



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



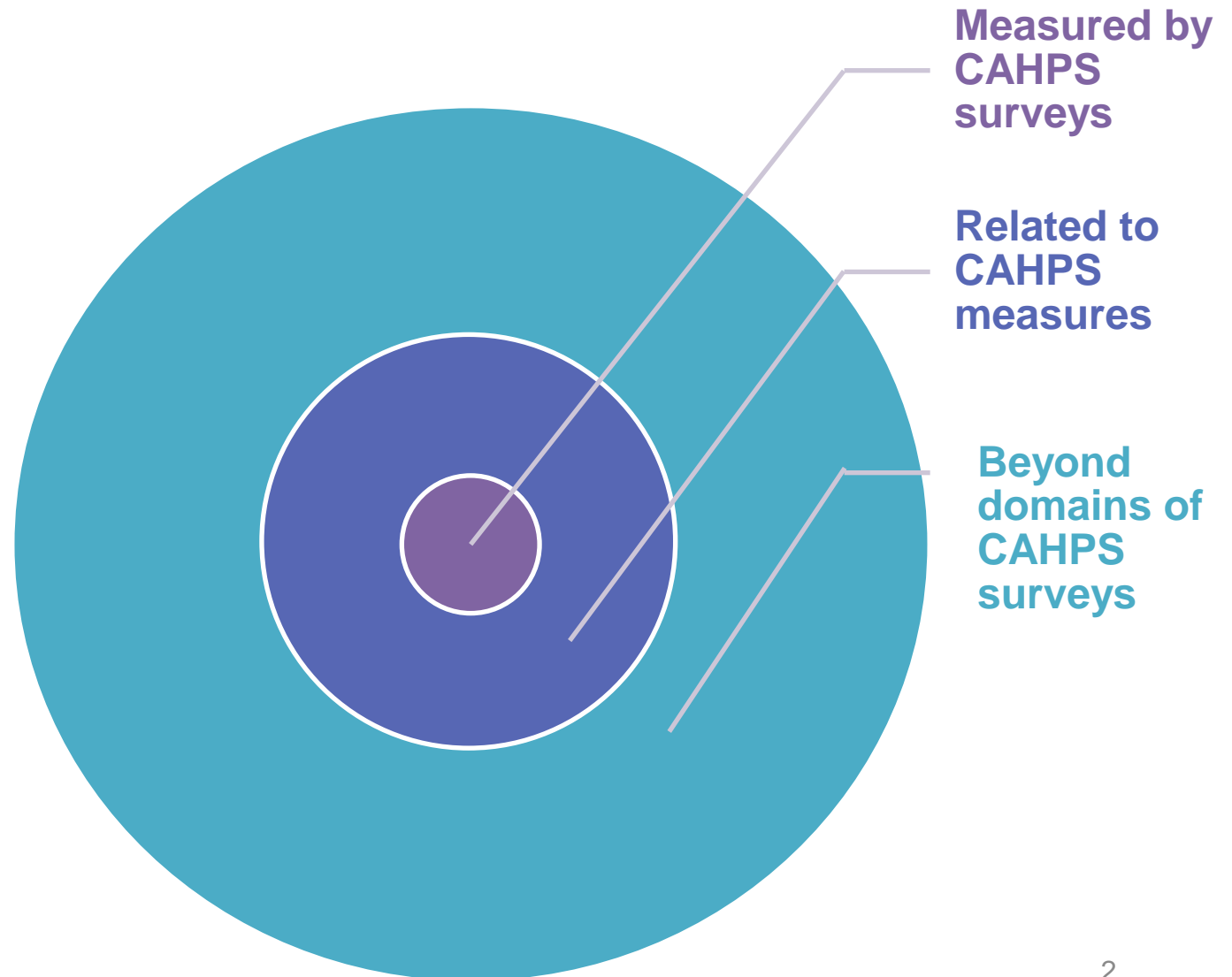
# Developing Narrative Items for the CAHPS Health Plan Survey

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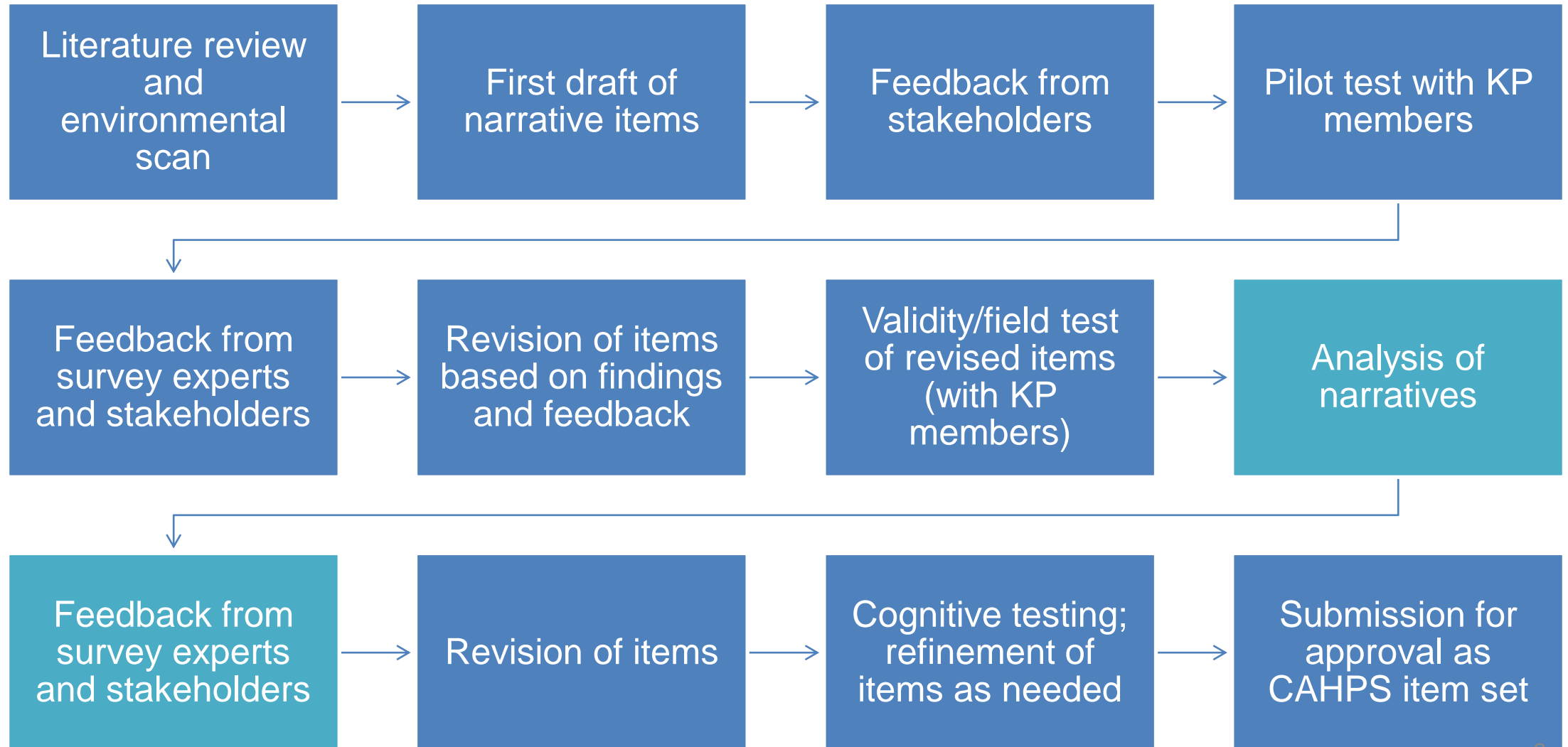
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# Why add narrative items to CAHPS surveys?

