



---

***MHQP 2016 Patient Experience Survey Report***

***Pediatric Care***

*Detailed Practice Report  
prepared for*

***Middleboro Pediatrics  
Affiliated Pediatric Practices (APP)  
Partners Healthcare System***

---

October 2016

# MHQP 2016 Patient Experience Survey Report

## Table of Contents

About Your Report .....	1
Table of Publicly Reported Survey Questions .....	6
Patients' Experiences with Your Practice: Summary Results	
Comparison to Statewide Mean .....	9
Summary Performance .....	11
Priority Matrix .....	13
Question Response Frequencies for Your Patient Survey Sample .....	15
Patients' Experiences with Your Practice: Comparative Results	
Practices Comparison to Medical Group .....	44
Practices Comparison to State .....	53
Listing of Sampled Providers .....	61
Appendices	
Selected Tools and References .....	A1
Massachusetts Statewide and Regional Performance .....	B1
Performance on PCMH Measures .....	C1
Questions and Answers .....	D1
Technical Appendix .....	E1
Acknowledgments .....	F1
About MHQP .....	G1

## About Your Report

The 2016 MHQP Patient Experience Survey Report (PES Report) summarizes your results from the 2016 statewide survey of adult and pediatric primary care patients. The MHQP 2016 Patient Experience Survey Instrument for adults is based on the CAHPS® Patient Centered Medical Home (PCMH) Survey, developed by National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). The MHQP 2016 Patient Experience Survey Instrument for adults is a 61 question tool and the pediatric version has 68 items.

The survey was fielded in the spring of 2016 and sampled patients from 804 adult and 318 pediatric primary care practices statewide, representing over 4,000 primary care providers (PCPs). Results for adult and pediatric primary care are reported separately.

Answers to the survey questions were combined to create summary measures of patients' experiences:

### ***Quality of Doctor-Patient Interactions***

- Communication
- Integration of Care
- Knowledge of Patient
- Adult Behavioral Health (Adult reports only)
- Shared-Decision Making (Adult reports only)
- Pediatric Preventative Care (Pediatric reports only)
- Pediatric Growth and Development (Pediatric reports only)

### ***Organizational Features of Care***

- Organizational Access
- Self Management Support
- Office Staff

Your report also includes the results from the global rating item "Willingness to Recommend to Family and Friends."

Sample sizes were estimated according to the number of providers at a practice in order to obtain reliable information at the practice site level.

MHQP will release a public report of the 2016 Statewide Patient Experience Survey results **at the practice level only** in the winter of 2016 on MHQP's website for healthcare consumers, [www.healthcarecompassma.org](http://www.healthcarecompassma.org). Only practices with three or more providers will be included in MHQP's public reporting. **No provider or medical group level results will be reported on the MHQP's consumer website, Healthcare Compass.**

## About Your Report

This report contains up to seven sections of results:

- **Comparison to Statewide Mean** – This chart graphs patients’ experiences within your practice across the summary measures and the global rating item as compared with the state mean. This section also explains how sample size is determined and information about statistical reliability.
- **Summary Performance Chart** – This chart is included in reports for practices with three or more PCPs, these results are publicly reported. The chart indicates a practice’s score in relation to all other practices sampled in Massachusetts. The summary performance measures in this chart are consistent with MHQP’s previously reported composites which have been used for public reporting since 2005. The chart reports results for all reported composites and notes which measures will be publicly reported.
- **Priority Matrix** – This chart plots your practice’s relative performance on summary measures with how each measure correlates with patients’ willingness to recommend your practice on an x/y axis. The chart is designed to help guide decisions about where to focus quality improvement efforts at your practice.
- **Detailed Question-Level Results** – This section provides detailed results for each question and a question level percentile ranking icon to help your practice make question-by-question decisions about quality improvement. This section also contains demographic information for the patients in your practice who completed the survey.
- **Characteristics of Patients in Your Practice's Sample** – This section summarizes the demographic and health characteristics reported by respondents from your practice.
- **Practice Site Comparative Performance Chart** – If your practice is part of a medical group with at least two other practices included in the survey, your report will also contain a series of charts comparing the performance of your practice with other practices (blinded) in your medical group across the summary measures.
- **Provider-Level Comparative Performance Chart** – If your practice opted to participate in the Provider-Level Survey Program, your report will also contain a series of charts comparing the performance of all the providers in your practice across the summary measures and the global rating item.

Additionally, your report may contain the following sections:

- **Practice Site Comparative Performance Chart** – If your practice is part of a medical group with at least two other practices included in the survey, your report will also contain a series of charts comparing the performance of your practice with other practices (blinded) in your medical group across the summary measures.
- **Provider-Level Comparative Performance Chart** – If your practice opted to participate in the Provider-Level Survey Program, your report will also contain a series of charts comparing the performance of all the providers in your practice across the summary measures and the global rating item.

## About Your Report

### Appendices

Your report also contains supplemental material, available in the appendix. The appendix contains the following sections:

- **Providers from Your Organization Included in the Survey Report** – This section indicates the names of all providers from your organization whose patients were surveyed as part of the 2016 survey. Information regarding PCPs at each practice site was obtained directly from the practice site or medical group through MHQP's Massachusetts Provider Database (MPD). All provider rosters used for this survey were updated as of December 31, 2015.
- **Selected Tools and References for Quality Improvement** – This section provides links to tools to help practices implement quality improvement efforts and a list of relevant literature.
- **Statewide and Regional Mean Scores** – This section provides regional average scores and the statewide 50th and 90th percentile ranking scores for each reported composite.
- **Patient Centered Medical Home Measurement Chart** – This chart represents Patient Centered Medical Home (PCMH) composite and item level measures as defined by NCQA. MHQP's standard Communication and Access composites differ slightly from the CAHPS® PCMH composites for the same areas. When CAHPS® PCMH composites are different from MHQP composites, we have also provided PCMH composite results within this section.
- **Questions and Answers** – This section contains a list of commonly asked questions about the MHQP Patient Experience Survey and corresponding answers.
- **Technical Appendix** – Included in this section is a description of MHQP's sampling process and benchmark methodology.
- **Acknowledgments**
- **About MHQP** – Information about MHQP and its role in Massachusetts' quality reporting.

## About Your Report

### What's New in MHQP's 2016 Patient Experience Survey?

**Electronic Surveying:** This year we sent e-mail invitations with a link to the online survey to 18% of the sampled population. These individuals were patients of clinicians who were being sampled by their organizations at the individual level rather than at the practice level. If the clinicians were members of practices of 3 or more providers their results were included in the practice-level results seen in this report. If they were patients of solo or dual practices, their results were included in the provider-level results only for organizations that sponsored surveys at this level. The results from the full sample are shown in the report that follows and will be posted on MHQP's website.

The response rate for those who received e-mails and completed the survey was 31% as compared with a response rate of 20% for mailed surveys. E-mails came from two provider organizations and two health plans. We plan to field future surveys using technology and approaches that patients prefer and allow us to achieve valid results more cost effectively. We are working with provider organizations and health plans to implement these changes.

**Patient Comments:** Consumers value the opportunity to provide their own commentary, but until now, obtaining free-text feedback as part of scientifically valid surveys has been an unmet need for health care survey programs nationwide. Our pilot work offered new insight into the value of standardized collection of free-text. Subsequently, we included a standard set of open-ended questions developed by CAHPs on the electronic version of the 2016 survey. Patients who received an e-mail invitation or those who received a mail survey and opted to complete the survey online were able to provide comments.

- *What are the most important things that you look for in a healthcare provider and his or her staff?*
- *When you think about the things that are most important to you, how do your provider and his or her staff measure up?*
- *Now we'd like to focus on anything that has gone well in your experiences with your provider and his or her staff over the past 12 months. Please explain what happened, how it happened, and how it felt to you.*
- *Next we'd like to focus on any experiences with your provider and his or her staff that you wish had gone differently over the past 12 months. Please explain what happened, how it happened, and how it felt to you.*
- *Please describe how you and your provider relate to and interact with each other.*

**Foreign Languages:** For the first time, patients were able to take the language in one of five languages including English, Chinese, Portuguese, Russian, and Spanish. Patients who received a mail invitation were provided with an online link in the cover letter and were notified that the survey was available in these languages via the online link. Patients who received an e-mail invitation were notified that they could take the survey in one of the five languages by clicking on the appropriate link. In addition, the standardized set of open-ended questions were translated in the four non-English languages.

## About Your Report

### **NCQA's PCMH Recognition and Distinction in Patient Experience Reporting Programs**

Recognizing the methodological rigor and strict adherence to protocols used in administering the survey and collecting data, NCQA has granted Massachusetts practices permission to use MHQP's 2016 PES results for its Patient Centered Medical Home Recognition and Distinction in Patient Experience Reporting. Specifically, survey results can be used to receive credit for Standard 6C, Factors 1 and 2. A practice site must achieve PCMH Recognition status and submit data to be recognized for Patient Experience Distinction. If you would like more information, please contact [PES@mhqp.org](mailto:PES@mhqp.org).

### *New: PCMH PRIME*

The MA Health Policy Commission (HPC) is now accrediting practices as Patient Centered Medical Homes. To become accredited by HPC, practices must meet NCQH PCMH standards as well as PCMH PRIME standards (related to behavioral health integration). The MHQP PES survey can serve as one element in attaining PCMH Recognition as noted above.

# Table of Publicly Reported Survey Questions - Pediatric Care

## Quality of Doctor-Patient Interaction

Summary Measure	Survey Questions
<p><i>Communication</i> (6 questions)</p>	<p>In the last 12 months, how often did this provider explain things about your child’s health in a way that was easy to understand?</p> <p>In the last 12 months, how often did this provider listen carefully to you?</p> <p>In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?</p> <p>In the last 12 months, how often did this provider give you easy to understand information about what to do if your child’s health concerns or problems got worse or came back?</p> <p>In the last 12 months, how often did this provider show respect for what you had to say?</p> <p>In the last 12 months, how often did this provider spend enough time with your child?</p>
<p><i>Integration of Care</i> (2 questions)</p>	<p>In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?</p> <p>In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider’s office follow up to give you these results?</p>
<p><i>Knowledge of Patient</i> (2 questions)</p>	<p>In the last 12 months, how often did this provider seem to know the important information about your child’s medical history?</p> <p>How would you rate this provider’s knowledge about your child as a person – special abilities, concerns, fears?</p>
<p><i>Pediatric Preventive Care</i> (6 questions)</p>	<p>In the last 12 months, did you and anyone in this provider’s office talk about things you can do to keep your child from getting injured?</p> <p>In the last 12 months, did anyone in this provider’s office give you information about how to keep your child from getting injured?</p> <p>In the last 12 months, did you and anyone in this provider’s office talk about how much time your child spends on a computer and in front of a TV?</p> <p>In the last 12 months, did you and anyone in this provider’s office talk about how much or what kind of food your child eats?</p> <p>In the last 12 months, did you and anyone in this provider’s office talk about how much or what kind of exercise your child gets?</p> <p>In the last 12 months, did you and anyone in this provider’s office talk about whether there are any problems in your household that might affect your child?</p>

---

*Child Development*  
(5 questions)

In the last 12 months, did you and anyone in this provider’s office talk about your child’s learning ability?

In the last 12 months, did you and anyone in this provider’s office talk about the kinds of behaviors that are normal for your child at this age?

In the last 12 months, did you and anyone in this provider’s office talk about how your child’s body is growing?

In the last 12 months, did you and anyone in this provider’s office talk about your child’s moods and emotions?

In the last 12 months, did you and anyone in this provider’s office talk about how your child gets along with others?

**Organization/Structural Features of Care**

<i>Summary Measure</i>	<i>Survey Questions</i>
------------------------	-------------------------

*Organizational Access*  
(5 questions)

In the last 12 months, when you called this provider’s office for an appointment for care your child **needed right away**, how often did you get an appointment as soon as your child needed?

In the last 12 months, when you made an appointment for a **check-up or routine care** for your child with this provider, how often did you get an appointment as soon as your child needed?

In the last 12 months, when you called this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?

In the last 12 months, when you called this provider’s office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider **within 15 minutes** of his or her appointment time?

---

*Self-Management Support*  
(2 questions)

In the last 12 months, did you and anyone in this provider’s office talk about specific goals for your child’s health?

In the last 12 months, did anyone in this provider’s office ask you if there are things that make it hard for you to take care of your child’s health?

---

*Office Staff*  
(2 questions)

In the last 12 months, how often were the front office staff at this provider’s office as helpful as you thought they should be?

In the last 12 months, how often did the front office staff at this provider’s office treat you with courtesy and respect?

## Global Rating

<i>Summary Measure</i>	<i>Survey Questions</i>
------------------------	-------------------------

*Willingness to Recommend  
(1 question)*

Would you **recommend** this provider to your family and friends?

## Comparison to Statewide Mean

The summary chart displays your mean score and a comparison of your mean score to the Statewide Mean for each of the summary measures and the global rating item, “Willingness to Recommend.” The information below is provided to help you interpret the chart. MHQP will release a public report of the 2016 Statewide Patient Experience Survey results **at the practice level only** in the winter of 2017 on MHQP’s website for healthcare consumers, [www.healthcarecompassma.org](http://www.healthcarecompassma.org). Only practices with three or more providers will be included in MHQP’s public reporting. No provider or medical group level results will be reported on MHQP’s consumer website, Healthcare Compass.

### Sample Size

The number of your patients responding to the survey is indicated in the title of the chart. Sampling design considers how many primary care providers are in each practice and the number of respondents needed to achieve highly reliable results. For private reporting, results are included for practices with at least 16 respondents. This minimum threshold allows practices to receive some information from the survey, even when sample sizes are limited. For provider level reports, results are included for providers with at least seven respondents. There are no minimum thresholds for the reporting of medical groups or networks. Please consider each measure’s reliability score (explained below) and refer to advice contained in the Reliability Legend when determining how to use results.

### Reliability

In the chart, each measure has a reliability score listed under the site mean in parentheses. The Reliability Legend below the chart serves as a guide to interpret reliability scores. Reliability (*r*) is a statistical measure that indicates how accurately a measure captures information by measuring the consistency of the information provided by patients who responded to the survey. Reliability scores range from 0.0 to 1.0 – where 1.0 signifies a measure for which every patient reports an experience identical to every other patient and where 0.0 signifies a measure for which there is no consistency or commonality of experiences reported by patients. Reliability is strongly influenced by sample size. The sample size is determined by the number of respondents needed to achieve results with highest site-level reliability.

### Mean Scores Used for Comparison

The *Statewide Mean* represents the statewide average score including all respondents to the 2016 Patient Experience Survey and can be used as a benchmark for comparison to your own score. We also list your adjusted mean score. Your scores have been case-mix adjusted so that patient characteristics match the overall characteristics of patients throughout the state as reflected in the statewide results, creating a fair comparison of performance. Results data are adjusted according to age, gender, education, chronic conditions, race, language, health plan, and region.

### Statistical Significance

Using symbols to note the mean score for each measure, the chart indicates whether scores are statistically above, equivalent, or lower than the Statewide Mean. The p-value ( $p \leq 0.05$ ) expresses that there is a 95% probability that the score represents “true” performance relative to the Statewide Mean score (indicated by a vertical line).

### Confidence Interval

A confidence interval represents the range of scores within which you can be confident that your “true” mean score falls. The confidence interval is represented by the horizontal bar around each measure’s reported mean score. For the purposes of this report, there is 95% estimated probability that your “true” mean score falls within the reported confidence intervals (also expressed as  $p \leq 0.05$ ).

**Middleboro Pediatrics - Pediatric Care**

**Affiliated Pediatric Practices (APP)**

Patients' Experiences with Your Practice Site (n = 95)

Compared with the Statewide Mean

Summary Measures	Comparison to State Mean	Site Mean (Reliability r)	State Mean
<i>Quality of Doctor-Patient Interaction</i>	0 20 40 60 80 100		
Communication		97.3 (Highest r)	97.1
Integration of Care		86.3 (High r)	87.8
Knowledge of Patient		92.2 (Highest r)	92.7
Pediatric Preventive Care		87.0 (Highest r)	72.9
Child Development		79.5 (Highest r)	77.0
<i>Organization/Structural Features of Care</i>	0 20 40 60 80 100		
Organizational Access		91.0 (Highest r)	88.4
Self-Management Support		51.6 (Highest r)	45.5
Office Staff		96.8 (Highest r)	91.8

Comparison Symbol Legend	
<i>Benchmark...</i>	
	Statewide Mean
<i>Your score...</i>	
	Statistically significantly above the benchmark ( $p \leq 0.05$ )
	Statistically equivalent to the benchmark
	Statistically significantly below the benchmark ( $p \leq 0.05$ )
<i>Confidence Interval...</i>	
	95% confidence interval around the adjusted mean ( $p \leq 0.05$ )

Reliability Legend	
<b>Highest r</b> ≥ .70	Available sample for this measure meets or exceeds reliability standards required for public reporting.
<b>High r</b> .50 to .70	Available sample for this measure is slightly less than optimal. Your performance relative to the state average is very likely correct, but your actual score could differ somewhat in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
<b>Lower r</b> .34 to .50	Available sample size for this measure is less than optimal. Your performance relative to the state average is likely correct, but your actual score could vary considerably in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
<b>Lowest r</b> <.34	Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.

## Summary Performance

### Publicly Reported Measures

MHQP will publicly report the results of the summary measures in the winter of 2017 on MHQP's website for healthcare consumers, [www.healthcarecompassma.org](http://www.healthcarecompassma.org). Only practice level results will be publicly reported. For each of these measures, the performance chart indicates your score as compared with two statewide benchmarks, and the performance category that will be reported for your practice on MHQP's public website. The global rating item "Willingness to Recommend" will be publicly reported on MHQP's website as a frequency distribution.

### Performance Benchmarks

Performance benchmarks have been set in two ways. For most measures, performance categories are based on the observed relative performance among practices and set at the 20th and 80th percentiles. Another method for differentiating performance was needed for measures with high performance and little variation across the majority of practices being reported. Therefore, for the reporting of results for the Adult and Pediatric Communication and Pediatric Knowledge of Patient summary measures, the highest category is used to identify practices that are performing at or above median performance. The middle performance category identifies practices with results that are lower than median performance and at a level where there is opportunity to improve. For information on statistical methods used to establish benchmarks, please see the Technical Appendix at the end of this report.

### Publicly Reported Measures

All measures with symbols in the column "Performance Category" will be publicly reported.

### Top Performance Designation

Practices that score at or above a statistically determined highest achievable level of performance will be given a special notice in MHQP public reporting. These practices will receive the "Highest Performance" designation as indicated on the following page. For more information on the scores needed to achieve "Highest Performance" designation for each summary measure as well as the statistical methods used to determine these scores, please see the Technical Appendix at the end of this report.

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Summary Performance (n = 95)

Summary Measures	Your Score	Performance Category	Lower Benchmark	Upper Benchmark
<i>Quality of Doctor-Patient Interaction</i>				
<i>Publicly Reported Measures</i>				
Communication	<b>97.3</b>	●	90.0	93.8
Knowledge of Patient	<b>92.2</b>	●	80.0	88.6
Pediatric Preventive Care	<b>87.0</b>	●◇	61.5	73.2
Child Development	<b>79.5</b>	●	67.6	76.1
<i>Not Publicly Reported</i>				
Integration of Care	<b>86.3</b>		79.0	83.3
<i>Organization/Structural Features of Care</i>				
<i>Publicly Reported Measures</i>				
Organizational Access	<b>91.0</b>	●	80.3	86.9
Self-Management Support	<b>51.6</b>	●	31.8	40.4
Office Staff	<b>96.8</b>	●◇	83.8	90.7

Performance Category Legend	
◇	Special designation of highest performance
●	At or above the upper benchmark
◐	Between the lower and upper benchmarks
○	Below the lower benchmark
N/D	Not enough data to report performance

Response Frequency: Would you recommend this provider to your family and friends?		
	frequency	percent
Definitely not	0	0%
Probably not	0	0%
Not sure	4	4%
Probably yes	10	11%
Definitely yes	79	85%
<b>Total applicable respondents</b>	<b>93</b>	
No response	2	

## Priority Matrix

The Priority Matrix is a tool to help practices identify potential areas for quality improvement based on the results of the survey. This graph incorporates the patient perspective about the importance of different aspects of care with practice performance as compared to peers:

- The **vertical axis** indicates the percentile rank of practice scores. Practice site case-mix adjusted scores for summary measures are plotted on this scale to display where practice site scores fall in relation to other practices included in the survey. **The higher a measure's score is plotted, the better the performance of the practice is in relationship to other practice sites in the survey for that measure.**
- The **horizontal axis** represents a scale from 0.0 to 1.0 that indicates how strongly patients' "Willingness to Recommend" a practice is correlated with each of the summary measures. "Willingness to Recommend" is one indicator of how highly patients value their experience receiving care at a practice. **The closer to 1.0 a summary measure score is plotted on the horizontal-axis, the stronger the measure is related to patients' willingness to recommend the practice to family and friends.**

The priority matrix depicts two useful pieces of information—1) the vertical axis displays where your scores stand in relation to all other practices included in the survey. The top two quadrants of the priority symbols indicate performance above the 75th percentile while the bottom two quadrants indicate performance below the 75th percentile; and 2) the horizontal axis shows how highly each survey item correlates with patients' willingness to recommend their primary care provider to family members and friends. The right quadrants of the priority symbol indicate the strongest association between the item and a patient's willingness to recommend their primary care provider.

**Quadrant 1: Highest Priority for Improvement.** The practice scored below the 75th percentile and there is a strong correlation between patients' willingness to recommend the practice and the measure(s).

