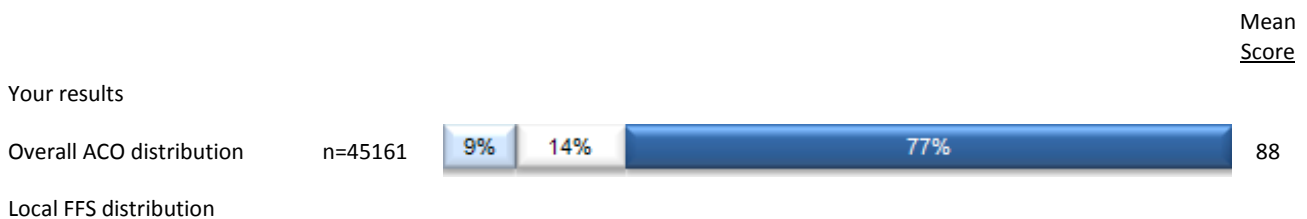
Provider Has Medical Records

Q21. When you visited this provider in the last 6 months, how often did he or she have your medical records?



Provider Follow Up with Test Results

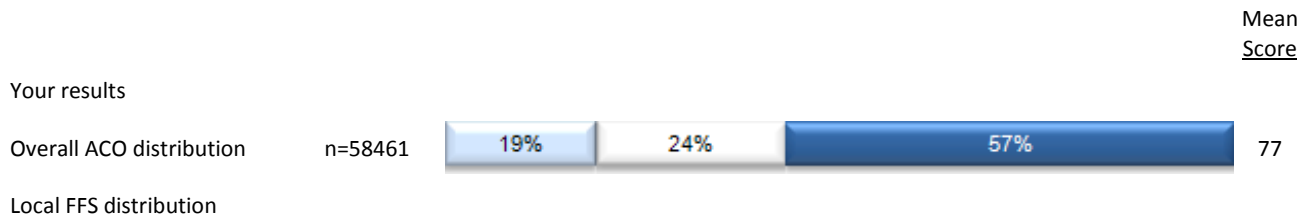
Q25. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow up to give you those results?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Health Care Team Discuss Taking Medicines

Q55. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

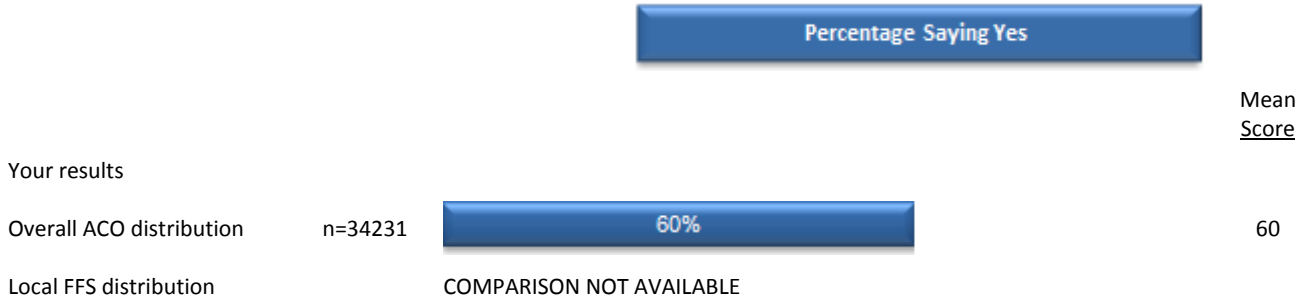


Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Between Visit Communication

This graph shows how your ACO performed on the summary survey measure “Between Visit Communication,” which is derived from a single survey question: 14. The graph shows the number of respondents who answered the question, the distribution of responses and the mean score.

Q14. In the last 6 months, did this provider’s office contact you to remind you to make an appointment for tests or treatment?



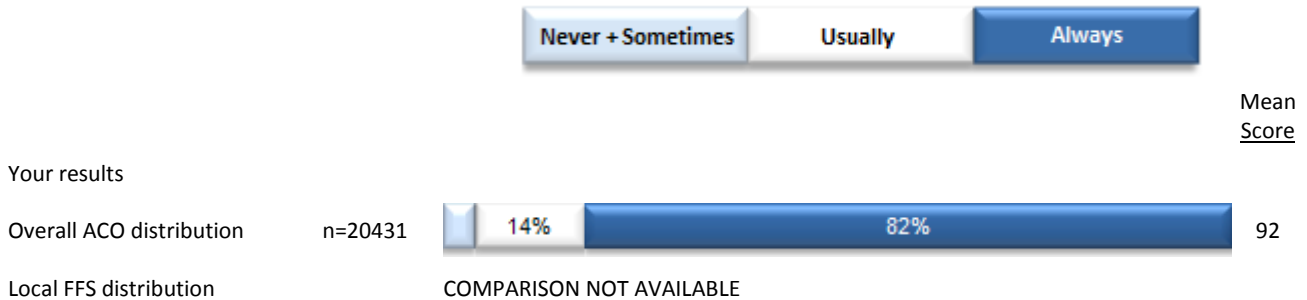
Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Helping You Take Medications as Directed

This graph shows how your ACO performed on the summary survey measure “Helping You Take Medications as Directed,” which is derived from survey questions 31, 33, and 34. Because these three survey questions have different response scales, it is not possible to display a segmented-bar graph for the summary survey measure. Results for the individual questions included in this summary survey measure are shown below.