- To better understand the issues underlying scores on CAHPS measures (e.g., access to care, communication, customer service)
- To get input on aspects of patient experience related to CAHPS measures
- To learn about aspects of patient experience beyond the domains measured by CAHPS surveys



# The development process for the Health Plan Narrative Items



# First draft of Narrative Items for the pilot (June 2020)

- What's most important to you?
- What has gone well?
- What could have been better?
- What was surprising?
- How well did the plan address ongoing health needs?
- How well did the health plan address new health needs?
- How clear was the information you received from the health plan?
- Did you ever feel like you were treated impersonally?
- What would you change about the health plan?
- How did telehealth compare with in-person care?

# The pilot test with Kaiser Permanente

- 49 members of Kaiser Permanente's Voice Panel completed a full CAHPS survey, including 10 narrative items at the end.
- We conducted phone interviews with 10 respondents, stratified by education and HMO/DHMO.
- Analysis involved coding and comparing written responses to phone interview.

## ADDITIONAL QUESTIONS

*Now we would like to ask a few more questions about the services your health plan provides.*

## IN YOUR OWN WORDS

Please tell us in your own words about your experiences with the care and services from Kaiser Permanente and its providers. We value detailed comments from our members because they help us understand what is working well and what may need improvement.

Your \$10 gift card will be emailed within three weeks.

The email will come from a market research vendor, SPH Analytics, and contain the subject line:

**"SPH Analytics sent you an Amazon Gift Card!"**.

The email will appear in your inbox as sent from an Amazon.com e-mail address such as

<gc-orders@gc.email.amazon.com>

If you don't receive the code, please check your junk folder in case it was sent there.

# What the revised narrative questions ask about

What members  
value

Positive  
experiences

Negative  
Experiences

Surprising  
experiences

Experiences with  
coordination/  
continuity of care

Issues with  
coverage, costs,  
and bills

Experiences with  
health plan  
information and  
support

Suggested  
improvements

Experiences with  
telehealth

# Narrative items in the validity test (August-October 2020)

- **What members value.** Q44 First, what are the most important things you want from a health plan and its health care providers?
- **Positive experiences.** Q45 Thinking about what's important to you, in what ways have your experiences with Kaiser Permanente gone well over the last 12 months? Please explain what happened, how it happened, and how it felt.
- **Negative experiences.** Q46 In what ways could your experiences with Kaiser Permanente have gone better in the last 12 months? Please explain what happened, how it happened, and how it felt.
- **Surprising experiences.** Q47 In the last 12 months, what, if anything, was surprising to you about your experiences with Kaiser Permanente or its health care providers?
- **Monitoring/follow-up.** Q48 In the last 12 months, how well has Kaiser Permanente and its health care providers kept track of and met your health care needs? Please consider follow-up on tests and treatment as well as the ways in which providers communicated with each other and coordinated your care.
- **Bills/costs.** Q49 In the last 12 months, if you had any concerns about your bills or the costs of your care, how well did Kaiser Permanente respond?
- **Access to Info.** Q50 In the last 12 months, how well has Kaiser Permanente explained where and how to get care, your plan benefits, and how to get help with any problems or issues? If you contacted Kaiser Permanente, how did you feel about their response?
- **Improvement opportunities.** Q51 If you could change anything about Kaiser Permanente, what would it be?
- **Telehealth.** Q52 If you have had an interaction with a Kaiser Permanente health care provider through the phone or video over the last 12 months, how was the appointment better or worse than in-person care at the office? Please consider things such as setting up the appointment, any preparations ahead of time, your interactions during the appointment, and any follow-up afterward.



