

## **Responses to Comments Received**

CMS received comments from six health plans to the December 12, 2014 notice on the extension request for the Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey.

### **Comment**

Several expressed support for adding the item about whether the personal doctor is a specialist. Multiple organizations expressed support for removing items in order to keep the survey a reasonable length.

### **CMS Response**

Thank you for your comments.

### **Comment**

Several organizations expressed concern that results from the items about whether anyone from a doctor's office, pharmacy, or prescription drug plan contacted you would not be useful for quality improvement purposes because of the different entities involved.

### **CMS Response**

If CAHPS results identify issues for a health or drug plan in a particular area, plans can do focus groups to try to understand the issue.

### **Comment**

Comments were mixed on the items about use of technology during office visits. A few challenged the necessity of the items and suggested modifying or removing, while others supported the adoption of the items to measure new modes of care delivery.

### **CMS Response**

Use of technology has the potential to improve communication between doctors and patients. Some studies have reported negative outcomes, such as depersonalization of the doctor visit, which makes it important to measure the use and effect of health information technology from a patient's perspective. Please see: McInnes, D. K., Brown, J. A., Hays, R. D., Gallagher, P., Ralston, J. D., Hugh, M., Kanter, M., Serrato, C. A., Cosenza, C., Halamka, J., Ding, L., & Cleary, P. D. (2012). Development and assessment of CAHPS questions to assess the impact of health information technology on patient experiences with care. *Medical Care*, 50, S11-19.

The questions comprise AHRQ's CAHPS Composite "Helpfulness of provider's use of computers during a visit" and have been tested both cognitively and psychometrically. We note it is not desirable to modify the CAHPS measures as the properties or performance of the measure may change. Additionally, the purpose of the item sequence is not to measure use of the specific mode of technology but to measure the potential impact of doctor's use of technology whether hand held or computer.

### **Comment**

Comments on the flu items were mixed. One organization supported, while another suggested the information could be better addressed via claims information.

### **CMS Response**

Flu shot information is collected through a survey since there are a variety of places where people can get flu shots and the plan may not have a record of a flu shot in their administrative data depending on where the flu shot was received.

### **Comment**

One organization challenged the inclusion of the item about whether personal doctor seemed informed about care from specialists since it could be challenging for respondents to answer.

### **CMS Response**

Thank you for your comment. This question performed well psychometrically and is part of a composite measure of Care Coordination. Please see: Hays, R. D., Martino, S., Brown, J., Cui, M., Cleary, P., Gaillot, S., & Elliott, M. (2014). Evaluation of a care coordination measure for the Consumer Assessment of Healthcare Providers and System (CAHPS®) Medicare Survey. *Medical Care Research and Review*, 71, 192-202.

### **Comment**

One organization questioned removing questions about age and gender since they are used for trending over time to better understand members' responses.

### **CMS Response**

CMS provides vendors with date of birth and gender as part of the member's sample record and can use that data in reporting for continued use in trending. No loss of information to the survey sponsor will occur with the deletion of these questions.

**Comment**

A few organizations commented on consistency in wording between survey versions or the placement of items within the survey.

**CMS Response**

CMS' goal is to promote standardization in how items are collected across the survey versions.

**Comment**

Several organizations commented on member burden and declining response rates, and a few suggested additional items that could be removed. Another questioned whether self-reports are valid for beneficiaries with cognitive impairments or for SNPs.

**CMS Response**

Declines in response rates are likely due to more general declines in the response rates of all surveys in recent years. The MA-PD survey is now considerably shorter than 5 years ago, when response rates were higher. The survey collects information that consumers have identified as being important to assessing experience with health care, as well as information that is important to CMS in our role as a purchaser of care.

In order to be a CAHPS survey, CMS must implement all the core health plan survey questions. Periodically, AHRQ updates the core survey measures and during such activity CMS (along with other stakeholders and the public) provides comment and suggestions. We further note that CAHPS surveys use screener or filter questions to promote accurate identification of the denominator of enrollees qualified to report on an experience. Removing explicit screeners often requires revising item wording which introduces increased cognitive complexity to a question. Answering a complex question can often require more time than answering a screener and related filter question.

The current procedures for the administration of the MA & PDP CAHPS Surveys allows for proxy assistance to answer the survey as well as proxy response to the survey to promote participation in the survey across a broad range of sampled plan members.

**Comment**

One organization requested that CMS verify the sampling methodology to ensure that MA-only enrollees receive the MA-only survey and MA-PD enrollees receive the MA-PD survey.

**CMS Response**

CMS reviewed the composition of requested, provided, fielded, and completed surveys. We verified that the assignment of each PBP to MA-PD or MA-only is correct according to Medicare monthly report files.