Provider Gave Instructions for Taking Medicines

Q31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?



Written Instructions Easy to Understand

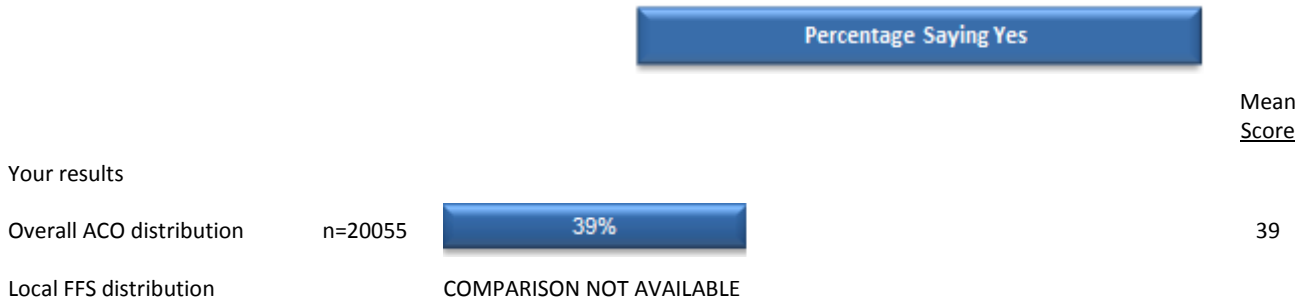
Q33. Was the written information this provider gave you easy to understand?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Suggest Ways to Help Remember

Q34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines?

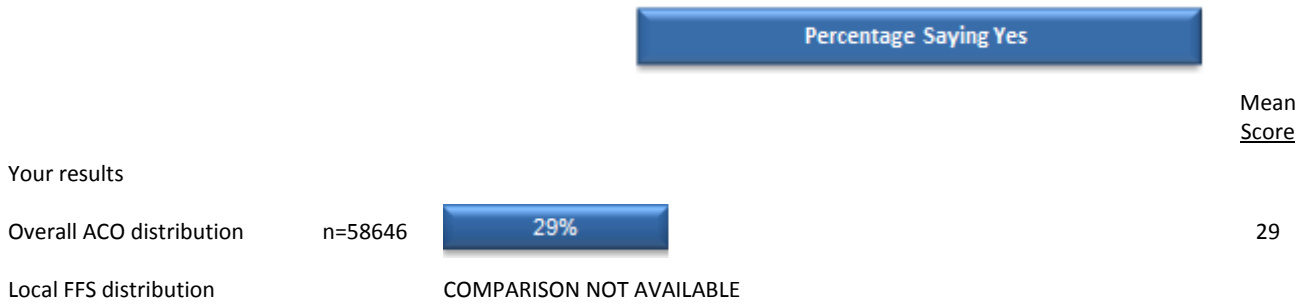


Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Stewardship of Patient Resources

This graph shows how your ACO performed on the summary survey measure “Stewardship of Patient Resources,” which is derived from a single survey question: 56. The graph shows the number of respondents who answered the question, the distribution of responses and the mean score.

Q56. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?



Note: Percentages may not add to 100 due to rounding. For information on how we adjusted for case-mix, see Part 3 of this report. N/A means too few respondents answered the question to permit reporting.

Frequency Tables (not Case-Mix-Adjusted or Weighted)⁶

Q1. Our records show that you visited the provider named below in the last 6 months. <<Provider Name>> Is that right?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q3. How long have you been going to this provider?

	<i>Frequency</i>	<i>Percent</i>
Less than 6 months		
At least 6 months but less than 1 year		
At least 1 year but less than 3 years		
At least 3 years but less than 5 years		
5 years or more		
Total		
Missing		

⁶The frequencies shown in this section are not case-mix adjusted or weighted and therefore may not be consistent with means displayed in previous report sections. In addition, percentages may not add to 100 due to rounding. N/A indicates that too few respondents answered the question to permit reporting.

Q4. In the last 6 months, how many times did you visit this provider to get care for yourself?