# Kaiser Permanente's METEOR Survey

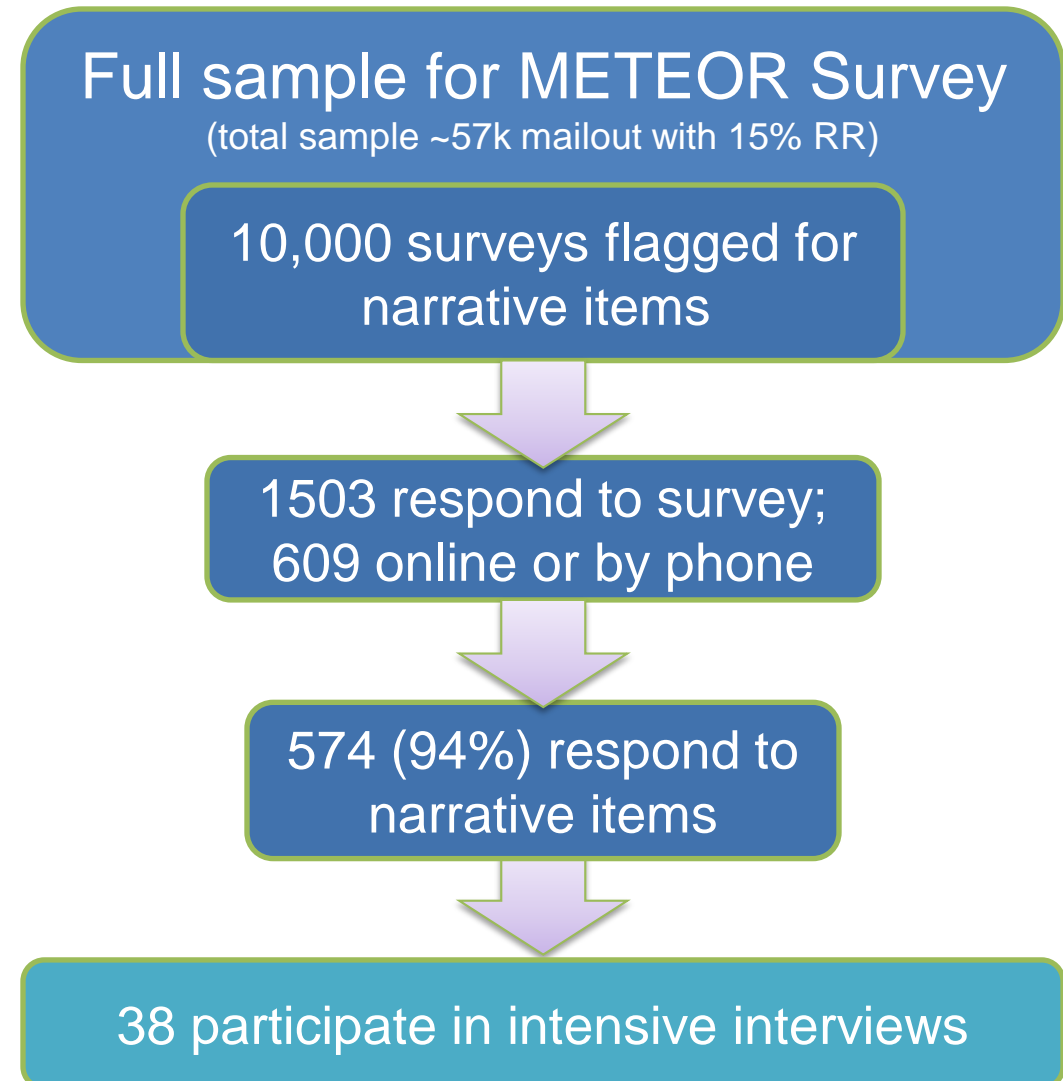


- Every year, KP fields two commercial CAHPS surveys:
  - ▶ The official CAHPS Health Plan Survey used for NCQA accreditation: Feb. - April.
  - ▶ The METEOR Survey (internal version of the commercial survey): August - October.
- Included in the METEOR Survey:
  - ▶ Commercial members (no Medicaid or self-funded members).
  - ▶ Continuous enrollment of 12+ months.
  - ▶ 18 years or older.
- Administration: Randomly selected members are offered three means of completing the CAHPS survey (mail, web, and phone follow-up).
- Uses: For quality improvement; to test new questions.



# Validity testing with the METEOR Survey

- Approximately 18% of the METEOR sample (10,000) were flagged.
- Only those who responded online or by phone (609) received narrative items at the end of the full CAHPS survey.
- Almost all of these respondents (574) answered the open-ended questions.
- Interviews were conducted with a subset of respondents.
- Analyses involve comparing the survey responses to phone interviews; also analyzing relationship between narratives and CAHPS scores.



# Example of a typical narrative

- I LIKE THEM BEING AVAILABLE AND TRANSPARENT. I JUST LIKE TO HAVE DOCTORS WITH GOOD BEDSIDE MANNERS. I THINK THOSE ARE THE NUMBER ONES. I HAVE NEVER HAD A HARD TIME GETTING HEALTH CARE. I NEVER HAD TROUBLE GETTING SOMEONE TO HELP ME UNDERSTAND SOMETHING IF I DID NOT UNDERSTAND.
- I RECENTLY FOUND OUT I WAS GOING TO HAVE TO GO TO THE EMERGENCY BECAUSE I FOUND OUT THE BABY DIED. I ENDED UP HAVING TO HAVE EMERGENCY SURGERY. WITH ALL THE COVID RESTRICTIONS, KAISER WAS NOT SUPPOSED TO ALLOW VISITORS. HOWEVER, BECAUSE OF THE SITUATION, KAISER AND MY DOCTORS WERE SUPER COMPASSIONATE AND THEY ALLOWED MY HUSBAND TO BE WITH ME DURING THIS SUPER TRAGIC EVENT.
- I DO NOT HAVE ANY FEEDBACK BECAUSE I FELT LIKE ALL MY CARE HAS BEEN EXCELLENT.
- I DO NOT THINK I HAD ANYTHING THAT SURPRISED ME.
- I FEEL LIKE THEY HAVE BEEN EXCELLENT ACROSS THE BOARD.
- VERY WELL.
- I HAVE NOTHING BUT GOOD EXPERIENCES.
- I CANNOT THINK OF ANYTHING. I HAVE BEEN VERY HAPPY WITH KAISER OVER THE YEARS.
- I LIKE VIDEO APPOINTMENTS. I FEEL LIKE SOME CONDITIONS ARE MORE CONVENIENT. I APPRECIATE THERE IS NO COPAY FOR MY VIDEO VISIT.