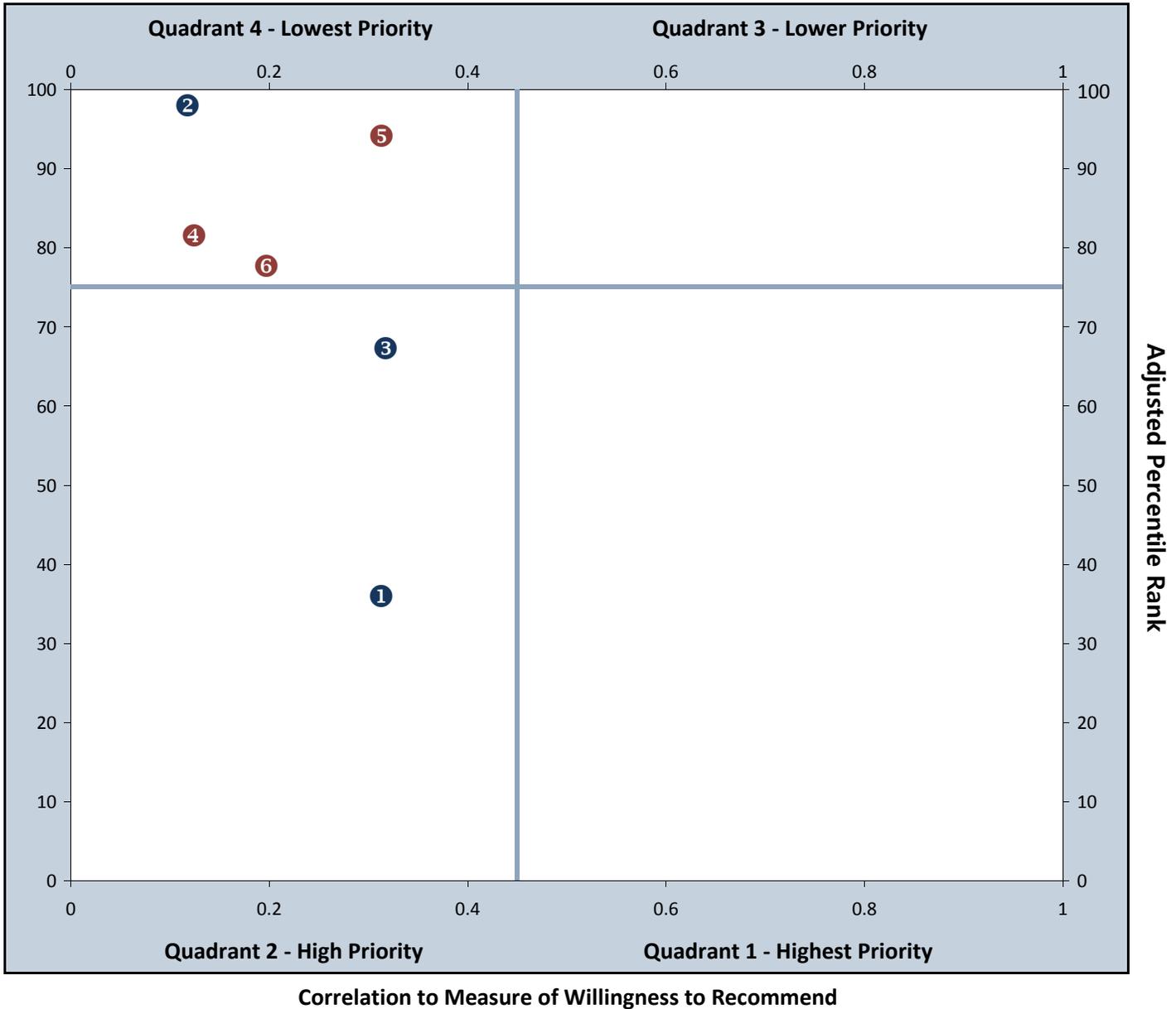
**Quadrant 2: High Priority for Improvement.** The practice scored below the 75th percentile but there is only a moderate or low correlation between patients' willingness to recommend the practice and the measure(s). Measures in Quadrants 1 and 2 represent the most important initial targets for improvement. By highlighting the relationship between relative performance and a key indicator of patient experience, the matrix guides prioritization. However, it is appropriate for practices to evaluate the ordering of priorities (highest vs. higher) and its relevance to the individual practice. There may be a rationale for focusing first on improving performance areas that fall within Quadrant 2.

**Quadrant 3: Lower Priority for Improvement.** The practice scored above the 75th percentile, and there is a strong correlation between patients' willingness to recommend the practice and the measure(s).

**Quadrant 4: Lowest Priority for Improvement.** The practice scored above the 75th percentile and there is a moderate or low correlation between patients' willingness to recommend the practice and the measure(s).

While there may still be opportunities for performance improvement in measure areas falling within Quadrants 3 and 4, improvement strategies for these measures should likely be developed after poorer performance areas have been targeted.

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Summary Performance (n = 95)  
 Priority Matrix



Priority Matrix Legend	
<i>Quality of Doctor-Patient Interaction</i> ① Integration of Care ② Pediatric Preventive Care ③ Child Development	<i>Organization/Structural Features of Care</i> ④ Organizational Access ⑤ Office Staff ⑥ Self-Management Support

As previously noted, practices' performance is very high overall for some measures and therefore cannot be plotted on the Priority Matrix. However, these measures are important to patients and very highly correlated to the global indicator Willingness to Recommend. **Practices below the lower Summary Performance benchmark should include these measures as high priority for quality improvement.**

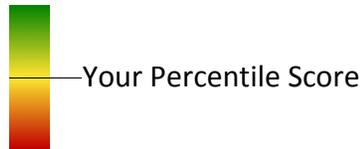
**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Question Response Frequencies for Your Patient Survey Sample

To assist you in interpreting the summary scores shown on the previous graphs, your individual results for each survey question are provided below. These results show the distribution of your patients' responses to each survey question across the continuum of response options available for that question. Each question is shown as part of the measure in which it was scored.

A common method of indicating relative performance (like a percentage score on a test) is to change scores into a comparative mark to indicate the standing of each score relative to the those of all others being measured in the same way. For example, if your result was ranked at the 34th percentile for the survey question that shows the provider explained information in an understandable way to the patient, it means that 34 percent of the practices/providers in the state achieved a lower score on this item than you did. Conversely, 66 percent achieved better scores than yours. Hence, this item would indicate a need to improve on how information is explained to the patient.

The item-level percentile rankings are visually displayed using a color continuum from red (lowest percentile) to green (highest percentile) with a horizontal line to indicate **your** percentile ranking in relation to the scores received by all the practices/providers surveyed for that item. If your percentile ranking for a given item that is part of a priority composite places you in the red zone, this area will be a priority for improvement. If a second item in that same composite places you in the yellow zone, it would become a priority once all red zone items in the same composite were addressed.



Communication (6 items) Adjusted Mean Score = 97.3 SE = 0.90

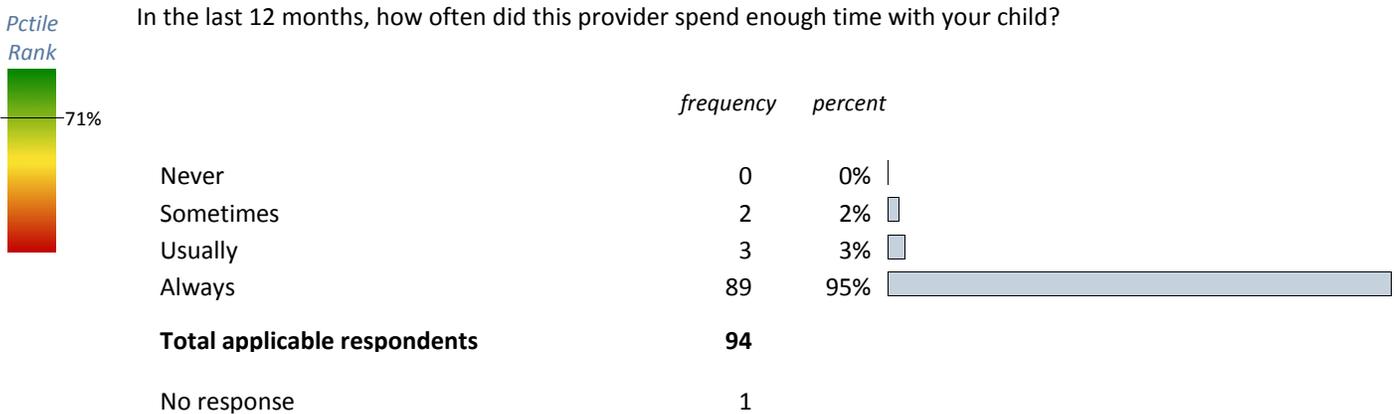
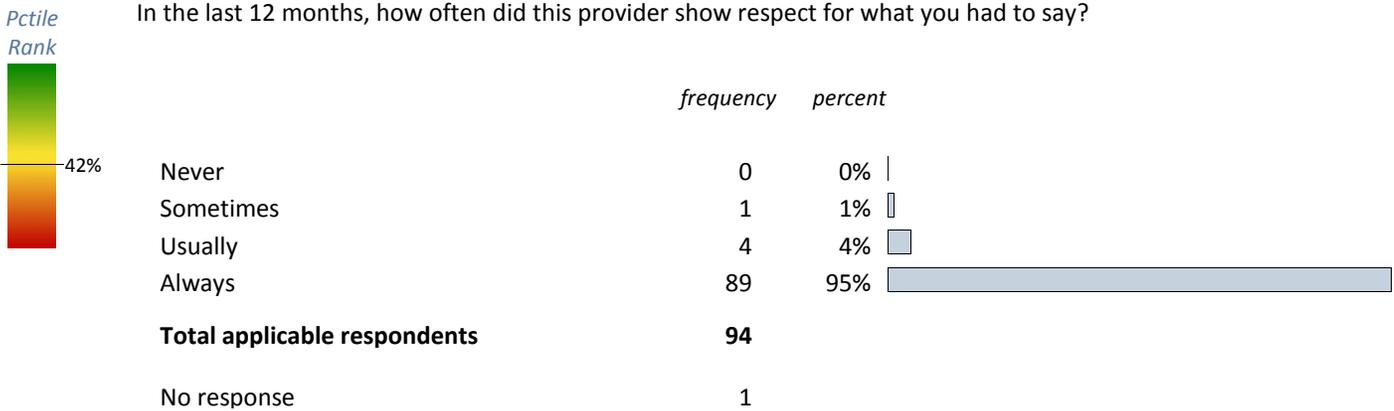
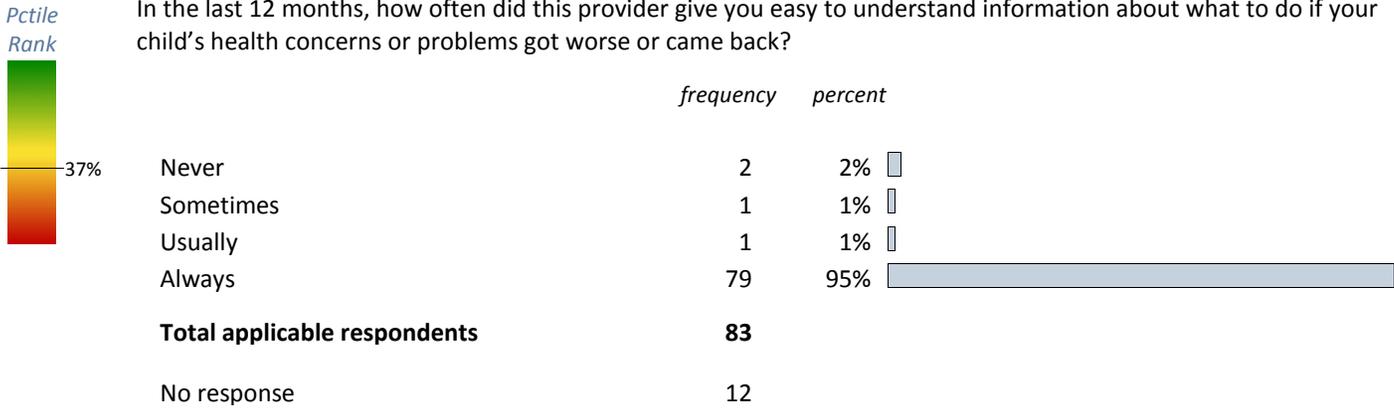
<p><i>Pctile Rank</i></p>	<p>In the last 12 months, how often did this provider explain things about your child's health in a way that was easy to understand?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><i>frequency</i></th> <th style="text-align: center;"><i>percent</i></th> </tr> </thead> <tbody> <tr> <td>Never</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0%  </td> </tr> <tr> <td>Sometimes</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0%  </td> </tr> <tr> <td>Usually</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3% </td> </tr> <tr> <td>Always</td> <td style="text-align: center;">92</td> <td style="text-align: center;">97% </td> </tr> <tr> <td><b>Total applicable respondents</b></td> <td style="text-align: center;"><b>95</b></td> <td></td> </tr> <tr> <td>No response</td> <td style="text-align: center;">0</td> <td></td> </tr> </tbody> </table>		<i>frequency</i>	<i>percent</i>	Never	0	0%	Sometimes	0	0%	Usually	3	3%	Always	92	97%	<b>Total applicable respondents</b>	<b>95</b>		No response	0	
	<i>frequency</i>	<i>percent</i>																					
Never	0	0%																					
Sometimes	0	0%																					
Usually	3	3%																					
Always	92	97%																					
<b>Total applicable respondents</b>	<b>95</b>																						
No response	0																						



**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Question Response Frequencies for Your Patient Survey Sample

Communication (6 items) Adjusted Mean Score = 97.3 SE = 0.90



**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

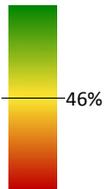
Question Response Frequencies for Your Patient Survey Sample

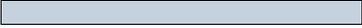
Integration of Care (2 items) Adjusted Mean Score = 86.3 SE = 3.40

*Screening Question* Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did your child see a specialist for a particular health problem?

	<i>frequency</i>	<i>percent</i>	
Yes	29	32%	
No	63	68%	
<b>Total applicable respondents</b>	<b>92</b>		
No response	3		

*Pctile Rank* In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?



	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	2	7%	
Usually	7	25%	
Always	19	68%	
<b>Total applicable respondents</b>	<b>28</b>		
No response	67		

*Screening Question* In the last 12 months, did the provider named in Question 1 order a blood test, x-ray, or other test for your child?

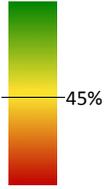
	<i>frequency</i>	<i>percent</i>	
Yes	30	33%	
No	61	67%	
<b>Total applicable respondents</b>	<b>91</b>		
No response	4		

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Question Response Frequencies for Your Patient Survey Sample

Integration of Care (2 items) Adjusted Mean Score = 86.3 SE = 3.40

Pctile Rank

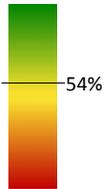


In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you these results?

	<i>frequency</i>	<i>percent</i>	
Never	1	3%	
Sometimes	0	0%	
Usually	6	20%	
Always	23	77%	
<b>Total applicable respondents</b>	<b>30</b>		
No response	65		

Knowledge of Patient (2 items) Adjusted Mean Score = 92.2 SE = 1.31

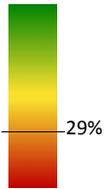
Pctile Rank



In the last 12 months, how often did this provider seem to know the important information about your child's medical history?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	1	1%	
Usually	10	11%	
Always	84	88%	
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

Pctile Rank



How would you rate this provider's knowledge about your child as a person – special abilities, concerns, fears?

	<i>frequency</i>	<i>percent</i>	
Very poor	0	0%	
Poor	1	1%	
Fair	1	1%	
Good	9	10%	
Very good	23	24%	
Excellent	60	64%	
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Question Response Frequencies for Your Patient Survey Sample

Pediatric Preventive Care (6 items) Adjusted Mean Score = 87.0 SE = 3.05

Pctile Rank 99%



In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?

	<i>frequency</i>	<i>percent</i>	
Yes	87	94%	
No	6	6%	

**Total applicable respondents 93**

No response 2

Pctile Rank 98%



In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?

	<i>frequency</i>	<i>percent</i>	
Yes	80	86%	
No	13	14%	

**Total applicable respondents 93**

No response 2

Pctile Rank 99%



In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?

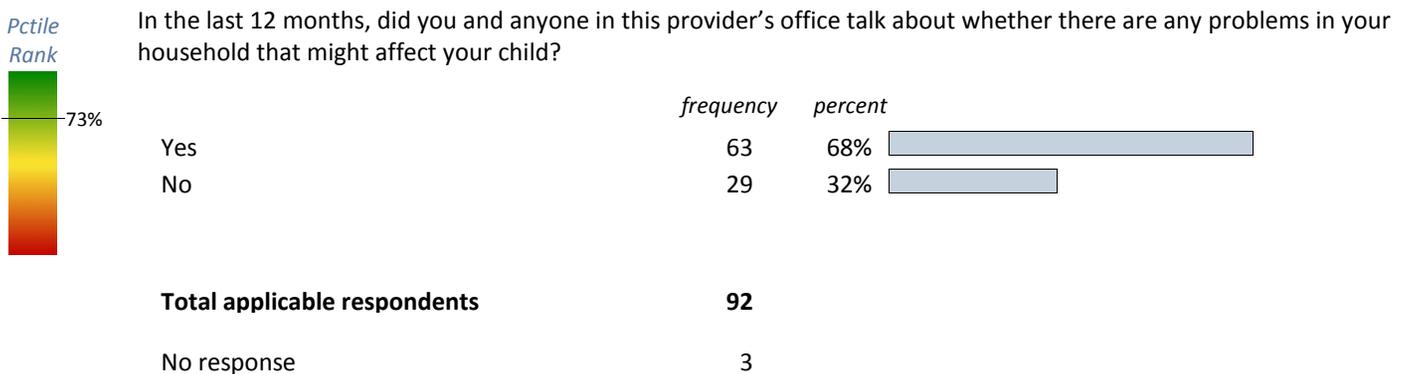
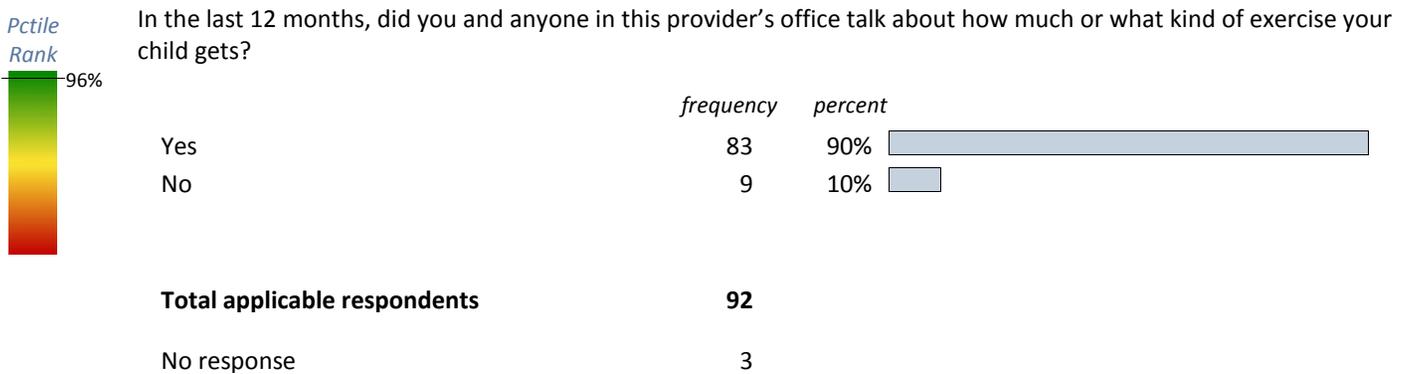
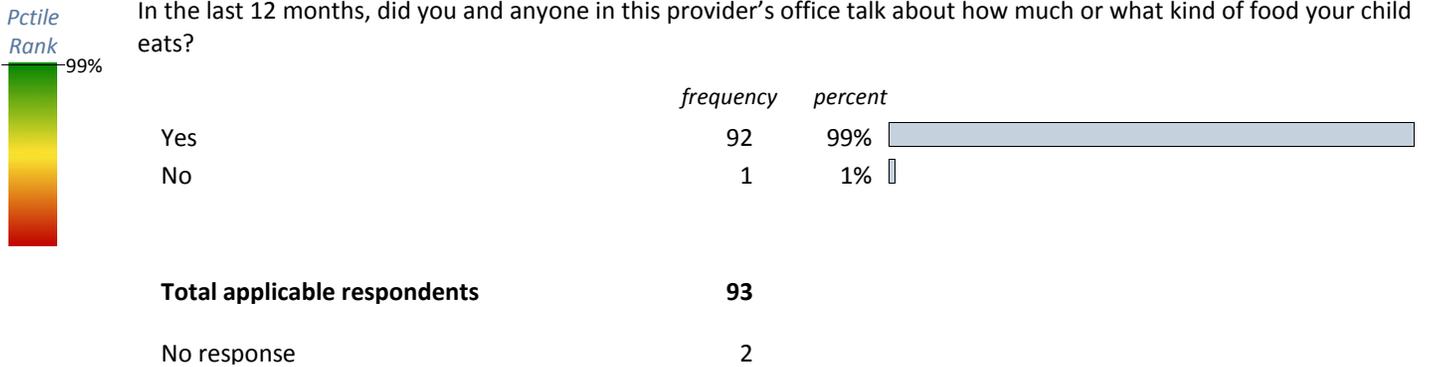
	<i>frequency</i>	<i>percent</i>	
Yes	85	91%	
No	8	9%	

**Total applicable respondents 93**

No response 2

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Pediatric Preventive Care (6 items) Adjusted Mean Score = 87.0 SE = 3.05



**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Child Development (5 items) Adjusted Mean Score = 79.5 SE = 2.97

Pctile Rank



66%

In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?