	<i>Frequency</i>	<i>Percent</i>
None		
1		
2		
3		
4		
5 to 9		
10 or more		
Total		
Missing		

Q5. In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury, or condition that needed care right away?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q6. In the last 6 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q10. In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q11. In the last 6 months, did you phone this provider's office with a medical question after regular office hours?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q12. In the last 6 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any reminders from this provider's office between visits?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q14. In the last 6 months, did this provider's office contact you to remind you to make an appointment for tests or treatment?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q15. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q16. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q17. In the last 6 months, how often did this provider listen carefully to you?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q18. In the last 6 months, did you talk with this provider about any health questions or concerns?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q20. In the last 6 months, how often did this provider seem to know the important information about your medical history?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q21. When you visited this provider in the last 6 months, how often did he or she have your medical records?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q22. In the last 6 months, how often did this provider show respect for what you had to say?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q23. In the last 6 months, how often did this provider spend enough time with you?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q24. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q25. In the last 6 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?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q26. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q27. Did you and this provider talk about the reasons you might want to take a medicine?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q28. Did you and this provider talk about the reasons you might not want to take a medicine?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q30. After you and this provider talked about starting or stopping a prescription medicine, did you start a prescription medicine?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q32. In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q33. Was the written information this provider gave you easy to understand?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q35. In the last 6 months, did you and this provider talk about having surgery or any type of procedure?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q36. Did you and this provider talk about the reasons you might want to have the surgery or procedure?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q37. Did you and this provider talk about the reasons you might not want to have the surgery or procedure?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q38. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q39. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q40. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q41. 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</i>	<i>Percent</i>
0: Worst provider possible		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10: Best provider possible		
Total		
Missing		

Q42. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q43. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q44. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the provider named in Question 1 of this survey a specialist?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q45. In the last 6 months, did you try to make any appointments with specialists?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q46. In the last 6 months, how often was it easy to get appointments with specialists?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q47. In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q48. How many specialists have you seen in the last 6 months?

	<i>Frequency</i>	<i>Percent</i>
None		
1 specialist		
2		
3		
4		
5 or more specialists		
Total		
Missing		

Q49. Your health care team includes all the doctors, nurses, and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q50. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q51. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q52. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q53. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

Q54. In the last 6 months, did you take any prescription medicine?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q55. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

	<i>Frequency</i>	<i>Percent</i>
Never		
Sometimes		
Usually		
Always		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q56. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q57. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q58. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q59. In general, how would you rate your overall health?

	<i>Frequency</i>	<i>Percent</i>
Excellent		
Very good		
Good		
Fair		
Poor		
Total		
Missing		

Q60. In general, how would you rate your overall mental or emotional health?

	<i>Frequency</i>	<i>Percent</i>
Excellent		
Very good		
Good		
Fair		
Poor		
Total		
Missing		

Q61. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q62. Is this a condition or problem that has lasted for at least 3 months?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q63. Do you now need or take medicine prescribed by a doctor?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q64. Is this medicine to treat a condition that has lasted for at least 3 months?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q65. During the last 4 weeks, how much did your physical health interfere with your normal social activities with family, friends, neighbors, or groups?

	<i>Frequency</i>	<i>Percent</i>
Not at all		
Slightly		
Moderately		
Quite a bit		
Extremely		
Total		
Missing		

Q66. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?

	<i>Frequency</i>	<i>Percent</i>
All of the time		
Most of the time		
Some of the time		
A little of the time		
None of the time		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q67. What is your age?

	<i>Frequency</i>	<i>Percent</i>
18 to 24		
25 to 34		
35 to 44		
45 to 54		
55 to 64		
65 to 69		
70 to 74		
75 to 79		
80 to 84		
85 or older		
Total		
Missing		

Q68. Are you male or female?

	<i>Frequency</i>	<i>Percent</i>
Male		
Female		
Total		
Missing		

Q69. What is the highest grade or level of school that you have completed?

	<i>Frequency</i>	<i>Percent</i>
8th grade or less		
Some high school, but did not graduate		
High school graduate or GED		
Some college or 2-year degree		
4-year college graduate		
More than 4-year college degree		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q70. How well do you speak English?

	<i>Frequency</i>	<i>Percent</i>
Very well		
Well		
Not well		
Not at all		
Total		
Missing		

Q71. Do you speak a language other than English at home?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q72. What is the language you speak at home?

	<i>Frequency</i>	<i>Percent</i>
Spanish		
Chinese		
Korean		
Russian		
Vietnamese		
Some other language		
Total		
Missing		

Q73. Are you deaf or do you have serious difficulty hearing?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q74. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q75. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q76. Do you have serious difficulty walking or climbing stairs?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q77. Do you have difficulty dressing or bathing?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q78. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

Q79. Are you of Hispanic, Latino, or Spanish origin?

	<i>Frequency</i>	<i>Percent</i>
Yes, Hispanic, Latino, or Spanish		
No, not Hispanic, Latino, or Spanish		
Total		
Missing		

Q80. Which group best describes you?

	<i>Frequency</i>	<i>Percent</i>
Mexican, Mexican-American, Chicano		
Puerto Rican		
Cuban		
Another Hispanic, Latino, or Spanish origin		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q81. What is your race? Mark one or more.