# Example of a detailed narrative

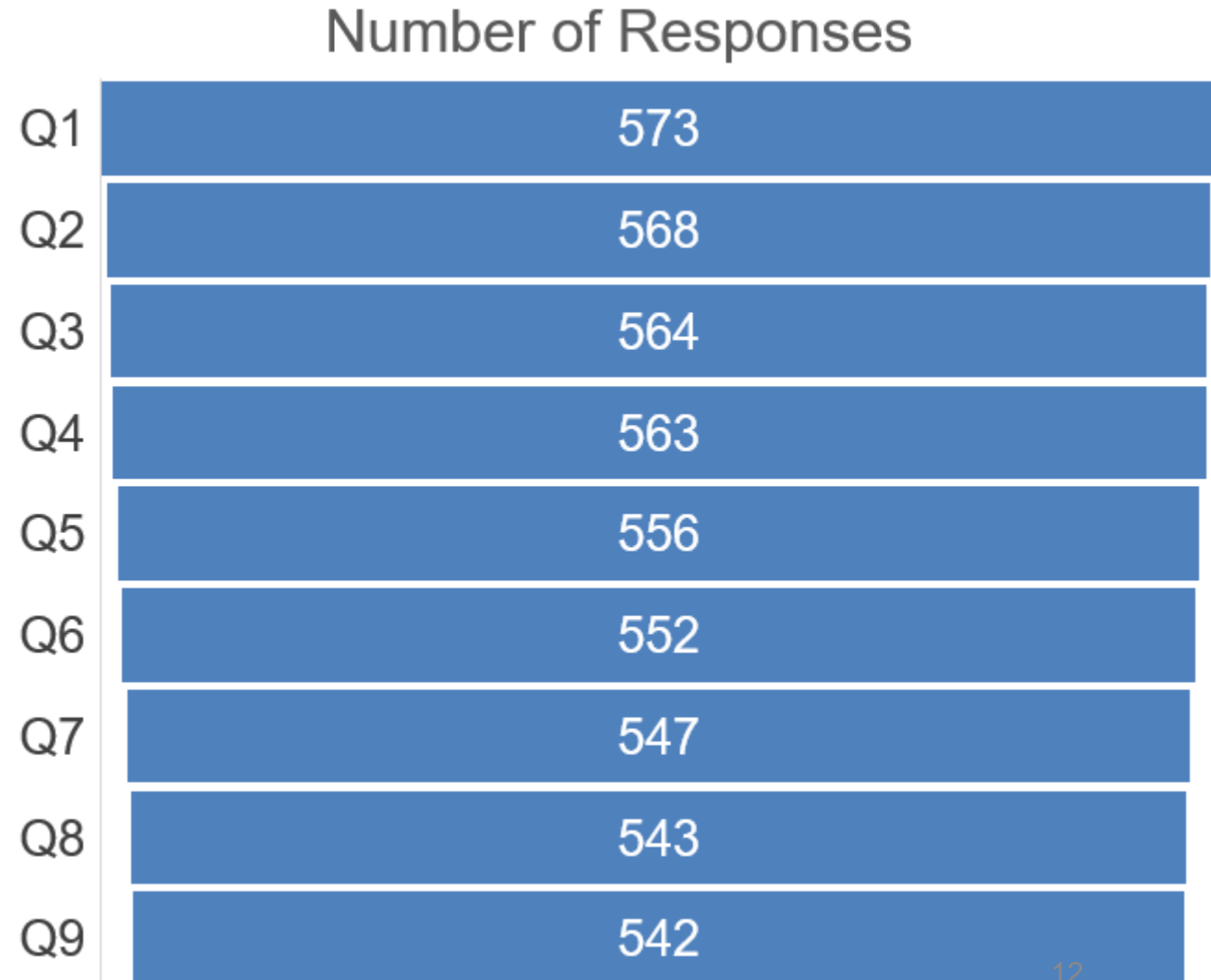


- FOR ADDITIONAL SPECIALISTS TO TAKE TIME TO HEAL AND TIME TO FIX IT. I WANT THEM TO TREAT IT AND NOT ONLY CURE ACUTE SYMPTOMS.
- THE NURSING STAFF ARE GREAT. HOWEVER, THE CHECK IN STAFF ARE RUDE AND I HAVE GONE TO THREE OF THEM. I KNOW THEY ARE NOT SUPPOSED TO TELL ANYBODY ELSE ABOUT WHY I AM THERE. IT IS JUST SOMEBODY ON THE PHONE. THEY NEED TO PUT ON WHY I AM THERE (TOE), MY NAME AND THAT I AM CHECKING IN. I AM NOT TOUCHING THE SCREENS, WHO IS BEHIND THE SOFTWARE? WITH THE FINGER PRINTS, WHERE DO THEY GO AFTER THAT? IS IT TO STEAL MY IDENTITY OR WHAT?
- THE RUDE STAFF NEEDS TO STOP! THEY ARE RUDE AND DISRESPECTFUL. THE FACE OF KAISER NEEDS MORE CARING AND SMILING FACES. MY WIFE CANNOT GET A PAP SMEAR ON A VIDEO CHAT. IT IS HARDER TO GET AN APPOINTMENT. THEY WOULD NOT LET ME GO TO THE PHARMACY AND MY WIFE COULD NOT GO DO WHAT SHE NEEDED TO DO. THE SECURITY TOLD ME THAT I COULD NOT GO TO THE PHARMACY AND MY WIFE HAD A DOCTOR'S APPOINTMENT. I ASKED SECURITY IF HE WOULD LIKE TO WALK ME TO THE PHARMACY AND THAT NEEDS TO GET CHANGED.
- I HAD TO WITNESS IT. WE HAD TO GO THE HOSPITAL TO GET SURGERY AND MY WIFE SHOULD OF STAYED LONGER WHILE SHE HAD COMPLICATIONS. OTHER HOSPITALS I WAS ABLE TO BE THERE WITH ANOTHER FAMILY MEMBER. WE WENT TO EMORY AND THEY ARE TRYING TO SAVE MONEY. THE PAIN MANAGEMENT WAS NOT THERE. YOU ARE SUPPOSE TO PEE, POOP AND PASS GAS BEFORE YOU GET RELEASED. MY WIFE WAS IN PAIN AND PUSHED THE BUTTON, THE CHARGE NURSE SAID THAT SHE HAD TO CALL HER NURSE AND HUNG UP ON HER. SHE WAS THE CHARGE NURSE.
- I TRIED TO DO A FOLLOW UP WITH PREEXISTING CONDITIONS. THEY HAVE ALL DROPPED OFF. THEY ARE ON TOP OF THE COVID TESTING. THE PHONE CHAT WITH THE DOCTORS ARE GOOD, BUT ANYTHING THAT HAS TO DO WITH OTHER CONDITIONS THEY WILL NOT DO.
- NO PROBLEMS WITH COST OF CARE. WE ARE WAITING FOR THE BILLS. I HAVE GONE THROUGH THE KAISER PORTALS. WHEN THE BILLS LEAVE KAISERS HANDS, WE DO NOT KNOW IF WE ARE GOING TO GET MORE BILLS.
- THE COVID TEST IS A BIT TRICKY. THEY NEED KEYWORDS TO GET THE TEST, AND IF YOU ARE CALLING AND TRYING TO GET THE LATEX FREE FLU SHOT YOU ARE GETTING NOWHERE. THEY ARE PUSHING THE VIDEO AND THE MAIL OUT. IT CANNOT BE DONE BY ONE BOX DOES NOT FIT ALL.
- IF YOU HAVE PRE EXISTING CONDITION THOSE ARE NOT COVERED. THERE IS A PROBLEM WITH THAT, AND IF YOU HAVE A SERIOUS ISSUE DO NOT GO TO KAISER. THE SPECIALIST ARE LIMITED. KAISER PUT STRICT LIMITATIONS ON WHAT YOU CAN GET SEEN FOR.
- THE VIDEO AND PHONE CHATS ARE GREAT. I DO NOT HAVE TO GET RUDE CUSTOMER SERVICE WHEN DOING VIDEO AND PHONE CHATS AND WILL BE JUST ME AND THE DOCTOR.