	<i>frequency</i>	<i>percent</i>	
Yes	60	65%	<div style="width: 65%;"></div>
No	32	35%	<div style="width: 35%;"></div>

**Total applicable respondents 92**

No response 3

Pctile Rank



79%

In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?

	<i>frequency</i>	<i>percent</i>	
Yes	80	86%	<div style="width: 86%;"></div>
No	13	14%	<div style="width: 14%;"></div>

**Total applicable respondents 93**

No response 2

Pctile Rank



30%

In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?

	<i>frequency</i>	<i>percent</i>	
Yes	83	89%	<div style="width: 89%;"></div>
No	10	11%	<div style="width: 11%;"></div>

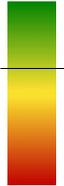
**Total applicable respondents 93**

No response 2

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Child Development (5 items) Adjusted Mean Score = 79.5 SE = 2.97

Pctile Rank



61%

In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?

	<i>frequency</i>	<i>percent</i>	
Yes	72	77%	<div style="width: 77%; height: 15px; background-color: #cccccc;"></div>
No	21	23%	<div style="width: 23%; height: 15px; background-color: #cccccc;"></div>

**Total applicable respondents 93**

No response 2

Pctile Rank



66%

In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?

	<i>frequency</i>	<i>percent</i>	
Yes	72	79%	<div style="width: 79%; height: 15px; background-color: #cccccc;"></div>
No	19	21%	<div style="width: 21%; height: 15px; background-color: #cccccc;"></div>

**Total applicable respondents 91**

No response 4

Organizational Access (5 items) Adjusted Mean Score = 91.0 SE = 1.58

Screening Question

In the last 12 months, did you call this provider's office to get an appointment for your child for an illness, injury, or condition that **needed care right away**?

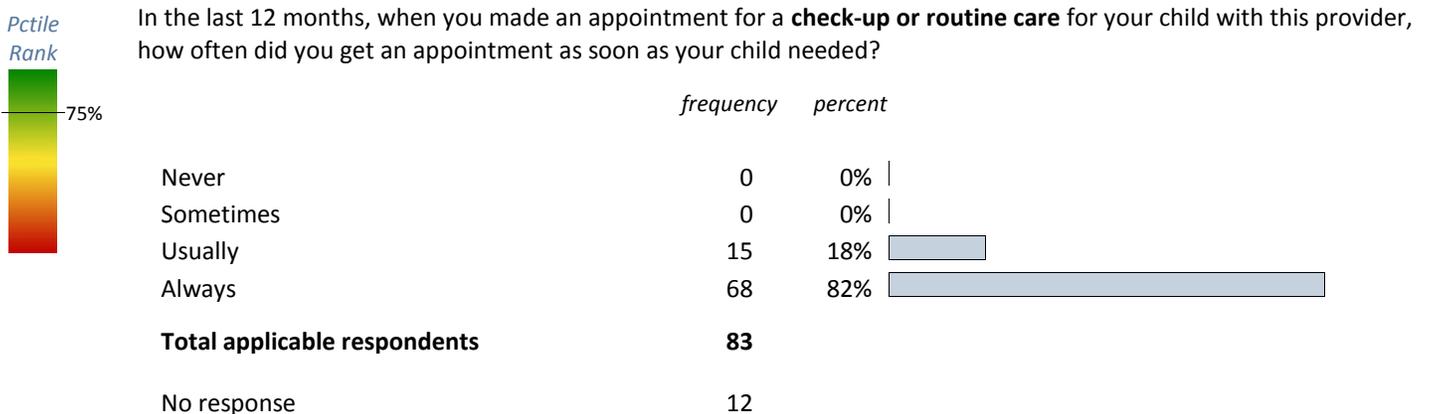
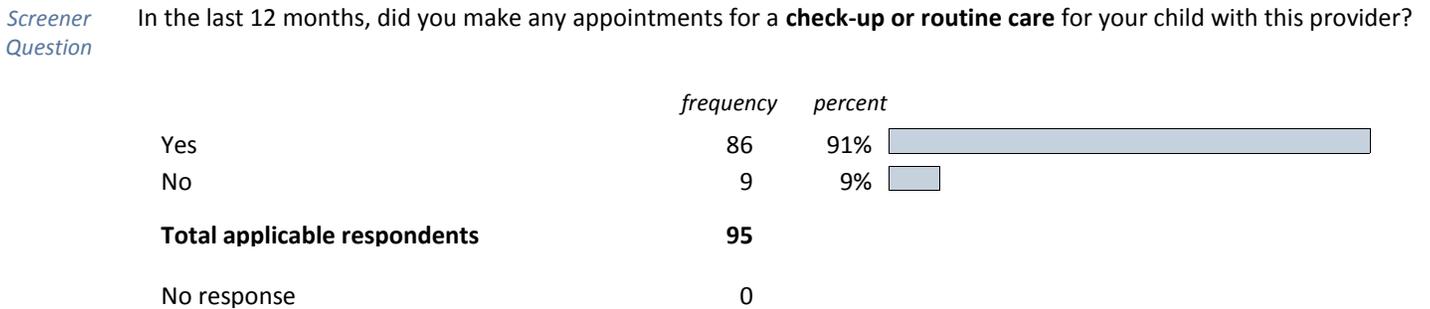
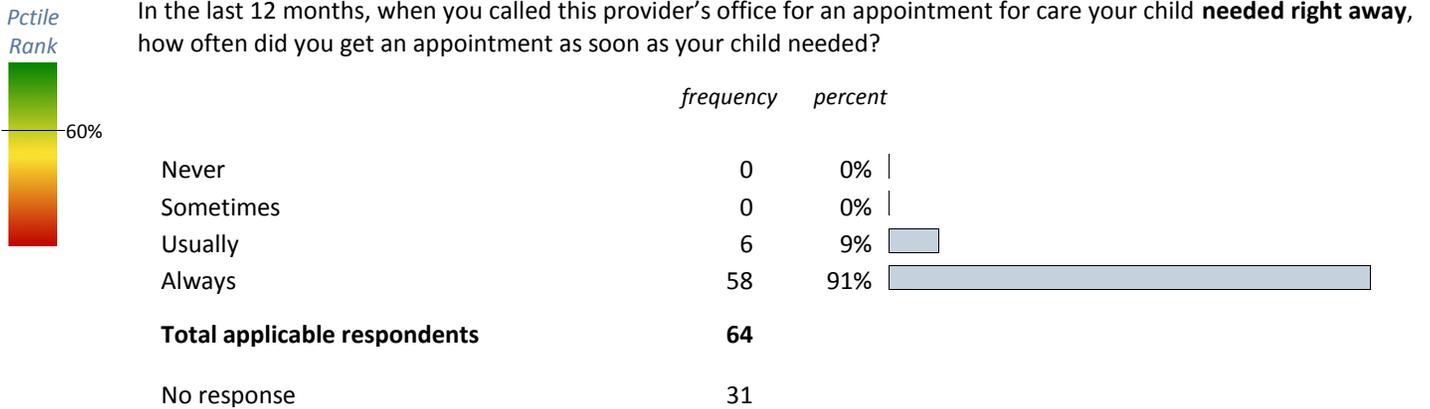
	<i>frequency</i>	<i>percent</i>	
Yes	66	70%	<div style="width: 70%; height: 15px; background-color: #cccccc;"></div>
No	28	30%	<div style="width: 30%; height: 15px; background-color: #cccccc;"></div>

**Total applicable respondents 94**

No response 1

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Organizational Access (5 items) Adjusted Mean Score = 91.0 SE = 1.58



**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

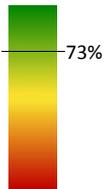
Organizational Access (5 items) Adjusted Mean Score = 91.0 SE = 1.58

*Screeener  
Question*

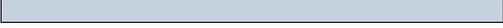
In the last 12 months, did you call this provider’s office with a medical question about your child during regular office hours?

	<i>frequency</i>	<i>percent</i>	
Yes	54	57%	
No	40	43%	
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

*Pctile  
Rank*



In the last 12 months, when you called this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	1	2%	
Usually	2	4%	
Always	51	94%	
<b>Total applicable respondents</b>	<b>54</b>		
No response	41		

*Screeener  
Question*

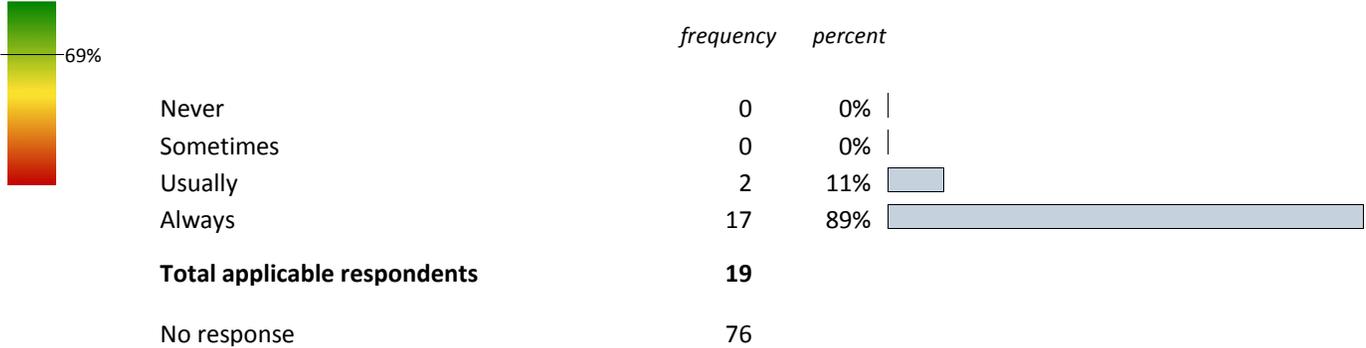
In the last 12 months, did you call this provider’s office with a medical question about your child **after** regular office hours?

	<i>frequency</i>	<i>percent</i>	
Yes	19	20%	
No	76	80%	
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

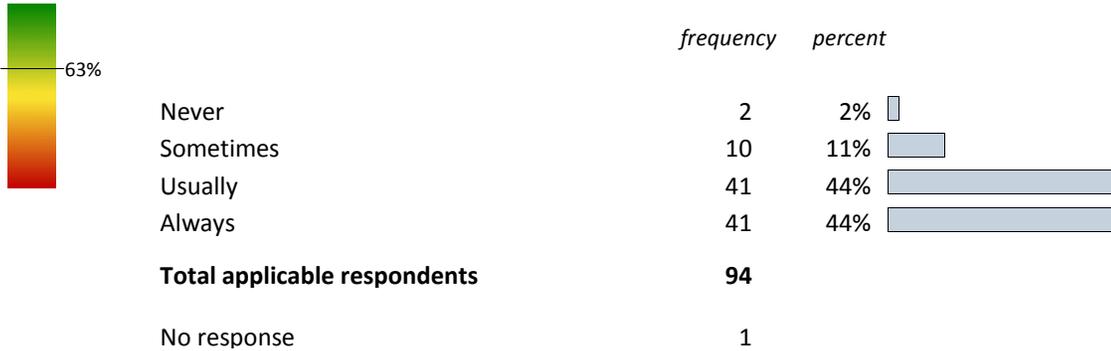
**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Organizational Access (5 items) Adjusted Mean Score = 91.0 SE = 1.58

**Pctile Rank** 69% In the last 12 months, when you called this provider’s office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

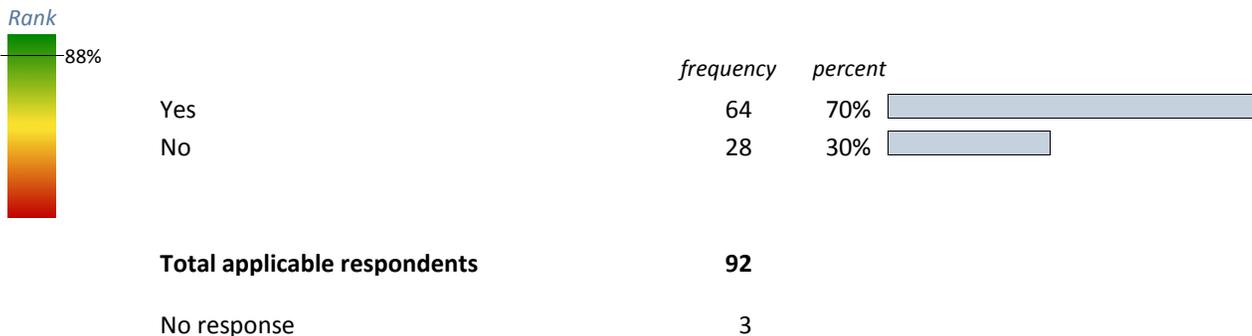


**Pctile Rank** 63% Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider **within 15 minutes** of his or her appointment time?



Self-Management Support (2 items) Adjusted Mean Score = 51.6 SE = 4.21

**Pctile Rank** 88% In the last 12 months, did you and anyone in this provider’s office talk about specific goals for your child’s health?



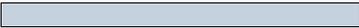
**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Self-Management Support (2 items) Adjusted Mean Score = 51.6 SE = 4.21

*Pctile Rank* In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

	66%		<i>frequency</i>	<i>percent</i>	
		Yes	32	35%	
		No	60	65%	
		<b>Total applicable respondents</b>	<b>92</b>		
		No response	3		

*Screening Question* In the last 12 months, did your child take any prescription medicine?

	<i>frequency</i>	<i>percent</i>	
Yes	63	68%	
No	30	32%	
<b>Total applicable respondents</b>	<b>93</b>		
No response	2		

Office Staff (2 items) Adjusted Mean Score = 96.8 SE = 1.61

*Pctile Rank* In the last 12 months, how often were the front office staff at this provider's office as helpful as you thought they should be?

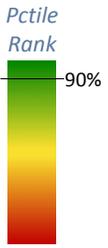
	97%		<i>frequency</i>	<i>percent</i>	
		Never	0	0%	
		Sometimes	1	1%	
		Usually	4	4%	
		Always	89	95%	
		<b>Total applicable respondents</b>	<b>94</b>		
		No response	1		

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Question Response Frequencies for Your Patient Survey Sample

Office Staff (2 items) Adjusted Mean Score = 96.8 SE = 1.61

In the last 12 months, how often did the front office staff at this provider's office treat you with courtesy and respect?



	<i>frequency</i>	<i>percent</i>
Never	0	0%
Sometimes	1	1%
Usually	3	3%
Always	90	96%
<b>Total applicable respondents</b>	<b>94</b>	
No response	1	

Overall Ratings (2 items)

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

	<i>frequency</i>	<i>percent</i>
0 Worst provider possible	0	0%
1	0	0%
2	0	0%
3	0	0%
4	0	0%
5	1	1%
6	0	0%
7	6	6%
8	5	5%
9	20	22%
10 Best provider possible	61	66%
<b>Total applicable respondents</b>	<b>93</b>	
No response	2	

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Overall Ratings (2 items)

Would you **recommend** this provider to your family and friends?

	<i>frequency</i>	<i>percent</i>	
Definitely not	0	0%	
Probably not	0	0%	
Not sure	4	4%	█
Probably yes	10	11%	█
Definitely yes	79	85%	████████████████████
<b>Total applicable respondents</b>	<b>93</b>		
No response	2		

Communication (PCMH version) (6 items) Adjusted Mean Score = 97.3 SE = 0.90

In the last 12 months, how often did this provider explain things about your child’s health in a way that was easy to understand?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	0	0%	
Usually	3	3%	█
Always	92	97%	████████████████████
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

In the last 12 months, how often did this provider listen carefully to you?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	1	1%	█
Usually	6	6%	█
Always	88	93%	████████████████████
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Communication (PCMH version) (6 items) Adjusted Mean Score = 97.3 SE = 0.90

*Screening Question*

In the last 12 months, did you and this provider talk about any questions or concerns you had about your child's health?

	<i>frequency</i>	<i>percent</i>	
Yes	83	87%	<div style="width: 87%; height: 15px; background-color: #d9e1f2; border: 1px solid #000;"></div>
No	12	13%	<div style="width: 13%; height: 15px; background-color: #d9e1f2; border: 1px solid #000;"></div>
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	<div style="width: 0%; height: 15px; background-color: #d9e1f2; border: 1px solid #000;"></div>
Sometimes	0	0%	<div style="width: 0%; height: 15px; background-color: #d9e1f2; border: 1px solid #000;"></div>
Usually	3	4%	<div style="width: 4%; height: 15px; background-color: #d9e1f2; border: 1px solid #000;"></div>
Always	80	96%	<div style="width: 96%; height: 15px; background-color: #d9e1f2; border: 1px solid #000;"></div>
<b>Total applicable respondents</b>	<b>83</b>		
No response	12		

In the last 12 months, how often did this provider seem to know the important information about your child's medical history?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	<div style="width: 0%; height: 15px; background-color: #d9e1f2; border: 1px solid #000;"></div>
Sometimes	1	1%	<div style="width: 1%; height: 15px; background-color: #d9e1f2; border: 1px solid #000;"></div>
Usually	10	11%	<div style="width: 11%; height: 15px; background-color: #d9e1f2; border: 1px solid #000;"></div>
Always	84	88%	<div style="width: 88%; height: 15px; background-color: #d9e1f2; border: 1px solid #000;"></div>
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Question Response Frequencies for Your Patient Survey Sample

Communication (PCMH version) (6 items) Adjusted Mean Score = 97.3 SE = 0.90

In the last 12 months, how often did this provider show respect for what you had to say?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	1	1%	
Usually	4	4%	
Always	89	95%	
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

In the last 12 months, how often did this provider spend enough time with your child?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	2	2%	
Usually	3	3%	
Always	89	95%	
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

Organizational Access (PCMH version) (6 items) Adjusted Mean Score = 90.9 SE = 1.64

In the last 12 months, when you called this provider's office for an appointment for care your child **needed right away**, how often did you get an appointment as soon as your child needed?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	0	0%	
Usually	6	9%	
Always	58	91%	
<b>Total applicable respondents</b>	<b>64</b>		
No response	31		

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

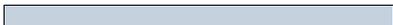
Question Response Frequencies for Your Patient Survey Sample

Organizational Access (PCMH version) (6 items) Adjusted Mean Score = 90.9 SE = 1.64

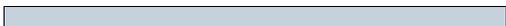
In the last 12 months, when you made an appointment for a **check-up or routine care** for your child with this provider, how often did you get an appointment as soon as your child needed?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	0	0%	
Usually	15	18%	
Always	68	82%	
<b>Total applicable respondents</b>	<b>83</b>		
No response	12		

In the last 12 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	2	7%	
Usually	6	20%	
Always	22	73%	
<b>Total applicable respondents</b>	<b>30</b>		
No response	65		

In the last 12 months, when you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

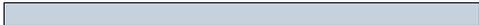
	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	1	2%	
Usually	2	4%	
Always	51	94%	
<b>Total applicable respondents</b>	<b>54</b>		
No response	41		

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

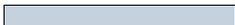
Question Response Frequencies for Your Patient Survey Sample

Organizational Access (PCMH version) (6 items) Adjusted Mean Score = 90.9 SE = 1.64

In the last 12 months, when you called this provider’s office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

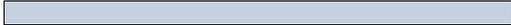
	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	0	0%	
Usually	2	11%	
Always	17	89%	
<b>Total applicable respondents</b>	<b>19</b>		
No response	76		

Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider **within 15 minutes** of his or her appointment time?

	<i>frequency</i>	<i>percent</i>	
Never	2	2%	
Sometimes	10	11%	
Usually	41	44%	
Always	41	44%	
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

Communication: Provider Explains Clearly to Child (1 item) Adjusted Mean Score = 98.4 SE = 1.74

In the last 12 months, how often did this provider explain things in a way that was easy for **your child** to understand?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	0	0%	
Usually	2	4%	
Always	46	96%	
<b>Total applicable respondents</b>	<b>48</b>		
No response	47		

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Communication: Provider Listens to Child (1 item) Adjusted Mean Score = 95.7 SE = 1.44

In the last 12 months, how often did this provider listen carefully to **your child**?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	0	0%	
Usually	6	13%	<div style="width: 13%; height: 10px; background-color: #cccccc;"></div>
Always	42	88%	<div style="width: 88%; height: 10px; background-color: #cccccc;"></div>
<b>Total applicable respondents</b>	<b>48</b>		
No response	47		

Communication: Information for Child Follow-Up (1 item) Adjusted Mean Score = 99.9 SE = 1.00

Did this provider give you enough information about what you needed to do to follow up on your child's care?

	<i>frequency</i>	<i>percent</i>	
Yes	58	100%	<div style="width: 100%; height: 10px; background-color: #cccccc;"></div>
No	0	0%	
<b>Total applicable respondents</b>	<b>58</b>		
No response	37		

Communication: Informed About Discussion with Child ( item)

*Screening Question*

Did this provider give you enough information about what was discussed during the visit when you were not there?

	<i>frequency</i>	<i>percent</i>	
Yes	9	100%	<div style="width: 100%; height: 10px; background-color: #cccccc;"></div>
No	0	0%	
<b>Total applicable respondents</b>	<b>9</b>		
No response	86		

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Question Response Frequencies for Your Patient Survey Sample

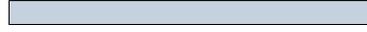
Coordination: Follow-Up About Test Results (1 item) Adjusted Mean Score = 88.9 SE = 4.35

In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you these results?