	<i>Frequency</i>	<i>Percent</i>
White		
Black or African American		
American Indian or Alaska Native		
Asian Indian		
Chinese		
Filipino		
Japanese		
Korean		
Vietnamese		
Other Asian		
Native Hawaiian		
Guamanian or Chamorro		
Samoan		
Other Pacific Islander		
Total		
Missing		

Q82. Did someone help you complete this survey?

	<i>Frequency</i>	<i>Percent</i>
Yes		
No		
Total		
Missing		

ACCOUNTABLE CARE ORGANIZATION

Q83. How did that person help you? Mark one or more.

	<i>Frequency</i>	<i>Percent</i>
Read the questions to me		
Wrote down the answers I gave		
Answered the questions for me		
Translated the questions into my language		
Helped in some other way		
Total		
Missing		

Part 3: Background and Methodology

Methodology

The CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs assesses Medicare Fee-For-Service beneficiaries' experiences with care in ACOs participating in the Medicare Shared Savings Program and Pioneer Model ACOs. A version of this survey was field tested in 2012 with Medicare Fee-For-Service beneficiaries receiving care from providers participating in the Medicare Physician Group Practice Demonstration Leading Quality Group. The first national implementation of the survey occurred in the first half of 2013. This final section of the report provides additional information about the content of the survey, data collection, and how the data were analyzed.

The Survey Instrument

The CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs contained 83 questions, organized into the following sections: Your Provider (3 questions), Your Care From This Provider in the Last 6 Months (38 questions), Clerks and Receptionists at This Provider's Office (2 questions), Your Care from Specialists in the Last 6 Months (5 questions), All Your Care in the Last 6 Months (10 questions), and About You (25 questions).

Many of the evaluative questions included in the survey are preceded by screener questions, so that only those beneficiaries for whom the question is relevant (i.e., those with applicable needs or experiences) are asked to answer the evaluative questions.

From the evaluative questions, we derived 12 summary survey measures for reporting. Three of the 12 summary survey measures are comprised of multiple more specific (subsidiary) measures. For example, the summary survey measure "Shared Decision-Making" is made up of three subsidiary measures, "Making Decisions about Medications," "Making Decisions about Surgery," and "Sharing Your Health Information." In most cases, the measures—whether summary survey measures or their subsidiaries—are made up of multiple survey questions. Measures that will contribute to an ACO's quality score are identified and listed before measures that will not contribute to an ACO's quality score.

Table 1. CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs – Summary Survey Measures and Survey Questions

Summary Survey Measure	Question(s) Included in the Measure	Measure Used to Determine ACO's Quality Score?
<p>Getting Timely Care, Appointments and Information</p>	<p>In the last 6 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?</p> <p>In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?</p> <p>In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?</p> <p>In the last 6 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?</p> <p>Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?</p>	<p>Yes</p>
<p>How Well Providers Communicate</p>	<p>In the last 6 months, how often did this provider explain things in a way that was easy to understand?</p> <p>In the last 6 months, how often did this provider listen carefully to you?</p> <p>In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?</p> <p>In the last 6 months, how often did this provider seem to know the important information about your medical history?</p> <p>In the last 6 months, how often did this provider show respect for what you had to say?</p> <p>In the last 6 months, how often did this provider spend enough time with you?</p>	<p>Yes</p>
<p>Patient's Rating of Provider</p>	<p>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?</p>	<p>Yes</p>

Table 1. CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs – Summary Survey Measures and Survey Questions (continued)

Summary Survey Measure	Question(s) Included in the Measure	Measure Used to Determine ACO's Quality Score?
Access to Specialists	<p>In the last 6 months, how often was it easy to get appointments with specialists?</p> <p>In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?</p>	Yes
Health Promotion and Education	<p>General Health Promotion and Education</p> <p>In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?</p> <p>In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?</p> <p>In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?</p> <p>In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?</p>	Yes
	<p>Mental Health Promotion and Education</p> <p>In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p>In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?</p>	Yes
Shared Decision-Making	<p>Making Decisions about Medications</p> <p>Did you and this provider talk about the reasons you might want to take a medicine?</p> <p>Did you and this provider talk about the reasons you might not want to take a medicine?</p> <p>When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p>	Yes
	<p>Making Decisions about Surgery</p> <p>Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p>Did you and this provider talk about the reasons you might not want to have the surgery or procedure?</p> <p>When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p>	Yes

Table 1. CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs – Summary Survey Measures and Survey Questions (continued)