# Assessing performance of the Health Plan

## Narrative Items: Engagement

- 574 respondents provided at least one answer to the narrative items.
- ~95% of respondents who answered the first question also answered the last question.



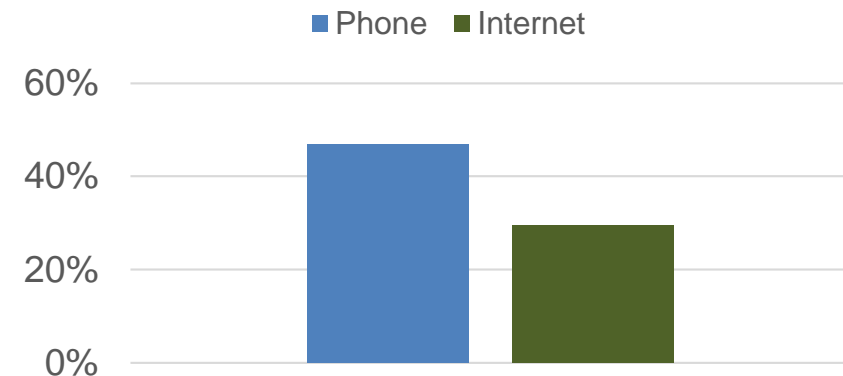
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## Narrative Items: Engagement

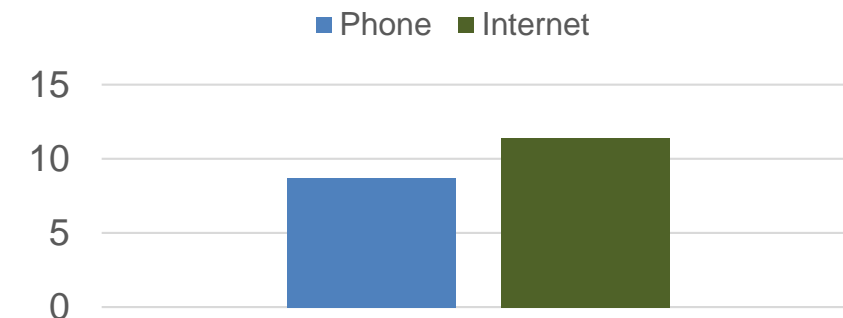
- **Richness of the responses:**  
37.8% of narratives were “sparse”  
(~2/3rds not sparse)
  - ▶ Sparse = fewer than half of the questions have a codable response.
  - ▶ 10-15% due to COVID-related restrictions on access
  - ▶ 23-28% of narratives likely to be sparse in a normal year (comparable to percentages for CG-CAHPS narrative items)

