

MAINE QUALITY FORUM'S

## **Maine Patient Experience Matters**

**Analysis of Patient Experience Over Time, 2012 and 2014**

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Submitted by

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— MEASURING TO IMPROVE —

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## Executive Summary

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### **What is Patient Experience and Why is it Important?**

Patient experience includes what happens to patients from the time they make an appointment to see a healthcare provider to when an appointment is over - including any follow-up services. National research shows that patients having positive experiences with their healthcare providers are more likely to seek preventive care, and be more active and engaged in managing their health. By measuring patient experience, consumers can make more informed choices and healthcare providers can identify areas for improvement that can lead to better health outcomes and reduced costs.

### **How is Patient Experience Measured?**

The most common way to collect information about patient experience is through a survey instrument administered to patients. The Consumer Assessment of Health Systems and Plans (CAHPS) survey, designed by the federal Agency for Health Care Research and Quality, is broadly recognized as the leading instrument for assessing provider performance on domains of interest to patients. Questions on the CAHPS survey are related to the following: how often patients get timely appointments, care and information; and how often providers communicate with patients and whether they have helpful, courteous and respectful staff. The rating of the provider includes questions about the provider talking with you about taking care of your own health, talking about medication decisions, and attention to your mental and physical health.

### **What is the *Maine Patient Experience Matters* Initiative?**

*Maine Patient Experience Matters* is a voluntary initiative developed by the Maine Quality Forum, in partnership with the Maine Department of Human Services, Maine Quality Counts and Maine Health Management Coalition, to encourage and support Maine practices to collect and use patient experience survey data to improve care. In 2012 and again in 2014, the MQF worked with medical practices and independent vendors to survey patients using the CAHPS instrument and to publicly report survey results. This is the first time that comparable statewide data is available to assess patient experience across practices, over time and with national benchmarks.

### **How many Patients Completed and Returned a Survey?**

Surveys were sent to over 233,500<sup>1</sup> patients. A total of 40,402 patients completed and returned their survey in 2012; 52,613 patients in 2014.

### **How Many Physician Practices Participated in this Initiative?**

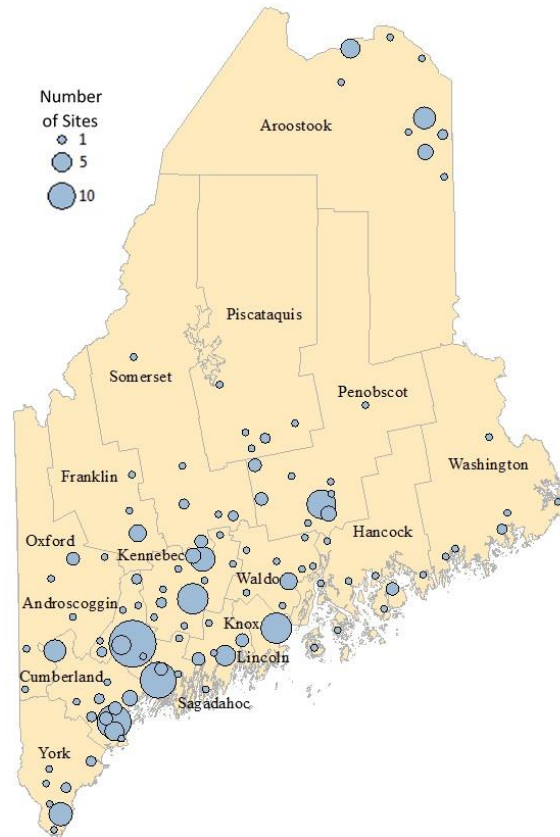
In 2012, 269 practices (162 adult primary care, 87 specialty, and 20 pediatric practices) voluntarily participated in *Maine Patient Experience Matters*. In 2014, the number of participating practices increased to 329 practices (205 adult primary care, 103 specialty and 21 pediatric practices). A total of 196 practices participated in the *Maine Patient Experience Matters* survey in both years.

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<sup>1</sup> Estimated based on CAHPS recommended 40% response rate goal. [https://cahps.ahrq.gov/surveys-guidance/survey4.0-docs/1033\\_CG\\_Fielding\\_the\\_Survey.pdf](https://cahps.ahrq.gov/surveys-guidance/survey4.0-docs/1033_CG_Fielding_the_Survey.pdf)

Between the two survey years, the number of practices participating increased by more than 22% overall and now includes approximately 40% of adult primary care practices across all regions of the State.

### Distribution of All Participating Practice Sites, 2014



## MAJOR FINDINGS

### Adult Primary Care Practices

- Adult primary care practices in Maine performed at or above the national average in 2014 on most patient experience measures.
- Over time, patient experience in Maine adult primary care practices significantly improved in nearly all areas between 2012 and 2014.
- Patient experience significantly improved in several areas for all Maine adult primary practices both for those that participate in Maine's multi-payer Patient Centered Medical Homes and MaineCare Health Homes initiative (PCMH/HH), HH-Only, and other practices that voluntarily participated.

### Specialty Care Practices

- Specialty care practices in Maine met or exceeded the average for specialty care practices nationally in many patient experience areas in 2014.

- Over time, Maine specialty practices improved in some patient experience areas.

### Pediatric Care Practices

- Maine pediatric care practices met or exceeded the national pediatric practice average in several areas in 2014 but were below the national average on others.
- Pediatric care practices participating in both 2012 and 2014 improved significantly on getting needed care after hours and helpful office staff, but saw no change in other areas.

### How Measures of Patient Experience of Care can Inform Quality Improvement

A critical principle of quality improvement is that you cannot improve what you don't measure. The MQF is committed to continuing its investment in measuring and reporting patient experience as a critical component to improving overall health care quality in Maine. To further aid practices in their efforts to enhance patient experience, the MQF has created a Toolkit for physician practices that compiles information and approaches to improving patient experience. The toolkit along with results of the 2012 and 2014 surveys can be found on the MQF website, [mainepatientexperiencematters.org](http://mainepatientexperiencematters.org).

## Final Report

### Introduction

The *Maine Patient Experience Matters* initiative is sponsored by the Maine Quality Forum (MQF), a legislatively enacted state agency responsible for monitoring and improving healthcare in Maine. MQF promotes the collection and use of data to identify opportunities for improvement, convenes stakeholders to build consensus for action, and supports the development of pilots and projects to improve quality and safety. The *Maine Patient Experience Matters* initiative collects and publicly reports patient experience survey data about primary and specialty healthcare in Maine. Patient experience includes what happens to patients from the time they make an appointment to when an appointment is over - including any follow-up services. National research shows that patients having positive experiences with their healthcare providers are more likely to seek preventive care, and be more active and engaged in managing their health. By measuring patient experience, healthcare providers can identify areas for improvement and patients can make informed choices about healthcare providers.

This voluntary survey, initially conducted in 2012 and again in 2014, represents the first time that comparable statewide data on patient experience is available in Maine. Through the use of a standardized survey instrument, valid comparisons across medical practices in Maine, nationally and over time are now possible. Participating practices were required to use the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS), a survey developed and scientifically tested by the Agency for Healthcare Research and Quality (AHRQ).<sup>2</sup> Practices were allowed, but not required, to include the patient-centered medical home (PCMH) supplemental questions also developed and tested by AHRQ that address aspects of healthcare experience closely linked to quality, such as the strength of the doctor-patient relationship.<sup>3</sup>

While survey sampling approaches and time frames differed slightly across years, in both the 2012 and 2014 surveys, adults and parents of children receiving care within participating practices were randomly surveyed by mail according to established CAHPS protocols allowing us to both compare Maine's results in any year with national averages and also to measure change over time.

The number of Maine practices voluntarily participating in the *Maine Patient Experience Matters* Survey increased substantially between survey years from 269 primary care, pediatric care, and specialty care practices in 2012 to 329 primary care, pediatric care, and specialty care practices in 2014. Of these, 196 practices participated in the *Maine Patient Experience Matters* survey in both years.

This report summarizes 2014 *Maine Patient Experience Matters* survey data for all adult primary care, pediatric and specialty practices (N=329) compared to national averages and then presents data for the subset of practices participating

<sup>2</sup> <https://cahpsdatabase.ahrq.gov/CGSurveyGuidance.aspx>

<sup>3</sup> The 2012 survey required all practices to use the CG-CAHPS PCMH Survey instrument.

in surveys in both years (N=196) to measure how Maine patients' experience has changed over time, and whether these changes were statistically significant. In analyzing Maine patient experience in adult primary care practices over time, we also compare change over time for adult primary care practices participating in MaineCare's PCMH Health Home's initiative (by PCMH/HH and HH-Only), which include engaging patients and surveying them about their experience as one of the 10 core expectations, and Non-HH practices in the state.<sup>4</sup>

The report begins with a brief background description of the *Maine Patient Experience Matters* survey and reporting methods used in 2012 and 2014,<sup>5</sup> and the statistical methods used to assess change over time, followed by detailed results.

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<sup>4</sup> Non-Health Home practices only include practices that voluntarily participated in the *Patient Experience Matters* survey, which, by their participation, suggest a greater focus on improving patient experience. They are not necessarily representative of all other practices in the state.

<sup>5</sup> Top box results show the percent of patients that reported the best possible answer to individual questions or composites (e.g. for questions asking about the frequency a provider did something, the top box score shows the percent of patients that said it "always" happened). National averages are based on all practices that submitted CG-CAHPS survey results to the National CAHPS database in 2014 based on the practice type (e.g. primary care, specialty care, and pediatrics). [https://cahpsdatabase.ahrq.gov/CAHPSIDB/Public/CG/CG\\_About.aspx](https://cahpsdatabase.ahrq.gov/CAHPSIDB/Public/CG/CG_About.aspx)

## Background and Survey Methods

In 2012, MQF subsidized the cost of survey administration for adult primary care, pediatric and specialty practices agreeing to use a standard instrument (CG-CAHPS PCMH 2.0, 12-month adult and child versions)<sup>6</sup>, contract with one of three designated vendors, submit survey results to the CAHPS National Database, and share survey results with the MQF for purposes of public reporting.<sup>7</sup> Although participation was voluntary in both years, in 2014 practices participating in MaineCare's Health Home initiative, including practices in the original Maine multi-payer Patient-Centered Medical Home (PCMH) pilot and Medicare's Multi-payer Advanced Primary Care Practice demonstration (MAPCP), were required to participate in the *Maine Patient Experience Matters* survey as a condition of their participation in these programs. Survey vendors randomly selected adults and parents of children receiving care in participating practice sites based on patient lists provided by the practices and sent them mail surveys according to established CAHPS protocols.<sup>8</sup>

For the 2012 survey, the sample frame was drawn at a single point in time for individuals who had at least one practice visit during the sample selection time period, September 2012 through approximately March 2013. Sample sizes were based on CAHPS guidelines which use the number of providers in a site to determine the minimum number of completed surveys necessary for results to be statistically valid. Patients were sent two follow up mailings. All survey responses were anonymous; providers in practices were not aware of which patients were surveyed. Surveys were returned to the vendor who entered the data for the practice into the National CAHPS Database during the open submission period in June 2013. Neither the practice nor MQF had access to completed surveys. In total, over 40,402 surveys were completed in 2012 by patients: 28,219 surveys were completed for adult primary care practices; 10,344 for specialty practices and 1,839 for pediatric practices. The total 269 practices participating in the 2012 survey included 162 adult primary care, 87 specialty care, and 20 pediatric care practices.

The MQF repeated its survey initiative in 2014 to broaden the number of practices collecting patient experience data and, for those practices participating in 2012, to provide follow-up data to assess the impact of their quality improvement interventions. The second survey was administered with similar guidelines to the first survey, with several differences to help increase participation and to better align *Maine Patient Experience Matters* with ongoing survey efforts in Maine. Unlike in 2012, practices were not restricted to using the PCMH CG-CAHPS survey instrument but could choose to use the Adult or Child

<sup>6</sup> CAHPS survey instruments can be found on AHRQ's website, <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html>

<sup>7</sup> <http://www.mainepatientexperiencematters.org/>

<sup>8</sup> More details on the specific survey administration requirements, survey vendor selection, subsidies offered, and sample selection process techniques can be found in *Dirigo Health Agency Final Patient Experience Survey Guidelines: A Guide for Designated Vendors*, July 31, 2012.

Core CG-CAHPS instrument with or without the PCMH supplemental items.<sup>9</sup> Participating practices were not allowed to use the CG-CAHPS Visit Survey or other survey instruments. Practices in 2014 also were given the option to use either the 6 or 12 month versions of the CG-CAHPS survey (i.e. asking patients about their experience in that practice over the prior 6 or 12 months)<sup>10</sup> and either a point in time or continuous survey sampling method to better align with any internal survey processes. For 2014, the point in time sample frame was drawn from June 1 through November 30, 2014 and the continuous survey sample was drawn from September 1 through December 31, 2014. This was the minimum measurement period for the continuous survey; practices with qualifying ongoing survey efforts with one of the designated vendors were encouraged to begin surveying in August 2014. In 2014, two survey vendors used two-wave mail surveys only; a third vendor also surveyed patients by telephone.<sup>11</sup> In 2014, nearly 53,000 surveys were completed in 2014 by Maine patients including 39,739 surveys for adult primary care practices; 10,662 for specialty practices and 2,212 for pediatric practices. The total 329 Maine practices participating in the 2014 Maine Patient Experience survey included 205 adult primary care, 103 specialty care, and 21 pediatric care practices. Figure A shows the distribution of all participating practices in 2014. All 16 Maine counties were represented, with the highest concentration in Androscoggin and Cumberland (Figure A). Table 1 shows the number of practices participating by year and type of practice as of December 2014 (e.g. PCMH/HH, HH-Only, Non-HH).

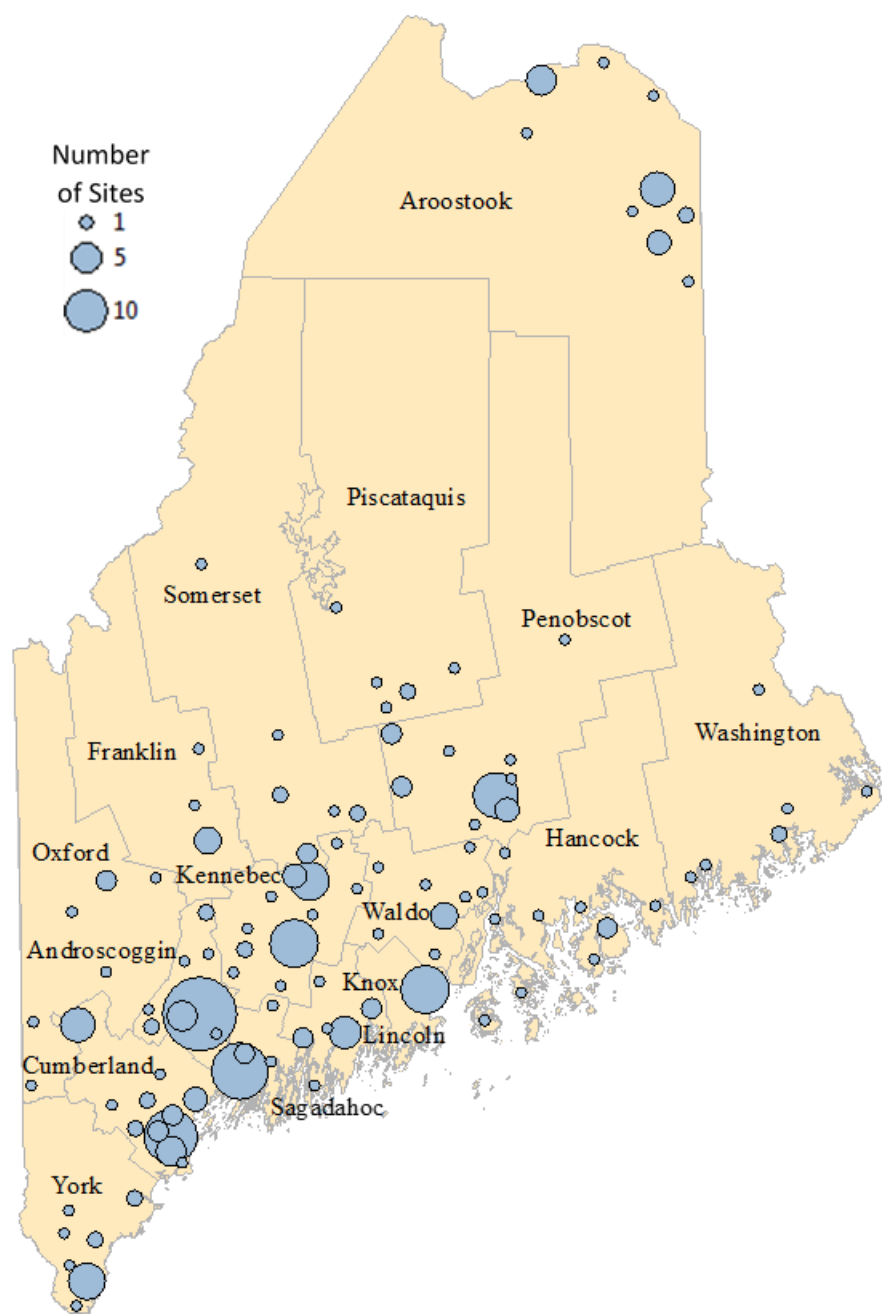
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<sup>9</sup> The CG-CAHPS and the PCMH version of the CG-CAHPS survey instruments, version 2.0, are available on AHRQ's website, <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html>.

