

**Office of the Patient Advocate (OPA)  
California Health Care Quality Medical Group Report Card 2016-2017 Edition**

**Scoring Documentation for Public Reporting on Patient Experience\*  
Using the Medical Group Patient Assessment Survey (Reporting Year 2016)**

**Background**

Representing the interests of health plan members, the California Office of the Patient Advocate (OPA) publicly reports on health care quality. OPA published its first HMO Health Care Quality Report Card in 2001 and has successfully updated, enhanced and expanded the Report Cards every year. The current version (2015-16 Edition) of the online Health Care Quality Report Cards is available at: [www.opa.ca.gov](http://www.opa.ca.gov) and via mobile apps.

Clinical performance results are reported for 205 medical groups that participate in the Integrated Healthcare Association (IHA) Pay for Performance Initiative (see details on this initiative at: [http://www.ihc.org/pay\\_performance.html](http://www.ihc.org/pay_performance.html)). Patient experience results are available for 157 of these medical groups.

**Sources of Data for California Health Care Quality Report Cards**

The 2016-17 Edition of the Report Cards is published in October 2016, using data reported in Reporting Year (RY) 2016 for performance in Measurement Year (MY) 2015. Data sources are:

1. The National Committee for Quality Assurance's (NCQA) publicly reported HMO and PPO Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) commercial measure data<sup>1</sup>.
2. The Integrated Healthcare Association (IHA) Pay for Performance Initiative's medical group clinical performance data.
3. **The California Healthcare Performance Information System, Inc. (CHPI) Patient Assessment Survey's (PAS) patient experience data for medical groups.**

**Medical Group Patient Experience Methodology Process**

**1. Methodology Decision Making Process**

The Patient Assessment Survey (PAS) ratings based on methodology decisions by the California Healthcare Performance Information System (CHPI) are provided to OPA. CHPI conducts an internal methodology process by discussion with the CHPI PAS Committee, a group of medical group and health plan representatives who are well-versed in patient experience measurement.

**2. Stakeholder Preview and Corrections Period**

Each year, prior to the public release of the OPA Report Cards, all participating health plans and medical groups are invited to preview the Health Care Quality Report Cards. Health plans and medical groups are given access to a test web site with updated results and given several days to review their data and submit corrections and questions regarding the data and methodology to OPA and its contractors. If an error in the data is discovered, it is corrected prior to the public release of the OPA Report Cards.

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\* Also see the Scoring Methodology for the Medical Group Report Card clinical ratings: <http://reportcard.opa.ca.gov/rc/medicalgroupabout.aspx>

<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS is a source for data contained in the California Health Care Quality Report Cards obtained from Quality Compass®2016 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2016 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

**CHPI PAS Scoring Methodology**

<b>PAS Data Scoring &amp; Reporting Elements</b>	<b>CHPI PAS Scoring Methods RY 2016</b>
Measures	<p>PAS ratings will consist of results for: i) one Summary Indicator, and ii) five composites. See Table 2 for the questions that map into the following composites:</p> <ul style="list-style-type: none"> <li>➤ Communicating with Patients</li> <li>➤ Timely Care and Service (CG-CAHPS version)</li> <li>➤ Helpful Office Staff</li> <li>➤ Coordinating Patient Care</li> <li>➤ Health Promotion</li> </ul>
Reportable Result	<p>A scored result is not publicly reported if the group-specific reliability for the measure is less than 0.70. A minimum survey response rate is not a data use criterion.</p>
Scoring	<p>Raw scores are calculated using the response choice values per Table 1. Composite scores are calculated as follows:</p> <ol style="list-style-type: none"> <li>1. Scoring of individual items is done on a per respondent basis.</li> <li>2. Item response values are assigned per Table 1.</li> <li>3. The per-respondent item score is adjusted per the case mix adjustment method.</li> <li>4. A medical group adjusted item score is calculated as the mean of the non-missing respondent adjusted scores for that item.</li> <li>5. A medical group adjusted composite score is calculated as the mean of the adjusted item scores.</li> <li>6. Each item in each composite is equally weighted.</li> </ol>
Aggregation technique	<p>Individual questions are combined to form the 5 composites listed above. The questions that map to each composite are listed in Table 2.</p>
Summary Indicator Scoring	<p>The Global Rating of Care measure will be displayed as the summary indicator.</p>
Performance Classification: Summary Indicator and Composites	<p>Each medical group's score, for the summary indicator and each composite, will be categorized into 4 discrete performance indicators per the 10<sup>th</sup>, 50<sup>th</sup> and 90<sup>th</sup> percentile statewide performance thresholds. The performance ranges will be set using the relative distribution of all medical groups' scores for RY2013.</p> <p>The Global Rating of Care and the five composites will be presented using the 4-part ratings model depicted by 1 to 4 stars. See Tables 3 and 4.</p> <p>A half-point buffer zone will be applied. Any medical group whose score is in the buffer zone that is below the grade cutpoint is assigned the next highest category grade.</p> <p>The medical group's summary indicator and composite mean scores are not rounded or truncated – scores are produced with at least 1 decimal place to support the application of the buffer zone rule.</p>