More codable responses in internet mode

### Sparse Narratives



### Mean Number of Coded Passages



# Coded domains covered by narrative items

Access to  
primary care

Access to  
specialty care

Relationships  
with providers

Communication  
with providers

Coordination of  
care

Technical  
quality of care

Social needs

Health plan  
communication

Health  
promotion

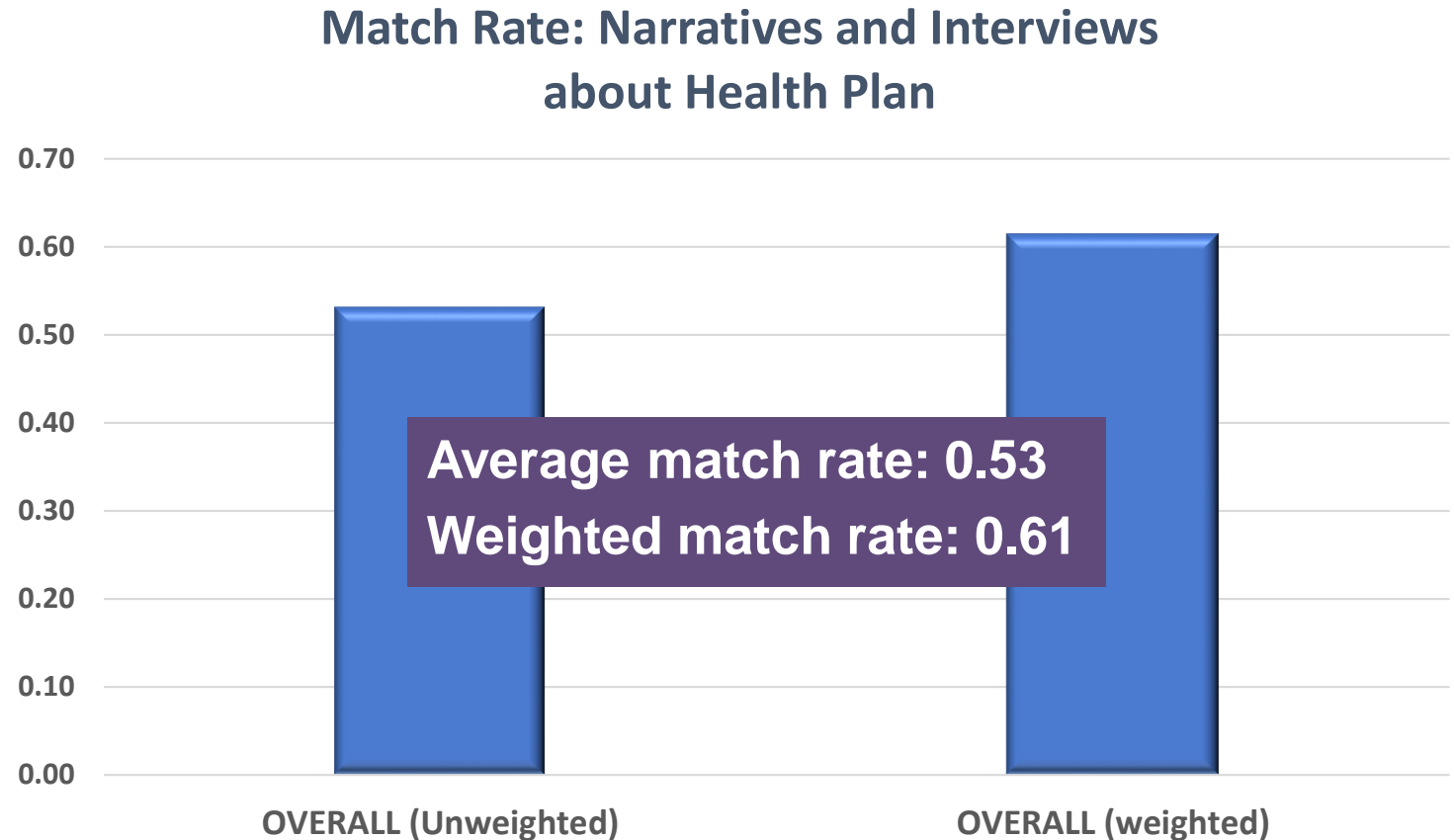
Insurance  
coverage

Billing and  
payments

# Comparing narratives to interviews: Completeness

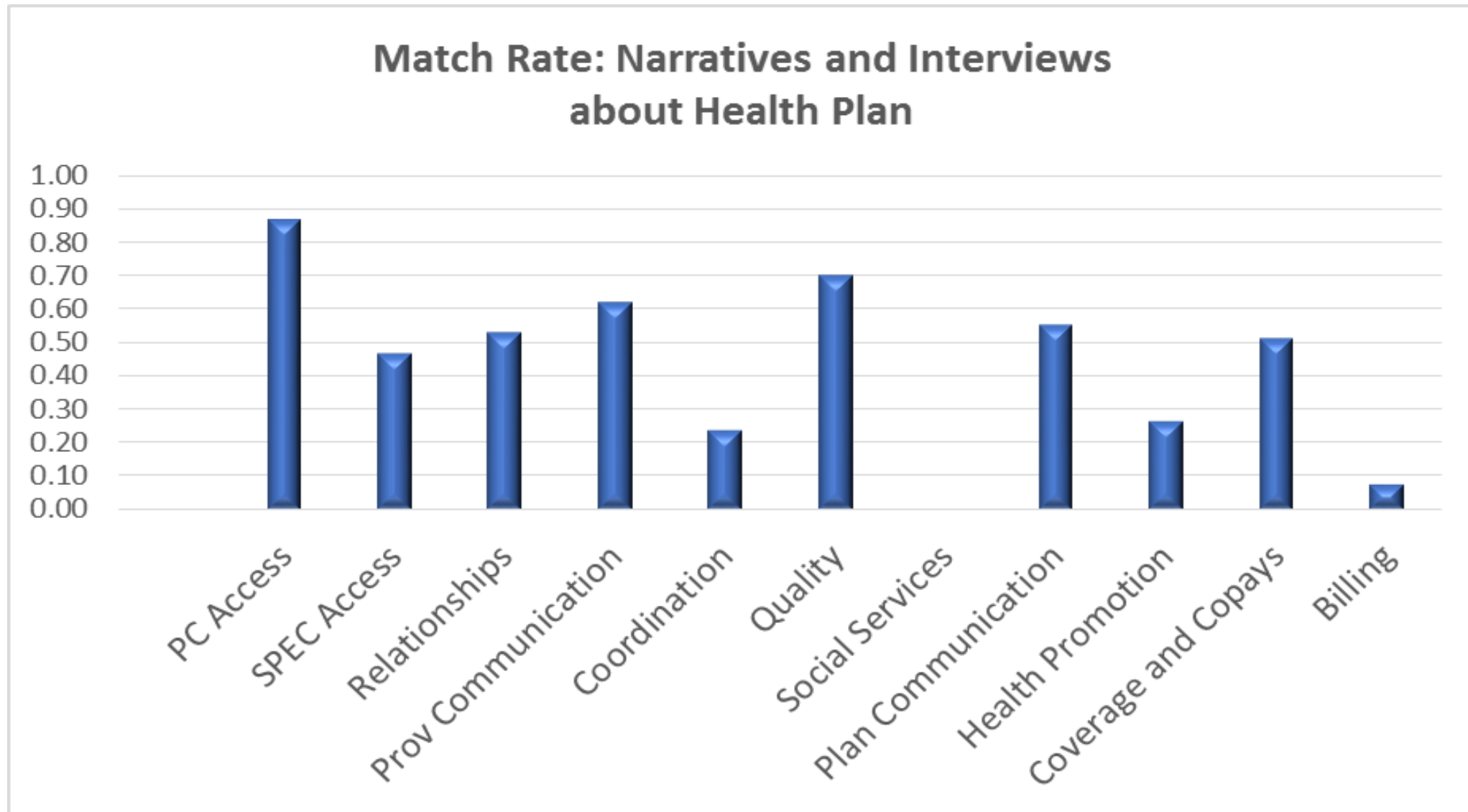
**Completeness:** How well the experiences described in the narratives match those shared in the interviews

**Match rate:** the probability that an experience reported in the interview is also reported in the narrative.





# Comparing narratives to interviews: Completeness by domain



# Comparing narratives to interviews: Balance

**Balance:** reflecting positive and negative aspects of experience in proportion to each patient's experiences

- Overall, narratives are about 20 percentage points more negative than the content from the matching interviews (excluding domains with too few responses).
- Exceptions: Provider quality and plan communication

DOMAINS	Percent Positive Valence	
	Interviews	Narratives
PC Access	0.74	0.56
SPEC Access	0.55	0.33
Relationships	0.73	0.58
Prov Communication	0.72	0.51
Coordination	0.75	0.50
Quality	0.63	0.65
Social Services	0.78	NA
Plan Communication	0.76	0.86
Health Promotion	0.73	0.57
Coverage and Copays	0.69	0.46
Billing	0.65	0.25