<sup>10</sup> MQF's decision to allow either 6 or 12 month survey versions was based on guidance provided by CAHPS Consortium consultants and advisors that conducted analyses confirming that responses were comparable across different look-back periods.

<sup>11</sup> More details on the specific survey administration requirements, survey vendor selection, subsidies offered, and sample selection process techniques can be found in Maine Quality Forum Patient Experience Survey Guidelines, 2014: A Guide for Qualified Vendors and Participating Practices, June 25, 2014.

Figure A: Distribution of All Participating Practice Sites, 2014



**Table 1. Maine Patient Experience Matters Practices with Data Reported by Year and Type<sup>12,13</sup>**

	Total	PCMH/ HH	HH- Only	Non- HH	CG- CAHPS Only	CG- CAHPS and PCMH CAHPS*
<b>2012 Participation</b>						
Statewide	269	61	53	155	0	269
Adult Primary Care Practices	162	57	46	59	0	162
Specialty Care Practices	87	0	0	87	0	87
Pediatric Practices	20	4	7	9	0	20
<b>2014 Participation</b>						
Statewide	329	71	84	174	72	257
Adult Primary Care Practices	205	67	77	61	30	175
Specialty Care Practices	103	0	0	103	42	61
Pediatric Practices	21	4	7	10	0	21
<b>2012 and 2014 Participation</b>						
Statewide	196	54	50	92	22	174
Adult Primary Care Practices	126	52	44	30	9	117
Specialty Care Practices	56	0	0	56	13	43
Pediatric Practices	14	2	6	6	0	14

\* Note that some respondents did not answer all PCMH-CAHPS questions.

## Survey Analysis

Results for both 2012 and 2014 were submitted to the National CAHPS Database for analysis and are publicly reported on MQF's website, [www.mainepatientexperiencematters.org](http://www.mainepatientexperiencematters.org). The website shows practice-level results for the years they participated (2012 or 2014) and compares practice results to the statewide average.<sup>14</sup> For both survey periods, survey vendors cleaned and submitted survey data to the National CAHPS Database for reliability testing and final analysis. Results were analyzed to determine if there were too few patients who responded to an individual question or to the entire survey to achieve the minimum threshold for meaningful reporting (0.7 reliability level). Generally, practices had to have a minimum of 30 completed surveys in a composite to report. In these cases, despite the good intention of the practice to participate, not enough patients who received surveys completed them. Practices with too few results did not have their data publically reported, but this data was included in the calculation of the statewide average and are available in the data file on the *Maine Patient Experience Matters* website. Practice-level scores were adjusted by the National CAHPS Database based on nationally established criteria for differences in patient age, education level, and self-reported general health status based on patient survey responses to these questions across practice sites. Practice site scores

<sup>12</sup> Type of practice (PCMH/HH, HH-Only, Non-HH) is as of December 2014. See Appendix for full list of practices that participated in both years for which we measured change over time.

<sup>13</sup> 2014 practice totals shown in this table do not include 6 practices that technically participated in Maine Patient Experience Matters but had no reported data due to vendor submission error. One of these practices had also reported in 2012, but was excluded from the cross year analyses since no data was available for 2014.

<sup>14</sup> The statewide average is calculated by combining adult primary care and specialty practices; the pediatric statewide average is based on pediatric practices.

reported on the website are based on the percent of patients reporting the best possible answer to individual or combined questions. This is sometimes referred to as the “top box” score. For questions about the frequency a provider did something, the score shows the percent of patients that said it ‘always’ happened. For example, for getting appointments, the score shows the percent of patients reporting that they always get appointments when they need it. For questions that asked whether something happened (Yes/No) the score shows the percent that responded ‘Yes’. For the patient’s rating of the provider score, the score shows the percent of patients who rated their provider a 9 or 10 on a scale of 0 (worst) to 10 (best). The website also includes a downloadable spreadsheet that includes the results for all practices by all response categories.

**Analysis  
Over  
Time  
Methods**

This report compares results of the 2012 and 2014 *Maine Patient Experience Matters* surveys for the 196 practices that reported survey results in both years. This report shows the average top box results for all CAHPS composites and individual questions that were reported for 2012 and 2014. Practices have been grouped into three categories: adult primary care practices; adult specialty practices, and pediatric primary and specialty practices. The report shows the results by these three groupings, first showing the 2014 results for all participating practices (N=329) compared to the national average, and then comparing 2012 to 2014 for practices participating both years (N=196).<sup>15</sup> The 2014 national average shown is based on the CAHPS grouping of results by primary care practice, specialty care practice, and pediatric practices that reported in the National CAHPS Database for 2014 (2,291 adult practices<sup>16</sup> and 341 pediatric practices<sup>17</sup>). The national CAHPS benchmark is based on the group of practices that voluntarily choose to report in the CAHPS database and may not be representative of all practices in the country. Also, because Maine is one of only a few states that supports a statewide Patient Experience survey requiring data to be submitted through the National CAHPS database, Maine is disproportionately represented in the national average (i.e. in 2014, Maine represented 11% of adult surveys<sup>18</sup> and 8% of the pediatric surveys reported in the CAHPS national database. For the analyses of change over time, differences in scores for practices participating both years were tested to determine if changes were statistically different between 2012 and 2014.

For adult primary care practices, there is an additional analysis comparing 2012 to 2014 by the following practice types for practices participating in both years:<sup>19</sup>

- Health Home Only practices (HH-Only) (N=44)
- Health Home/Patient-Centered Medical Home Pilot<sup>20</sup> practices (PCMH/HH) (N=52)
- Neither HH nor PCMH (Non-HH) (N=30)

For practices participating both survey years, comparisons between years for each composite and individual questions were tested for statistical differences using the Wilcoxon signed rank sum test using  $p < .05$  as the standard for statistical

<sup>15</sup> All practice-level results were included in the analysis, including results where there were too few patients who responded to an individual question or to the entire survey to achieve the minimum threshold for meaningful reporting (0.7 reliability level). Generally, practices had to have a minimum of 30 completed surveys in a composite to report. In these cases, despite the good intention of the practice to participate, not enough patients who received surveys completed them. The decision to include them in the analysis aligns with the inclusion of these practices in the calculation of the statewide average that is reported on the Maine Patient Experience Matters website.

<sup>16</sup> This includes surveys completed by patients in adult primary care and specialty care practices.

<sup>17</sup> [https://cahpsdatabase.ahrq.gov/CAHPSIDB/Public/CG/CG\\_About.aspx](https://cahpsdatabase.ahrq.gov/CAHPSIDB/Public/CG/CG_About.aspx)

<sup>18</sup> This includes adult and specialty care practices.

<sup>19</sup> Practice types were determined based on Health Home enrollment in the MaineCare Health Home Enrollment System (HHES) and lists grouping practices by PCMH and HH-Only provided by Maine Quality Counts effective as of December 2014.

<sup>20</sup> These practices include Maine PCMH Pilot original and expansion practices that were added through the Multi-Payer Advanced Primary Care Practice (MAPCP) demonstration.

difference between years.<sup>21</sup> Statistical difference is shown in the charts/tables with an asterisk (\*). Average scores for questions making up a composite score are shown in Appendix A. The “n” shown in the charts and tables refers to the number of practices included in the analysis for that particular patient experience measure. Appendix B lists the names of practices that participated in both survey years (2012 and 2014).

**Limitations:** The data used for this analysis are based on 2012 and 2014 data files available on the *Maine Patient Experience Matters* website for public reporting, which includes results for practices with too few respondents. Since the statewide average shown on the website included results for practices with too few respondents, we included all data in the calculation of the statewide average by practice type (e.g. adult primary care, specialty care, pediatrics) for this report. Results for the question about if the provider seemed informed about care from specialists, and the question about how often the patient received an answer by phone to a medical question after office hours, showed some adult and specialty practices with results that did not total 100 percent. These results are not included in this analysis. Three questions comprising the composite talking about medication decisions had slightly different top box response options in 2012 than in 2014 (“a lot” in 2012; “yes; a lot” in 2014). While response options are slightly different, we felt the response options were similar enough to compare years for this question. Sub-analyses of PCMH/HH, HH-Only and Non-HH adult primary care practices should be interpreted with caution. In contrast to PCMH/HH and HH-Only practices that were strongly urged or required to participate in 2014, non-Health Home practices only include practices that voluntarily participated in the Patient Experience Matters survey in both years, which, by their participation, suggest a greater focus on improving patient experience. They are not necessarily representative of all other practices in the state. While statistical significance testing helps in assessing whether differences between years for each group is notably different, the Non-HH group may not be generalizable to other Non-HH practices that did not participate.

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<sup>21</sup> The Shapiro-Wilk test for normality was used to assess if the data was normally distributed. Since most composites/questions were not normally distributed based on this test less than  $p < .05$ , the Wilcoxon rank sum test was used to test for statistically significant difference between years (non-parametric paired t-test).

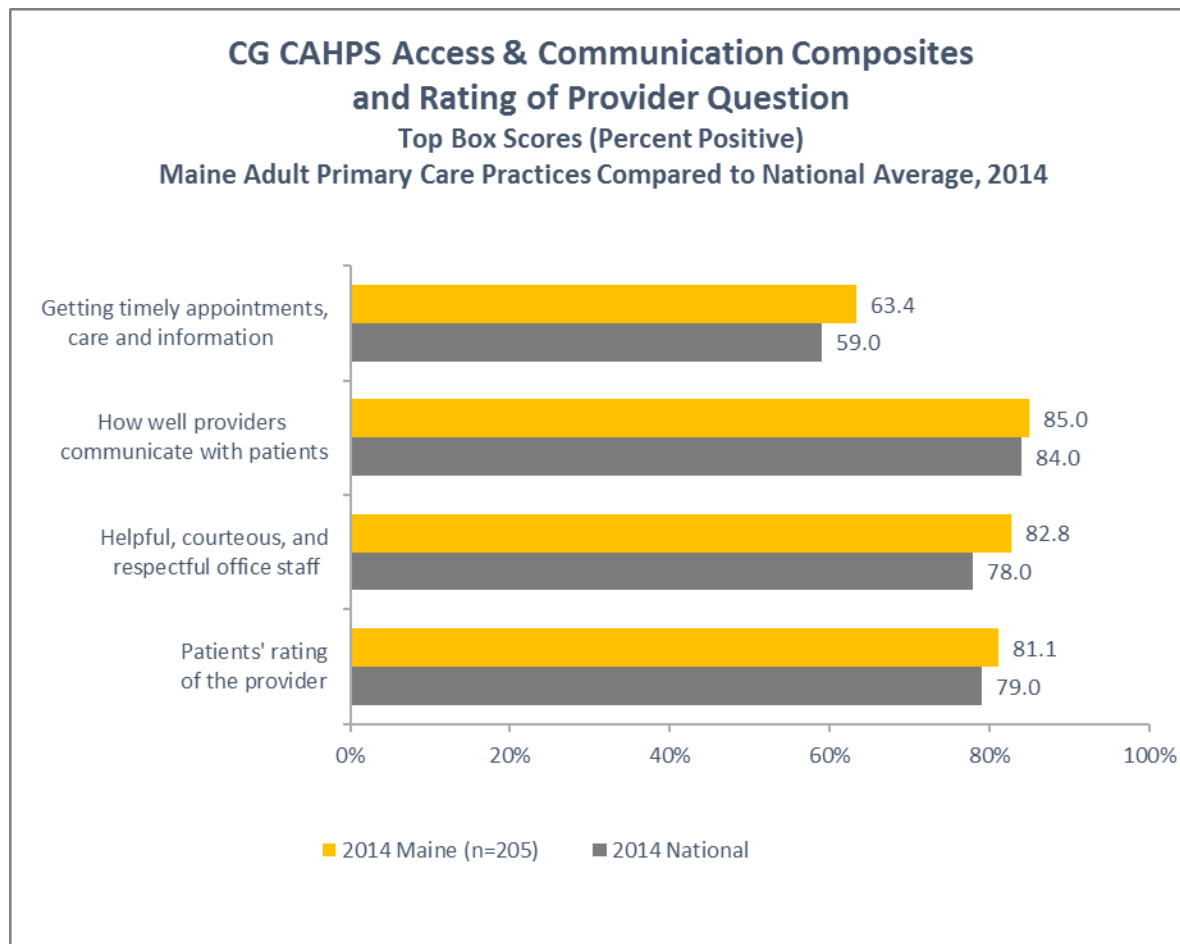
## Results

## ADULT PRIMARY CARE PRACTICES

**Adult primary care practices in Maine performed at or above the national average in 2014 on most patient experience measures.**

For nearly all CG-CAHPS patient experience composites and individual questions, Maine adult practices performed at or above the national average. As shown in Figure B, in 2014, adult primary care practices exceeded the national average in all CG-CAHPS composites related to access to care and communication, and the rating of their provider. The access to care composite includes questions about patients getting timely appointments, care, and information. Communication composites include questions on how well providers communicate with patients, and having helpful, courteous, and respectful office staff. A patient's rating of their provider is based on a scale of 0 (worst) to 10 (best) with the top box score representing those responding 9 or 10.

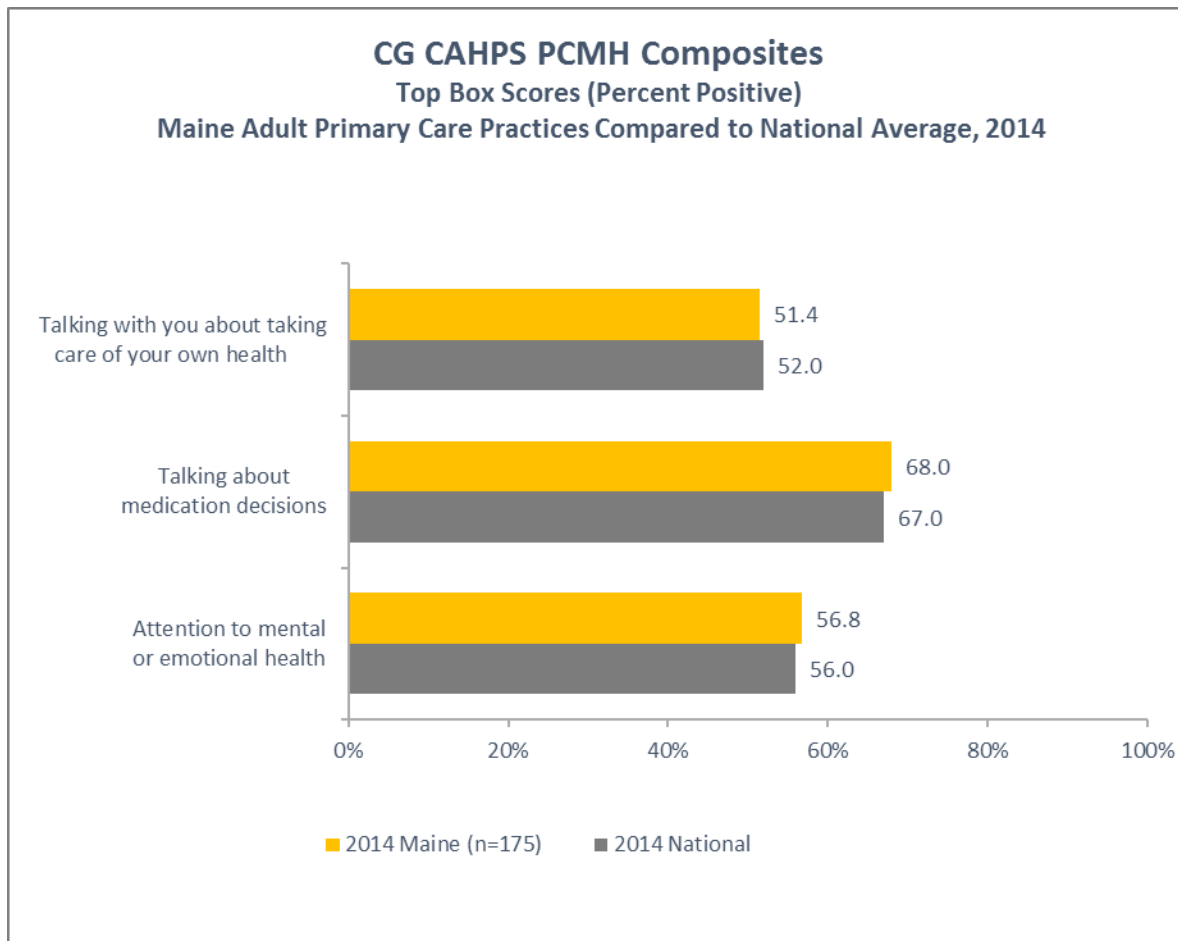
Figure B.