	<i>frequency</i>	<i>percent</i>	
Never	1	3%	
Sometimes	0	0%	
Usually	6	20%	
Always	23	77%	
<b>Total applicable respondents</b>	<b>30</b>		
No response	65		

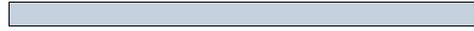
Coordination: Provider Up to Date About Specialists (1 item) Adjusted Mean Score = 86.3 SE = 4.36

In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?

	<i>frequency</i>	<i>percent</i>	
Never	0	0%	
Sometimes	2	7%	
Usually	7	25%	
Always	19	68%	
<b>Total applicable respondents</b>	<b>28</b>		
No response	67		

Coordination: Talk About Prescription Meds (1 item) Adjusted Mean Score = 87.7 SE = 3.75

In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines your child was taking?

	<i>frequency</i>	<i>percent</i>	
Yes	57	88%	
No	8	12%	
<b>Total applicable respondents</b>	<b>65</b>		
No response	30		

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Question Response Frequencies for Your Patient Survey Sample

Information: Reminders Between Visits (1 item) Adjusted Mean Score = 86.7 SE = 4.69

Some offices remind patients between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?

	<i>frequency</i>	<i>percent</i>	
Yes	83	88%	
No	11	12%	
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

Information: About Care After Hours (1 item) Adjusted Mean Score = 87.6 SE = 2.71

Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

	<i>frequency</i>	<i>percent</i>	
Yes	84	88%	
No	11	12%	
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

Access: Days to Urgent Care Appointment (1 item) Adjusted Mean Score = 94.9 SE = 1.46

In the last 12 months, how many days did you usually have to wait for an appointment when your child **needed care right away**?

	<i>frequency</i>	<i>percent</i>	
More than 7 days	0	0%	
4 to 7 days	0	0%	
2 to 3 days	1	2%	
1 day	8	13%	
Same day	53	85%	
<b>Total applicable respondents</b>	<b>62</b>		
No response	33		

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

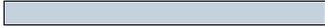
Self Assessment of Health (1 item)

In general, how would you rate your child's overall health?

	<i>frequency</i>	<i>percent</i>	
Excellent	57	61%	
Very good	29	31%	
Good	7	7%	
Fair	1	1%	
Poor	0	0%	
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

Self Assessment of Emotional Health (1 item)

In general, how would you rate your child's overall **mental or emotional** health?

	<i>frequency</i>	<i>percent</i>	
Excellent	57	61%	
Very good	25	27%	
Good	9	10%	
Fair	2	2%	
Poor	1	1%	
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

Demographics (20 items)

What is your child's age?

	<i>frequency</i>	<i>percent</i>	
Less than 2 years old	11	12%	
2 to 4 years old	21	22%	
5 to 9 years old	22	23%	
10 to 14 years old	14	15%	
15 to 18 years old	27	28%	
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

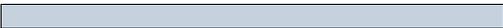
**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

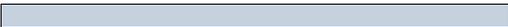
Is your child male or female?

	<i>frequency</i>	<i>percent</i>	
Male	56	59%	
Female	39	41%	
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

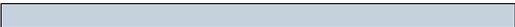
Is your child of Hispanic or Latino origin or descent?

	<i>frequency</i>	<i>percent</i>	
No, not Hispanic or Latino	90	95%	
Yes, Hispanic or Latino	5	5%	
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

What is your child's race?: **White**

	<i>frequency</i>	<i>percent</i>	
Yes	91	96%	
No	4	4%	
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

What is your child's race?: **Black or African American**

	<i>frequency</i>	<i>percent</i>	
Yes	3	3%	
No	92	97%	
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

What is your child's race?: **Asian**

	<i>frequency</i>	<i>percent</i>	
Yes	3	3%	<div style="width: 3%; height: 10px; background-color: #e0e0e0; border: 1px solid #ccc;"></div>
No	92	97%	<div style="width: 97%; height: 10px; background-color: #e0e0e0; border: 1px solid #ccc;"></div>
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

What is your child's race?: **Native Hawaiian or Other Pacific Islander**

	<i>frequency</i>	<i>percent</i>	
Yes	0	0%	<div style="width: 0%; height: 10px; background-color: #e0e0e0; border: 1px solid #ccc;"></div>
No	95	100%	<div style="width: 100%; height: 10px; background-color: #e0e0e0; border: 1px solid #ccc;"></div>
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

What is your child's race?: **American Indian or Alaska Native**

	<i>frequency</i>	<i>percent</i>	
Yes	0	0%	<div style="width: 0%; height: 10px; background-color: #e0e0e0; border: 1px solid #ccc;"></div>
No	95	100%	<div style="width: 100%; height: 10px; background-color: #e0e0e0; border: 1px solid #ccc;"></div>
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

What is your child's race?: **Other**

	<i>frequency</i>	<i>percent</i>	
Yes	1	1%	<div style="width: 1%; height: 10px; background-color: #e0e0e0; border: 1px solid #ccc;"></div>
No	94	99%	<div style="width: 99%; height: 10px; background-color: #e0e0e0; border: 1px solid #ccc;"></div>
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

Has a provider ever told you that your child had: **Diabetes**

	<i>frequency</i>	<i>percent</i>	
Yes	1	1%	
No	91	99%	
<b>Total applicable respondents</b>	<b>92</b>		
No response	3		

Has a provider ever told you that your child had: **Asthma**

	<i>frequency</i>	<i>percent</i>	
Yes	6	7%	
No	85	93%	
<b>Total applicable respondents</b>	<b>91</b>		
No response	4		

Has a provider ever told you that your child had: **The problem of being overweight or excessive weight gain**

	<i>frequency</i>	<i>percent</i>	
Yes	6	7%	
No	85	93%	
<b>Total applicable respondents</b>	<b>91</b>		
No response	4		

Has a provider ever told you that your child had: **Attention Disorder such as ADD or ADHD**

	<i>frequency</i>	<i>percent</i>	
Yes	9	10%	
No	85	90%	
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

Has a provider ever told you that your child had: **Depression or other emotional problem**

	<i>frequency</i>	<i>percent</i>	
Yes	5	5%	<div style="width: 5%; height: 15px; background-color: #a0a0a0; border: 1px solid #ccc;"></div>
No	88	95%	<div style="width: 95%; height: 15px; background-color: #a0a0a0; border: 1px solid #ccc;"></div>
<b>Total applicable respondents</b>	<b>93</b>		
No response	2		

Has a provider ever told you that your child had: **Autism, mental retardation, or other developmental problems**

	<i>frequency</i>	<i>percent</i>	
Yes	5	5%	<div style="width: 5%; height: 15px; background-color: #a0a0a0; border: 1px solid #ccc;"></div>
No	88	95%	<div style="width: 95%; height: 15px; background-color: #a0a0a0; border: 1px solid #ccc;"></div>
<b>Total applicable respondents</b>	<b>93</b>		
No response	2		

Has a provider ever told you that your child had: **Other chronic (long term) health condition**

	<i>frequency</i>	<i>percent</i>	
Yes	6	7%	<div style="width: 7%; height: 15px; background-color: #a0a0a0; border: 1px solid #ccc;"></div>
No	81	93%	<div style="width: 93%; height: 15px; background-color: #a0a0a0; border: 1px solid #ccc;"></div>
<b>Total applicable respondents</b>	<b>87</b>		
No response	8		

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

What is **your** age?

	<i>frequency</i>	<i>percent</i>	
Under 18	1	1%	▮
18 to 24	0	0%	
25 to 34	17	18%	▮
35 to 44	41	43%	▮
45 to 54	31	33%	▮
55 to 64	4	4%	▮
65 to 74	1	1%	▮
75 or older	0	0%	
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

Are you male or female?

	<i>frequency</i>	<i>percent</i>	
Male	14	15%	▮
Female	81	85%	▮
<b>Total applicable respondents</b>	<b>95</b>		
No response	0		

What is the highest grade or level of school that you have completed?

	<i>frequency</i>	<i>percent</i>	
8th grade or less	0	0%	
Some high school, but did not graduate	2	2%	▮
High school graduate or GED	7	7%	▮
Some college or 2-year degree	24	26%	▮
4-year college graduate	38	40%	▮
More than 4-year college degree	23	24%	▮
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Question Response Frequencies for Your Patient Survey Sample

Demographics (20 items)

How are you related to the child?

	<i>frequency</i>	<i>percent</i>	
Mother or father	94	100%	
Grandparent	0	0%	
Aunt or uncle	0	0%	
Older brother or sister	0	0%	
Other relative	0	0%	
Legal guardian	0	0%	
Someone else	0	0%	
<b>Total applicable respondents</b>	<b>94</b>		
No response	1		

**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Comparative Performance Charts

The symbols and reliability definitions illustrated below relate to each of the Comparative Performance Charts appearing on the following pages. These charts are being provided for internal use by your organization for quality improvement. It is important to note that while the adjusted mean score is presented for each reported entity as a point of reference, any comparison based on the adjusted mean score is not a meaningful way to differentiate one from another and will result in an unacceptably high risk of misclassification.

In using these charts for quality improvement purposes, it is the symbol indicating performance relative to the benchmark that should be considered in interpreting performance. Therefore, results are grouped according to whether the adjusted mean score achieved for the measure is significantly above (green triangle), no different than (blue circle), or significantly below (red triangle) the benchmark.

Comparison Symbol Legend	
	Statistically significantly above the benchmark ( $p \leq 0.05$ )
	Statistically equivalent to the benchmark
	Statistically significantly below the benchmark ( $p \leq 0.05$ )

As an additional point of reference for interpreting these results, the charts also include the sample size and reliability of the measure for each reported entity. Please refer to the reliability definitions in the table below to interpret reliability numbers. Smaller sample sizes lead to larger confidence intervals around adjusted mean scores and may decrease the likelihood of capturing differences in performance that are statistically significant.

Reliability Legend	
<b>Highest <math>r</math></b> <b><math>\geq .70</math></b>	Available sample for this measure meets or exceeds reliability standards required for public reporting.
<b>High <math>r</math></b> <b>.50 to .69</b>	Available sample for this measure is slightly less than optimal. Your performance relative to the state average is very likely correct, but your actual score could differ somewhat in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
<b>Lower <math>r</math></b> <b>.35 to .49</b>	Available sample size for this measure is less than optimal. Your performance relative to the state average is likely correct, but your actual score could vary considerably in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
<b>Lowest <math>r</math></b> <b><math>\leq .34</math></b>	Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Practices compared with Affiliated Pediatric Practices (APP) Mean

<i>Quality of Doctor-Patient Interaction: Communication</i>							
Practice Name	Difference from Affiliated Pediatric Practices (APP) Mean (97.2)					Adj. Mean (Reliability <i>r</i> )	Sample Size
	-20	-15	-10	-5	0		
Practice GXO						● 98.6 (Highest <i>r</i> )	50
Practice GXN						● 98.4 (High <i>r</i> )	30
Practice BQQ						● 98.3 (Highest <i>r</i> )	80
Practice MOE						● 98.1 (Highest <i>r</i> )	136
Practice CUH						● 98.1 (Highest <i>r</i> )	136
Practice MOB						● 97.9 (High <i>r</i> )	45
Practice AYQ						● 97.9 (High <i>r</i> )	45
Practice AQW						● 97.7 (Highest <i>r</i> )	133
Practice MOD						● 97.4 (Highest <i>r</i> )	142
Practice CUG						● 97.4 (Highest <i>r</i> )	142
<b>Middleboro Pediatrics</b>						● 97.3 (Highest <i>r</i> )	94
Practice MPF						● 96.9 (Highest <i>r</i> )	56
Practice BYE						● 96.4 (Highest <i>r</i> )	121
Practice CUE						● 96.2 (Highest <i>r</i> )	120
Practice MOC						● 95.9 (Highest <i>r</i> )	139
Practice BGO						● 95.9 (Highest <i>r</i> )	139
Practice ANR						▼ 91.9 (Lower <i>r</i> )	17

| Affiliated Pediatric Practices (APP) Mean = 97.2

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Practices compared with Affiliated Pediatric Practices (APP) Mean

Quality of Doctor-Patient Interaction: Integration of Care							
Practice Name	Difference from Affiliated Pediatric Practices (APP) Mean (87.6)					Adj. Mean (Reliability <i>r</i> )	Sample Size
	-20	-15	-10	-5	0		
Practice MOB						● 92.5 (High <i>r</i> )	31
Practice AYQ						● 92.5 (High <i>r</i> )	31
Practice BQQ						● 91.7 (High <i>r</i> )	56
Practice CUE						● 91.2 (High <i>r</i> )	63
Practice BYE						● 90.8 (High <i>r</i> )	68
Practice CUH						● 88.5 (High <i>r</i> )	73
Practice MOE						● 88.5 (High <i>r</i> )	73
Practice MOD						● 86.8 (High <i>r</i> )	80
Practice CUG						● 86.8 (High <i>r</i> )	80
<b>Middleboro Pediatrics</b>						● 86.3 (High <i>r</i> )	45
Practice BGO						● 86.1 (High <i>r</i> )	71
Practice MOC						● 86.1 (High <i>r</i> )	71
Practice MPF						● 86.0 (High <i>r</i> )	29
Practice AQW						● 84.5 (High <i>r</i> )	88
Practice GXO						● 82.9 (High <i>r</i> )	23
Practice ANR						● 79.0 (Lowest <i>r</i> )	12
Practice GXN						● 75.4 (Lowest <i>r</i> )	13

| Affiliated Pediatric Practices (APP) Mean = 87.6

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Practices compared with Affiliated Pediatric Practices (APP) Mean

Quality of Doctor-Patient Interaction: Knowledge of Patient							
Practice Name	Difference from Affiliated Pediatric Practices (APP) Mean (92.6)					Adj. Mean (Reliability <i>r</i> )	Sample Size
	-20	-15	-10	-5	0		
Practice BQQ						▲ 96.0 (Highest <i>r</i> )	80
Practice MOE						▲ 95.0 (Highest <i>r</i> )	135
Practice CUH						▲ 95.0 (Highest <i>r</i> )	135
Practice MOB						● 95.5 (High <i>r</i> )	45
Practice AYQ						● 95.5 (High <i>r</i> )	45
Practice GXN						● 94.8 (High <i>r</i> )	30
Practice GXO						● 93.3 (Highest <i>r</i> )	50
Practice BYE						● 93.2 (Highest <i>r</i> )	121
Practice MOD						● 92.8 (Highest <i>r</i> )	142
Practice CUG						● 92.8 (Highest <i>r</i> )	142
<b>Middleboro Pediatrics</b>						● 92.2 (Highest <i>r</i> )	95
Practice BGO						● 91.6 (Highest <i>r</i> )	138
Practice MOC						● 91.6 (Highest <i>r</i> )	138
Practice AQW						● 91.1 (Highest <i>r</i> )	132
Practice MPF						● 89.6 (Highest <i>r</i> )	56
Practice ANR						● 86.8 (Lower <i>r</i> )	17
Practice CUE						▼ 90.0 (Highest <i>r</i> )	121

| Affiliated Pediatric Practices (APP) Mean = 92.6

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Practices compared with Affiliated Pediatric Practices (APP) Mean

<b>Quality of Doctor-Patient Interaction: Pediatric Preventive Care</b>							
<b>Practice Name</b>	<b>Difference from Affiliated Pediatric Practices (APP) Mean (76.7)</b>					<b>Adj. Mean (Reliability r)</b>	<b>Sample Size</b>
	-20	-15	-10	-5	0		
<b>Middleboro Pediatrics</b>						▲ 87.0 (Highest r)	93
Practice CUE						▲ 83.0 (Highest r)	119
Practice CUH						▲ 82.2 (Highest r)	135
Practice MOE						▲ 82.2 (Highest r)	135
Practice AYQ						● 81.8 (Highest r)	43
Practice MOB						● 81.8 (Highest r)	43
Practice MPF						● 78.6 (Highest r)	55
Practice CUG						● 77.0 (Highest r)	141
Practice MOD						● 77.0 (Highest r)	141
Practice GXO						● 75.3 (Highest r)	49
Practice BYE						● 73.9 (Highest r)	121
Practice BQQ						● 71.1 (Highest r)	80
Practice ANR						● 70.7 (High r)	17
Practice AQW						▼ 71.7 (Highest r)	132
Practice BGO						▼ 70.3 (Highest r)	138
Practice MOC						▼ 70.3 (Highest r)	138
Practice GXN						▼ 66.3 (Highest r)	30

| Affiliated Pediatric Practices (APP) Mean = 76.7

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Practices compared with Affiliated Pediatric Practices (APP) Mean

Quality of Doctor-Patient Interaction: Child Development							
Practice Name	Difference from Affiliated Pediatric Practices (APP) Mean (78.1)					Adj. Mean (Reliability <i>r</i> )	Sample Size
	-20	-15	-10	-5	0		
Practice MPF						▲ 86.1 (Highest <i>r</i> )	55
Practice GXN						● 82.9 (High <i>r</i> )	30
Practice AYQ						● 82.8 (Highest <i>r</i> )	43
Practice MOB						● 82.8 (Highest <i>r</i> )	43
Practice BQQ						● 82.0 (Highest <i>r</i> )	80
<b>Middleboro Pediatrics</b>						● 79.5 (Highest <i>r</i> )	93
Practice CUE						● 79.5 (Highest <i>r</i> )	118
Practice CUG						● 79.4 (Highest <i>r</i> )	141
Practice MOD						● 79.4 (Highest <i>r</i> )	141
Practice MOE						● 78.9 (Highest <i>r</i> )	135
Practice CUH						● 78.9 (Highest <i>r</i> )	135
Practice AQW						● 77.7 (Highest <i>r</i> )	132
Practice GXO						● 76.6 (Highest <i>r</i> )	49
Practice ANR						● 69.3 (Lower <i>r</i> )	17
Practice MOC						▼ 72.5 (Highest <i>r</i> )	139
Practice BGO						▼ 72.5 (Highest <i>r</i> )	139
Practice BYE						▼ 72.5 (Highest <i>r</i> )	121

| Affiliated Pediatric Practices (APP) Mean = 78.1

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Practices compared with Affiliated Pediatric Practices (APP) Mean

<i>Organization/Structural Features of Care: Organizational Access</i>											
Practice Name	Difference from Affiliated Pediatric Practices (APP) Mean (88.0)					Adj. Mean (Reliability r)	Sample Size				
	-20	-15	-10	-5	0	+5	+10	+15	+20		
Practice CUE										▲ 90.9 (Highest r)	90
<b>Middleboro Pediatrics</b>										● 91.0 (Highest r)	70
Practice GXO										● 90.5 (Highest r)	40
Practice MPF										● 90.4 (Highest r)	43
Practice CUG										● 90.1 (Highest r)	112
Practice MOD										● 90.1 (Highest r)	112
Practice MOB										● 89.5 (Highest r)	35
Practice AYQ										● 89.5 (Highest r)	35
Practice BQQ										● 88.0 (Highest r)	69
Practice MOE										● 88.0 (Highest r)	107
Practice CUH										● 88.0 (Highest r)	107
Practice GXN										● 87.8 (Highest r)	23
Practice BGO										● 86.8 (Highest r)	111
Practice MOC										● 86.8 (Highest r)	111
Practice ANR										● 84.8 (High r)	14
Practice AQW										▼ 84.9 (Highest r)	105
Practice BYE										▼ 83.3 (Highest r)	89

| Affiliated Pediatric Practices (APP) Mean = 88.0

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Practices compared with Affiliated Pediatric Practices (APP) Mean