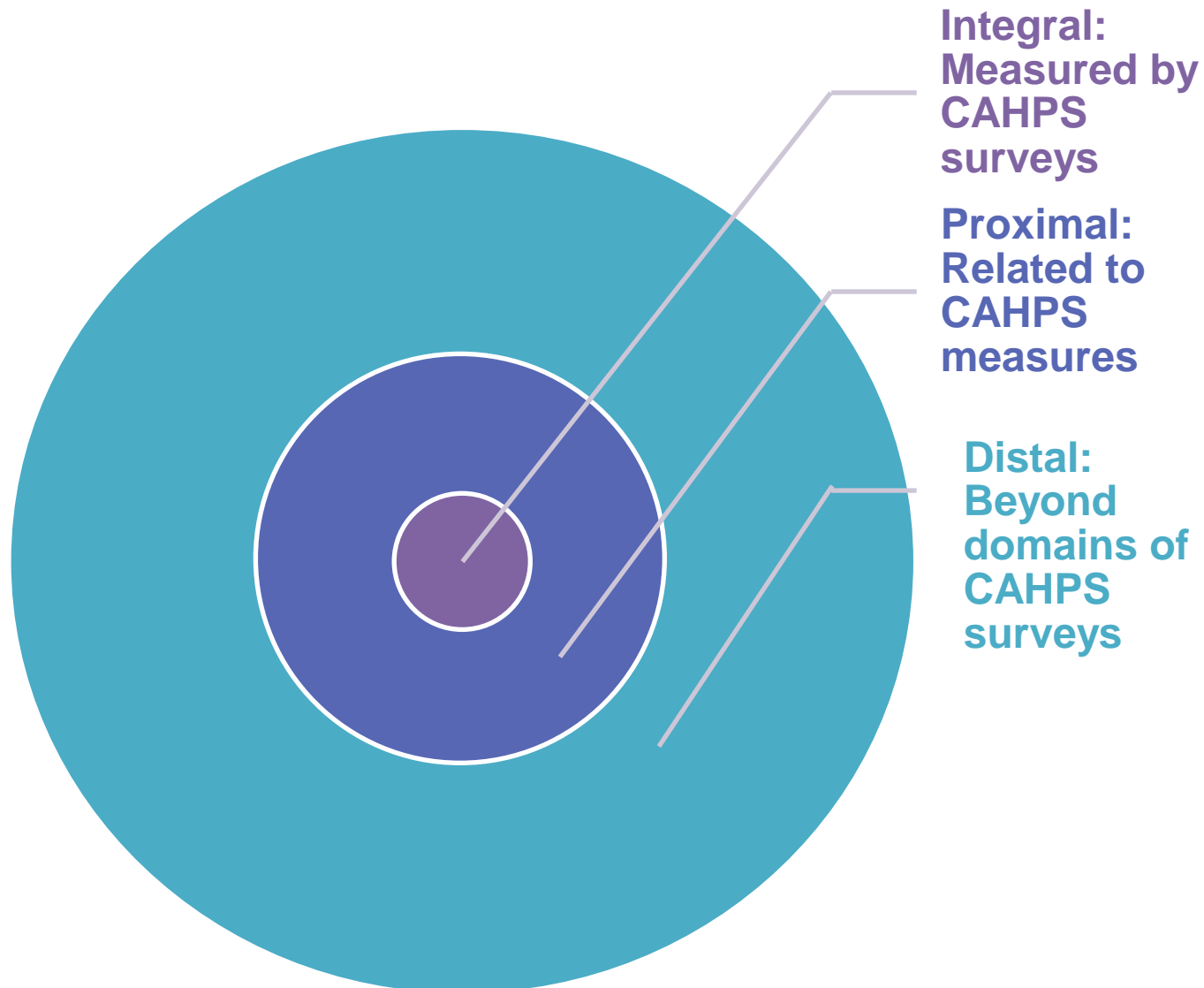
# Representativeness of feedback to the Narrative Items: By education

Measure	Educational Attainment			
	High School or Less	Some College	College Grad	Grad School
<b>Percent of Completed Narratives</b>	16.7%	29.3%	24.6%	29.3%
<b>Sparse Narrative</b>	53.3%	43.2%	32.6%	26.4%
<b>Mean # of Coded Passages</b>	5.9	9.2	11.6	12.6
<b>Actionable Info</b>	31.8%	42.6%	48.9%	54.6%
<b>Highly Actionable Info</b>	17.8%	29.0%	37.0%	33.7%

# Representativeness of feedback to the Narrative Items: By race/ethnicity

Measure	Hispanic		Race			
	Yes	No	White	African American	Asian American	Other and Mixed
<b>Percent of Completed Narratives</b>	16%	84%	55%	18%	13%	17%
<b>Sparse Narrative</b>	44.8%	37.3%	33.9%	45.5%	38.2%	44.4%
<b>Mean # of Coded Passages</b>	8.9	10.3	10.1	10.5	10.3	8.8
<b>Actionable Info</b>	42.5%	45.5%	44.3%	49.5%	48.5%	41.3%
<b>Highly Actionable Info</b>	25.3%	31.0%	26.9%	38.4%	33.8%	27.0%

# Narratives offer valuable information



Whether insights are integral, proximal, or distal depends on which Health Plan Survey you are referring to.

- Core CAHPS Health Plan Survey
- NCQA's HEDIS Survey
- Kaiser Permanente's METEOR Survey
- Qualified Health Plan Enrollee Survey

# Examples of “distal” domains captured by narratives

## Relationship with providers

Providers show empathy

Providers are humane

Providers are attentive

Providers advocate for patients

## Technical quality

Providers are thorough

Providers are knowledgeable

Continuity of care

Follow-up with patients

Patient safety

## Communication with providers

Provider knows medical history

## Health plan communication

Responsiveness to members' requests

## Insurance coverage

Claims questions answered

Medical equipment

## Billing and payments

Surprise billing

Billing records

# Value-added from narratives: Actionable information



- **Actionable:** Comments that enable the plan to identify what went wrong (or what is going well) and, in some cases, what needs to be done.
- Out of 574 narratives, 441 examples of actionable feedback

“

I WENT TO A SPECIALIST TO GET MY NOSE FIXED A MONTH AGO, AND THEY TOLD ME SOMEONE WOULD CONTACT ME TO SCHEDULE A DATE FOR SURGERY. IT'S BEEN ABOUT 5 WEEKS, AND NO ONE HAS REACHED OUT, AND I HAVE EVEN FOLLOWED UP ASKING FOR SOMEONE TO HELP ME SCHEDULE A DATE. IT IS FRUSTRATING AND A WASTE OF MY TIME.