2014 National data based on CG CAHPS 2014 national comparative database for primary care practices.

For those practices that used the version of the CG-CAHPS survey with supplemental PCMH questions, Maine adult practices were comparable to the national average (see Figure C). The PCMH Composite questions include questions about the provider talking with the patient about their own health, talking about medication decisions, and attention to mental or emotional health. Adult primary care practices in 2014 were similar to the national benchmark on PCMH composite questions.

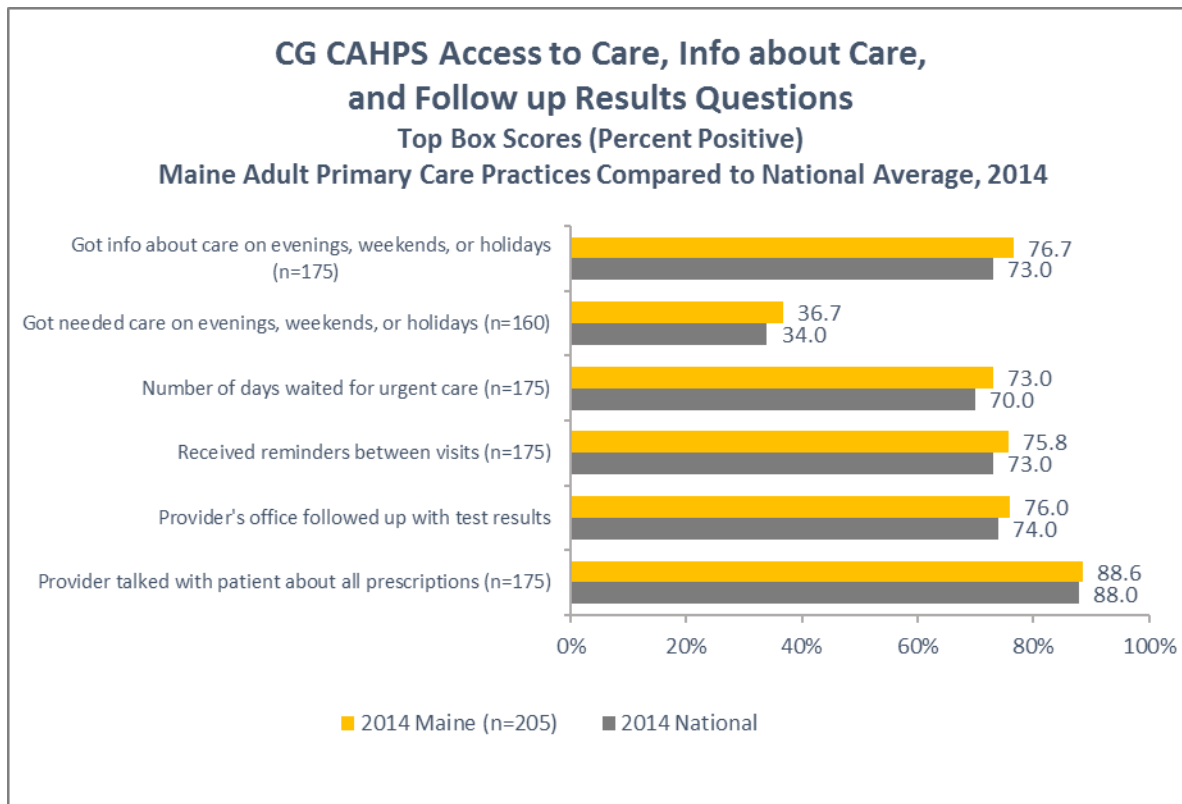
**Figure C.**



2014 National data based on CG CAHPS 2014 national comparative database for primary care practices.

In addition to the CG-CAHPS and PCMH composites, adult primary care practices in 2014 met or exceeded the national average on all individual questions (Figure D). Individual questions include getting information and receiving care after office hours (evenings, weekends, and holidays), the number of days waited for urgent care<sup>22</sup>, receiving reminders between visits, the provider's office following up about test results, and the provider talking with patients about all their medications.

**Figure D.**



2014 National data based on CG CAHPS 2014 national comparative database for primary care practices.

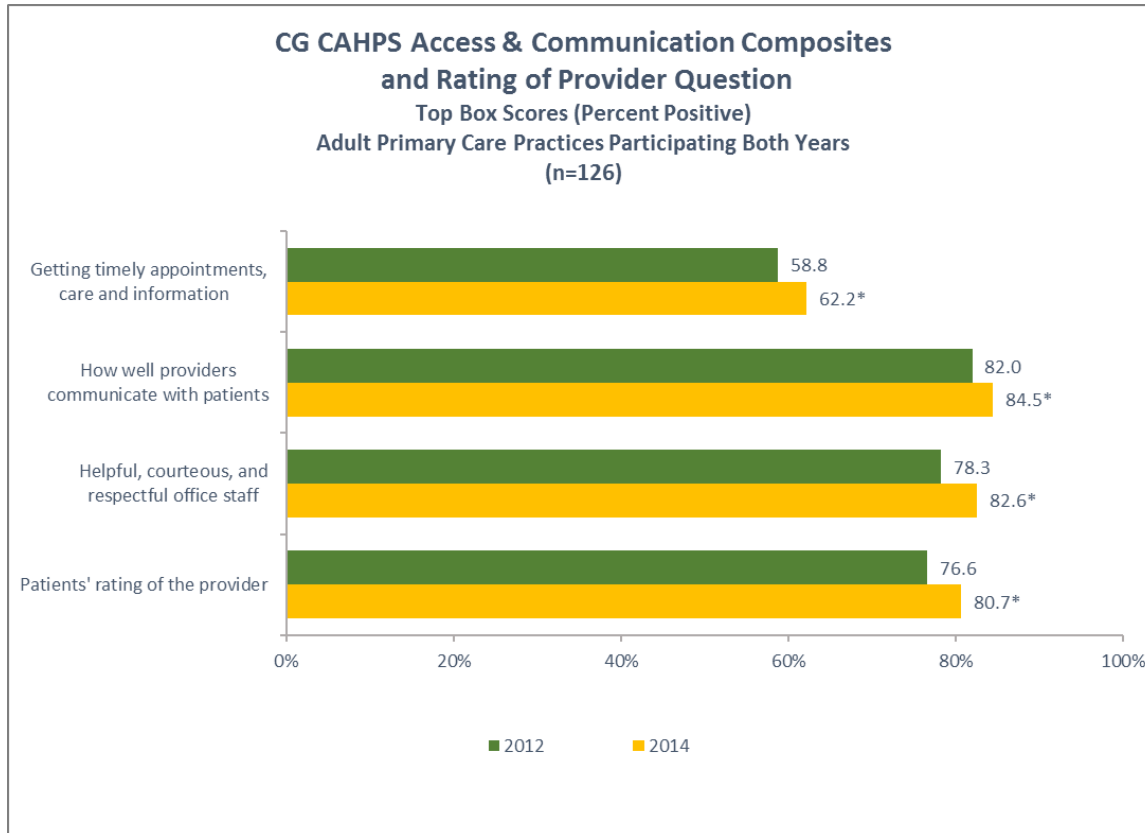
**Between 2012 and 2014, patient experience in Maine adult primary care practices significantly improved in nearly all areas.**

Adult primary care practices that participated in the 2012 and 2014 surveys improved significantly since 2012 on all composite areas and on most questions. There was a significant increase in all three composites on access to care and communication and the rating of their provider. For example, getting timely appointments, care and information went from 58.8% to 62.2% (Figure E).

While adult primary care practices improved over time on most access-related composites and individual questions and PCMH composites, there is still room for further improvement. These areas were generally rated much lower than other areas of patient experience (e.g. only 62% of patients getting timely appointments, care and info compared to 81 to 85% on other CG-CAHPS composites).

<sup>22</sup> Top box score for number of days waited for urgent care is same day to 1 day.

Figure E.



\* Statistically significant difference between 2012 and 2014 for practices reporting in both years,  $p < .05$ .

We also looked at how PCMH/HH practices performed on patient experience measures relative to other practices. For the CG CAHPS composites, both PCMH/HH and Non-HH practices and to a lesser extent HH-Only practices showed significant improvement in most measures between survey years. Access to care improved for most practices and communication and rating of one's provider improved for practices between 2012 and 2014. All practice types showed significant improvements in how well providers communicate with patients, having helpful, courteous, and respectful office staff, and a high rating of their provider. Getting timely appointments, care, and information was significantly different for PCMH/HH and Non-HH practices, but not for HH-Only practices (Table 2).

**Table 2. CG CAHPS Access & Communication Composites and Rating of Provider Question: Top Box Scores (Percent Positive), Practices Participating Both Years by Type**

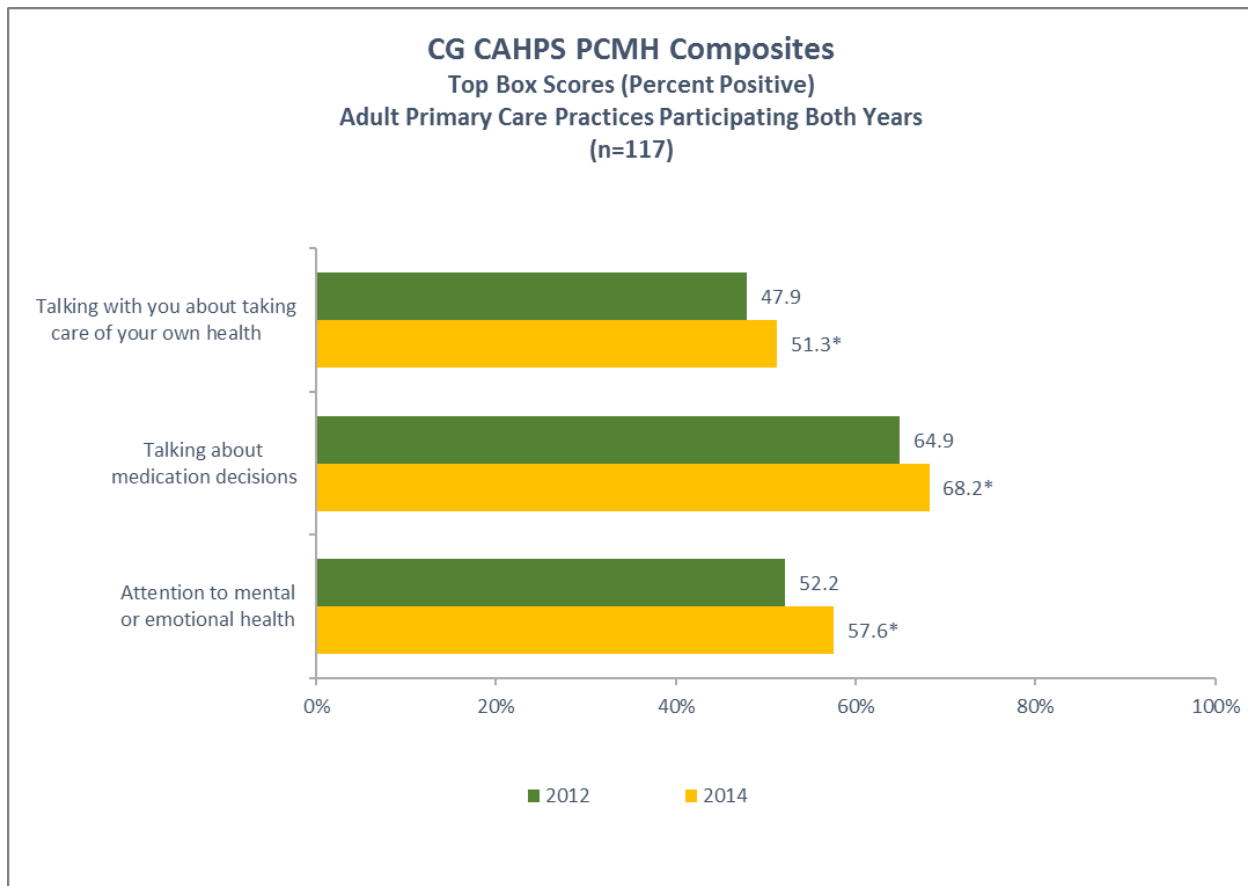
		PCMH/ HH n=52	HH- Only n=44	Non- HH n=30
Getting timely appointments, care and information	2012	56.9	60.8	59.1
	2014	60.9*	63.0	63.2*
Got urgent care when needed	2012	66.0	68.0	69.6
	2014	68.4	70.1	71.8
Got routine care when needed	2012	68.8	73.2	71.8
	2014	73.5	74.1	74.5
Got answer by phone during regular office hours	2012	57.8	61.1	60.7
	2014	59.2	61.8	65.8
Saw provider within 15 minutes of appointment time	2012	39.1	44.7	39.3
	2014	44.7	50.4	45.8
How well providers communicate with patients	2012	82.0	82.0	82.0
	2014	84.4*	84.0*	85.6*
Provider explanations easy to understand	2012	84.0	84.7	83.3
	2014	86.4	86.9	86.7
Provider listened carefully	2012	84.3	84.8	84.9
	2014	87.1	86.7	88.5
Provider gave easy to understand information	2012	81.7	81.4	80.3
	2014	83.9	83.7	84.4
Provider knew important information about medical history	2012	72.2	72.5	72.1
	2014	74.5	74.1	77.2
Provider showed respect for what patient had to say	2012	88.3	87.8	89.3
	2014	90.3	89.4	91.4
Provider spent enough time with patient	2012	81.3	81.0	82.4
	2014	84.0	83.3	85.4
Helpful, courteous, and respectful office staff	2012	78.0	77.8	79.8
	2014	82.4*	81.6*	84.2*
Clerks and receptionists were helpful	2012	71.0	70.7	73.3
	2014	76.2	75.2	78.5
Clerks and receptionists were courteous and respectful	2012	85.0	84.9	86.3
	2014	88.7	88.0	90.0
Patients' rating of the provider	2012	77.1	76.1	76.5
	2014	80.4*	80.0*	82.1*

\* Statistically significant difference between 2012 and 2014 for practices reporting in both years,  $p < .05$ . Statistical significance only calculated for composite not individual questions.

While Maine 2014 rates were comparable to national rates for the PCMH composites, adult practices participating in the *Maine Patient Experience Matters* survey in both years improved significantly between 2012 and 2014 on all three PCMH measures. Specifically, patients in adult practices reported that providers were significantly more likely to always talk with patients about their own health, about medication decisions, and were more likely to pay attention to the patient's mental or emotional health,

(see Figure F). For example, the percent of patients reporting that their providers always paid attention to their mental and emotional health increased from 52.2% to 57.6% from 2012 to 2014.

**Figure F.**



\* Statistically significant difference between 2012 and 2014 for practices reporting in both years,  $p < .05$ .

We also looked at how PCMH/HH practices performed on PCMH-specific patient experience composites relative to other practices. While adult primary care practices significantly improved in talking about medication decisions and attention to mental or emotional health, regardless of if they were a Health Home practice or not, only PCMH/HH and Non-HH practices significantly improved in talking with the patient about taking care of their own health (Table 3).