Patient Experience Domain	Questions(s) Included in the Measure	Measure Used to Determine ACO's Quality Score?
Shared Decision-Making	<p>Sharing Your Health Information In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?</p> <p>In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?</p>	Yes
Health Status and Functional Status	<p>Self-Rated Health In general, how would you rate your overall health?</p>	Yes
	<p>Self-Rated Mental Health In general, how would you rate your overall mental or emotional health?</p>	Yes
	<p>Cognitive Functioning Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p>	Yes
	<p>Beneficiaries without a Chronic Condition In the past 12 months, have you seen a provider 3 or more times for condition or problem that has lasted for at least 3 months?</p> <p>Do you need or take medicine to treat the condition?</p>	Yes
	<p>Beneficiaries' Functional Status During the last 4 weeks, how much did your physical health interfere with your normal social activities with family, friends, neighbors or groups?</p> <p>During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?</p> <p>Do you have serious difficulty walking or climbing stairs?</p> <p>Do you have difficulty dressing or bathing?</p> <p>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p>	Yes
Courteous and Helpful Office Staff	<p>In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?</p> <p>In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?</p>	No

Table 1. CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs – Summary Survey Measures and Survey Questions (continued)

Patient Experience Domain	Question(s) Included in the Measure	Measure Used to Determine ACO's Quality Score?
Care Coordination	When you visited this provider in the last 6 months, how often did he or she have your medical records? In the last 6 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? In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?	No
Between Visit Communication	In the last 6 months, did this provider's office contact you to remind you to make an appointment for tests or treatment?	No
Helping You Take Medications as Directed	In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines? Was the written information this provider gave you easy to understand? In the last 6 months, did this provider suggest ways to help you remember to take your medicines?	No
Stewardship of Patient Resources	In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?	No

Data Collection

Data collection was conducted by CMS' contractor for the national implementation of the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs.

Sample Selection and Eligibility Criteria. CMS' contractor selected a sample of 117,800 beneficiaries receiving primary care in the prior 12 months. For each ACO, a random sample of 775 beneficiaries was drawn, 194 drawn from the top 10% of users and 581 drawn from the remaining 90% of users. The top 10% of users in each ACO was defined as beneficiaries who ranked within the top 10% by their total value of primary care claims. The top 10% of utilizers were oversampled (1) to increase the likelihood that the survey questions that measure less common experiences would receive adequate numbers of responses; and (2) because one of the goals of the Medicare Shared Savings Program and the Pioneer Model ACOs is to incentivize high quality and efficient service delivery, making it particularly useful to capture the patient experiences of those with high levels of health care utilization.

Survey Implementation. The survey was conducted between January 31 and April 15, 2013, and asked about beneficiaries' experiences with care received in the previous 6 months. The survey referenced (by name) the provider who delivered the plurality of the beneficiary's primary care in the prior 12 months. The data collection protocol included mailing of a pre-notification letter, up to two mailings of paper surveys, and telephone interviews with beneficiaries who did not respond to the mail survey. The mail survey and telephone interviews were available in English, Spanish, Cantonese, Korean, Mandarin, Russian, and Vietnamese.

Table 2. Implementation Timeline for the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs.

Task	Dates
Pre-notification letters sent to sample beneficiaries	January 23, 2013
Surveys mailed to sample beneficiaries	January 31, 2013
Follow-up surveys mailed to non-respondents	February 25, 2013
Follow-up calls made to non-respondents	March 18-April 15, 2013

Sample Disposition. The sample disposition and response rates for the survey are presented in Table 3. Of the 117,800 beneficiaries in the sample, 208 (0.18%) were classified as ineligible because they were institutionalized, deceased, had a language barrier that prevented them from participating in the survey, were mentally or physically incapable of responding, or were excluded from data collection for some other reason. The adjusted response rate, after excluding all dispositions under the ineligible category below was 53.9% (62,483 completed surveys plus 932 partially completed surveys divided by 117,592 eligible sample beneficiaries).

Table 3. Sample Disposition, CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs.

Disposition	Overall Sample Beneficiary Count*	Overall Percentage of Sample	Beneficiary Count for Your ACO	Percentage of Sample for Your ACO
Completed survey	62,483	53.04%		
Partially completed survey	932	0.79%		
Ineligible	208	0.18%		
Institutionalized	7	0.01%		
Deceased	155	0.13%		
Language Barrier	3	0.00%		
Mentally or physically unable to respond	39	0.03%		
Other excluded from survey	4	0.00%		
Non-respondents	54,177	45.99%		
Total sample	117,800	100%		

* Across all 152 ACOs

Response Weights. Data from the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs were weighted to account for sampling design and nonresponse. Weighting is necessary so that statistics computed from the survey data are representative of your ACO’s population of FFS beneficiaries. Sampling weights compensate for the oversampling of high utilizers. Nonresponse weights compensate for the fact that not all sampled beneficiaries actually respond.

Defining an ACO's Geographic Service Area/Local FFS Mean

For those survey questions that overlap with the content of the FFS Medicare CAHPS Survey, this report provides a comparison between the response of beneficiaries in your ACO and the average response of FFS Medicare beneficiaries in your ACO's geographic survey area (the local FFS mean). To determine your ACO's geographic service area, we identified the states or substate areas in which at least 0.5% of your ACO's assigned beneficiaries reside⁷. For your ACO, those include **XXX**. This area covers XX% of your ACO's beneficiaries. To calculate a comparable "local" FFS mean response for your ACO, we weighted the mean response of FFS beneficiaries in each of your ACO's identified state/substate areas to reflect the proportion of your ACO's beneficiaries residing in each of those areas.