<b>Organization/Structural Features of Care: Self-Management Support</b>							
Practice Name	Difference from Affiliated Pediatric Practices (APP) Mean (46.8)					Adj. Mean (Reliability <i>r</i> )	Sample Size
	-20	-15	-10	-5	0		
Practice MPF						● 54.3 (Highest <i>r</i> )	55
Practice BQQ						● 53.5 (Highest <i>r</i> )	80
Practice CUE						● 53.0 (Highest <i>r</i> )	118
Practice MOB						● 51.8 (High <i>r</i> )	43
Practice AYQ						● 51.8 (High <i>r</i> )	43
<b>Middleboro Pediatrics</b>						● 51.6 (Highest <i>r</i> )	92
Practice CUH						● 47.8 (Highest <i>r</i> )	135
Practice MOE						● 47.8 (Highest <i>r</i> )	135
Practice CUG						● 47.2 (Highest <i>r</i> )	141
Practice MOD						● 47.2 (Highest <i>r</i> )	141
Practice AQW						● 43.1 (Highest <i>r</i> )	130
Practice BYE						● 42.0 (Highest <i>r</i> )	121
Practice GXO						● 41.2 (Highest <i>r</i> )	49
Practice MOC						● 40.8 (Highest <i>r</i> )	139
Practice BGO						● 40.8 (Highest <i>r</i> )	139
Practice ANR						● 39.6 (Lower <i>r</i> )	17
Practice GXN						● 38.2 (High <i>r</i> )	30

| Affiliated Pediatric Practices (APP) Mean = 46.8

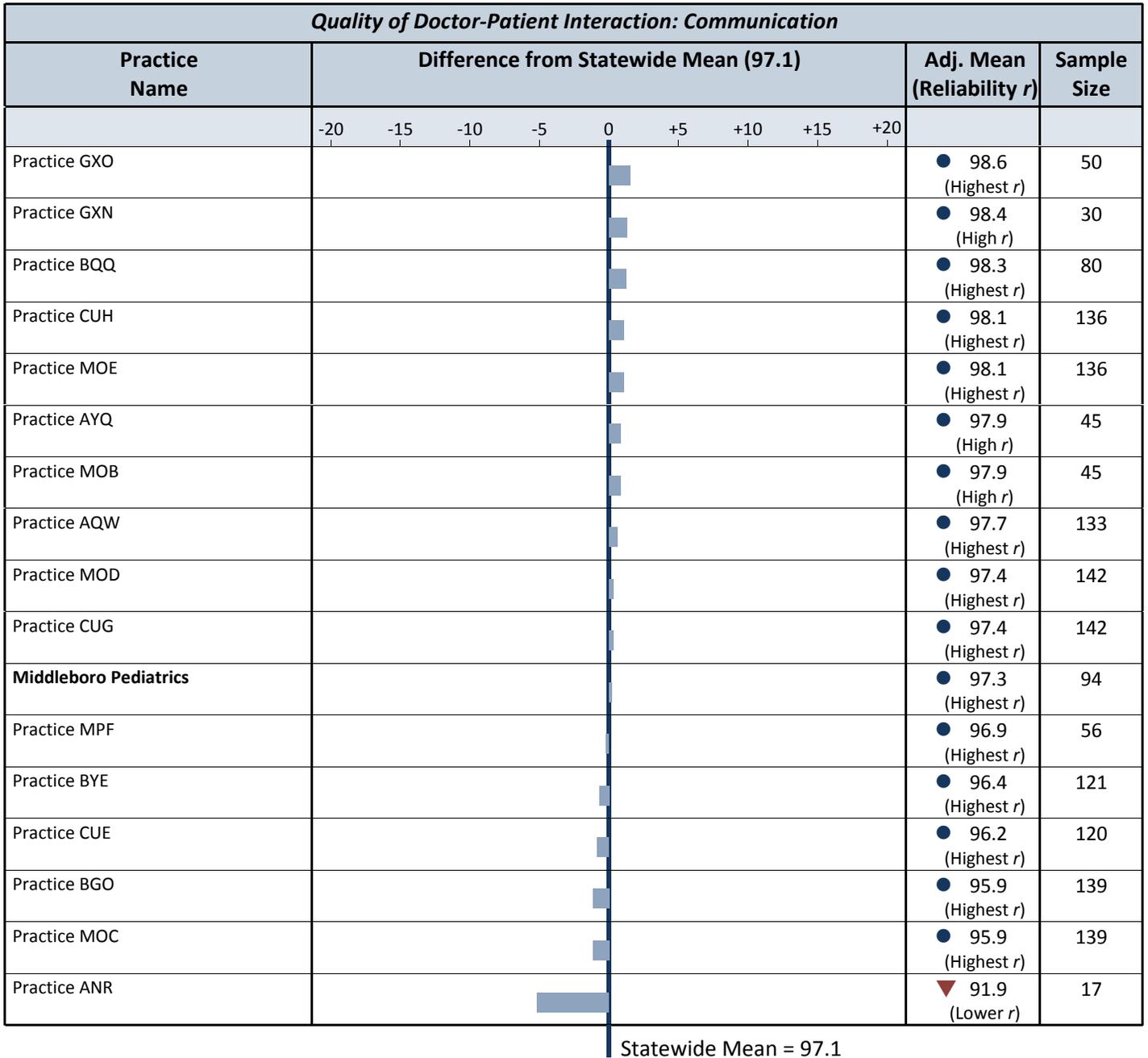
**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Practices compared with Affiliated Pediatric Practices (APP) Mean

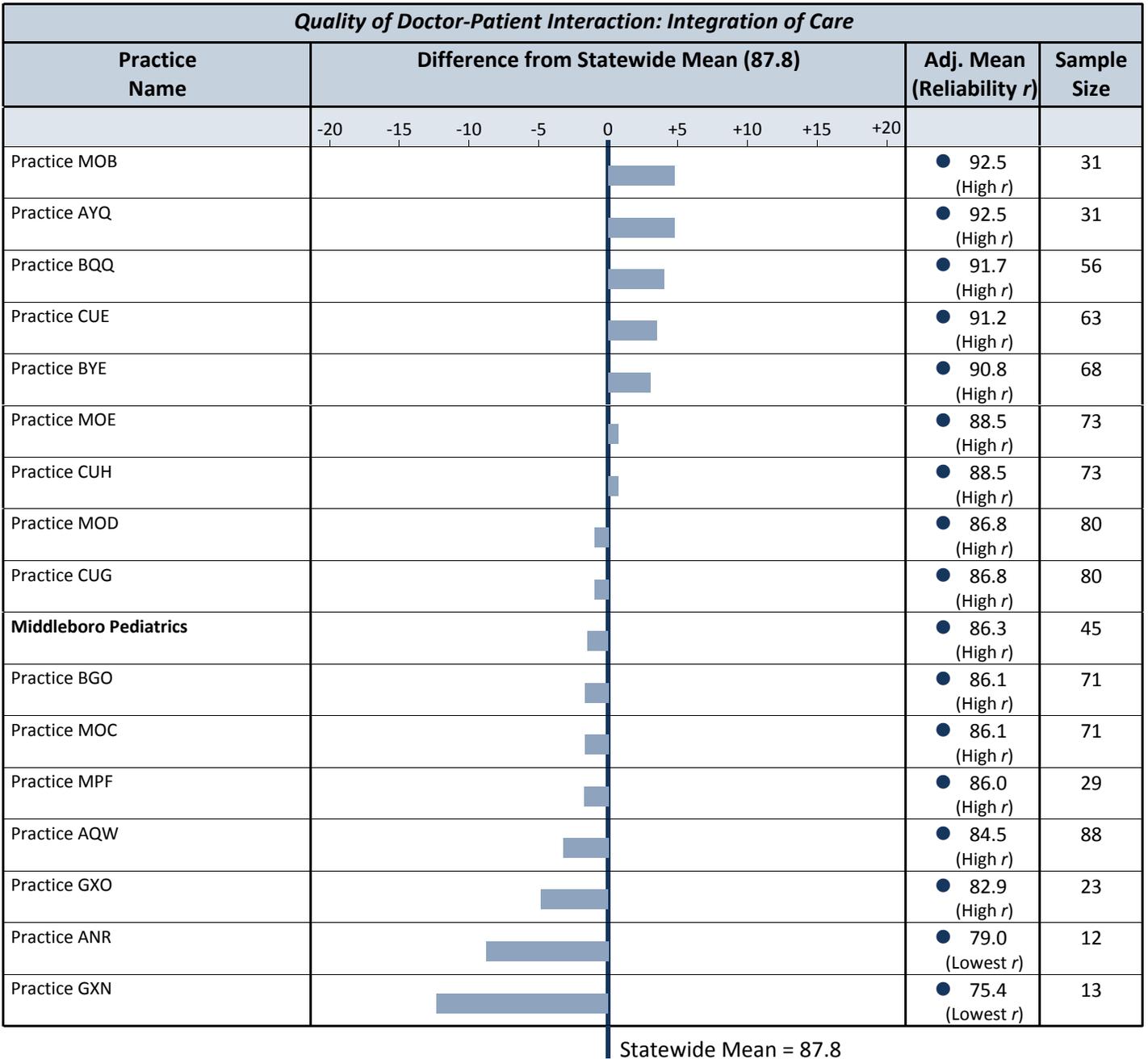
<i>Organization/Structural Features of Care: Office Staff</i>							
Practice Name	Difference from Affiliated Pediatric Practices (APP) Mean (92.6)					Adj. Mean (Reliability <i>r</i> )	Sample Size
	-20	-15	-10	-5	0		
<b>Middleboro Pediatrics</b>						▲ 96.8 (Highest <i>r</i> )	94
Practice CUE						▲ 95.4 (Highest <i>r</i> )	121
Practice MPF						● 95.5 (Highest <i>r</i> )	56
Practice BYE						● 93.1 (Highest <i>r</i> )	121
Practice ANR						● 92.9 (High <i>r</i> )	17
Practice BQQ						● 92.8 (Highest <i>r</i> )	79
Practice AQW						● 92.8 (Highest <i>r</i> )	133
Practice CUH						● 92.1 (Highest <i>r</i> )	134
Practice MOE						● 92.1 (Highest <i>r</i> )	134
Practice GXO						● 91.5 (Highest <i>r</i> )	49
Practice GXN						● 91.0 (High <i>r</i> )	30
Practice BGO						● 90.5 (Highest <i>r</i> )	139
Practice MOC						● 90.5 (Highest <i>r</i> )	139
Practice AYQ						● 90.0 (Highest <i>r</i> )	46
Practice MOB						● 90.0 (Highest <i>r</i> )	46
Practice CUG						▼ 89.7 (Highest <i>r</i> )	142
Practice MOD						▼ 89.7 (Highest <i>r</i> )	142

| Affiliated Pediatric Practices (APP) Mean = 92.6

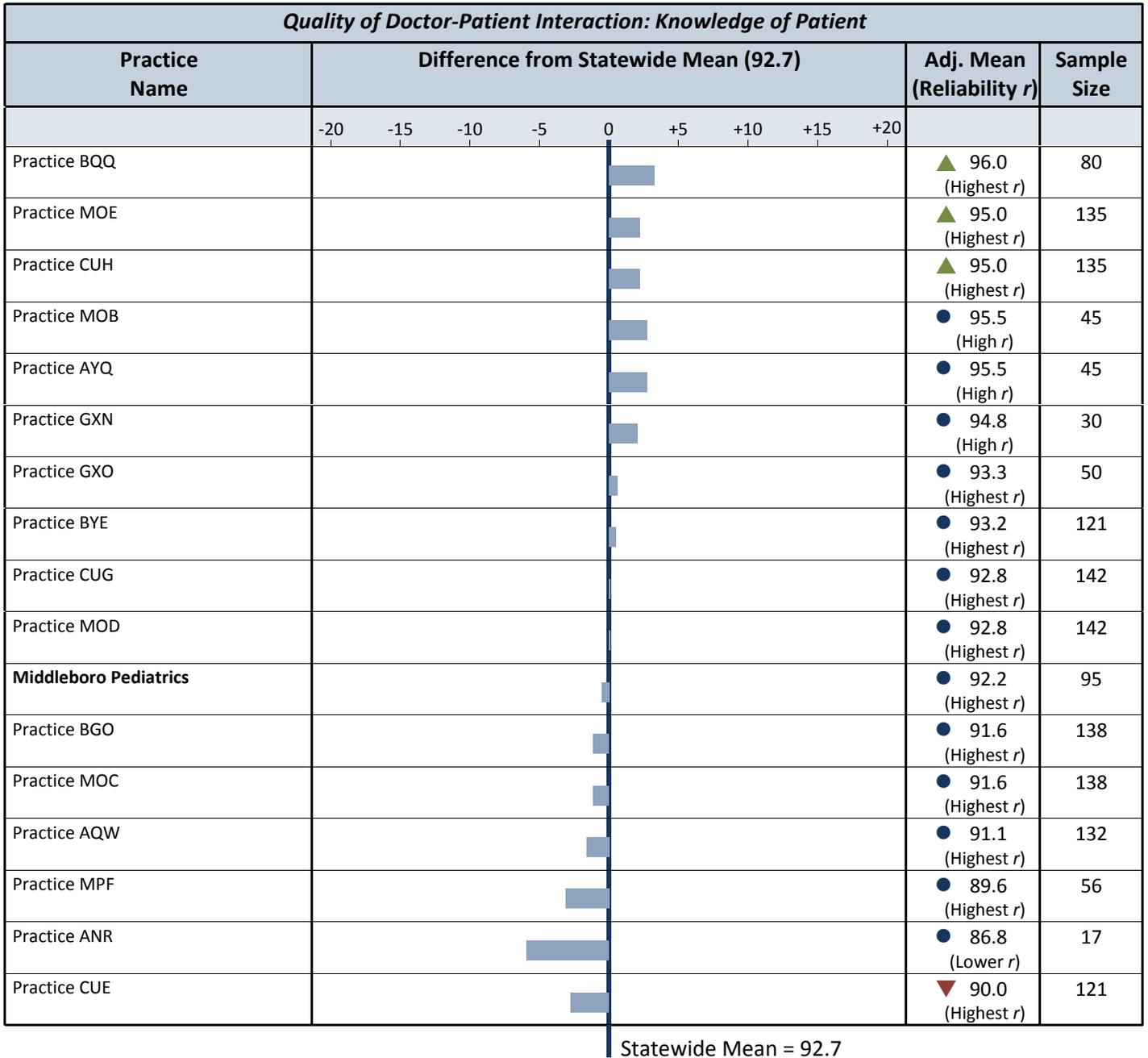
**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
Practices compared with Statewide Mean



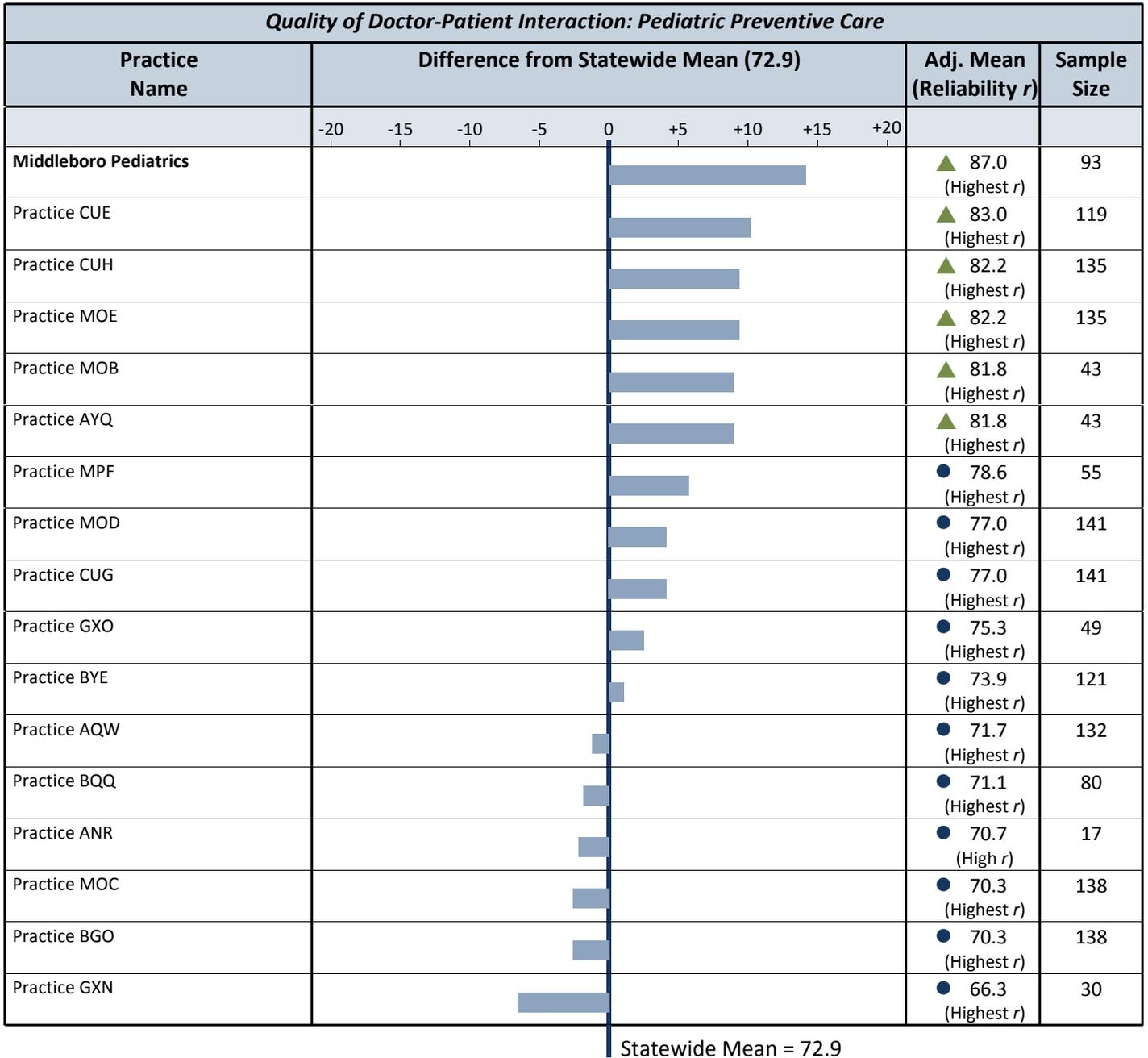
**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Practices compared with Statewide Mean



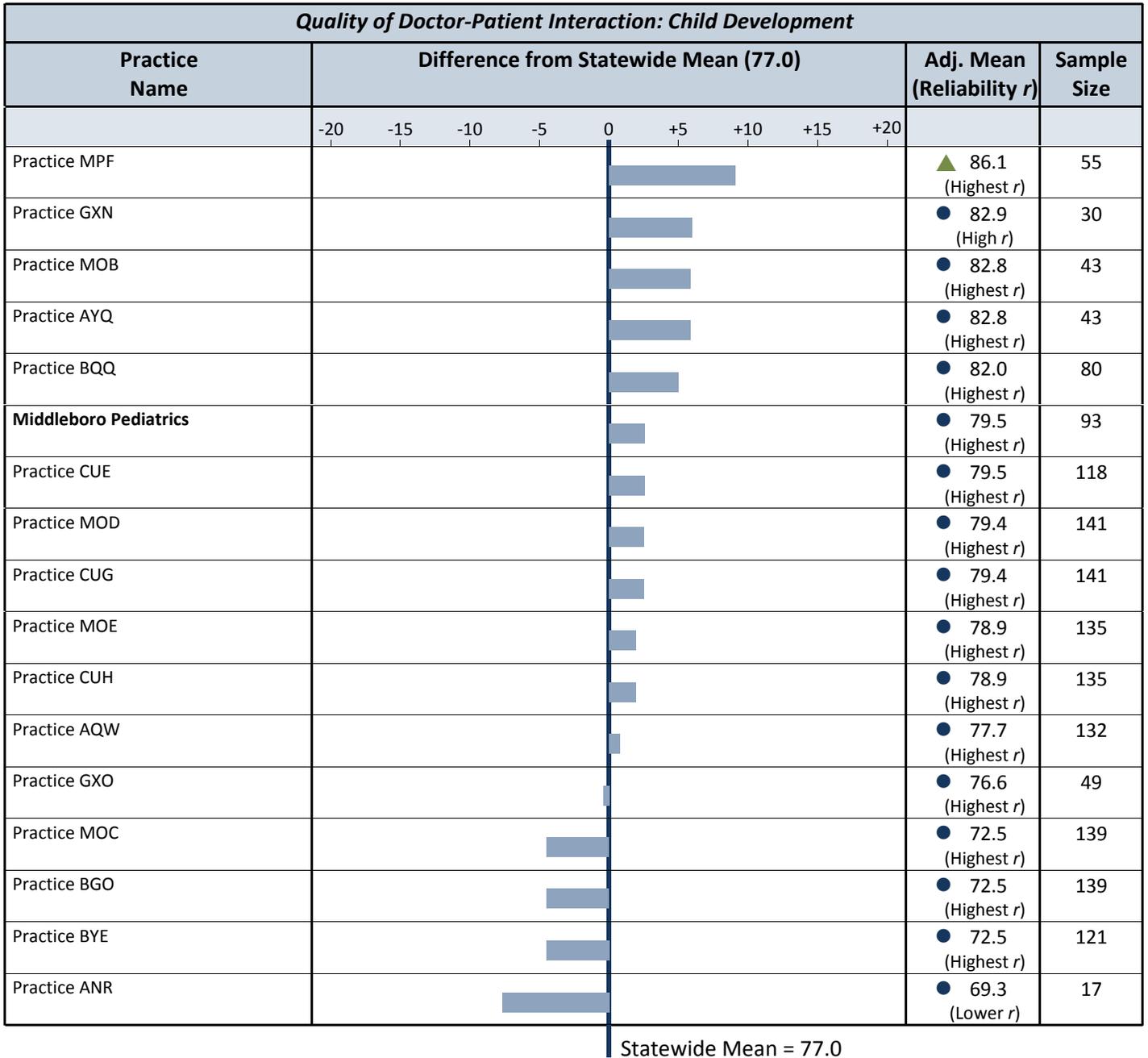
**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
Practices compared with Statewide Mean