**Table 3. CG CAHPS PCMH Composites: Top Box Scores (Percent Positive), Practices Participating Both Years by Type**

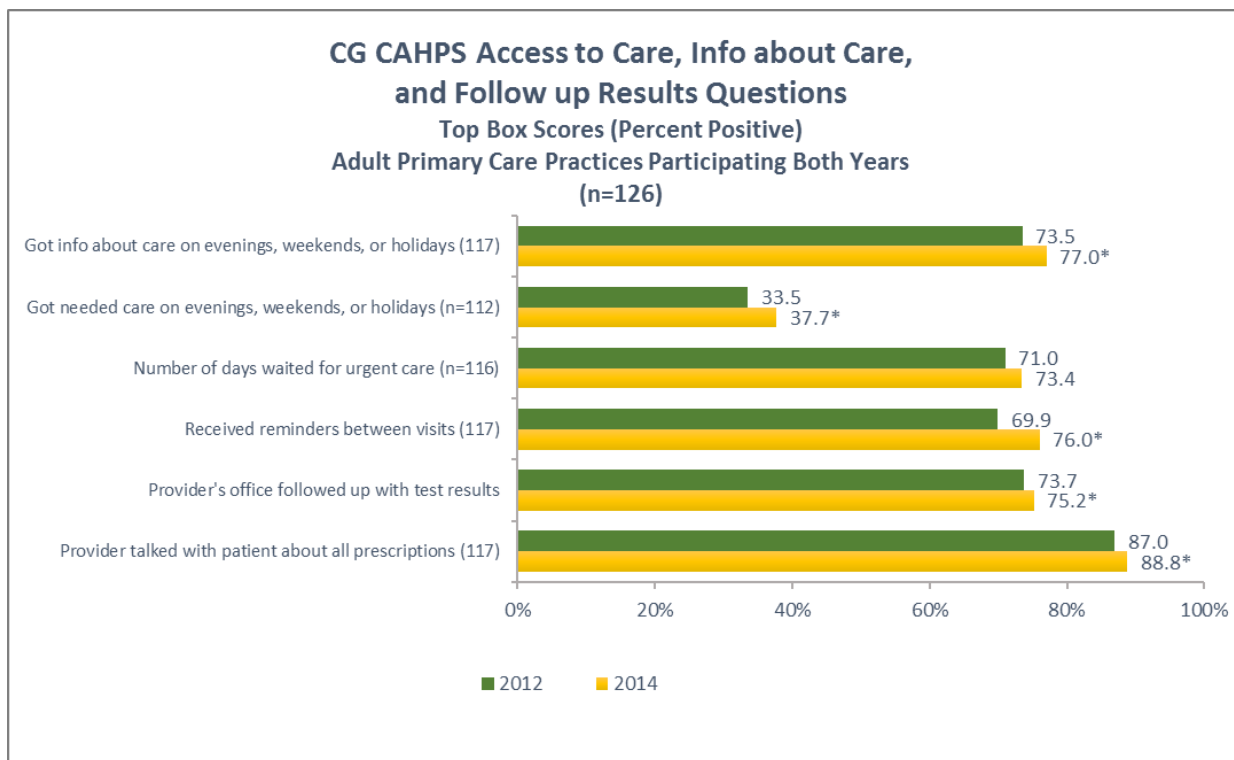
		PCMH/ HH n=52 <sup>1</sup>	HH- Only n=44 <sup>1</sup>	Non- HH n=30 <sup>1</sup>
Talking with you about taking care of your own health	2012	49.4	46.9	46.6
	2014	53.5*	48.9	50.8*
Talked with patient about specific health goals	2012	60.1	57.6	56.9
	2014	61.3	52.7	58.8
Asked patient about things making it hard to take care of own health	2012	39.0	35.7	36.6
	2014	43.2	38.3	38.6
Talking about medication decisions	2012	65.4	64.6	64.2
	2014	67.9*	67.4*	69.8*
Provider talked about reasons to take a medicine	2012	65.6	65.0	64.2
	2014	67.3	67.6	69.5
Provider talked about reasons not to take a medicine	2012	45.6	46.2	42.9
	2014	49.2	49.9	51.8
Provider asked what was best for patient regarding a medicine	2012	85.0	82.5	85.5
	2014	87.1	84.8	88.0
Attention to mental or emotional health	2012	55.0	49.6	50.9
	2014	60.3*	55.1*	56.0*
Was asked about feeling sad or depressed	2012	63.8	56.5	56.8
	2014	74.5	68.0	66.8
Talked about anything causing worry or stress	2012	58.2	54.2	56.0
	2014	62.5	57.5	59.4
Talked about personal problems/alcohol or drug use	2012	42.9	38.3	39.9
	2014	43.9	39.9	41.9

<sup>1</sup> Number of practices reporting may vary by individual question

\* Statistically significant difference between 2012 and 2014 for practices reporting in both years, p<.05. Statistical significance only calculated for composite not individual questions.

Adult practices participating in *Maine's Patient Experience Matters* survey in both years improved significantly on all but one individual survey questions. Specifically, Maine practices did better at patient's getting needed information and receiving care after office hours, receiving reminders between visits and follow-up calls by the provider's office about test results, and providers' talking with patients about all their medications. The only area that showed no significant improvement between years was in the number of days waited for urgent care (Figure G).

**Figure G.**



\* Statistically significant difference between 2012 and 2014 for practices reporting in both years,  $p < .05$ .

In terms of how PCMH/HH practices performed on patient experience on individual access and follow-up questions relative to other practices, adult primary care practices showed improvement in receiving reminders between visits regardless of if they were a HH practice (PCMH/HH or HH-Only) or not. HH-Only practices were the only ones to show significant improvement in patients getting needed care on evenings, weekends, or holidays, which may be due to starting at a lower average in 2012 than other practices (30% HH-Only vs 35% for PCMH/HH and Non-HH). PCMH/HH and Non-HH practices both showed significant improvement in getting information about care on evenings, weekends, or holidays and the provider talking with the patient about all their medications. There was no significant change on average for any practice type for number of days waited for urgent care and provider offices following up about test results (Table 4).

**Table 4. CG CAHPS Access to Care, Info about Care, and Follow up Results Questions: Top Box Score (Percent Positive), Practices Participating Both Years by Type.**

		PCMH/ HH n=52 <sup>1</sup>	HH Only n=44 <sup>1</sup>	Non- HH n=30 <sup>1</sup>
Got information about care on evenings, weekends, or holidays	2012	73.9	72.3	74.3
	2014	77.3*	74.6	79.6*
Got needed care on evenings, weekends, or holidays	2012	34.9	30.0	35.4
	2014	38.4	36.3*	38.3
Number of days waited for urgent care	2012	71.0	68.9	73.9
	2014	72.0	74.1	75.1
Received reminders between visits	2012	69.4	72.7	67.0
	2014	75.7*	76.2*	76.4*
Providers office followed up to give results of blood test, x-ray, or other test	2012	73.6	73.6	74.1
	2014	75.2	74.8	75.9
Provider talked with patient about all prescriptions	2012	87.7	86.6	86.0
	2014	89.0*	88.0	89.3*

<sup>1</sup> number of practices reporting may vary by individual question

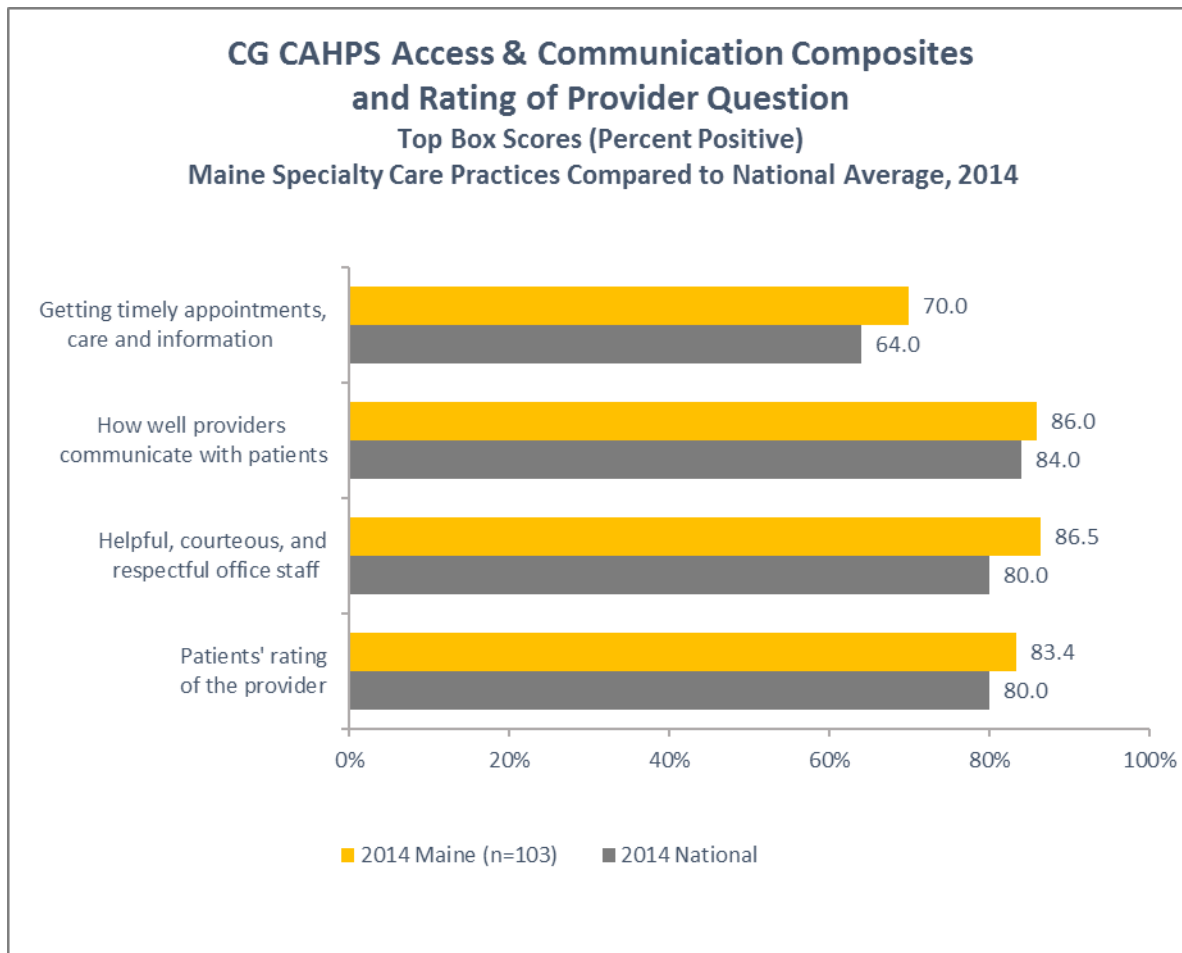
\* Statistically significant difference between 2012 and 2014 for practices reporting in both years, p<.05.

## SPECIALTY CARE PRACTICES

**Maine specialty care practices met or exceeded the national average for specialty care practices in all composite areas and most questions in 2014.**

Specialty care practices in 2014 exceeded the national average in all composites related to access to care and communication, and the rating of their provider. For example, Maine's specialty care average for getting timely appointments, care and information was 70% compared to the national average of 64% (Figure H).

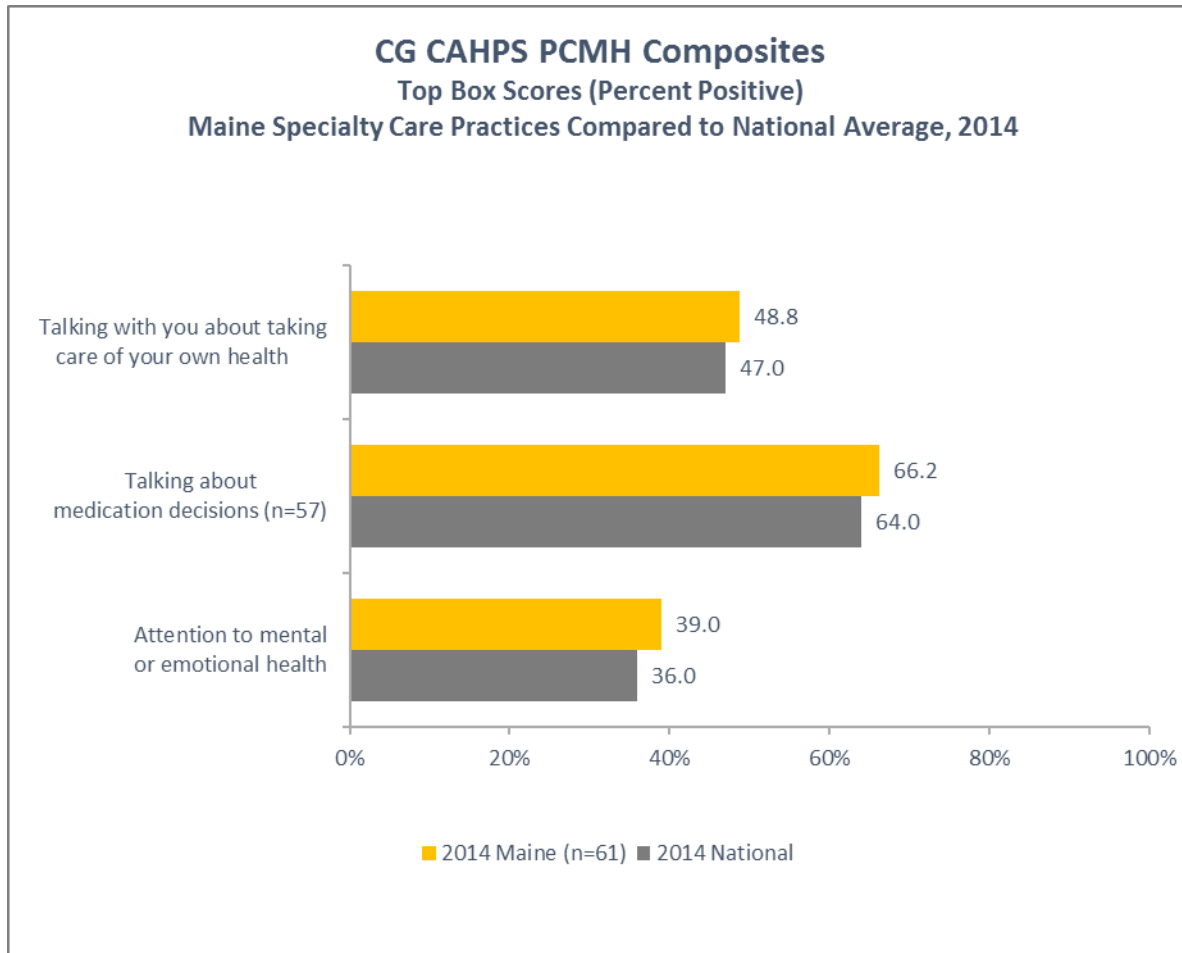
**Figure H.**



2014 National data based on CG CAHPS 2014 national comparative database for specialty care practices.

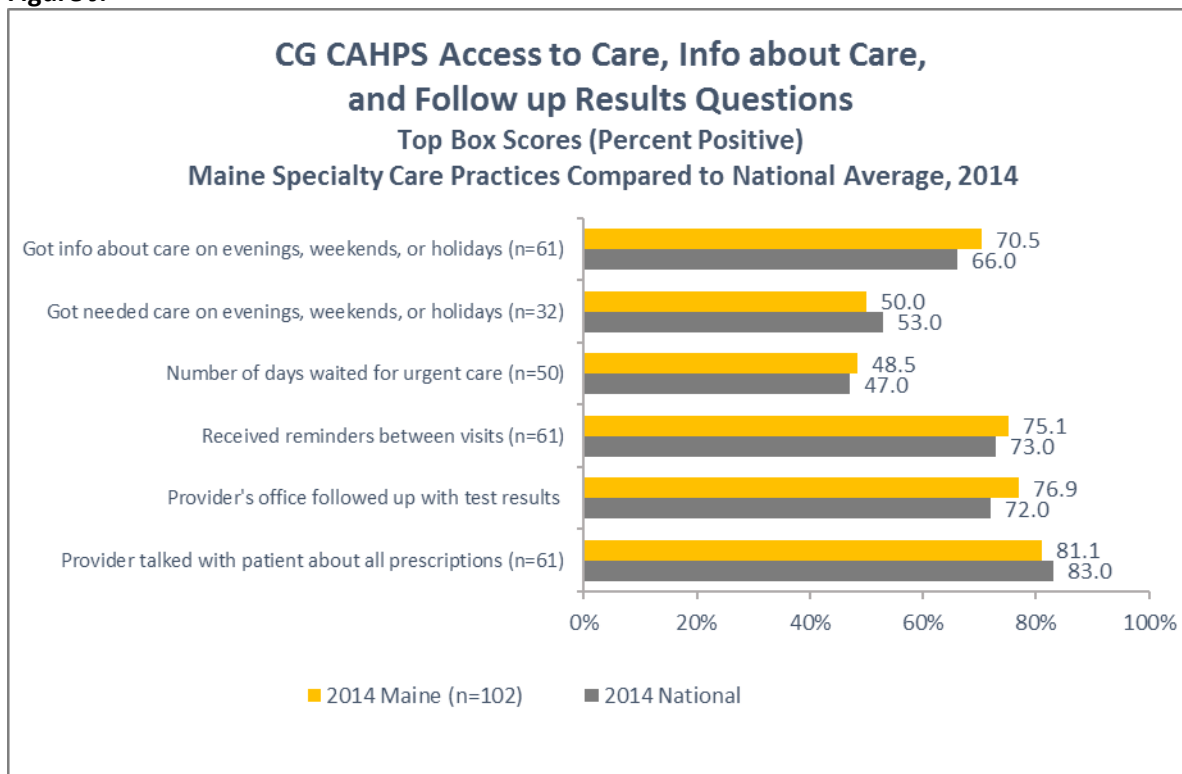
In addition, specialty care practices in 2014 were higher than the national average on all PCMH composite questions. Specifically, patients in specialty care practices reported that providers were more likely to always talk with patients about their own health, about medication decisions, and were more likely to pay attention to the patient's mental or emotional health (see Figure I).