Data Analysis

CMS' contractor analyzed the data to produce summary statistics for this report. The sections below describe the major analysis steps.

Derivation of Summary Survey Measures. Summary survey measures consist of one or more survey questions. For measures consisting of multiple survey questions, we typically gave questions equal weight in calculating a score on the measure. Two exceptions are the measure of functional status and the percent of beneficiaries without a chronic condition. For the measure of functional status, responses to the two questions about participation in social activities were summed and this sum was then averaged with the other three questions in the measure. Beneficiaries were counted as not having a chronic condition if they reported that they had NOT seen a provider three or more times in the past 12 months for a condition lasting at least three months *or* that they had seen a provider at least three times in the past 12 months for such a condition *but* did NOT take medicine to treat that condition. All summary survey measures were transformed linearly to a 0-100 possible range, as were more specific (subsidiary) measures and individual questions.

Case-Mix Adjustment. Certain Medicare beneficiary characteristics, such as age, health status, and education, are not within the control of an ACO, but are associated with beneficiaries' survey responses. To ensure that comparisons among ACOs reflect differences in performance rather than differences in case-mix, it is necessary to adjust for these respondent characteristics prior to making comparisons. Linear regression models were developed in which the dependent variable was the response on a particular survey question and the independent variables were case-mix adjustors. First, respondent characteristics significantly associated with reports and ratings of care were identified. Next, how much ACOs differed on these variables was used to determine which adjustors would have the greatest impact on the dependent variables. Table 4 shows the variables used in the final case-mix adjustment models. All variables were used in all models with the exception of Self-Rated Health and Self-Rated Mental Health and Proxy Assistance, which were not used in predicting measures in the Health Status & Functional Status summary survey measure. In addition, Proxy Assistance was not used in predicting measures in the Sharing Your Health Information composite.

Reliability of Scores. Reliability of items was assessed and will potentially inform decisions regarding calculation of an ACO's quality points in the future. Although other reports of CAHPS surveys results often suppress and/or flag measures with low reliability in public reporting. There is no public reporting of ACO CAHPS data at this time and thus suppression/flagging of measures is not necessary.

⁷ Substate areas are used for populous states in which regional variation in CAHPS responses has been observed. These states are Texas, Pennsylvania, California, Florida, Illinois, and New York.

Table 4. Case-Mix Adjustment Variables, CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs.

Case-Mix Variable	Survey Question	Variable Coding
Age	What is your age?	1) 64 or younger 2) 65 to 69 3) 70 to 74 4) 75 to 79 5) 80 to 84 6) 85 or older
Education	What is the highest grade or level of school that you have completed?	1) 8th grade or less 2) Some high school, but did not graduate 3) High school graduate or GED 4) Some college or 2-year degree 5) 4-year college graduate 6) More than 4-year college degree
Self-Rated Health	In general, how would you rate your overall health?	1) Poor 2) Fair 3) Good 4) Very good 5) Excellent
Self-Rated Mental Health	In general, how would you rate your overall mental or emotional health?	1) Poor 2) Fair 3) Good 4) Very good 5) Excellent
Medicaid dual eligibility	[From enrollment file]	1) Not Medicaid eligible 2) Medicaid eligible
Low income subsidy eligibility	[From enrollment file]	1) Not eligible 2) Eligible
Proxy Assistance	Did someone help you complete this survey? If “yes,” how did that person help you?	1) No assistance on survey 2) Proxy assistance (someone helped but did not answer for respondent) 3) Proxy response (someone answered for respondent)
Use of Asian language (Cantonese, Korean, Mandarin, or Vietnamese) survey	[Survey administration]	1) Did not use Asian language survey 2) Did use Asian language survey

ACCOUNTABLE CARE ORGANIZATION

Table 5 shows the F-statistic for each nominal predictor, with significance tests. The “signs” in the table entries are synthetic as the F-statistic is always positive. These signs indicate the direction of the linear trend in the coefficients from the “lowest” category (youngest⁸, least education, worst health, not eligible for Medicaid or a low income subsidy, no proxy assistance, and non-use of the Asian language survey) to the “highest.” Thus, a positive value indicates that higher categories gave more favorable responses, and a negative value indicates that higher categories gave less favorable responses. An example of how to interpret Table 5 is located below the table itself.

