

Objective: To evaluate the presence of mode effects, we compared mail and telephone responses to the G-CAHPS® survey in a sample of patients from physician groups in California.

Background

- The G-CAHPS® survey focuses on patient experiences in receiving care from their medical group practice.
- G-CAHPS® has not been previously evaluated for comparability across methods of administration.

The G-CAHPS® Instrument

- One of a family of CAHPS® (Consumer Assessment of Health Plans Survey) instruments
- Six multi-item composites address domains that patients believe are important in evaluating medical groups
- Three global rating items
- Survey available on CAHPS® website (public domain): www.cahps-sun.org

Population Studied

- A random sample of 400 patients were selected from each of 4 physician groups → 1600 patients
- Physician groups included two multi-specialty group practices, one safety net provider, and one independent practice association (IPA) that included multiple physician practices

Study Design

- Random assignment to mail or telephone
- Mail non-responders were contacted by telephone (mixed mode respondents)
- Data were analyzed for two comparisons

Randomized group comparison:

Compared patients who responded to the mode to which they were randomized (excluded mixed mode respondents)

Respondent group comparison:

Compared patients on the mode to which they responded (included mixed mode respondents)

- Analyses focused on response rates, rates of missing data, internal consistency of multi-item composites and mean scores

G-CAHPS® Composites and Items

In the last 12 months...

Access: Getting Care Quickly

...when you needed care for an illness or injury, how often did you get care as soon as you wanted?

...how often did you get an appointment for regular or routine health care as soon as you wanted?

...how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?

...when you called during regular office hours, how often did you get the help or advice you needed?

Access: Getting Needed Care

...how much of a problem, if any, was it to get the care you or a doctor believed necessary?

...how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

Communication

...how often did doctors or other health providers listen carefully to you?

...how often did doctors or other health providers explain things in a way you could understand?

...how often did doctors or other health providers show respect for what you had to say?

...how often did doctors or other health providers spend enough time with you?

Coordination

...how often did your personal doctor or nurse help you decide which individual specialist to see?

...how often did your personal doctor or nurse seem informed and up-to-date about the care you received from specialists?

Office Staff

...how often did office staff at your doctors' offices or clinics treat you with courtesy and respect?

...how often were office staff at your doctors' offices or clinics as helpful as you thought they should be?

Preventive Counseling

...did your personal doctor or nurse talk with you about how much or what kind of foods you eat?

...did your personal doctor or nurse talk with you about how much or what kind of exercise you get?

Global Rating Items

Specialist rating

Personal doctor/nurse rating

All care

Principal Findings

Randomized comparison

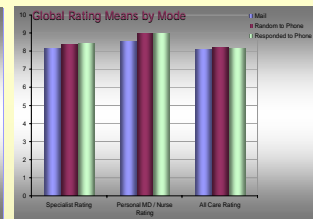
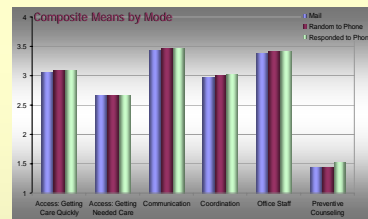
- 777 completes (343 mail, 434 phone)

Respondent comparison

- 880 completes (343 mail, 537 phone)
- 54% response rate

Identical pattern of results for randomized comparison and respondent comparison

- Missing data did not differ by mode
- Similar internal consistency estimates across mode for all composites
- Global rating of personal doctor/nurse significantly higher for phone respondents
- Respondent characteristics (casemix variables): age, survey language (English versus Spanish), Hispanic ethnicity, self-reported overall quality of life, rating of health care in the United States
- After casemix adjustment, no significant associations of mode with reports or ratings of care remained.



Conclusions

- Rates of missing data and estimates of internal consistency reliability were indistinguishable by mode for both methods of comparison.
- All sixteen report items, all six composite items, and two of three global ratings did not differ by mode of administration.
- One observed global rating difference (personal doctor/nurse) was not present after adjusting for respondent characteristics.

Implications

- The G-CAHPS® survey provides comparable results whether administered by mail or telephone.