**Figure I.**



2014 National data based on CG CAHPS 2014 national comparative database for specialty care practices.

Specialty care practices in 2014 exceeded the national average on most questions, with the exception of getting needed care after hours (e.g. evenings, weekends, or holidays) and the provider talking with the patient about all their medications. Maine specialty care practices exceeded the national average regarding patients receiving information about after-hours care, the number of days waited for urgent care, receiving reminders between visits, and the provider's office following up with test results (Figure J).

**Figure J.**

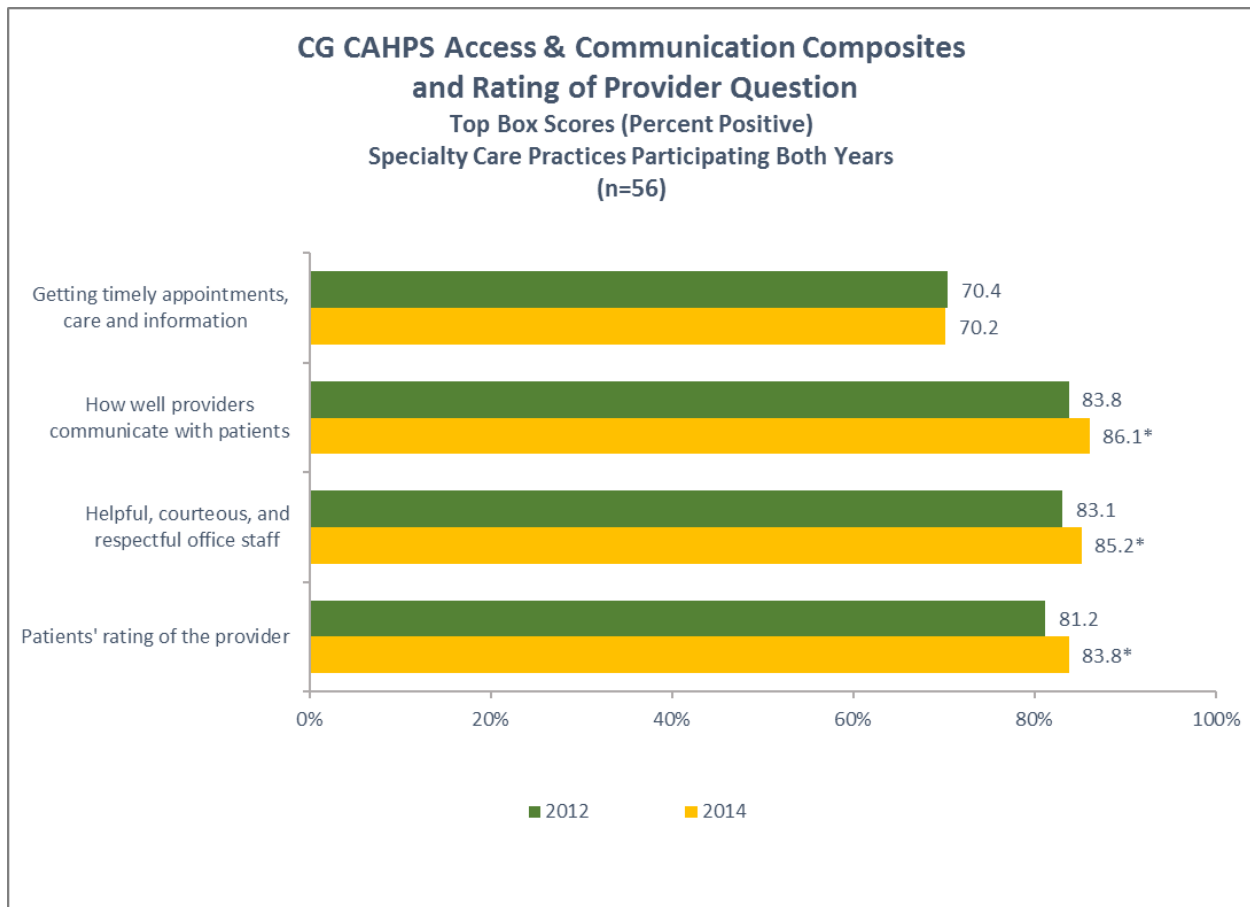
2014 National data based on CG CAHPS 2014 national comparative database for specialty care practices.

Relative to Maine adult primary care practices, Maine specialty practices in 2014 were comparable or higher on most access and provider communication composites and individual questions. However, specialty practices were much lower on attention to mental or emotional health (39% compared to 57% in adult primary care) and number of days waited for urgent care (49% compared to 73% in adult primary care practices).

**Over time, Maine specialty practices improved in some patient experience areas, but declined in others.**

For specialty practices that participated in both years, there was a significant increase in helpful office staff, and the rating of their provider and a decline in how well providers communicate with patients. Getting timely appointments, care, and information remained constant between years (Figure K).

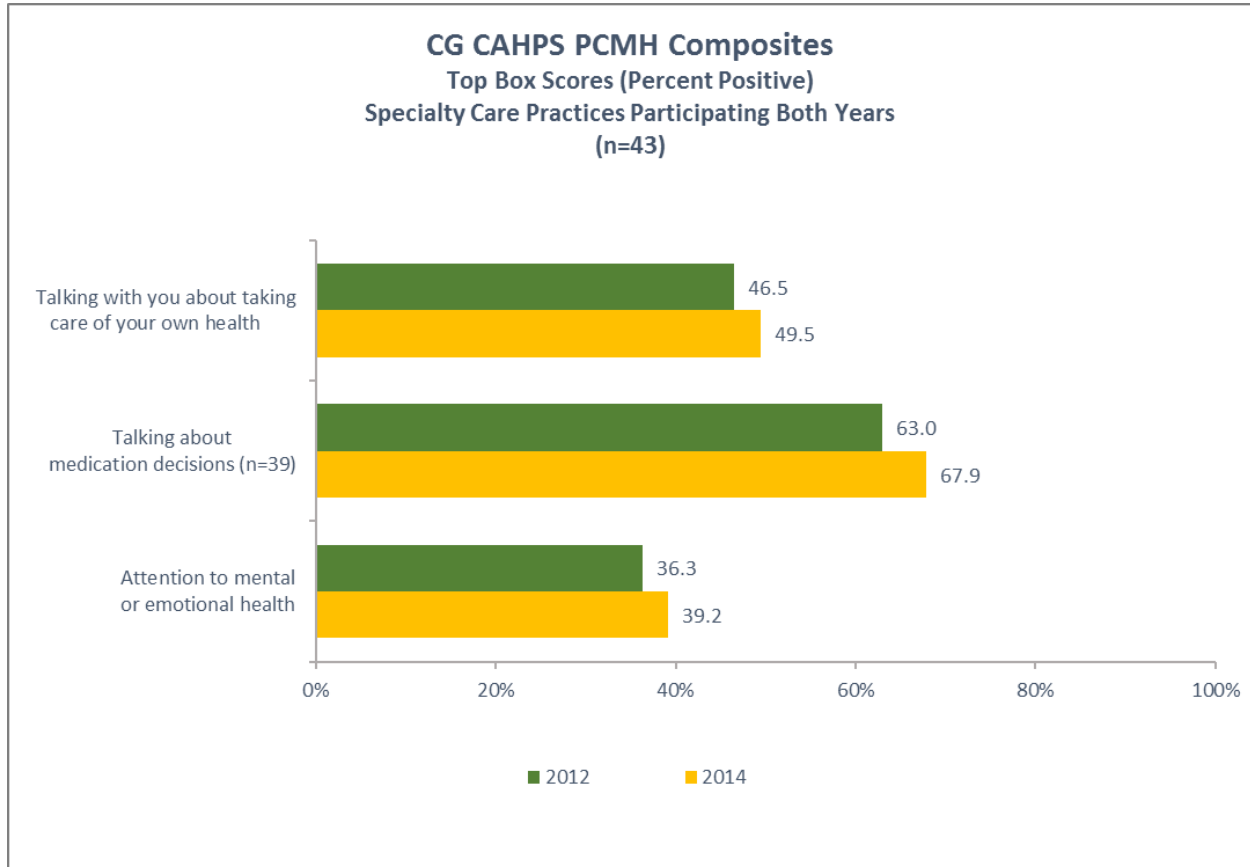
Figure K.



\* Statistically significant difference between 2012 and 2014 for practices reporting in both years,  $p < .05$ .

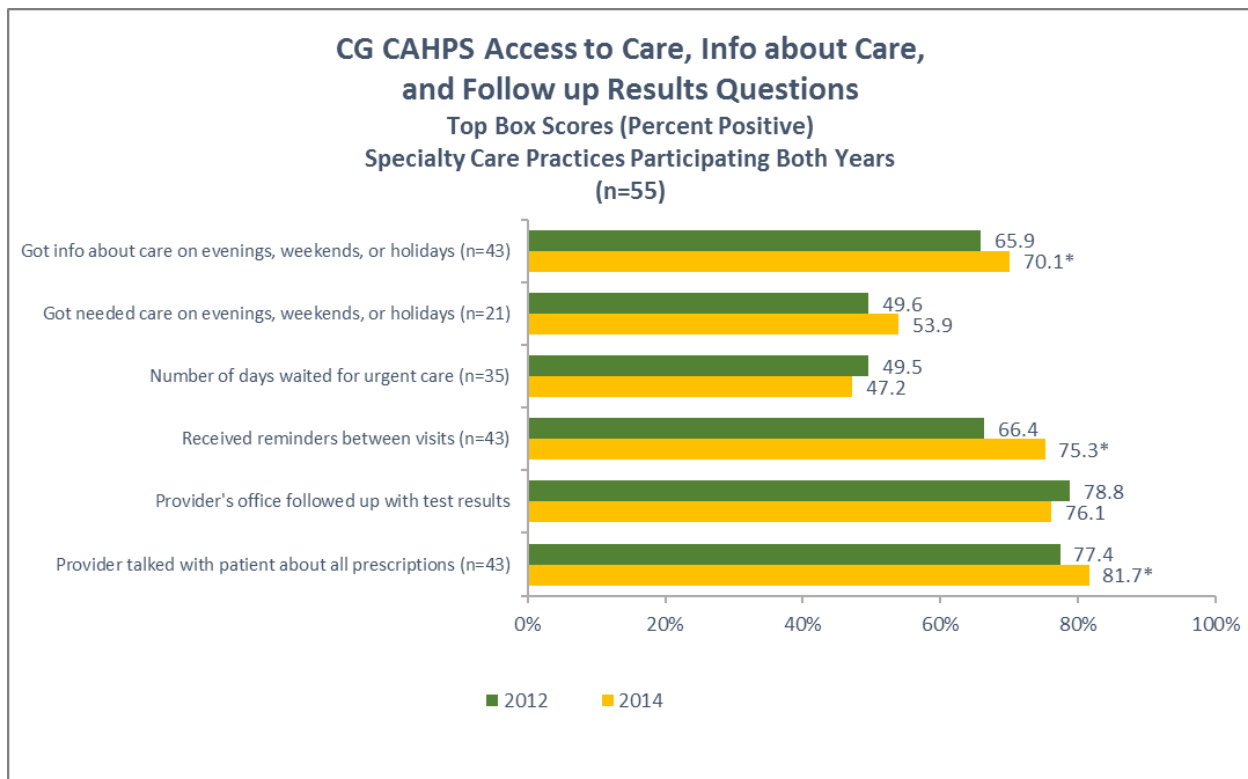
For the PCMH-CAHPS composites, specialty care practices participating in both year did not have significant change between years regarding providers talking with patients about taking care of their health, talking about medication decisions, or attention to mental or emotional health (Figure L).

Figure L.



Specialty care practices that participated in both years had significant change in most individual questions, with the exception of getting needed care after hours, the number of days waited for urgent care, and the provider's office following up on test results. Specialty care practices improved in getting information about after hours care, receiving reminders between visits, and the provider talking with the patient about all medications (Figure M).

**Figure M.**



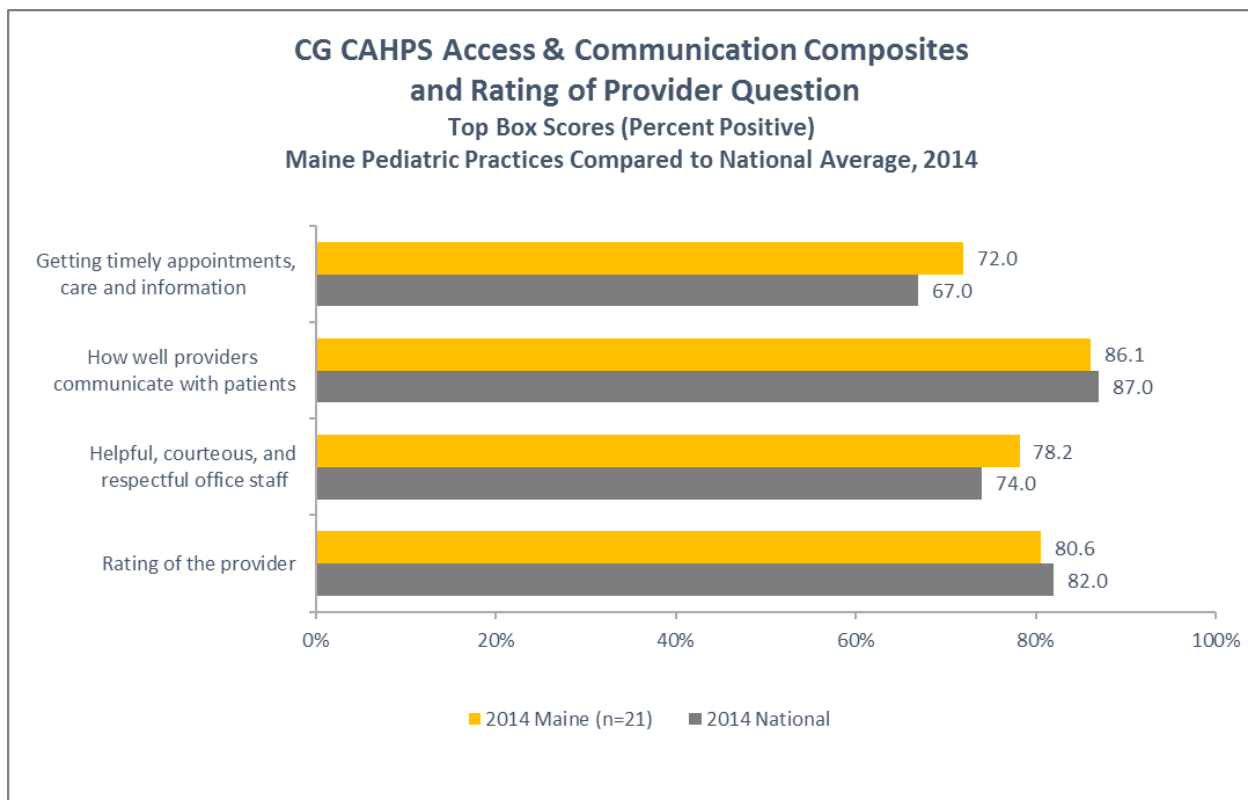
\* Statistically significant difference between 2012 and 2014 for practices reporting in both years,  $p < .05$ .

## PEDIATRIC CARE PRACTICES

**Pediatric care practices met or exceeded the national average for pediatric care practices in several composite areas and questions in 2014 but were below the national average on others.**

In 2014, pediatric care practices exceeded the national average in getting timely appointments and helpful office staff, but were slightly below for how well providers communicate with patients and the rating of the provider (Figure N).