Age, education, self-rated health status, self-rated mental health status, Medicaid dual eligibility, low income subsidy eligibility, receipt of proxy assistance, and use of an Asian language survey accounted for a considerable amount of variation among ACOs on the dependent variables. Not every variable was important in every model, but each predictor was important in at least some of the models. The more striking patterns tend to be consistent across questions within a more specific measure. For example, self-rated mental health has a strong positive association with reported quality of provider communication. Age has a strong negative association with each question in the General and Mental Health Promotion and Education measures, as does self-rated health. Better mental health is positively associated with advice discussions for non-mental health problems; the opposite holds for discussions regarding mental health problems, suggesting that mental health discussions might displace other health discussions for those in poor mental health. In addition, not surprisingly, age and Medicaid dual eligibility have a strong negative association with each question regarding functional status meaning that older respondents and respondents who are eligible for Medicaid tend to respond more negatively to questions about their functional status.

⁸ The under-65 age category is excluded from this calculation because of that category of respondents’ distinctive selection for Medicare based on a disability.

Table 5. F-Statistics for Case-mix Associations (“Signs” Added to Indicate Directions of Association)

Summary Measure	Questions	Age	Education	General Health Status	Mental Health Status	Medicaid Dual Eligibility	Low Income Subsidy Eligibility	Proxy Assistance	Use of Asian Language Survey
Getting Timely Care, Appointments, and Information	Getting Appointments for Urgent Care	-1.38	-2.15	18.49***	29.29***	-47.46***	-0.25	3.33*	-5.79*
	Getting Appointments for Routine Care	2.06	-1.47	17.93***	65.29***	-65.6***	-0.30	13.82***	-17.88***
	Medical Question Answered	-3.31**	-6.70***	6.09***	29.42***	-2.32	3.24	0.35	-6.43*
	Medical Question Answered After Hours	-1.12	1.47	-0.87	12.87***	-1.89	-0.35	-0.04	-1.92
	Getting Seen Within 15 Minutes of Your Appointment	-6.45***	1.19	47.69***	33.49***	-5.87*	0.01	-5.46**	-6.09*
How Well Providers Communicate	Providing Clear Explanations	-11.06***	4.37***	13.02***	109.05***	-41.11***	1.61	3.30*	0.07
	Listen Carefully	-0.97	-2.43*	18.29***	102.25***	-23.26***	0	2.98	-4.55*
	Easy to Understand Information	-4.01**	-1.50	32.27***	106.1***	-7.4**	2.82	6.26**	-2.57
	Know Important Medical History	1.87	-3.06**	20.12***	98.05***	-40.23***	1.79	8.55***	1.86
	Showing Respect for What Patients Have to Say	-3.02**	-1.52	15.71***	69.42***	-47.86***	0	7.20***	-2.21
	Spending Enough Time With Patients	-10.28***	-4.54***	32.42***	120.31***	-39.34***	-0.51	19.83***	-0.29
Patient’s Rating of Provider	Patient’s Rating of Provider	4.34***	-16.28***	42.42***	104.97***	-20.74***	0	1.11	15.99***
Access to Specialists	Getting Appointments With Specialists	-1.08	-9.80***	20.54***	63.24***	-10.79**	-0.29	2.93	0.25
	Specialist Know Important Medical History	-2.73*	-9.31***	-5.64***	88.05***	-32.19***	0.01	7.57***	1.29
General Health Promotion and Education	Told How to Prevent Illness	-181.24***	71.29***	-59.63***	33.68***	-10.52**	-2.03	152.21***	1.02
	Told About Healthy Habits	-238.39***	9.26***	-68.69***	25.25***	0.47	1.98	132.35***	11.75***
	Discuss Exercise or Physical Activity	-154.35***	58.62***	-22.67***	22.95***	-11.77***	-3.18	87.25***	7.18**
	Discuss Specific Health Goals	-173.53***	25.31***	-86.6***	38.59***	2.04	0.04	137.09***	8.95**

Table 5. F-Statistics for Case-mix Associations (“Signs” Added to Indicate Directions of Association) continued

Summary Measure	Questions	Age	Education	General Health Status	Mental Health Status	Medicaid Dual Eligibility	Low Income Subsidy Eligibility	Proxy Assistance	Use of Asian Language Survey
Mental Health Promotion and Education	Asked About Mental Health	-174.8***	6.11***	-26.20***	-179.61***	13.14***	1.32	118.56***	-4.69*
	Asked About Stress	-215.8***	37.76***	-3.57**	-226.71***	11.89***	0.36	111.91***	-5.72*
Making Decisions about Medications	Discuss Reasons for Taking Medicine	-16.65***	3.63**	-0.50	2.18	-6.41*	2.51	10.50***	-0.35
	Discuss Reasons for NOT Taking Medicine	-17.93***	11.8***	-1.31	-0.56	-6.02*	-6.89**	45.3***	4.60*
	Discuss What is Best (medicine)	-14.66***	-2.08	7.74***	4.09**	8.81**	0	14.04***	0.75
Making Decisions about Surgery	Discuss Reasons for Surgery	-4.99***	10.58***	-1.08	7.10***	-2.11	0.06	4.02*	-55.93***
	Discuss Reasons for NOT Having Surgery	5.78***	30.21***	-3.93**	3.31*	2.56	1.01	25.61***	-10.10**
	Discuss What is Best (surgery)	-2.91*	3.83**	3.28*	6.61***	10.14**	0.06	15.13***	-3.35
Sharing Your Health Information	Extent of Information Shared with Family and Friends	-8.64***	-22.18***	-8.25***	7.73***	38.85***	0.77	--	7.25**
	Provider Respect Extent of Information Shared	-90.68***	55.69***	1.34	29.95***	-29.80***	-1.28	--	25.12***
Cognitive Functioning	Difficulty concentrating, remembering, or making decisions	-807.38***	102.88***	--	--	-499.18***	-43.72***	--	5.78*
Beneficiaries with a Chronic Condition	Saw provider 3 or more times for condition lasting at least 3 months AND took medication to treat the condition	193.60***	-18.18***	--	--	-47.67***	-5.42*	--	-49.76***