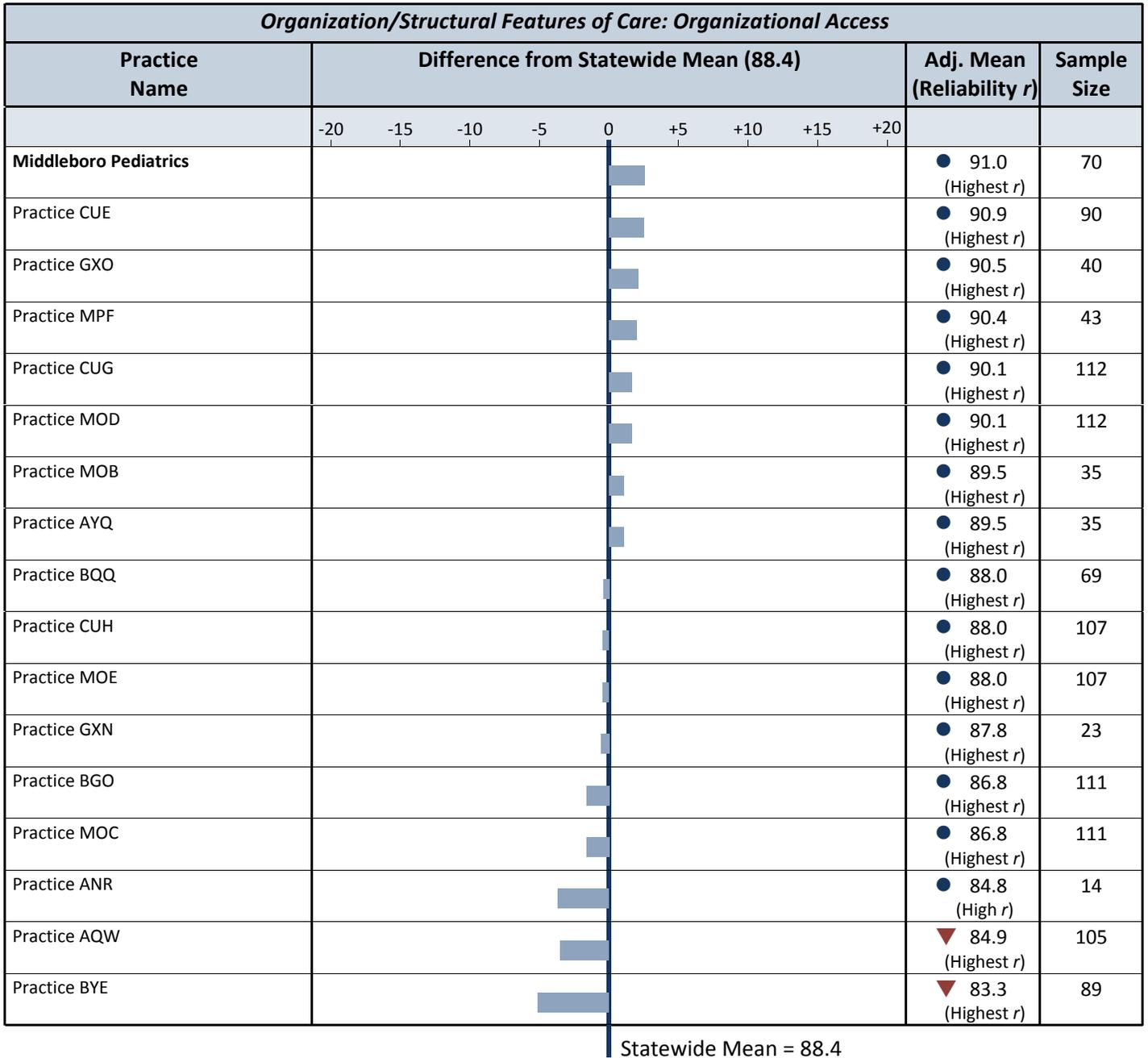
**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
Practices compared with Statewide Mean



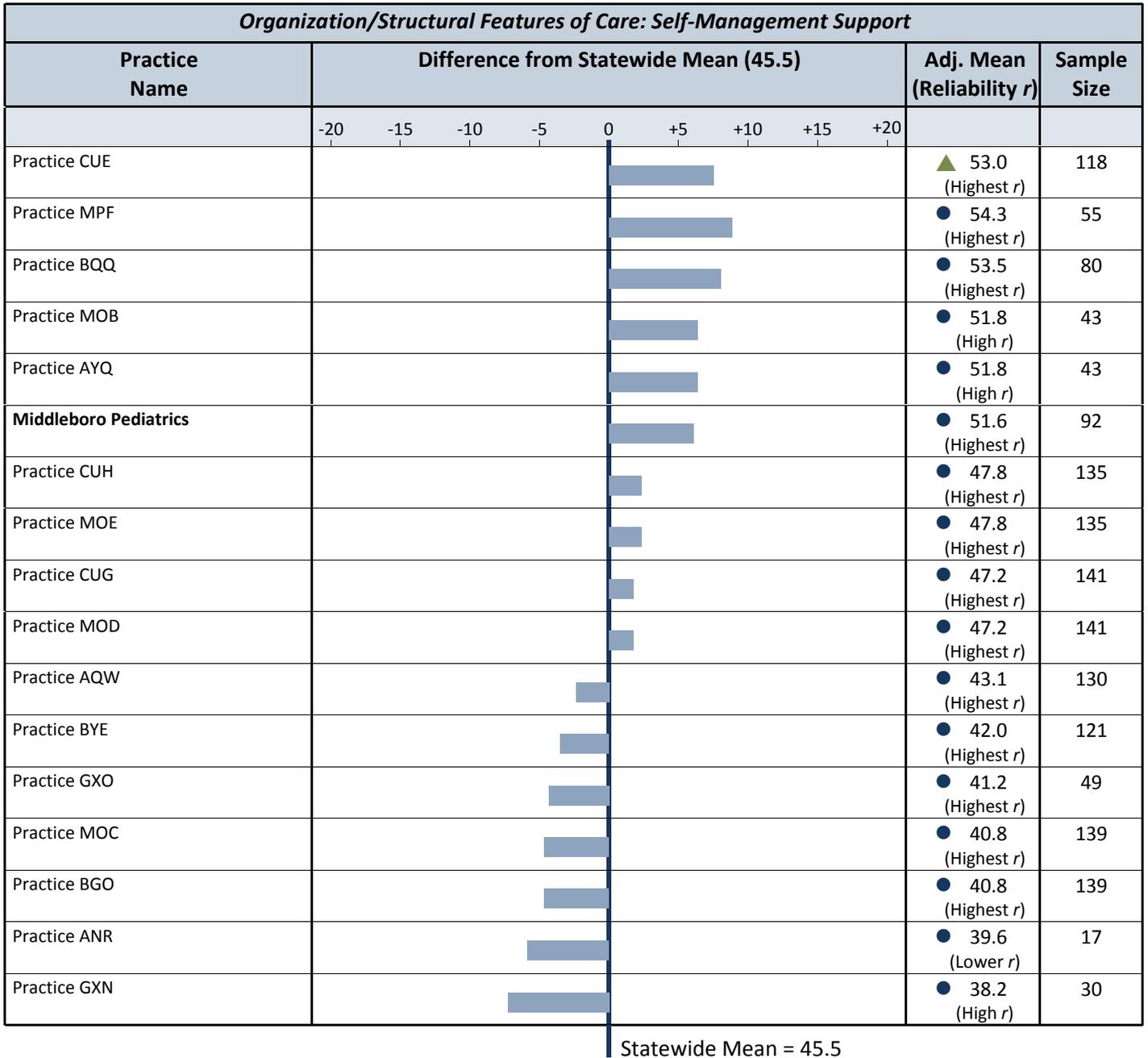
**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
 Practices compared with Statewide Mean



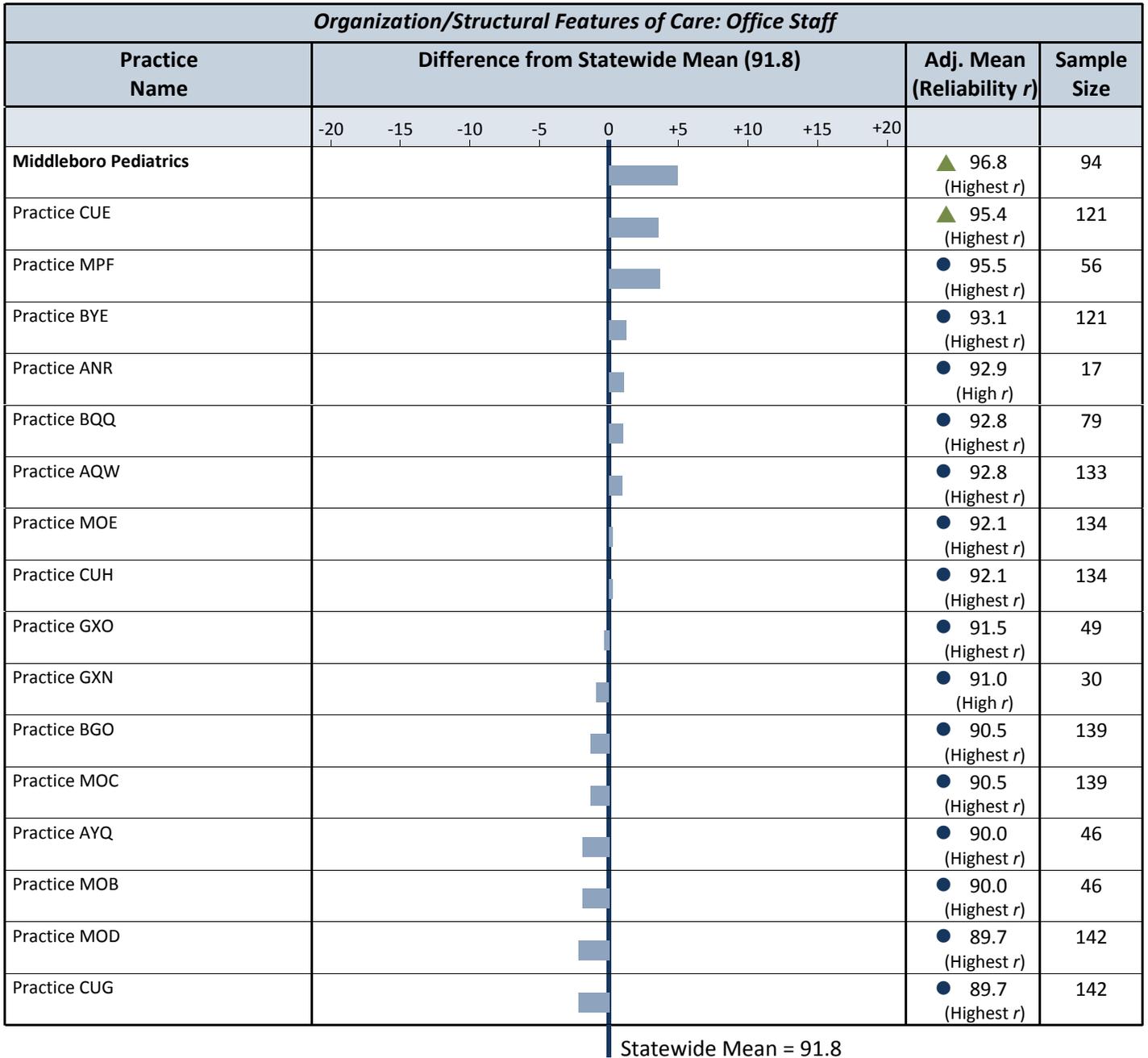
**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
Practices compared with Statewide Mean



**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
Practices compared with Statewide Mean



**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
Practices compared with Statewide Mean



**Middleboro Pediatrics - Pediatric Care**  
**Affiliated Pediatric Practices (APP)**  
Listing of Sampled Providers

*Middleboro Pediatrics*  
*Affiliated Pediatric Practices (APP)*

BAUR, NISHA

BORNSTEIN, AARON

GAPUD, CAROLINA

GROSS, MARTIN

WELLAND, HILARY

## Selected Tools and References for Quality Improvement

Quality Improvement Tools		
Source	Description	Website Link
<b>A Tool Kit for Creating a Patient and Family Advisory Council</b>	This guide provides information on developing and implementing a Patient and Family Advisory Council (PFAC) which in turn can help advise a practice on how to improve the patient and family experiences of care.	<a href="http://bit.ly/2bNOGWd">http://bit.ly/2bNOGWd</a>
<b>Agency for Healthcare Research and Quality, Patient-Centered Medical Home Resource Center</b>	This website provides policymakers and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of U.S. health care.	<a href="https://pcmh.ahrq.gov/">https://pcmh.ahrq.gov/</a>
<b>Agency for Healthcare Research and Quality: Quality Improvement in Primary Care</b>	A synopsis of how to achieve quality improvement in primary care settings.	<a href="http://www.ahrq.gov/research/findings/factsheets/quality/qipc/index.html">http://www.ahrq.gov/research/findings/factsheets/quality/qipc/index.html</a>
<b>Aligning Forces for Quality – A Tale of Three Practices: How Medical Groups are Improving the Patient Experience</b>	A description of how three practices, including one in Massachusetts, used strategies to improve the patient experience.	<a href="http://forces4quality.org/tale-three-practices-how-medical-groups-are-improving-patient-experience">http://forces4quality.org/tale-three-practices-how-medical-groups-are-improving-patient-experience</a>
<b>Association for Patient Experiences</b>	Provides case studies on best practices used to improve the patient experience.	<a href="http://www.patient-experience.org/Resources/Best-Practices.aspx">http://www.patient-experience.org/Resources/Best-Practices.aspx</a>
<b>CAHPS® Improvement Guide - Practical Strategies for Improving the Patient Experience</b>	This is a comprehensive guide to help organizations improve performance in the domains of care measured by the CAHPS Surveys.	<a href="https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html">https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html</a>
<b>California Health Care Foundation: Measuring and Improving Patient Experience in Safety-Net Clinics</b>	Three papers discuss measuring and improving patient experience and the feedback loop.	<a href="http://www.chcf.org/publications/2011/10/patient-experience-safety-net-clinics">http://www.chcf.org/publications/2011/10/patient-experience-safety-net-clinics</a>

## Quality Improvement Tools Continued...

Source	Description	Website Link
<b>Grumbach, K, Bainbridge, E, Bodenahimer, T. University of California, San Francisco. Facilitating Improvement in Primary Care: The Promise of Practice Coaching, The Commonwealth Fund, June 2012:1605 vol. 15.</b>	Practice coaching, also called practice facilitation, assists physician practices with the desire to improve in such areas as patient access, chronic and preventive care, electronic medical record use, patient-centeredness, cultural competence, and team-building. This issue brief offers guidance on how best to structure and design these programs in primary care settings.	<a href="http://bit.ly/2bpTCM9">http://bit.ly/2bpTCM9</a>
<b>Massachusetts Health Quality Partners (MHQP) and California Healthcare Performance Information System (CHPI)- Patient Experience Measurement: Building a Statewide Short Form Program</b>	This guide is intended to provide information on the steps involved in the development of a patient experience program, and focuses on two organizations' experiences developing an electronic short form instrument. The toolkit is a comprehensive guide for those who may be considering developing their own short form and/or electronic patient experience survey program.	<a href="#">Patient Experience Measurement: Building a Statewide Short Form Program</a>
<b>National Health Service, North West Ambulance Service Patient Experience Toolkit</b>	This toolkit highlights approaches, methods, and techniques used to gather patient experience feedback to identify service improvements.	<a href="https://www.nwas.nhs.uk/media/196497/nwas-patient-experience-toolkit-flashbook-low-res.pdf">https://www.nwas.nhs.uk/media/196497/nwas-patient-experience-toolkit-flashbook-low-res.pdf</a>
<b>National Training Center for Quality Assurance, Quality Improvement, and Evaluation: Patient Experience Improvement Toolkit</b>	This toolkit provides practical guidance to help family planning clinics improve different domains of patient experience and be better prepared to compete in the changing health care environment.	<a href="http://bit.ly/2c22Ra3">http://bit.ly/2c22Ra3</a>
<b>Patient Experience Strategy</b>	This document is specific to the National Health Services system in the United Kingdom but provides information and strategies that U.S. organizations can apply to their processes of collecting and responding to patient feedback.	<a href="http://bit.ly/2boGrA4">http://bit.ly/2boGrA4</a>
<b>Patient Experience Tool Kit for Doctors</b>	A helpful guide for providers that addresses specific aspects of care (e.g. patient doctor communication) and offers tips and strategies on how to improve patients' experiences during visits.	<a href="http://bit.ly/2bG2eiU">http://bit.ly/2bG2eiU</a>

## Quality Improvement Tools Continued...

Source	Description	Website Link
<b><i>Physician Practice Resource Center</i></b>	Massachusetts Medical Society, a support and resource network for physician practices in Massachusetts.	<a href="http://www.massmed.org/Physicians/Practice-Management/Physician-Practice-Resource-Center/Physician-Practice-Resource-Center">http://www.massmed.org/Physicians/Practice-Management/Physician-Practice-Resource-Center/Physician-Practice-Resource-Center</a>
<b><i>Stoekle Center for Primary Care Innovation at Massachusetts General Hospital</i></b>	Links to tools, curriculum, and articles categorized by survey composite topics.	<a href="http://www.massgeneral.org/stoeklecenter/programs/patient_experience/about.resources.aspx">http://www.massgeneral.org/stoeklecenter/programs/patient_experience/about.resources.aspx</a>

## References

Author(s)	Title	Source
<b>Agency for Healthcare Research and Quality. (2015).</b>	CAHPS clinician & group visit survey 2.0 [Data File].	<a href="https://cahps.ahrq.gov/surveys-guidance/cq/visit/index.html">https://cahps.ahrq.gov/surveys-guidance/cq/visit/index.html</a>
<b>Ahmed, F., Burt, J., &amp; Roland, M. (2014).</b>	Measuring patient experience: concepts and methods.	The Patient-Patient-Centered Outcomes Research,7(3), 235-241.
<b>Associated Press, NORC Center for Public Affairs Research. (2014).</b>	Finding quality doctors: How Americans evaluate provider quality in the United State [Data File].	<a href="http://surveys.ap.org/data/NORC/AP-NORC_Provider%20Quality_Topline.pdf">http://surveys.ap.org/data/NORC/AP-NORC_Provider%20Quality_Topline.pdf</a>
<b>Browne, K., Roseman, D., Shaller, D., &amp; Edgman-Levitan, S. (2010).</b>	Analysis & commentary measuring patient experience as a strategy for improving primary care.	<i>Health Affairs</i> , 29(5), 921-925.
<b>Davis, K., Schoenbaum, S. C., &amp; Audet, A. M. (2005).</b>	A 2020 vision of patient-centered primary care.	<i>Journal of General Internal Medicine</i> , 20(10), 953-957.
<b>Doyle, C., Lennox, L., &amp; Bell, D. (2013).</b>	A systematic review of evidence on the links between patient experience and clinical safety and effectiveness.	<i>BMJ</i> , 3(1), 28-24.
<b>Farley, H., Enguidanos, E. R., Coletti, C. M., Honigman, L., Mazzeo, A., Pinson, T. B., &amp; Wiler, J. L. (2014).</b>	Patient satisfaction surveys and quality of care: an information paper.	<i>Annals of Emergency Medicine</i> , 64(4), 351-357.
<b>Friedberg, M. W., SteelFisher, G. K., Karp, M., &amp; Schneider, E. C. (2011).</b>	Physician groups' use of data from patient experience surveys.	<i>Journal of General Internal Medicine</i> , 26(5), 498-504.
<b>Institute of Medicine (US). (2001).</b>	Crossing the quality chasm: A new health system for the 21 <sup>st</sup> century [Data File].	Washington, DC: National Academy Press.
<b>LaVela, S., &amp; Andrew, S. (2014).</b>	Evaluation and measurement of patient experience.	<i>Patient Experience Journal</i> , 1(1), 28-36.
<b>Luxford, K., Safran, D. G., &amp; Delbanco, T. (2011).</b>	Promoting patient-centered care: A qualitative study of facilitators and barriers in healthcare organizations with a reputation for improving the patient experience.	<i>International Journal for Quality in Health Care</i> , 23(5), 510-515.
<b>Martino, S. C., Kanouse, D. E., Elliott, M. N., Teleki, S. S., &amp; Hays, R. D. (2012).</b>	A field experiment on the impact of physician-level performance data on consumers' choice of physician.	<i>Medical Care</i> , 50(11), 65-73.
<b>Massachusetts Health Quality Partners. (2014).</b>	Advancing the ambulatory patient experience measurement and reporting agenda.	[White Paper]. <a href="http://tinyurl.com/zae5b3u">http://tinyurl.com/zae5b3u</a>
<b>Millenson, M. L., &amp; Macri, J. (2012).</b>	Will the Affordable Care Act move patient-centeredness to center stage?.	<i>Urban Institute Policy Brief</i> .
<b>Price, R. A., Elliott, M. N., Zaslavsky, A. M., Hays, R. D., Lehrman, W. G., Rybowski, L., &amp; Cleary, P. D. (2014).</b>	Examining the role of patient experience surveys in measuring health care quality.	<i>Medical Care Research and Review</i> , 71(5), 522-554.

## References Continued...

Author(s)	Title	Source
<b>Robert Wood Johnson Foundation. (2013).</b>	Forces driving implementation of the CAHPS clinician & group survey [Data File].	<a href="http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf72668">http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf72668</a>
<b>Robert Wood Johnson Foundation. (2012).</b>	Measuring patient experience [Data File].	<a href="http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf72672">http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf72672</a>
<b>Rodriguez, H. P., Von Glahn, T., Elliott, M. N., Rogers, W. H., &amp; Safran, D. G. (2009).</b>	The effect of performance-based financial incentives on improving patient care experiences: A statewide evaluation.	<i>Journal of General Internal Medicine</i> , 24(12), 1281-1288.
<b>Safran, D. G., Karp, M., Coltin, K., Chang, H., Li, A., Ogren, J., &amp; Rogers, W. H. (2006).</b>	Measuring patients' experiences with individual primary care physicians.	<i>Journal of General Internal Medicine</i> , 21(1), 13-21.
<b>Schlesinger, M., Grob, R., Shaller, D., Martino, S. C., Parker, A. M., Finucane, M. L., &amp; Rybowski, L. (2015).</b>	<i>Taking patients' narratives about clinicians from anecdote to science.</i>	<i>The New England Journal of Medicine</i> , 373(7), 675-679.
<b>Sequist, T. D., Schneider, E. C., Anastario, M., Odigie, E. G., Marshall, R., Rogers, W. H., &amp; Safran, D. G. (2008).</b>	Quality monitoring of physicians: linking patients' experiences of care to clinical quality and outcomes.	<i>Journal of General Internal Medicine</i> , 23(11), 1784-1790.
<b>Sequist, T. D., Von Glahn, T., Li, A., Rogers, W. H., &amp; Safran, D. G. (2012).</b>	Measuring chronic care delivery: patient experiences and clinical performance.	<i>International Journal for Quality in Health Care</i> , 24(3), 206-213.
<b>Smith, M. A., Wright, A., Queram, C., &amp; Lamb, G. C. (2012).</b>	Public reporting helped drive quality improvement in outpatient diabetes care among Wisconsin physician groups.	<i>Health Affairs</i> , 31(3), 570-577.
<b>Stucky, B. D., Hays, R. D., Edelen, M. O., Gurvey, J., &amp; Brown, J. A. (2016).</b>	Possibilities for shortening the CAHPS clinician and group survey.	<i>Medical Care</i> , 54(1), 32-37.
<b>Zimlichman, E., Rozenblum, R., &amp; Millenson, M. L. (2013).</b>	The road to patient experience of care measurement: Lessons from the United States.	<i>Israel Journal of Health Policy Research</i> , 17(2), 1-35.