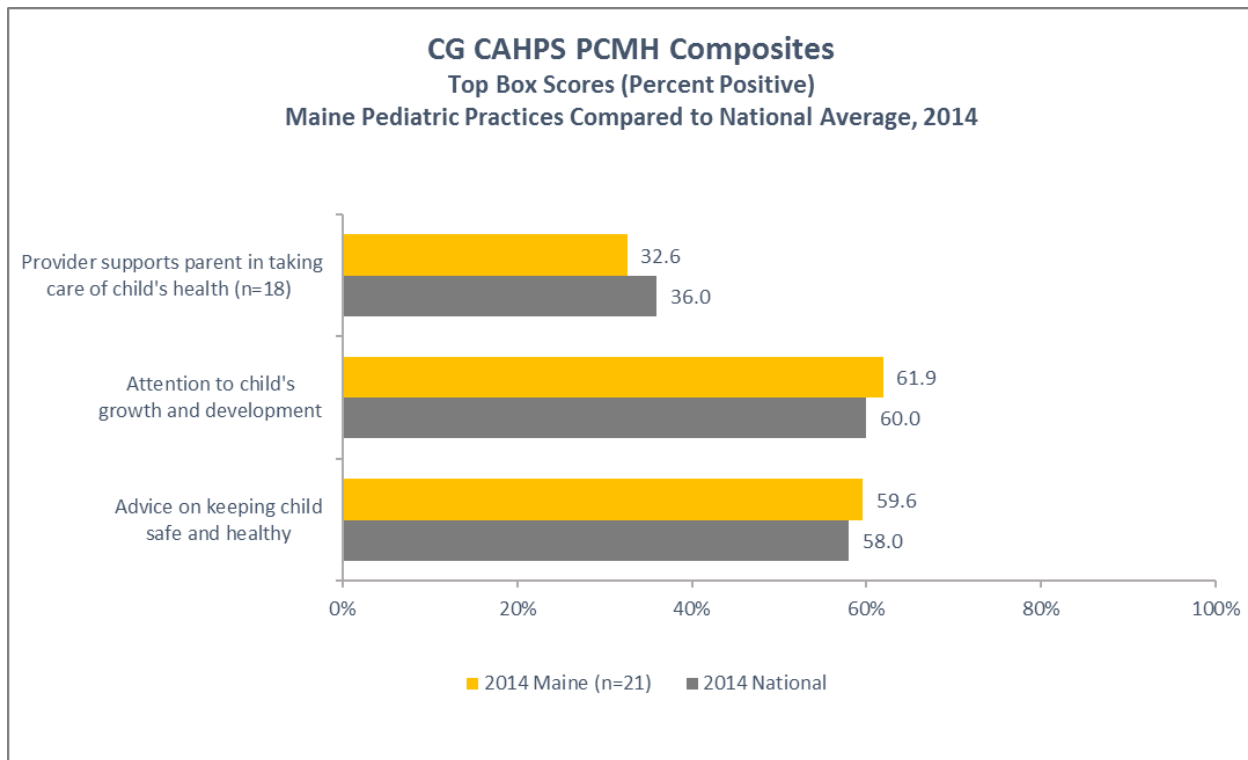
**Figure N.**



2014 National data based on CG CAHPS 2014 national comparative database for pediatric care practices.

Pediatric care practices in 2014 exceed the national average in PCMH-CAHPS composites except provider's support in taking care of their child's health (Figure O).

**Figure O.**

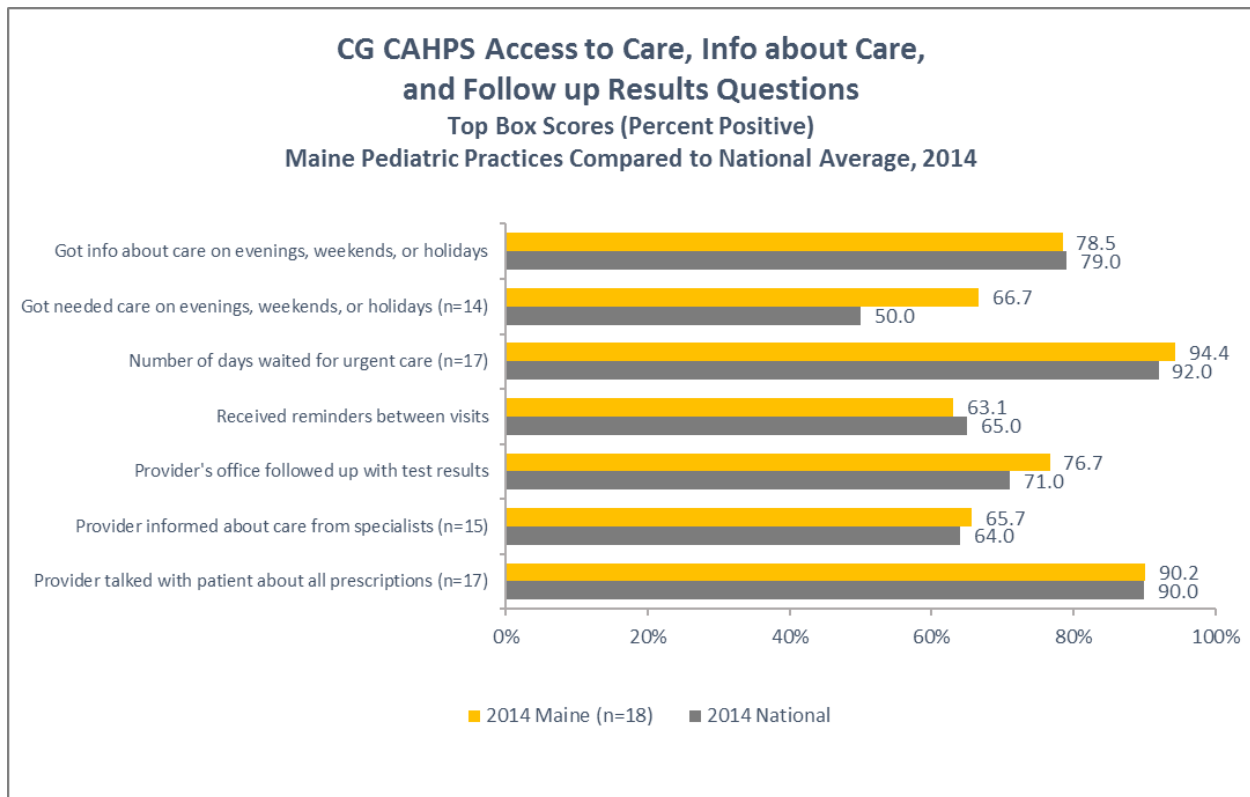


2014 National data based on CG CAHPS 2014 national comparative database for pediatric care practices.

Pediatric care practices in 2014 greatly exceeded the national average on providers following up with test results and getting needed care on evenings, weekends, and holidays (66.7% Maine; 50% pediatric national average) (Figure P). They also met or exceeded the national average on getting information on after office hours care, the number of days waited for urgent care, the provider being informed about care from specialists, and the provider talking about all the patient's medications but were below the national average for receiving reminders between visits.

Relative to Maine adult primary care practices, Maine pediatric practices in 2014 also tended to score much higher on access-related composites and individual questions (e.g. 67% of pediatric patients parents indicated they always got needed care on evenings, weekends or holidays compared to 37% of adult practices)

Figure P.

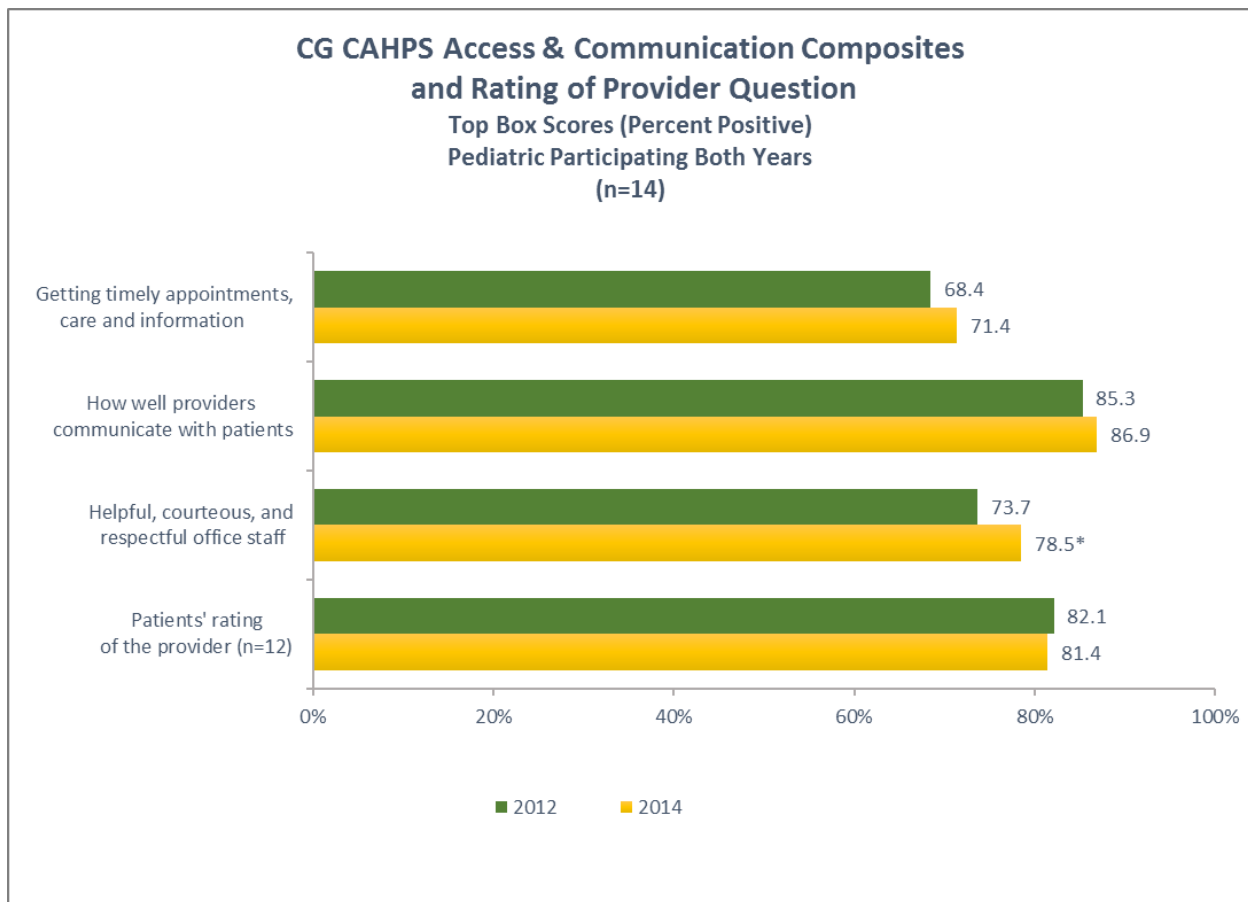


2014 National data based on CG CAHPS 2014 national comparative database for pediatric care practices.

**Pediatric care practices participating in both 2012 and 2014 improved significantly on getting needed care after hours and helpful office staff, but saw no change in other areas.**

For pediatric care practices that participated in both years, there was a significant increase in helpful office staff (73.7% to 78.5%), but the other composites on access to care, communication and rating of the provider were not significantly different between years (Figure Q).

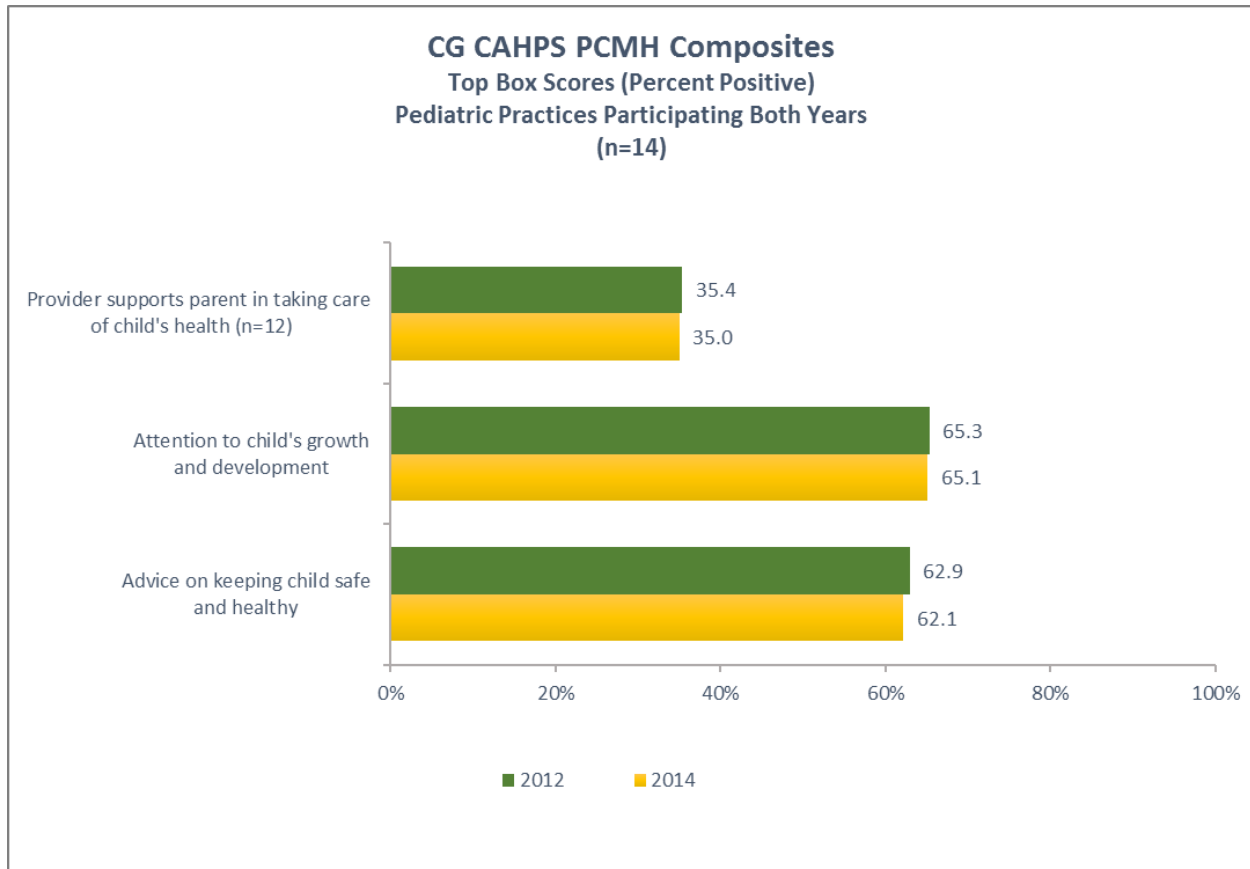
**Figure Q.**



\* Statistically significant difference between 2012 and 2014 for practices reporting in both years,  $p < .05$ .

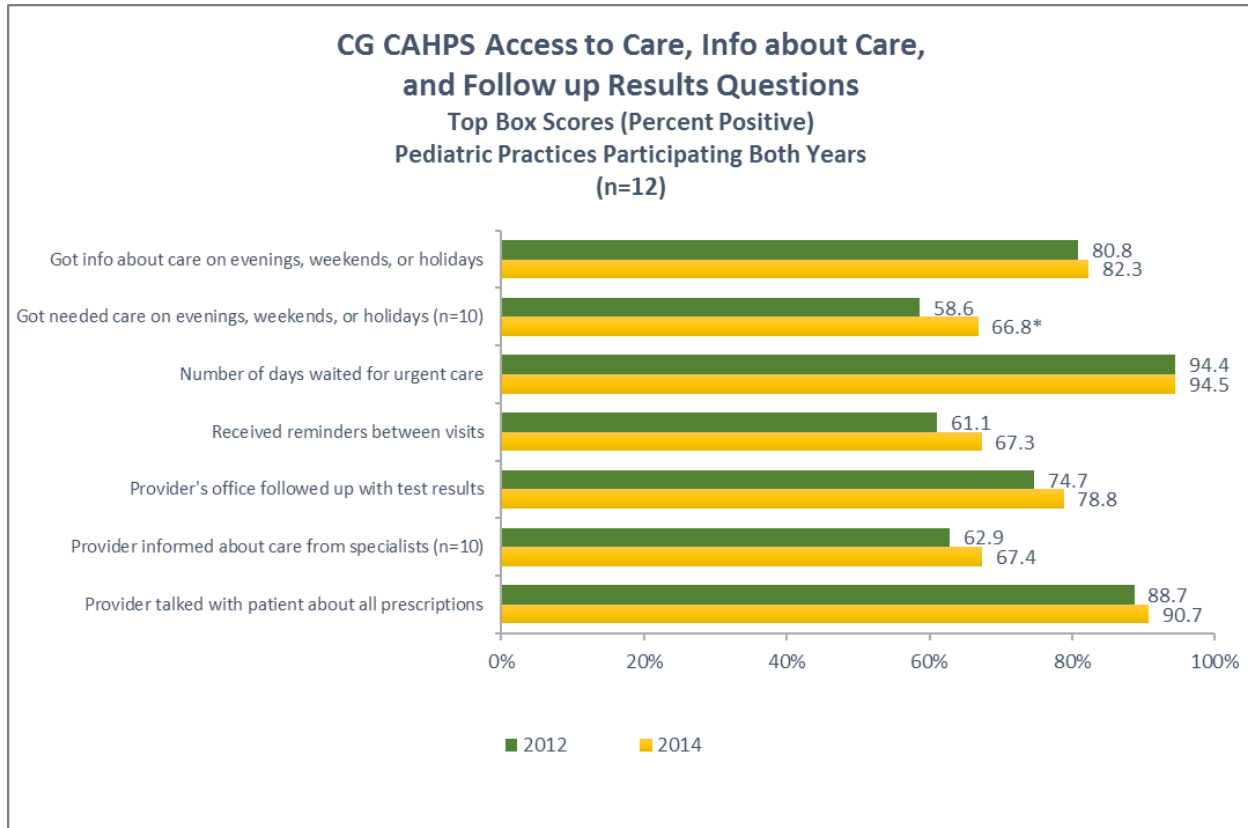
Pediatric care practices participating in both year did not have significant change between years for PCMH-CAHPS composites (Figure S). The PCMH composite of providers supporting parents in taking care of their child health measure remained the lowest of all measures with only 35% of parents or patients reporting they always felt supported in taking care of their child's health.