Table 5. F-Statistics for Case-mix Associations (“Signs” Added to Indicate Directions of Association) continued

Summary Measure	Questions	Age	Education	General Health Status	Mental Health Status	Medicaid Dual Eligibility	Low Income Subsidy Eligibility	Proxy Assistance	Use of Asian Language Survey
Beneficiaries’ Functional Status	Extent Physical Health Interfered with Social Activities	-672.85***	36.11***	--	--	-330.22***	-49.47***	--	3.53
	How Often did Physical Health Interfere with Social Activities	-591.87***	45.64***	--	--	-472.51***	-53.20***	--	1.30
	Difficulty Walking or Climbing Stairs	-600.5***	130.75***	--	--	-596.68***	-96.78***	--	10.87***
	Difficulty Dressing or Bathing	-387.89***	42.58***	--	--	-609.05***	-39.92***	--	-0.35
	Difficulty Performing Errands	-996.44***	112.02***	--	--	-946.36***	-61.16***	--	3.55
Courteous and Helpful Office Staff	Office Staff Helpful	17.37***	-32.37***	19.58***	87.20***	-9.46**	-1.30	-9.12***	-0.01
	Office Staff Treat You With Courtesy and Respect	25.24***	-6.41***	9.83***	75.62***	-16.78***	0	-20.65***	2.32
Care Coordination	Provider Has Medical Records	0.52	-1.68	3.09*	49.22***	-45.9***	3.82	5.41**	-6.74**
	Provider Follow Up with Test Results	-3.27**	-5.96***	16.98***	49***	-10.02**	-1.60	1.83	-0.55
	Health Care Team Discuss Taking Medicines	-81.44***	8.48***	5.94***	70.47***	-6.53*	-7.10**	84.16***	10.48**
Between Visit Communication	Providers office contacted you to make appointment	1.31	-6.96***	-6.61***	-2.25	62.38***	0.64	-10.46***	2.82
Helping You Take Medications as Directed	Provider Give Instructions for Taking Medicines	-9.39***	-6.94***	4.80***	28.39***	0.53	-1.14	7.40***	-17.6***
	Written Instructions Easy to Understand	0.71	0.86	-0.35	4.18**	0	0.08	-0.69	-16.43***
	Suggest Ways to Help Remember	4.53***	-63.57***	9.15***	-3.19*	120.43***	6.61*	-7.41***	2.45
Stewardship of Patient Resources	Health care team talked about how much medicines cost	-51.32***	-6.36***	-16.96***	3.02*	-91.41***	-8.76**	-22.75***	-0.21

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

ACCOUNTABLE CARE ORGANIZATION

Interpretation of Table 5: The sixth row of Table 5, (labeled “Providing Clear Explanations”) indicates that beneficiaries’ age, education, self-rated health, self-rated mental health, Medicaid eligibility and receipt of proxy assistance were statistically significantly associated with their response to the survey question about how often their provider gave easy-to-understand explanations. Statistical significance is indicated by the asterisks to the right of the values -11.06, 4.37, 13.02, 109.05, -41.11, and 3.3 . Because the sign of the value in the “Age” column is negative (-11.06), the interpretation is that older beneficiaries said their providers gave easy-to-understand explanations *less often* than did younger beneficiaries. Similarly, because the sign of the value in the “Medicaid dual eligibility” column is negative (-41.11), the interpretation is that beneficiaries who are eligible for Medicaid said their providers gave easy-to-understand explanations *less often* than did those that are not eligible for Medicaid. Because the sign of the value in the “Mental Health Status” column is positive (109.05), the interpretation is that beneficiaries with better mental health said that their providers gave easy-to-understand explanations *more often* than did beneficiaries with worse mental health. Similarly, because the sign of the value in the “Education” column is positive (4.37), the interpretation is that beneficiaries with higher education said that their providers gave easy-to-understand explanations *more often* than did beneficiaries with less education. As the other two values in that row, 1.61 and 0.07, do not have asterisks beside them, the associations that they signify are not statistically significant (i.e., not reliably distinguishable from zero).