## Information on NCQA Programs

Title	Source	Website Link
Description of NCQA's PCMH Recognition Program	NCQA Patient-Centered Medical Home. (2014). <i>PCMH recognition</i> [Data File].	<a href="http://www.ncqa.org/Portals/0/Programs/Recognition/PCMH/PCMH-2014_Brochure-web-1.pdf">http://www.ncqa.org/Portals/0/Programs/Recognition/PCMH/PCMH-2014_Brochure-web-1.pdf</a>
Description of NCQA's PCMH Distinction in Patient Experience		<a href="http://www.ncqa.org/PublicationsProducts/OtherProducts/PatientExperienceReporting.aspx">http://www.ncqa.org/PublicationsProducts/OtherProducts/PatientExperienceReporting.aspx</a>

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Massachusetts Statewide and Regional Means

Summary Measures	MA State Mean	Metro Boston	Metro West	Northeast MA	Southeast MA	Central MA	Western MA
<i>Quality of Doctor-Patient Interaction</i>							
Communication	97.1	● 97.3	● 97.2	● 97.0	● 97.1	● 96.9	● 97.1
Integration of Care	87.8	● 88.3	● 88.4	● 87.7	● 87.5	● 87.0	● 87.6
Knowledge of Patient	92.7	● 93.1	● 92.9	● 92.7	● 92.7	● 92.4	● 92.7
Pediatric Preventive Care	72.9	▲ 75.1	● 72.5	▼ 72.3	● 72.8	● 73.1	● 72.9
Child Development	77.0	▲ 78.6	● 76.8	● 76.5	● 76.9	● 76.6	● 77.2
<i>Organization/Structural Features of Care</i>							
Organizational Access	88.4	▼ 87.8	▲ 89.2	● 88.4	● 88.4	▼ 87.5	● 88.3
Self-Management Support	45.5	▲ 48.5	● 45.1	▼ 44.5	● 45.5	● 45.2	● 45.4
Office Staff	91.8	● 91.9	● 91.9	● 91.8	● 92.1	● 91.5	● 91.9

*Middleboro Pediatrics contributes to the Southeastern MA region.*

Comparison Symbol Legend	
▲	Statistically significantly above the MA Statewide Mean ( $p \leq 0.05$ )
●	Statistically equivalent to the MA Statewide Mean
▼	Statistically significantly below the MA Statewide Mean ( $p \leq 0.05$ )

**Middleboro Pediatrics - Pediatric Care  
Affiliated Pediatric Practices (APP)**

Massachusetts Statewide Performance Range of Practice Sites

<b>Summary Measures</b>	<b>50th Percentile</b>	<b>90th Percentile</b>
<i>Quality of Doctor-Patient Interaction</i>		
<i>Publicly Reported Measures</i>		
Communication	97.3	98.3
Knowledge of Patient	92.8	95.1
Pediatric Preventive Care	72.8	81.9
Child Development	77.3	83.2
<i>Not Publicly Reported</i>		
Integration of Care	87.9	91.8
<i>Organization/Structural Features of Care</i>		
<i>Publicly Reported Measures</i>		
Organizational Access	88.0	92.2
Self-Management Support	45.4	55.2
Office Staff	91.6	95.8

## Middleboro Pediatrics - Pediatric Care

### Affiliated Pediatric Practices (APP)

Patients' Experiences with Your Practice Site (n = 95)

PCMH Measure Results Compared with the Statewide Mean

PCMH Measures	Measure Set *	Site Mean (Reliability <i>r</i> )	State Mean
<i>Composite Measures</i>			
Communication (PCMH version)	PCMH	● 97.3 (Highest <i>r</i> )	96.8
Pediatric Preventive Care	PCMH & MHQP	▲ 87.0 (Highest <i>r</i> )	72.9
Child Development	PCMH & MHQP	● 79.5 (Highest <i>r</i> )	77.0
Organizational Access (PCMH version)	PCMH	● 90.9 (Highest <i>r</i> )	87.9
Self-Management Support	PCMH & MHQP	● 51.6 (Highest <i>r</i> )	45.5
Office Staff	PCMH & MHQP	▲ 96.8 (Highest <i>r</i> )	91.8
<i>Single Item Measures</i>			
Communication: Provider Explains Clearly to Child	PCMH	● 98.4 (High <i>r</i> )	96.1
Communication: Provider Listens to Child	PCMH	● 95.7 (Lower <i>r</i> )	97.5
Communication: Information for Child Follow-Up	PCMH	● 99.9 (Lowest <i>r</i> )	99.4
Coordination: Follow-Up About Test Results	PCMH	● 88.9 (Lower <i>r</i> )	89.5
Coordination: Provider Up to Date About Specialists	PCMH	● 86.3 (Lowest <i>r</i> )	86.7
Coordination: Talk About Prescription Meds	PCMH	● 87.7 (Lower <i>r</i> )	89.7
Information: Reminders Between Visits	PCMH	▲ 86.7 (Highest <i>r</i> )	69.5
Information: About Care After Hours	PCMH	● 87.6 (Highest <i>r</i> )	92.3
Access: Days to Urgent Care Appointment	PCMH	● 94.9 (Highest <i>r</i> )	96.2

\* This survey contains additional questions and composites that correspond to the CAPHS PCMH survey. The measure set column indicates whether the composite measures are part of the Patient Centered Medical Home (PCMH) survey questions or part of the standard MHPQ survey or both.

Comparison Symbol Legend	
▲	Statistically significantly above the MA Statewide Mean ( $p \leq 0.05$ )
●	Statistically equivalent to the MA Statewide Mean
▼	Statistically significantly below the MA Statewide Mean ( $p \leq 0.05$ )

Reliability Legend	
<b>Highest <i>r</i> ≥ .70</b>	Available sample for this measure meets or exceeds reliability standards for highly reliable estimates of performance.
<b>High <i>r</i> .50 to .70</b>	Available sample for this measure is slightly less than optimal. Your performance relative to the state average is very likely correct, but your actual score could differ somewhat in a sample including a larger number of your patients.
<b>Lower <i>r</i> .34 to .50</b>	Available sample size for this measure is less than optimal. Your performance relative to the state average is likely correct, but your actual score could vary considerably in a sample including a larger number of your patients.
<b>Lowest <i>r</i> &lt;.34</b>	Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.

# Tables of Survey Questions - Pediatric Care

## PCMH Composite Measures

Summary Measure	Survey Questions
<p><i>Communication (PCMH version)</i> (6 questions)</p>	<p>In the last 12 months, how often did this provider explain things about your child’s health in a way that was easy to understand?</p> <p>In the last 12 months, how often did this provider listen carefully to you?</p> <p>In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?</p> <p>In the last 12 months, how often did this provider seem to know the important information about your child’s medical history?</p> <p>In the last 12 months, how often did this provider show respect for what you had to say?</p> <p>In the last 12 months, how often did this provider spend enough time with your child?</p>
<p><i>Pediatric Preventive Care</i> (6 questions)</p>	<p>In the last 12 months, did you and anyone in this provider’s office talk about things you can do to keep your child from getting injured?</p> <p>In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?</p> <p>In the last 12 months, did you and anyone in this provider’s office talk about how much time your child spends on a computer and in front of a TV?</p> <p>In the last 12 months, did you and anyone in this provider’s office talk about how much or what kind of food your child eats?</p> <p>In the last 12 months, did you and anyone in this provider’s office talk about how much or what kind of exercise your child gets?</p> <p>In the last 12 months, did you and anyone in this provider’s office talk about whether there are any problems in your household that might affect your child?</p>

---

*Child Development  
(5 questions)*

In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?

In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?

In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?

In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?

In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?

---

*Organizational Access  
(PCMH version)  
(6 questions)*

In the last 12 months, when you called this provider's office for an appointment for care your child **needed right away**, how often did you get an appointment as soon as your child needed?

In the last 12 months, when you made an appointment for a **check-up or routine care** for your child with this provider, how often did you get an appointment as soon as your child needed?

In the last 12 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?

In the last 12 months, when you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

In the last 12 months, when you called this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider **within 15 minutes** of his or her appointment time?

---

*Self-Management Support  
(2 questions)*

In the last 12 months, did you and anyone in this provider's office talk about specific goals for your child's health?

In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

---

*Office Staff  
(2 questions)*

In the last 12 months, how often were the front office staff at this provider's office as helpful as you thought they should be?

In the last 12 months, how often did the front office staff at this provider's office treat you with courtesy and respect?

---

*Communication: Provider  
Explains Clearly to Child  
(1 question)*

In the last 12 months, how often did this provider explain things in a way that was easy for **your child** to understand?

---

<p><i>Communication: Provider Listens to Child</i> (1 question)</p>	<p>In the last 12 months, how often did this provider listen carefully to <b>your child</b>?</p>
<p><i>Communication: Information for Child Follow-Up</i> (1 question)</p>	<p>Did this provider give you enough information about what you needed to do to follow up on your child's care?</p>
<p><i>Coordination: Follow-Up About Test Results</i> (1 question)</p>	<p>In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you these results?</p>
<p><i>Coordination: Provider Up to Date About Specialists</i> (1 question)</p>	<p>In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?</p>
<p><i>Coordination: Talk About Prescription Meds</i> (1 question)</p>	<p>In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines your child was taking?</p>
<p><i>Information: Reminders Between Visits</i> (1 question)</p>	<p>Some offices remind patients between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?</p>
<p><i>Information: About Care After Hours</i> (1 question)</p>	<p>Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?</p>
<p><i>Access: Days to Urgent Care Appointment</i> (1 question)</p>	<p>In the last 12 months, how many days did you usually have to wait for an appointment when your child <b>needed care right away</b>?</p>

# The MHQP 2016 Patient Experience Survey

## Questions and Answers

**Note:** This section answers general questions about the survey. Detailed information about statistical methods behind survey administration and scoring can be found in the Technical Appendix.

### ***What is the MHQP Patient Experience Survey?***

The MHQP Patient Experience Survey is a statewide survey that asks patients to report about their experiences with a specific primary care provider and with that provider's practice. The MHQP 2016 Patient Experience Survey Instrument for adults is based on the CAHPS® Patient Centered Medical Home (PCMH) Survey, developed by the National Committee for Quality Assurance (NCQA), and the Agency for Health Care Research and Quality (AHRQ). The survey for adults is a 61 question tool and the pediatric version has 68 items. The most recent statewide patient experience survey was conducted in the spring of 2016 and included commercial patients sampled from adult and pediatric primary care practices in Massachusetts.

MHQP's objective in collecting and reporting results of the survey is to provide valid and reliable information to help primary care providers improve the quality of care they deliver to their patients and to help consumers take an active role in making informed decisions about their health care.

### ***Why are patient experiences with care an important component of quality measurement?***

In 2001, the Institute of Medicine report entitled *Crossing the Quality Chasm* first identified patient centered care as one of the six essential pillars for an outstanding healthcare system. Patient experience surveys have been developed and validated for over 15 years and are now fundamental tools to evaluate patient centered care and to help clinicians and organizations improve this dimension of health care quality. The measures of patients' care experiences that are available today provide detailed and specific information from patients about both clinical interactions (e.g., communication quality) and organizational features of care (e.g., access to care).

According to a 2014 study in *Medical Care Research and Review*, patient experience surveys are helping to drive improvement in patient-centered care and quality improvement. For example, some of the key characteristics measured in patient experience surveys, such as physician-patient communication, are found to be associated with health outcomes and adherence to recommended care.<sup>1</sup> Evidence from this study also indicated that physicians are becoming increasingly responsive to publicly reported surveys of patient experience and are subsequently motivated to make changes to improve and/or maintain performance. In addition, there are increasing financial incentives tied to these measurements.

---

<sup>1</sup> *Examining the Role of Patient Experience Surveys in Measuring Health Care Quality*; Medical Care Research and Review, 2014; Price RA, Elliott, M, Zaslavsky, A, Hays, R, Lehrman, W, Rybowski, L, Edgman-Levitan, S, Cleary, P.

### ***How is MHQP's Patient Experience Survey funded and how do funders use results?***

Since 2005, the statewide survey and public reporting have been supported by five of the state's major health plans: Blue Cross Blue Shield of Massachusetts, Fallon Health, Harvard Pilgrim Health Care, Health New England, and Tufts Health Plan. This year, ten provider organizations, representing nearly half of the state's primary care physicians, added their financial support: Cooley Dickinson PHO, Lowell General PHO, Mount Auburn Cambridge IPA, New England Quality Care Alliance, Northeast PHO, Partners HealthCare System Inc., Pediatric Physicians' Organization at Children's Hospital Boston, Steward Health Care Network, UMass Memorial Healthcare, and Winchester PHO. Additionally, recognizing the value of patient experience information, which is part of the Standard Quality Measure Set (SQMS), the Center for Health Information and Analysis (CHIA), an independent Massachusetts state agency, purchased 2014 and 2015 PES results and incorporated them into CHIA's Annual Reports on the Performance of the Massachusetts Health Care System. Continued plan and provider organization support of MHQP's survey efforts has made Massachusetts a leader in this area of health quality measurement. Improving patient experience is now recognized as an essential component of system transformation to patient-centered care and provider organizations increasingly use patient experience survey results to support quality improvement for performance and recognition programs.

### ***What survey instrument was used?***

The MHQP 2016 Patient Experience Survey Instrument for adults is a 61 question tool and the pediatric version has 68 items. These instruments are based on the CAHPS® Patient Centered Medical Home (PCMH) Survey, developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). Over the past several statewide survey rounds, MHQP has integrated the best performing questions from its Ambulatory Care Experiences Survey (ACES), developed by MHQP and researchers from Tufts Medical Center, with survey content from the CAHPS® Clinician-Group survey. The 2016 PES instrument draws on this previous work and includes additional content to measure the patient centered medical home model of care that is being widely adopted by primary care practices. The adult survey is designed to be completed by the adult patient of the named primary care provider. The pediatric survey is designed to be completed by the parent or guardian of the child patient of the named primary care provider.

### ***How were the questions and summary measures on these survey instruments developed and validated?***

The survey questions were developed and validated over a period of several years, and build upon work conducted over a 15-year period by a team of internationally recognized survey scientists in the health care field. The primary care survey's conceptual model corresponds to the Institute of Medicine's definition of primary care (1996). Beginning in 2013, new survey questions were added to address measurement of the patient centered home model of care. These questions are also included in the 2016 instrument. Each survey question has undergone cognitive testing to ensure that the wording is interpreted consistently and is clear to individuals across a wide continuum of English literacy skills. All survey questions and composite measures have undergone extensive psychometric testing to ensure reliability, validity, and data quality.

### ***Why is MHQP collecting patient comments?***

Consumers value the opportunity to provide their own commentary. However, until recently, creating a scientifically valid method for obtaining free-text feedback has been an unmet need for health care survey programs nationwide.

MHQP's pilot work offered new insight into the value of standardized collection of free-text.<sup>2</sup> Subsequently, we included a standard set of open-ended questions developed by CAHPs on the electronic version of the 2016 survey. Patients who received an email invitation or those who received a mail survey and opted to complete the survey online were able to provide comments to the following questions:

- *What are the most important things that you look for in a healthcare provider and his or her staff?*
- *When you think about the things that are most important to you, how do your provider and his or her staff measure up?*
- *Now we'd like to focus on anything that has gone well in your experiences with your provider and his or her staff over the past 12 months. Please explain what happened, how it happened, and how it felt to you.*
- *Next we'd like to focus on any experiences with your provider and his or her staff that you wish had gone differently over the past 12 months. Please explain what happened, how it happened, and how it felt to you.*
- *Please describe how you and your provider relate to and interact with each other.*

#### ***How was my practice selected to be included in the survey?***

To be included in the survey, practices were required to have at least three eligible primary care providers of the same specialty (adult or pediatric), each having a panel size of at least 20 eligible patients across the five participating health plans. Solo and dual practice sites were only included in the survey if they or their provider organization opted to fund the sampling of their patients. These solo and dual practices will not be included in MHQP's public reporting of the survey results. Practice site groupings are based on where providers were practicing as of December 31, 2015.

#### ***I did not receive results for certain practices and providers. Why?***

For private reporting, results are included for practices with at least **16** respondents. This minimum threshold allows practices to receive some information from the survey, even when sample sizes are limited. For provider level reports, results are included for providers with at least **seven** respondents. There are no minimum thresholds for the reporting of medical groups or networks.

#### ***How many patients were selected to participate in the survey?***

The survey was sent to over 204,000 adult patients and to the parents of over 118,000 children.

#### ***What was the overall response rate to the survey?***

The overall response rate to the survey was 20%. This response rate is typical for recent large scale surveys of this kind and is similar to response rates achieved in other regional health care survey efforts. The response rate in 2015 was 23%. This decrease is also consistent with that of other large-scale mailed surveys. The decline in response rates for traditional survey administration via mailed paper-based instruments points to the need to develop valid electronic

---

<sup>2</sup> Massachusetts Health Quality Partners, California Healthcare Performance Information System. *Short Form Patient Experience Survey – Research Findings*. (2015)

surveys. In 2015, MHQP conducted a pilot test, in partnership with the California Healthcare Performance Information System (CHPI), funded by the Center for Healthcare Transparency, to evaluate methods of electronic surveying and to test a standard but shortened patient experience ambulatory care survey measurement tool. Results from this pilot proved that electronic surveying returns comparable results to paper mail surveying. In 2016, we offered an electronic mode of administration in addition to our traditional mailed survey. Innovations in this area make patient experience measurement more affordable, useful, and timely to your quality improvement efforts. We have and will continue to ensure a transition to technologically advanced approaches that meet the highest standards for consumer engagement and confidential treatment of personal information.

***Isn't it true that the most disgruntled patients are the ones who respond to surveys like this—so the results are not a fair representation of patient experiences?***

Several decades of survey research show that the reverse is true. When a survey is administered using the protocol applied here (mailing/email, with mail follow-up of non-respondents), patients with more favorable care experiences are more likely to respond than those who are disgruntled. In fact, patients who respond sooner to our survey consistently rate their provider with higher scores than patients who respond later. There is strong and consistent evidence that patients who have the most negative care experiences are *less* likely to respond, and are therefore under-represented in surveys of this type.

***When will MHQP publicly report 2016 PES results?***

MHQP will publicly report practice site results in the winter of 2017 on MHQP's website for healthcare consumers, [www.healthcarecompassma.org](http://www.healthcarecompassma.org). MHQP will allow all provider organizations across the state that did not contribute financially to this PES project to review their results shortly before the public report. Network, Medical Group, and individual provider results will not be publicly reported by MHQP.

***Do you need a certain number of responses to be publicly reported on the website?***

Yes, a practice site needs a minimum of 16 responses to be included.

***Do you need a certain number of reportable composites in order to be included on the website?***

Yes, you need at least two composites with a reliability of 0.70 or greater to be included; willingness to recommend is counted as one of the two composites.

***How can I find out more about the MHQP Patient Experience Survey?***

MHQP maintains an organizational website; [www.mhqp.org](http://www.mhqp.org) which includes updates on our Patient Experience initiatives. MHQP also maintains a consumer-friendly public reporting website, [www.healthcarecompassma.org](http://www.healthcarecompassma.org), which hosts the publicly reported survey results. Questions may be directed to Amy Stern, Sr. Project Manager for Patient Experience Surveys at [astern@mhqp.org](mailto:astern@mhqp.org).

# The MHQP 2016 Patient Experience Survey

## Technical Appendix

### ***Overview***

MHQP's 2016 Patient Experience Survey was conducted in the spring of 2016 and included patients sampled from commercial adult and pediatric practice sites in MHQP's Massachusetts Provider Database (MPD) with at least three primary care providers (PCPs). The survey asked patients to report about their experiences with a particular named primary care provider and his or her practice.

### ***Survey Instrument***

The MHQP 2016 Patient Experience Survey (PES) Instrument for adults is a 61 question tool and the pediatric version has 68 items. These instruments are based on the CAHPS® Patient Centered Medical Home (PCMH) Survey, developed by National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). Over the past several statewide survey rounds, MHQP has integrated the best performing questions from its Ambulatory Care Experiences Survey (ACES), developed by MHQP and researchers from Tufts Medical Center, with survey content from the CAHPS® Clinician-Group survey. The 2016 PES instrument draws on previous work and continues to include content to measure the patient centered medical home model of care that is being widely adopted by primary care practices. Adult and pediatric versions of the survey instrument were administered. The adult version is designed to be completed by the adult patient and the pediatric survey is designed to be completed by the parent or guardian.

### ***Eligible Providers and Practice Sites***

Over the past decade of its measurement work, MHQP has developed a Massachusetts Provider Database (MPD). The MPD is a unique data source which allows mapping of primary care providers, nurse practitioners, and physician assistants to the locations where they provide care. The MPD includes providers' organizational hierarchy and links to health plan data from Massachusetts' five largest commercial plans. Plans and provider organizations update MHQP's MPD information on an annual basis just prior to survey administration. Practice-site groupings are based on where a provider was practicing as of December 31, 2015. Changes in practice-site composition after this date are not reflected in the 2016 MHQP survey.