**Figure S.**



Pediatric care practices that participated in both years had significant improvement in getting needed care after hours (58.6% to 66.8%), but was not significant on the other questions such as number of days waited for urgent care or providers talking about all medications (Figure T).

**Figure T.**



\* Statistically significant difference between 2012 and 2014 for practices reporting in both years,  $p < .05$ .

## Summary and Implications for Future Patient Experience Quality Improvement

This analyses of *Maine Patient Experience Matters* survey data suggest that most adult Maine primary care practices are performing above the national average in 2014, and for those that completed surveys in both years, patient experience is improving on most measures. This level of improvement across measures after only two years is much greater than what has been found in other state and national studies over similar time periods, suggesting that Maine's investment in patient experience has resulted in significant changes for patients.<sup>23,24</sup> PCMH/HH, Non-HH practices and to a lesser extent HH-Only practices showed significant change in most measures. Improvements in PCMH/HH and HH-Only may suggest that having patient engagement as part of the core expectations for these practices and requiring participation in *Maine Patient Experience Matters* surveys has helped focus practices' on targeting this area for improvement. Similar improvements in other practices that were not PCMH/HHs may reflect broader trends in the state but also could reflect selection bias in voluntary survey initiatives toward higher performing practices that are more likely to agree to publicly report their results. These practices may not be representative of broader practices in the state.<sup>25</sup>

Maine specialty practices that participated in *Maine Patient Experience Matters* survey also are largely performing better than or similarly to the average of their specialty practice peers nationally in 2014. They also performed better than Maine adult primary care practices on all access and communication composites, but less well on days waited for urgent care (49% compared to 73% in adult primary care and 94% in pediatric practices). Not surprisingly, Maine specialty practices tended to have lower patient experience ratings than adult practices on the PCMH composite measures, which may be because many of the adult primary care practices are PCMH/HH practices that are expected to address these areas as part of program expectations. Maine specialty practices reporting in both survey years improved on some measures including having helpful office staff and overall provider ratings. More of these specialty practices than might be expected elected to use the PCMH survey (77%), but saw no significant change on the PCMH-specific composites.

Far fewer Maine pediatric practices or family practices serving children participated in *Maine Patient Experience Matters* than other practices in 2014 (N=21). Those that did participate performed near or above the national average of their peers on most measures, except on some provider communication measures (e.g. the PCMH measure of providers supporting parents in taking care of their child's health). The 14 pediatric practices that participated in both survey years only saw significant improvement in having helpful office staff and in

<sup>23</sup> C. Zema, D. Shaller. *AF4Q Gathering Evidence Report on Patient Experience of Care*, September, 2014.

<sup>24</sup> Washington Health Alliance. *Your Voice Matters: Patient Experience with Primary Care Providers in the Puget Sound Region. 2014 Community Checkup Overview*. March 2015. <http://wacommunitycheckup.org>

<sup>25</sup> As shown in Appendix B, other practices that participated in the survey included several practice sites of large medical provider groups, federally qualified health centers, and/or hospital-based systems that may have greater system capacities than other smaller practices in the state.

getting needed care after hours, some of which may be a function of the low sample size of participating practices.

Despite considerable gains, for all practice types, there is still room for improvement in some patient experience areas. While adult primary care practices improved over time on most access-related composites and individual questions and PCMH composites, these areas were rated much lower by patients than other areas of patient experience (e.g. only 62% of patients getting timely appointments, care and info compared to 81 to 85% on other CG-CAHPS composites), suggesting continued focus on improving access is needed.

Pediatric practices may be able to share their strategies on improving access as they tend to perform much higher than adult or specialty practices on most access measures. For example, two thirds of pediatric patients/parents indicated they always got needed care on evenings, weekends, or holidays, compared to only one third of patients in adult practices. However, pediatric practices were much lower on providers supporting parents in taking care of their child's health.

Similarly, relative to Maine adult primary care practices, Maine specialty practices in 2014 also rated similarly or higher on many provider communication composites and individual questions. However, specialty practices were much lower on attention to mental or emotional health (39% compared to 57% in adult primary care) and number of days waited for urgent care (49% compared to 73% in adult primary care practices).

To assist practices in achieving continued quality improvement in specific patient experience areas, MQF has developed a toolkit that is available on the *Maine Patient Experience Matters* website, which shows specific strategies that have been demonstrated to be effective for improving patient experience by specific survey domains.

## Appendix A: Top Box Survey Results

### Adult Primary Care Practices

**Table 1. CG CAHPS Access & Communication Composites and Rating of Provider Question: Top Box Scores (Percent Positive), All Adult Primary Care Practices, 2014 and National**

	2014 n=205	2014 NTL
Getting timely appointments, care and information	<b>63.4</b>	<b>59</b>
Got urgent care when needed	71.0	65
Got routine care when needed	74.8	69
Got answer by phone during regular office hours	63.2	60
Saw provider within 15 minutes of appointment time	48.7	44
How well providers communicate with patients	<b>85.0</b>	<b>84</b>
Provider explanations easy to understand	87.0	86
Provider listened carefully	87.7	86
Provider gave easy to understand information	84.4	83
Provider knew important information about medical history	75.4	75
Provider showed respect for what patient had to say	90.5	89
Provider spent enough time with patient	84.7	82
Helpful, courteous, and respectful office staff	<b>82.8</b>	<b>78</b>
Clerks and receptionists were helpful	76.6	72
Clerks and receptionists were courteous and respectful	88.9	85
Patients' rating of the provider	<b>81.1</b>	<b>79</b>

2014 National data based on CG CAHPS 2014 national comparative database for primary care practices.

**Table 2. CG CAHPS Access & Communication Composites and Rating of Provider Question: Top Box Scores (Percent Positive), Adult Primary Care Practices Participating Both Years**

	2012	2014
	n=126	
Getting timely appointments, care and information	<b>58.8</b>	<b>62.2*</b>
Got urgent care when needed	67.6	69.8
Got routine care when needed	71.0	73.9
Got answer by phone during regular office hours	59.6	61.7
Saw provider within 15 minutes of appointment time	41.1	46.9
How well providers communicate with patients	<b>82.0</b>	<b>84.5*</b>
Provider explanations easy to understand	84.1	86.7
Provider listened carefully	84.6	87.3
Provider gave easy to understand information	81.3	83.9
Provider knew important information about medical history	72.3	75.0
Provider showed respect for what patient had to say	88.4	90.3
Provider spent enough time with patient	81.5	84.1
Helpful, courteous, and respectful office staff	<b>78.3</b>	<b>82.6*</b>
Clerks and receptionists were helpful	71.4	76.4
Clerks and receptionists were courteous and respectful	85.2	88.8
Patients' rating of the provider	<b>76.6</b>	<b>80.7*</b>

\* Statistically significant difference between 2012 and 2014 for practices reporting in both years,  $p < .05$ .

**Table 3. CG CAHPS PCMH Composites: Top Box Scores (Percent Positive), All Adult Primary Care Practices, 2014 and National**

	2014 n=205	2014 NTL
<b>Talking with you about taking care of your own health</b>	<b>51.4</b>	<b>52</b>
Talked with patient about specific health goals	53.1	62
Asked patient about things making it hard to take care of health	40.5	42
<b>Talking about medication decisions</b>	<b>68.0</b>	<b>67</b>
Provider talked about reasons to take a medicine	67.7	67
Provider talked about reasons not to take a medicine	50.3	49
Provider asked what was best for patient regarding a medicine	86.1	84
<b>Attention to mental or emotional health</b>	<b>56.8<sup>1</sup></b>	<b>56</b>
Was asked about feeling sad or depressed	69.3 <sup>1</sup>	67
Talked about anything causing worry or stress	59.7 <sup>1</sup>	58
Talked about personal problems/alcohol or drug use	41.6 <sup>1</sup>	42

<sup>1</sup> n=175

2014 National data based on CG CAHPS 2014 national comparative database for primary care practices.

**Table 4. CG CAHPS PCMH Composites: Top Box Scores (Percent Positive), Adult Primary Care Practices Participating Both Years**

	2012	2014
	n=126	
<b>Talking with you about taking care of your own health</b>	<b>47.9<sup>1</sup></b>	<b>51.3*<sup>1</sup></b>
Talked with patient about specific health goals	58.5	57.7
Asked patient about things making it hard to take care of health	37.3 <sup>1</sup>	40.5 <sup>1</sup>
<b>Talking about medication decisions</b>	<b>64.9<sup>1</sup></b>	<b>68.2*<sup>1</sup></b>
Provider talked about reasons to take a medicine	65.1 <sup>1</sup>	67.9 <sup>1</sup>
Provider talked about reasons not to take a medicine	45.2 <sup>1</sup>	50.1 <sup>1</sup>
Provider asked what was best for patient regarding a medicine	84.3 <sup>1</sup>	86.6 <sup>1</sup>
<b>Attention to mental or emotional health</b>	<b>52.2<sup>1</sup></b>	<b>57.6*<sup>1</sup></b>
Was asked about feeling sad or depressed	59.7 <sup>1</sup>	70.5 <sup>1</sup>
Talked about anything causing worry or stress	56.3 <sup>2</sup>	60.1 <sup>2</sup>
Talked about personal problems/alcohol or drug use	40.6 <sup>1</sup>	42.1 <sup>1</sup>

<sup>1</sup> n=117, <sup>2</sup> n=116

\* Statistically significant difference between 2012 and 2014 for practices reporting in both years, p&lt;.05.

**Table 5. CG CAHPS Access to Care, Info about Care, and Follow up Results Questions: Top Box Score (Percent Positive), All Adult Primary Care Practices, 2014 and National**

	2014 n=205	2014 NTL
Got information about care on evenings, weekends, or holidays	76.7	73
Got needed care on evenings, weekends, or holidays	36.7	34
Number of days waited for urgent care	73.0	70
Received reminders between visits	75.8 <sup>1</sup>	73
Providers office followed up to give results of blood test, x-ray, or other test	76.0 <sup>1</sup>	74
Provider talked with patient about all prescriptions	88.6 <sup>1</sup>	88

<sup>1</sup> n=175

2014 National data based on CG CAHPS 2014 national comparative database for primary care practices.

**Table 6. CG CAHPS Access to Care, Info about Care, and Follow up Results Questions: Top Box Score (Percent Positive), Adult Primary Care Practices Participating Both Years**

	2012	2014
	n=126	
Got information about care on evenings, weekends, or holidays	73.5 <sup>1</sup>	77.0* <sup>1</sup>
Got needed care on evenings, weekends, or holidays	33.5 <sup>2</sup>	37.7* <sup>2</sup>
Number of days waited for urgent care	71.0 <sup>3</sup>	73.4 <sup>3</sup>
Received reminders between visits	69.9 <sup>1</sup>	76.0* <sup>1</sup>
Providers office followed up to give results of blood test, x-ray, or other test	73.7	75.2*
Provider talked with patient about all prescriptions	87.0 <sup>1</sup>	88.8* <sup>1</sup>

<sup>1</sup> n=117, <sup>2</sup> n=112, <sup>3</sup> n=116

\* Statistically significant difference between 2012 and 2014 for practices reporting in both years, p&lt;.05.

## Specialty Care Practices

**Table 7. CG CAHPS Access & Communication Composites and Rating of Provider Question: Top Box Scores (Percent Positive), All Specialty Care Practices, 2014 and National**

	2014 n=103	2014 NTL
<b>Getting timely appointments, care and information</b>	<b>70.0</b>	<b>64</b>
Got urgent care when needed	74.3 <sup>1</sup>	68
Got routine care when needed	78.8	71
Got answer by phone during regular office hours	70.0	64
Saw provider within 15 minutes of appointment time	61.1	49
<b>How well providers communicate with patients</b>	<b>86.0</b>	<b>84</b>
Provider explanations easy to understand	87.3	85
Provider listened carefully	88.5	86
Provider gave easy to understand information	86.4	84
Provider knew important information about medical history	76.7	76
Provider showed respect for what patient had to say	90.6	89
Provider spent enough time with patient	86.5	83
<b>Helpful, courteous, and respectful office staff</b>	<b>86.5</b>	<b>80</b>
Clerks and receptionists were helpful	82.1	75
Clerks and receptionists were courteous and respectful	90.9	86
<b>Patients' rating of the provider</b>	<b>83.4</b>	<b>80</b>

<sup>1</sup> n=99

2014 National data based on CG CAHPS 2014 national comparative database for specialty care practices.

**Table 8. CG CAHPS Access & Communication Composites and Rating of Provider Question: Top Box Scores (Percent Positive), Specialty Care Practices Participating Both Years**

	2012	2014
	n=56	
<b>Getting timely appointments, care and information</b>	<b>70.4</b>	<b>70.2</b>
Got urgent care when needed	73.0	75.1
Got routine care when needed	76.0	78.1
Got answer by phone during regular office hours	72.0	69.2
Saw provider within 15 minutes of appointment time	55.8	60.2
<b>How well providers communicate with patients</b>	<b>83.8</b>	<b>86.1</b>
Provider explanations easy to understand	85.4	87.5
Provider listened carefully	86.2	88.4
Provider gave easy to understand information	83.8	86.2
Provider knew important information about medical history	75.2	77.2
Provider showed respect for what patient had to say	88.5	90.4
Provider spent enough time with patient	83.6	86.8
<b>Helpful, courteous, and respectful office staff</b>	<b>83.1</b>	<b>85.2*</b>
Clerks and receptionists were helpful	77.9	80.5
Clerks and receptionists were courteous and respectful	88.2	89.9
<b>Patients' rating of the provider</b>	<b>81.2</b>	<b>83.8*</b>

\* Statistically significant difference between 2012 and 2014 for practices reporting in both years, p&lt;.05.

**Table 9. CG CAHPS PCMH Composites: Top Box Scores (Percent Positive), All Specialty Care Practices, 2014 and National**

	2014 n=61	2014 NTL
<b>Talking with you about taking care of your own health</b>	<b>48.8</b>	<b>47</b>
Talked with patient about specific health goals	60.2	58
Asked patient about things making it hard to take care of health	37.5	37
<b>Talking about medication decisions</b>	<b>66.2<sup>1</sup></b>	<b>64</b>
Provider talked about reasons to take a medicine	67.7 <sup>1</sup>	67
Provider talked about reasons not to take a medicine	49.0 <sup>1</sup>	47
Provider asked what was best for patient regarding a medicine	81.9 <sup>1</sup>	79
<b>Attention to mental or emotional health</b>	<b>39.0</b>	<b>36</b>
Was asked about feeling sad or depressed	47.9	43
Talked about anything causing worry or stress	42.8	39
Talked about personal problems/alcohol or drug use	26.2	25

<sup>1</sup> n=57

2014 National data based on CG CAHPS 2014 national comparative database for specialty care practices.

**Table 10. CG CAHPS PCMH Composites: Top Box Scores (Percent Positive), Specialty Care Practices Participating Both Years**

	2012	2014
	n=43	
<b>Talking with you about taking care of your own health</b>	<b>46.5</b>	<b>49.5</b>
Talked with patient about specific health goals	56.0	61.6
Asked patient about things making it hard to take care of health	37.0	37.5
<b>Talking about medication decisions</b>	<b>63.0<sup>1</sup></b>	<b>67.9<sup>1</sup></b>
Provider talked about reasons to take a medicine	64.8 <sup>1</sup>	69.3 <sup>1</sup>
Provider talked about reasons not to take a medicine	44.3 <sup>1</sup>	51.4 <sup>1</sup>
Provider asked what was best for patient regarding a medicine	80.0 <sup>1</sup>	83.0 <sup>1</sup>
<b>Attention to mental or emotional health</b>	<b>36.3</b>	<b>39.2</b>
Was asked about feeling sad or depressed	43.1	48.2
Talked about anything causing worry or stress	40.3	42.8
Talked about personal problems/alcohol or drug use	25.5	26.7

<sup>1</sup> n=39

\* Statistically significant difference between 2012 and 2014 for practices reporting in both years, p&lt;.05.