PAS Data Scoring & Reporting Elements	CHPI PAS Scoring Methods RY 2016
Adjustments	<p>The scores for each item will be adjusted to account for differences across groups in their patient populations and the types of providers being rated.</p> <p>The case mix model includes: age, gender, education, mental health status, general health status (SF-1), obesity indicator (derived from patient BMI), patient's race/ethnicity and primary language spoken at home, physician specialty, mode of survey (i.e., phone vs. non-phone), and language the survey is completed in.</p>
Performance Display	<p>The summary indicator and composites will be presented per the following display elements:</p> <p>Rating Symbol: Stars (1 to 4 point rating, no fractional scores)</p>

**Table 1. Response Choice Values**

Item Response Set	Response Choice Value Top Box Scoring
Never-always	Always = 1 Usually = 0 Sometimes = 0 Never = 0
Definitely	Yes, definitely = 1 Yes, somewhat = 0 No, definitely not = 0
Yes/No	Yes = 1 No = 0
0-10 global	0-8 = 0 9-10 = 1

**Table 2: Question Composition of Composite/Summary Topics<sup>2</sup>**

Composite	Variable	Composite Questions
Communicating with Patients	MDInteract	Q14, Q15, Q17, Q18, Q19, Q20
Timely Care and Service (CG-CAHPS version)	Access	Q6, Q8, Q10, Q12, Q13
Helpful Office Staff	OfcStaff	Q38, Q39
Coordinating Patient Care	Coordinate	Q23, Q25
Health Promotion	Hlth1yr	Q29, Q30
<b>Summary Indicator</b>		<b>Summary Question</b>
Global Rating of Care	RateCare	Q40

### 1) Grading

The grade cutpoints listed in Table 3 and Table 4 are applied to assign a medical group's grade for the summary indicator "Patients Rate Their Medical Group."

<sup>2</sup> For a PDF of the PAS questions, see: [http://chpis.org/attachments/PCP\\_English\\_2016\\_1E.pdf](http://chpis.org/attachments/PCP_English_2016_1E.pdf). The following PAS questions are neither included in the 6 Patient Experience measures listed in Table 2 above nor reported in the 2016-17 Edition of the Medical Group Health Care Quality Report Card: Q1 – Q5, Q7, Q9, Q11, Q16, Q21, Q22, Q24, Q26, Q27, Q28, Q31 - Q37, Q41 - Q50.

**Table 3. Patients Rate Their Medical Group - Adult Survey Cutpoints by Measure**

Grade	Global Rating of Care	Communicating with Patients	Timely Care and Service	Helpful Office Staff	Coordinating Patient Care	Health Promotion	Star Rating
Excellent	70-100	82 - 100	62 - 100	74 - 100	65 - 100	68-100	4 stars
Good	63-69	78 - 81	56 - 61	69 - 73	58 - 64	60-67	3 stars
Fair	54-62	71 – 77	48 - 55	62 - 68	51 - 57	56-59	2 stars
Poor	0-53	0 - 70	0 - 47	0 - 61	0 - 50	0-55	1 star

**Table 4. Patients Rate Their Medical Group - Pediatric Survey Cutpoints by Measure**

Grade	Global Rating of Care	Communicating with Patients	Timely Care and Service	Helpful Office Staff	Coordinating Patient Care	Health Promotion	Star Rating
Excellent	78-100	87-100	68-100	70-100	77-100	n/a	4 stars
Good	73-77	85-86	60-67	64-69	63-76	n/a	3 stars
Fair	65-72	81-84	47-59	50-63	53-62	n/a	2 stars
Poor	0-64	0-80	0-46	0-49	0-52	n/a	1 star

**Buffer Zone**

A buffer zone of a half-point (0.5) span below each of the 3 performance cutpoints is applied. Any medical group whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, a score of 62.5 would be assigned a grade of ‘good’ given the adult survey good/fair cutpoint of 63 for the Global Rating of Care. Whereas a score of 53.4 would be assigned a grade of ‘poor’ given the fair/poor cutpoint of 54 and in this example the score is more than 0.5 below the grade cutpoint. Scores are not rounded before applying the cutpoints and the buffer zone.

**2) 2016-17 Edition Medical Group Report Card, Patient Experience Notes**

‘*Too few patients in sample to report*’ indicates the medical group did not have enough patients who had the experience to be scored for a particular measure.

‘*Not rated*’ indicates that the measure was not applicable for a given medical group (e.g., Health Promotion questions are not on the survey for a pediatric medical group) or that a medical group did not participate in the survey for the measures in the Patients Rate Medical Groups section.