”

“

MY BEST EXPERIENCE AT KAISER RECENTLY: THE GREETER, AT CUMBERLAND GEORGIA, HE MADE COVID-19 CHECK-IN FUN. WHAT A GENTLEMEN!

”



# **Kaiser Permanente's Reaction to the Patient Narratives**

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# Kaiser Permanente's perspective on the narrative items



## Useful tool which supplements the closed-ended CAHPS questions

- Because a respondent is often describing a specific encounter or transaction, the narrative items make the CAHPS results more actionable.
- This is especially true since we can map directly to the closed-ended results. Those domains which are close to the CAHPS survey provide an opportunity to improve CAHPS scores.
- It also measures domains not included in the core CAHPS survey, and better aligns with KP's goal of measuring the member experience across their entire healthcare journey.

## Helpful in constructing and evaluating open-ended questions in general

- Open-ended questions are often single items with limited focus. Considering a related set of questions to elicit quality feedback is useful.
- Helpful to consider completeness, balance, actionability, representativeness when evaluating open-ended questions.

# Next steps for Kaiser Permanente



## Further analysis of Fall 2020 item set

- Closer look into actionability.
- Relationship between narratives and closed-ended scores.
- Share results within KP for quality improvement.

## Text analysis tool being developed using Fall 2020 item set

- Intended to supplement but not replace traditional open-end coding and analysis.
- Compare results from this work to text analysis tool.
- Possibly compare with coding tools from vendor.

## Further out

- Incorporate into dashboards and other reporting.
- Apply Health Plan Narrative Item protocol when constructing open ends on other surveys
- Consider adding to CAHPS Health Plan Survey (if adopted).

# Anticipated challenges/considerations



## Data collection

- Cost to field and collect data.
- Increased respondent burden.

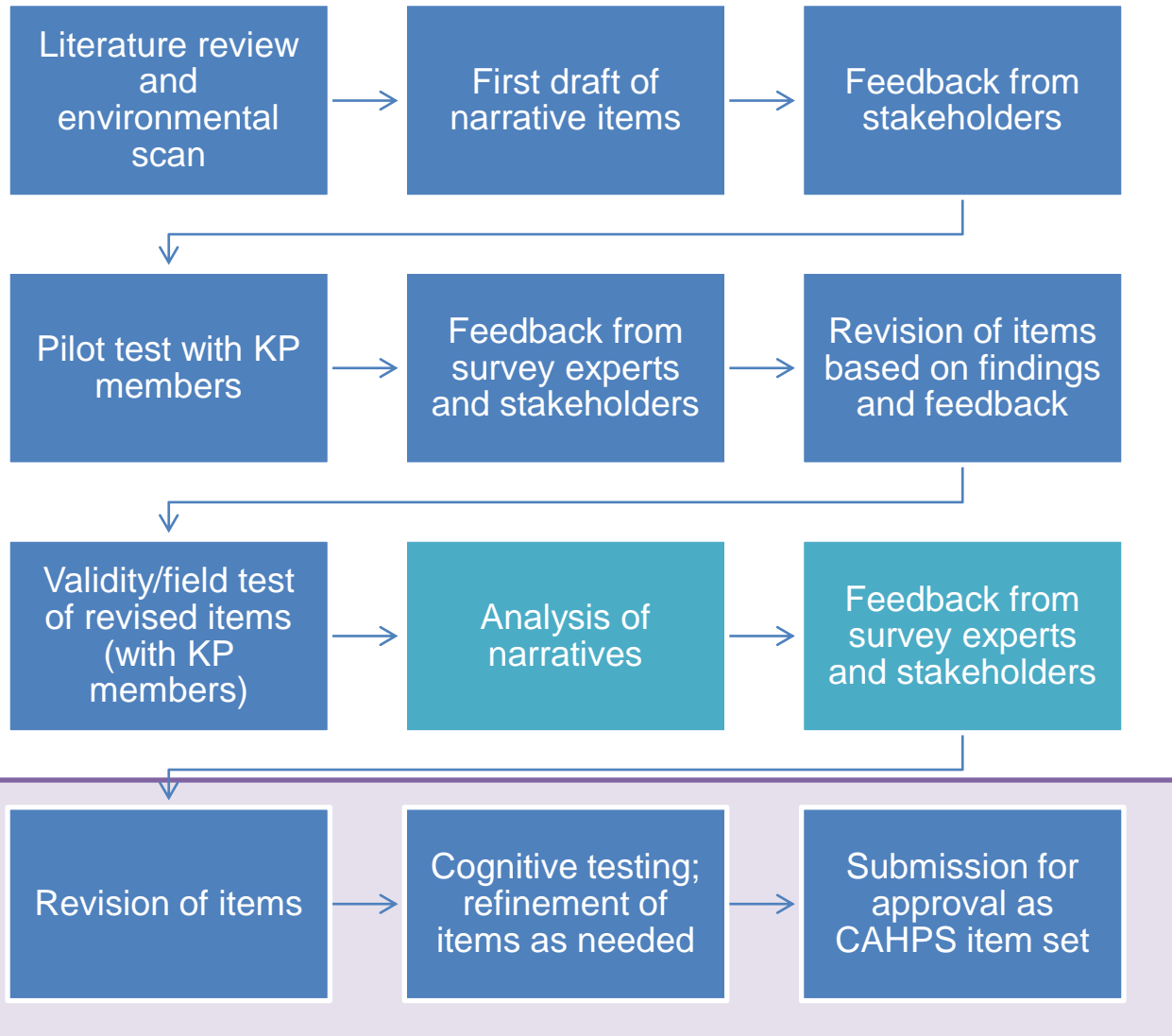
## Analysis and reporting

- High level of effort to collect and analyze.
- Ability to quickly receive results and act on feedback.

## Other considerations

- Comparison with other types of health plans.
- Representativeness.

# Next steps in the item development process



- Gather feedback from stakeholders
- Address outstanding content issues, including:
  - ▶ Billing
  - ▶ Care coordination
  - ▶ Health promotion
- Revise items
- Cognitive testing of items in English and Spanish
- Refine items as needed
- Submit items for approval as CAHPS product

# Group Discussion