**Table 11. CG CAHPS Access to Care, Info about Care, and Follow up Results Questions: Top Box Score (Percent Positive), All Specialty Care Practices, 2014 and National**

	2014	2014 n	2014 NTL
Got information about care on evenings, weekends, or holidays	70.5	61	66
Got needed care on evenings, weekends, or holidays	50.0	32	53
Number of days waited for urgent care	48.5	50	47
Received reminders between visits	75.1	61	73
Providers office followed up to give results of blood test, x-ray, or other test	76.9	102	72
Provider talked with patient about all prescriptions	81.1	61	83

2014 National data based on CG CAHPS 2014 national comparative database for specialty care practices.

**Table 12. CG CAHPS Access to Care, Info about Care, and Follow up Results Questions: Top Box Score (Percent Positive), Specialty Care Practices Participating Both Years**

	2012	2014
	n=55	
Got information about care on evenings, weekends, or holidays	65.9 <sup>1</sup>	70.1 <sup>*1</sup>
Got needed care on evenings, weekends, or holidays	49.6 <sup>2</sup>	53.9 <sup>2</sup>
Number of days waited for urgent care	49.5 <sup>3</sup>	47.2 <sup>3</sup>
Received reminders between visits	66.4 <sup>1</sup>	75.3 <sup>*1</sup>
Providers office followed up to give results of blood test, x-ray, or other test	78.8	76.1
Provider talked with patient about all prescriptions	77.4 <sup>1</sup>	81.7 <sup>1</sup>

<sup>1</sup> n=43, <sup>2</sup> n=21, <sup>3</sup> n=35

\* Statistically significant difference between 2012 and 2014 for practices reporting in both years, p<.05.

## Pediatric Practices

**Table 13. CG CAHPS Access & Communication Composites and Rating of Provider Question: Top Box Scores (Percent Positive), All Pediatric Practices, 2014 and National**

	2014 n=21	2014 NTL
<b>Getting timely appointments, care and information</b>	<b>72.0</b>	<b>67</b>
Got urgent care when needed	80.6 <sup>1</sup>	75
Got routine care when needed	72.7	69
Got answer by phone during regular office hours	82.9 <sup>1</sup>	75
Got answer by phone after regular office hours	76.6 <sup>2</sup>	72
Saw provider within 15 minutes of appointment time	52.6	45
<b>How well providers communicate with patients</b>	<b>86.1</b>	<b>87</b>
Provider explanations easy to understand	88.2	89
Provider listened carefully	88.9	90
Provider gave easy to understand information	87.7	88
Provider knew important information about medical history	76.6	79
Provider showed respect for what patient had to say	88.9	92
Provider spent enough time with patient	86.6	85
<b>Helpful, courteous, and respectful office staff</b>	<b>78.2</b>	<b>74</b>
Clerks and receptionists were helpful	73.1	68
Clerks and receptionists were courteous and respectful	83.3	80
<b>Rating of the provider</b>	<b>80.6</b>	<b>82</b>

<sup>1</sup> n=20, <sup>2</sup> n=16

2014 National data based on CG CAHPS 2014 national comparative database for pediatric care practices.

**Table 14. CG CAHPS Access & Communication Composites and Rating of Provider Question: Top Box Scores (Percent Positive), Pediatric Practices Participating Both Years**

	2012	2014
	n=14	
<b>Getting timely appointments, care and information</b>	<b>68.4</b>	<b>71.4</b>
Got urgent care when needed	76.7	79.9
Got routine care when needed	71.5	73.0
Got answer by phone during regular office hours	77.2	81.1
Got answer by phone after regular office hours	70.6 <sup>1</sup>	73.2 <sup>1</sup>
Saw provider within 15 minutes of appointment time	41.3	49.7
<b>How well providers communicate with patients</b>	<b>85.3</b>	<b>86.9</b>
Provider explanations easy to understand	88.5	91.0
Provider listened carefully	87.5	89.2
Provider gave easy to understand information	85.5	88.9
Provider knew important information about medical history	74.9	77.4
Provider showed respect for what patient had to say	90.7	88.9
Provider spent enough time with patient	84.8	85.8
<b>Helpful, courteous, and respectful office staff</b>	<b>73.7</b>	<b>78.5*</b>
Clerks and receptionists were helpful	68.3	73.1
Clerks and receptionists were courteous and respectful	79.0	83.9
<b>Patients' rating of the provider</b>	<b>82.1<sup>2</sup></b>	<b>81.4<sup>2</sup></b>

<sup>1</sup> n=11, <sup>2</sup> n=12

**Table 15. CG CAHPS PCMH Composites: Top Box Scores (Percent Positive), All Pediatric Practices, 2014 and National**

	2014 n=21	2014 NTL
<b>Provider supports parent in taking care of child's health</b>	<b>32.6<sup>1</sup></b>	<b>36</b>
Talked about specific health goals	46.6 <sup>1</sup>	48
Asked about things making it hard to take care of child's health	18.6 <sup>1</sup>	23
<b>Attention to child's growth and development</b>	<b>61.9</b>	<b>60</b>
Spoke about child's learning ability	52.2	51
Spoke about normal behaviors	70.0	68
Spoke about child's growth	81.3	81
Spoke about child's moods and emotions	59.9	59
Spoke about time spent with computer or TV	55.8	48
Spoke about child's ability to get along with others	51.9	50
<b>Advice on keeping child safe and healthy</b>	<b>59.6</b>	<b>58</b>
Spoke about injury prevention	58.2	56
Received information on injury prevention	47.6	50
Spoke about child's diet	80.0	78
Spoke about child's exercise	65.5	62
Spoke about household problems affecting child	46.8	44

<sup>1</sup> n=18

2014 National data based on CG CAHPS 2014 national comparative database for pediatric care practices.

**Table 16. CG CAHPS PCMH Composites: Top Box Scores (Percent Positive), Pediatric Practices Participating Both Years**

	2012	2014
	n=14	
<b>Provider supports parent in taking care of child's health</b>	<b>35.4<sup>1</sup></b>	<b>35.0<sup>1</sup></b>
Talked with patient about specific health goals	47.5 <sup>1</sup>	50.3 <sup>1</sup>
Asked about things making it hard to take care of child's health	21.2 <sup>1</sup>	19.7 <sup>1</sup>
<b>Attention to child's growth and development</b>	<b>65.3</b>	<b>65.1</b>
Spoke about child's learning ability	53.6	56.2
Spoke about normal behaviors	72.9	72.5
Spoke about child's growth	80.9	83.9
Spoke about child's moods and emotions	63.1	63.6
Spoke about time spent with computer or TV	61.7	59.4
Spoke about child's ability to get along with others	59.3	54.9
<b>Advice on keeping child safe and healthy</b>	<b>62.9</b>	<b>62.1</b>
Spoke about injury prevention	58.7	60.8
Received information on injury prevention	50.4	50.3
Spoke about child's diet	82.7	83.1
Spoke about child's exercise	72.0	66.5
Spoke about household problems affecting child	50.7	49.8

<sup>1</sup> n=12

\* Statistically significant difference between 2012 and 2014 for practices reporting in both years, p&lt;.05.

**Table 17. CG CAHPS Access to Care, Info about Care, and Follow up Results Questions: Top Box Score (Percent Positive), All Pediatric Practices, 2014 and National**

	<b>2014 n=18</b>	<b>2014 NTL</b>
Got information about care on evenings, weekends, or holidays	78.5	79
Got needed care on evenings, weekends, or holidays	66.7 <sup>1</sup>	50
Number of days waited for urgent care	94.4 <sup>2</sup>	92
Received reminders between visits	63.1	65
Providers office followed up to give results of blood test, x-ray, or other test	76.7	71
Provider informed about care from specialists	65.7 <sup>3</sup>	64
Provider talked with patient about all prescriptions	90.2 <sup>2</sup>	90

<sup>1</sup> n=14, <sup>2</sup> n=17, <sup>3</sup> n=15

2014 National data based on CG CAHPS 2014 national comparative database for pediatric care practices.

**Table 18. CG CAHPS Access to Care, Info about Care, and Follow up Results Questions: Top Box Score (Percent Positive), Pediatric Practices Participating Both Years**

	<b>2012</b>	<b>2014</b>
	<b>n=12</b>	
Got information about care on evenings, weekends, or holidays	80.8	82.3
Got needed care on evenings, weekends, or holidays	58.6 <sup>1</sup>	66.8* <sup>1</sup>
Number of days waited for urgent care	94.4	94.5
Received reminders between visits	61.1	67.3
Providers office followed up to give results of blood test, x-ray, or other test	74.7	78.8
Provider informed about care from specialists	62.9 <sup>1</sup>	67.4 <sup>1</sup>
Provider talked with patient about all prescriptions	88.7	90.7

<sup>1</sup> n=10

\* Statistically significant difference between 2012 and 2014 for practices reporting in both years, p&lt;.05.

## Appendix B: Participating Practices in Both Years (2012 and 2014)

### Adult Primary Care Practices

Adult Primary Care Practice Name
<b>PCMH/HH</b>
B Street Health Center
Belgrade Regional Health Center
Blue Hill Family Medicine
Brewer Health Center
Brewer Medical Center
CMMC Fryeburg Family Medicine
CMMC Topsham Family Medicine
Castine Community Health Services
DFD Russell Medical Centers - Leeds
DFD Russell Medical Centers - Monmouth
DFD Russell Medical Centers - Turner
Dexter Family Practice
Eleanor Widener Dixon Memorial Clinic
Elmwood Primary Care
Family Medicine Institute
Fore River Family Practice
Four Seasons Family Practice
Franklin Health Internal Medicine
Helen Hunt Health Center
Island Family Medicine
Lifespan Family Healthcare
Lovejoy Health Center
MDIH Cadillac Family Practice
MDIH Community Health Center
MDIH Trenton Health Center
Maine Dartmouth Family Practice

<b>Adult Primary Care Practice Name</b>
Maine Medical Center Family Medicine - Falmouth
Maine Medical Center Family Medicine - Portland
Maine Medical Partners Lakes Region Primary Care
Maine Medical Partners Westbrook Internal Medicine
Martin's Point - Bangor
Martin's Point - Brunswick Farley
Martin's Point - Portland
Mercy Gorham Crossing Primary Care
Mercy Yarmouth Primary Care
Mid Coast Medical Group - Bath Internal Medicine
Mid Coast Medical Group- Primary Care
Nasson Health Care/York County Community Action Corporation
Oxford Hills Family Practice
Penobscot Community Health Center
SMMC Internal Medicine - Biddeford
SVH Family Care - Clinton
SVH Family Care - Newport
SVH Family Care - Pittsfield
Sacopee Valley Health Center
St. Mary's Family Medicine Mollison Way
St. Mary's Poland Family Practice
Swift River Family Medicine
Waterville Family Practice
Wilson Stream Family Practice
Winthrop Family Medicine
Wiscasset Family Medicine
<b>HH-Only</b>
Augusta Family Medicine
CMMC Bridgton Internal Medicine
CMMC Brunswick Family Medicine
CMMC Family Health Care Associates

Adult Primary Care Practice Name
CMMC Family Practice
CMMC Gray Family Health
CMMC Internal Medicine
CMMC Lisbon Family Practice
CMMC North Bridgton Family Practice
CMMC Poland Community Health Center
Capehart Community Health Center
Dover-Foxcroft Family Medicine
Elsemore Dixfield Family Medicine
Franklin Health Farmington Family Practice
Franklin Health Livermore Falls Family Practice
Gardiner Family Medicine
MDIH Cooper Gilmore Health Center
Mercy Portland Internal Medicine
Mercy Standish Family Practice
Mercy West Falmouth Family Practice
Mercy Windham Family Practice
Mid Coast Medical Group - Topsham Internal Medicine
Milo Family Practice
Minot Ave. Family Medicine
Oakland Family Medicine
Pines Caribou Health Center
Presque Isle Health Center
RMCL - Lubec
Richard Kappelmann, MD Practice
River Valley Internal Medicine
Sebasticook Family Doctors Canaan
Sebasticook Family Doctors Dexter
Sebasticook Family Doctors Dover-Foxcroft
Sebasticook Family Doctors Newport - Adults
Sebasticook Family Doctors Pittsfield

Adult Primary Care Practice Name
St. Joseph Family Medicine
St. Joseph Internal Medicine
St. Mary's Auburn Medical Associates
St. Mary's Lewiston Auburn Internal Medicine
St. Mary's Lewiston Medical Associates
St. Mary's Lisbon Falls Family Health Center
St. Mary's Medical Associates
Summer Street Health Center
Van Buren Health Center
<b>Other</b>
Acadia Family Health Center
Bethel Family Health Center
Bingham Area Health Center
Dexter Internal Medicine
Guilford Medical Association
InterMed Family Practice - Foden Road
InterMed Family Practice - Yarmouth
InterMed Internal Medicine/Infectious Disease
Madison Area Health Center
Maranacook Family Health Care
Martin's Point - Biddeford
Martin's Point - Brunswick Baribeau
Martin's Point - Gorham
Martin's Point - Portsmouth
Martin's Point - South Portland
Martin's Point - West Falmouth
Mechanic Falls Family Practice
Mercy Falmouth Internal Medicine
Mt. Abram Regional Health Center
NMMC Fort Kent Primary Care
NMMC Medical Office Building

<b>Adult Primary Care Practice Name</b>
RMCL - East Machias
Richmond Area Health Center
Sheepscot Valley Health Center
St. Joseph Family Medicine at Jackson Laboratory
Strong Area Health Center
Twin Pines Family Medicine
WCMP Family Medicine
Western Maine Family Health Center
York Family Practice

### **Specialty Care Practices**

<b>Specialty Care Practice Name</b>
All About Women
Breast Care Specialists of Maine
CMMC Bariatrics
CMMC Bridgton GI
CMMC Bridgton General Surgery
CMMC Bridgton OB/Gyn
CMMC Brunswick Cardiology
CMMC Cardiology/Lewiston
CMMC Endocrinology
CMMC Infectious Disease
CMMC Neurology
CMMC Obstetrics & Gynecology - Lewiston
CMMC Oncology/Hematology - Bridgton
CMMC Oncology/Hematology - Lewiston
CMMC Pain Clinic
CMMC Pulmonary Care
CMMC Radiation Oncology
CMMC Sports Medicine

Specialty Care Practice Name
CMMC Urology
CMMC Women's Specialty Center
Central Maine CT & Vascular Surgery
Central Maine ENT
Central Maine Gastroenterology
Central Maine Heart Associates/Auburn
Central Maine Neurosurgery
Central Maine Plastic Surgery
Central Maine Sleep Center
Central Maine Surgical Associates
Falmouth Orthopaedic Center
Generations OB/GYN
InterMed ENT Otolaryngology
InterMed Specialty Group - Foden Road
Maine Spine Surgery
MaineGeneral Allergy and Asthma
MaineGeneral Gastroenterology - Augusta
MaineGeneral Obstetrics and Gynecology
MaineGeneral Surgery
Mercy Gastroenterology at Casco Bay
Mercy Hematology/Oncology Center
Mercy Hospital Cardiology
Mercy MKM ENT Associates
Mercy Pain Center
Mercy Portland Surgical Associates
Mercy Pulmonary Medicine
Mid Coast Medical Group - Neurology
Mid Coast Medical Group - Orthopedics
Mid Coast Medical Group - Pulmonology
Mid Coast Medical Group - Urology
Mid Coast Medical Group - Women's Health Care

<b>Specialty Care Practice Name</b>
Mid Coast Medical Group - Wound Care Center
NMMC General Surgical Practice
NMMC Surgical Specialties
New England Foot & Ankle Specialists
Rumford Surgical Associates
Station Hill Medical Office Building
The Mattina R. Proctor Diabetes Center

### **Pediatric Practices**

<b>Pediatric Practice Name</b>
CMMC Bridgton Pediatrics
CMMC Brunswick Pediatrics
Central Maine Pediatrics
EMMC Pediatric Medicine/Husson Pediatrics
Franklin Health Pediatrics
InterMed Pediatrics - Foden Road
InterMed Pediatrics - Marginal Way
InterMed Pediatrics - Yarmouth
Kennebec Pediatrics
Maine Medical Partners Westbrook Pediatrics
Mid Coast Medical Group - Pediatrics
Pediatric Associates of Lewiston
Penobscot Pediatrics
Winthrop Pediatric and Adolescent Medicine