Physicians with a primary specialty designation of Internal Medicine, Pediatric, Family Medicine or General Medicine and practicing as primary care providers are eligible for survey. Nurse practitioners practicing as primary care providers are also included in this survey round. Providers must also have a panel size of at least 20 eligible patients across the five participating health plans to be included in the survey.

Practices having at least three providers meeting the above eligibility criteria are included the statewide survey. Once a practice has at least 3 PCPs eligible for the survey, any remaining PCPs having at least 20 patients are included in the practice-level sample. Using health plan claims visit data, each provider is classified as either "adult" or "child," based on the age of the majority of his or her patients in the sample pool (child=ages 0-17; adult=ages 18 and older).

Practice sites are also classified as follows:

- Practice sites are classified as "adult" if there are three or more providers, each with 20 or more eligible adult patients. Practice sites were classified as "child" if they had three or more providers, each with 20 or more eligible child patients. Practice sites were classified as "mixed" if they met both sets of criteria (adult and child practice site).
- Based on the number of adult and pediatric providers within each practice site, the composition of the survey sample(s) is drawn using the following criteria (applied in the order listed):
  1. If a practice site was classified as "mixed" (i.e., the smaller population must be at least 25 percent of the total patient panel).
  2. If a practice site was either "adult" or "child" (but not mixed), a single survey sample was drawn consisting of adult or child.

## ***Eligible Patients***

The adult and pediatric patients surveyed for each provider were randomly drawn based on visit and membership data from the five participating health plans. To be eligible for surveying, patients had to meet the following criteria:

- Current enrollment in one of the five commercial health plans; ;
- Commercial member in an HMO, POS, or PPO health plan product;
- Age 18 and older to receive an adult survey;
- Age 17 or younger to receive a pediatric survey; and
- Patients of Massachusetts primary care providers.

MHQP used both visit data and health plan membership data to link patients to their primary care providers. The attribution methodology considers whether the patient received primary care services and how often and recently the patient saw the primary care provider. Once patients had been assigned to providers, patients are aggregated across health plans at the provider-level and then the practice-level.

To ensure that only active patients of a provider were included in analysis and data reports, the survey instrument includes some initial questions that served to confirm the following:

- The patient considered the provider named on the survey to be his or her primary care provider (adult survey) or his or her child's primary provider (pediatric survey); and
- The patient had at least one visit with that provider in the previous 12 months.

Responses of patients who reported that the named provider was not their (or their child's) primary provider and/or reported having no visits with that provider in the past 12 months are not included in the analysis completed for this report.

## ***Survey Sampling***

Sample sizes are designed to provide information at the *practice-site level*. Site level surveys do not survey enough patients to reliably measure each provider's performance. For this reason, some provider organizations elected to purchase additional surveys to obtain provider-level results. Provider-level results are not publicly reported.

MHQP uses a variable sampling protocol based on the type (adult or pediatric) and size of the practice site being surveyed. Previous survey analyses have demonstrated that the individual provider is a larger source of variation than

the practice site for most measures. Therefore, the number of patients required to obtain reliable and stable information about a practice site increases with the number of providers at a site.

At each practice site, starting samples were drawn by randomly sampling an equal number of patients from each provider’s panel. A range of the targeted number of completed surveys and initial sample sizes are provided in the table below. Statistical analysis indicated that larger samples sizes were needed to obtain statistically reliable results for pediatric practices, in part because there is less variability in performance among pediatric practices.

*Table 1 - Variable Sample Sizes*

<b>Number of Providers per site</b>	<b>Starting sample – Adult survey (assuming 22.8% response rate)</b>	<b>Starting sample – Pediatric survey (assuming 19.5% response rate)</b>
3	250	483
4-9	299-448	575-862
10-13	465-509	898-985
14-19	522-566	1,006-1,093
20-28	575-615	1,108-1,185
29-55	619--663	1,190-1,298

## **Survey Administration**

### ***Sampled patients without e-mail addresses***

CSS mailed up to two surveys to each patient in the sample through non-profit mail. Non-respondents to the first survey mailing were sent a second survey package, identical to the first, five weeks after the initial mailing. The initial personalized mailing package included:

- A cover letter to the patient explaining the survey and its importance;
- The web address for the patient to access the survey on the internet; and
- A paper copy of the survey

The sender of the mail surveys was identified as both the plan and MHQP on the outside of the envelope.

The cover letter was signed by MHQP’s President and CEO and the signature of an official from the patient’s health plan. Patients were given the option of responding through the mail or going to a website and completing the survey online.

### ***Sampled patients with e-mail addresses***

This year we sent e-mail invitations with a link to the online survey to 4.3% of the sampled population. These individuals were patients of clinicians who were being sampled by their organizations at the individual level rather than at the practice-level. If the clinicians were members of practices of 3 or more providers their results were included in the practice-level results seen in this report. If they were patients of solo or dual practices, their results were included in the provider-level results only for organizations that sponsored surveys at this level.

The response rate for those who received e-mails and completed the survey was 31% as compared with a response rate of 20% for mailed surveys. E-mails came from two provider organizations and two health plans. We plan to field future

surveys using technology and approaches that patients prefer while also allowing us to achieve valid results more cost effectively. We are working with provider organizations and health plans to implement these changes.

Before we used e-mails, we conducted our standard random survey sampling of all eligible patients regardless of whether or not the patient had an e-mail address listed. The survey vendor then selected a random sample of these patients to be surveyed. This is the standard process we have used for sampling since 2005. The results of this core sample for 2016 can be compared with past survey results and were provided to health plans and sponsoring provider organizations in data tables. Once the core sample was selected, we then randomly selected additional sample members for provider-level sampling. For this expanded sample, those with an e-mail address were sent an e-mail invitation to complete the survey online. Patients without an e-mail address available were mailed the survey using our traditional two-wave mail protocol. Finally, patients who were sent the survey via e-mail originally, but did not respond, were sent a follow-up mailed survey. A subset of sampled patients was sent a second survey in the mail. This additional survey mailing was limited to providers with relatively low e-mail response rates.

### ***Survey Reliability***

All survey questions and summary measures have undergone extensive psychometric testing. A key criterion by which all survey measures were evaluated is their site level reliability. Site-level reliability is a metric that indicates how accurately a survey measure captures information about a particular practice site. Specifically, the site-level reliability coefficient indicates the extent to which patients of a given practice site report similarly about their experiences with that practice. In other words, site-level reliability indicates the consistency of the information provided by patients of a given practice site. Reliability scores range from 0.0 to 1.0 where:

- 1.0 signifies a measure for which every patient of the site reports an experience identical to every other patient in the practice; and
- 0.0 signifies a measure for which there is no consistency or commonality of experiences reported by patients of a given practice.

Targeted sample sizes were designed to achieve results with very high site-level reliability (0.70 or higher), in accordance with psychometric standards and principles. For all measures except those with very high overall performance, **site-level results must achieve a reliability threshold of 0.70 to be publicly reported.**

### ***Performance Categories for Public Reporting***

MHQP will publicly report practice site results for patient experience in the winter of 2017 on its website for healthcare consumers, [HealthcareCompassMA.org](http://HealthcareCompassMA.org).

During the spring of 2013, MHQP convened a multi-stakeholder Quality Performance Benchmark Workgroup which included physicians, patients, representatives from health plans, and statistical experts. This group reviewed reporting options and advised MHQP about setting performance levels and communicating about performance in our public reporting. Based on a review of performance data and considering recommendations from our statistical consultant and advice from the workgroup, the following changes were implemented in 2013 and maintained in each survey year since then:

- The number of performance categories was changed from four to three performance categories. This change was made to further assure that categories of performance represent true differences in quality. Fewer categories reduce the chance of misclassifying a practice's performance.
- To apply the change in the number of categories, new performance cut-points were needed. Previous survey rounds used the three cut-points based on the observed 15<sup>th</sup>, 50<sup>th</sup>, and 85<sup>th</sup> percentiles of performance to establish

performance levels. Most measures now use two cut-points, based on the observed 20<sup>th</sup> and 80<sup>th</sup> percentiles of performance. The revised relative performance levels differentiate those practices that are truly higher or lower in performance than those practices in the middle range of performance.

- When performance is high across almost all practices for a given measure, it is difficult to distinguish levels of performance among practices and a second method of performance classification is needed. The Hochberg method, named after the statistician who developed it, is the method MHQP uses for these measures. This method essentially defines performance level by comparing practice performance with median performance. Practice scores are statistically evaluated to determine whether they are close enough to the median practice score to be in the middle category or significantly higher or lower than the median practice score. Cut-points are defined by determining the exact point at which a practice would be significantly lower than or higher than the median. The measures applying the Hochberg method for performance classification are Adult and Pediatric Communication and Pediatric Knowledge of Patient.
- For measures using the Hochberg method because of overall high performance, MHQP has moved both the middle and high range of performance into the high performance category. Therefore, those practices falling into the recalibrated lowest performance levels are truly different than the majority of practices being reported.

In order to allow Massachusetts practices to measure their performance against stable benchmarks from year to year, the reporting of MHQP's 2016 PES will use the same performance categories as PES 2013.

### ***Misclassification Risk and Buffer Zones***

MHQP's public reporting establishes performance categories so that meaningful differences in performance among practices are represented. The number of performance categories is limited in order to highlight differences and reduce the chance that a practice could be misclassified in a category that is lower than it should be. For measures using observed relative performance benchmarks, MHQP also defines a buffer zone around each performance cut-point to further reduce the possibility of incorrectly categorizing a practice in a lower category. The Hochberg method protects against misclassification through a statistical process which reduces the chance of error. Therefore, measures using this method to set benchmarks do not require buffers.

### ***"Top Performance" Designation***

This survey round, MHQP is continuing to identify practices achieving the highest level of performance in private and public reporting. Practices reaching this level of performance were identified using a statistical method known as the beta-binomial method. This method fits performance data to a theoretical model that has been shown to describe the true distribution of performance scores, reducing or eliminating error. Therefore, the beta-binomial distribution of scores can be used to identify performance benchmarks that are expected to remain stable over time. Practices achieving "Highest Performance" designation are at or above the 99<sup>th</sup> percentile of the beta-binomial distribution for a given measure.

The highest performance levels for new measures have not yet been set. However, the point value for existing measures is provided below. The beta-binomial 99<sup>th</sup> percentile can be used to set achievable quality improvement goals for existing measures.

*Table 2 – Highest Performance Designation Thresholds*

	<b>Measure</b>	<b>Score Needed for “Highest Performance” Designation</b>
<b>Adult</b>	Communication	97.7
	Integration of Care	93.2
	Knowledge of Patient	94.2
	Adult Behavioral Health	68.1
	Organizational Access	89.9
	Office Staff	94.2
<b>Pediatric</b>	Communication	98.7
	Knowledge of Patient	95.9
	Pediatric Preventive Care	84.6
	Child Development	84.9
	Organizational Access	93.3
	Office Staff	96.6

Below are some frequently asked questions regarding statistical and methodological terms and analytic procedures used in scoring the data.

***Sampling thresholds- what are they and how are they determined?***

<b>2016 PES Sampling Thresholds</b>	
Provider-Level	<ul style="list-style-type: none"> <li>• Ideal: 140 adult patients/provider and 140 pediatric patients/provider, however will include providers with 90 patients or more.</li> <li>• The provider organization can request samples &lt;90 in their contract however, the provider being sampled must have at least 20 patients.</li> </ul>
Practice-Level	<ul style="list-style-type: none"> <li>• Practice must have 3+ providers.</li> <li>• Depending on how many providers practice at the site, the practice must meet the sample size threshold. Please see Table 1 on page E3.</li> <li>• Any one provider must have at least 20 patients to be included as part of the 3+ practice site.</li> </ul>
Practices Serving Both Adult and Pediatric Patients	<ul style="list-style-type: none"> <li>• If a practice serves both adult and pediatric patients they must meet the following thresholds in addition to the level of sampling they wish to participate in (e.g. provider or practice-level):</li> <li>• At least 25% of their patients must be in the second patient population to be surveyed.</li> </ul>

### ***How were sampling thresholds for the Provider-Level Survey (PLS) Program determined?***

To achieve reliable results at the provider-level for the Provider-Level Survey (PLS), formerly known as “Oversampling”, for adult practices, 90 patients must be sampled for each provider. Ordinarily for an adult practice of 3 providers, we will ensure that we have a total of 226 patients for that practice site which is about 75 patients per PCP in that practice. This gives us reliable results at the practice-level. Where provider-level results for practices of 3+ were requested, to make the results reliable at the provider-level, we would increase this sample to 270 (3×90). To achieve reliable results at the provider-level for pediatric practices, 140 patients must be sampled for each provider as the response rate is lower for pediatric practices. We therefore need a total of 420 patients for a PLS survey for a practice of 3 (3 x 140).

### ***How is the willingness to recommend correlation calculated for each composite measure?***

Each composite measure is ranked on a 0-100 scale (the practice’s adjusted mean score for that composite). We use the Pearson correlation coefficient to determine if the score on willingness to recommend is significantly correlated with each composite. If performance on the composite measure is correlated with willingness to recommend at the 0.45 level, we consider that the measure influences patients’ willingness to recommend the doctor.

### ***What is case-mix adjustment and why do you adjust for patient characteristics?***

Certain patient characteristics that are not under the control of the provider, such as age and education, may be related to the patient's survey responses. For example, several studies have found that younger and more educated patients provide less positive evaluations of healthcare. If such differences occur, it is necessary to adjust for such respondent characteristics before comparing providers' results. The goal of adjusting for patient characteristics is to estimate how different providers’ scores would be if they all provided care to comparable groups of patients. Case-mix adjustment allows for comparability of providers without different patient characteristics confounding the results. We provide adjusted results for public reporting and pay-for-performance financial incentive programs. Proper adjustment for differences in patient characteristics is critical to ensure fair comparisons across health care providers serving different patient populations.

### ***What variables are used in case-mix adjustment and how are they selected?***

In MHQP’s results, scores have been case-mix adjusted so that patient characteristics match the overall characteristics of patients throughout the state as reflected in the statewide results, creating a fair comparison of performance. In developing our case-mix adjustment model, we sought important and statistically significant predictors of patients’ reports of their experiences. Research has shown that practices with younger patients, more ethnic minority patients and patients living in more socioeconomically deprived areas are more likely to gain from case-mix adjustment. Age and race/ethnicity are the most influential adjusters. Results data are adjusted according to age, gender, education, chronic conditions, race, language, health plan, and region.

### ***Why are other variables not used in the case-mix adjustment equation?***

Other variables are not used because they do not have a significant impact on results. For example, our research showed that email had no case-mix adjustment utility. In addition, the length of time one has seen the provider and the number of visits one has had with the provider/practice has no case-mix adjustment utility as reported by the CAHPs team.

### ***What is the adjusted mean score?***

The adjusted mean score is the mean score of an item that has been case-mix adjusted by sociodemographic characteristics and patient-reported health status.

### **How are the survey responses scored?**

All survey responses are coded to a 0 to 100 scale so that questions with different response options may be easily combined. Higher values indicate more positive responses.

For example, a question with four response options would be assigned the following values:

Response	Value
Always	= 100.00
Usually	= 66.67
Sometimes	= 33.33
Never	= 0.00

A question with two response options would be assigned the following values:

Response	Value
Yes	= 100.00
No	= 0.00

Composites are calculated as a simple average of the response values for each of the component questions. If fewer than half of the questions have valid responses for a given survey respondent, then the composite cannot be calculated and is considered missing.

For example, a composite that is comprised of five questions would be calculated as follows:

	Q1	Q2	Q3	Q4	Q5	Composite
Respondent A	66.67	66.67	0.00	.	.	44.45
Respondent B	100.00	66.07	100.00	100.00	100.00	93.21
Respondent C	100.00	100.00	100.00	66.67	66.67	86.67
Respondent D	33.33	.	.	66.67	.	.
Respondent E	66.67	100.00	50.00	100.00	66.67	76.67

## Acknowledgments

MHQP would like to thank all the individuals whose expertise, hard work, and commitment to exacting standards of measurement and reporting contributed to bringing the 2016 Statewide Patient Experience Survey to fruition.

We are especially grateful to the Massachusetts Medical Society's Committee on the Quality of Medical Practice and MHQP's Physician Council, Health Plan Council, and Consumer Health Council for their insights and advice on all of MHQP's quality measurement initiatives. Their guidance is invaluable in helping MHQP fulfill its goal of providing valid and actionable patient experience data to Massachusetts providers.

Further, we would like to acknowledge MHQP's Board of Directors for their foresight and willingness to undertake groundbreaking initiatives that improve the quality of care provided in Massachusetts.

We are very grateful for our partners from the participating health plans—Blue Cross Blue Shield of Massachusetts, Fallon Health, Harvard Pilgrim Health Care, Health New England, and Tufts Health Plan – for providing their time, expertise, and data resources, without which this project would not have been possible.

We are also grateful to the following provider organizations that partnered with us: Cooley-Dickinson Medical Group, Lowell General PHO, Mount Auburn IPA, New England Quality Care Alliance (NEQCA), Northeast PHO, Partners Healthcare System, Inc., The Pediatric Physician Organization at Children's (PPOC), Steward Health Care System, UMass Memorial Healthcare, and Winchester PHO.

Special thanks and recognition go to Bill Rogers for his methodological leadership and expertise; Hong Chang for his statistical analysis; Paul Kallaur and Jacqueline Cho at the Center for the Study of Services for their professional management of survey administration; Rose Judge, our PES program consultant, for her continued guidance and consultation on the statewide PES program; and Brian Patroliia, our IS consultant, for his expertise in programming and reporting.

Finally we are indebted to the MHQP staff who worked so hard to develop this project and create this report – Janice Singer, Amy Stern, Hannah Cain, Jim Courtemanche, and Raji Rajan.

# About MHQP

## **Health care information you can trust:**

MHQP provides reliable information to help physicians improve the quality of care they provide to their patients and to help people take an active role in making informed decisions about their health care.

## **Who we are:**

Massachusetts Health Quality Partners is a broad-based coalition of physicians, hospitals, health plans, purchasers, patient and public representatives, academics, and government agencies working together to promote improvement in the quality of health care services in Massachusetts. MHQP was first established in 1995 by a group of Massachusetts health care leaders who identified the importance of valid, comparable measures to drive improvement.

## **Our Mission:**

MHQP's mission is to drive measureable improvements in health care quality, patients' experiences of care, and use of resources in Massachusetts through patient and public engagement and broad-based collaboration among health care stakeholders.

## **Our Vision:**

MHQP's vision is to be the premier health care quality collaborative in Massachusetts, including the most trusted and influential source for comparative health care quality performance information.

## **Our Values:**

- ◆ We believe in the power of collaboration.
- ◆ We believe our work should have a measurable impact and be evidence-based.
- ◆ We believe that eliminating unnecessary duplication and improving efficiency are key components to quality improvement.
- ◆ We believe that credible performance information supports improvement.
- ◆ We believe that educating the public about health care quality, including appropriate public release of performance information, supports quality improvement, and enhances public accountability.
- ◆ We believe that engaging health care providers, patients and families, and the broader public in an open dialogue about performance information is a critical part of the quality improvement process.

## MHQP Board of Directors 2016

**Meredith Rosenthal, PhD**

Professor of Health Economics and Policy  
Harvard School of Public Health  
*Chair, Board of Directors*

**Barbara Spivak, MD**

President  
Mount Auburn Cambridge Independent Practice  
Association  
*Vice Chair, Board of Directors*  
*MHQP Physician Council Representative*

**Lois Cornell, JD**

Executive Vice President  
Massachusetts Medical Society

**Michelle Davis**

Chief Marketing Officer  
Franklin W. Olin College of Engineering

**Nancy Finn**

Healthcare Journalist & Author  
Communications Resources  
*MHQP Consumer Health Council Representative*

**Rosalind Joffe**

President  
CICoach  
*Chair, MHQP Consumer Health Council*

**Melinda Karp**

Senior Director, Member Experience  
Blue Cross Blue Shield of Massachusetts  
*MHQP Health Plan Council Representative*

**Rick Lord**

President and CEO  
Associated Industries of MA

**John Moore, MD, PhD**

Co-founder and CEO  
Twine Health

**Joseph Peppe, MD**

Senior Medical Director  
Neighborhood Health Plan  
*Chair, MHQP Health Plan Council*

**Barbra Rabson, MPH**

President and CEO  
Massachusetts Health Quality Partners  
*Ex-Officio Member*

**Tom Scornavacca, DO**

Senior Medical Director  
UMass Memorial Population Health  
Office of Clinical Integration  
*Chair, MHQP Physician Council*

**Richard B. Siegrist, Jr., MS, MBA, CPA**

Director of Innovation and Entrepreneurship  
Department of Health Policy and Management  
Harvard School of Public Health

# MHQP Physician Council Members 2016

**Thomas Scornavacca, DO\***

Medical Director  
UMass Memorial  
Office of Clinical Integration  
*Chair, MHQP Physician Council*

**Steven Defossez, MD, MHL**

Vice President, Clinical Integration  
Massachusetts Hospital Association (MHA)

**Glenn Focht, MD**

Medical Director  
Pediatric Physicians' Organization at Children's

**Joseph Frolkis, MD**

President & CEO  
(Interim) Chief Medical Officer  
New England Quality Care Alliance (NEQCA)

**Terry J. Garfinkle, MD, MBA**

Chief Medical Officer  
Partners Community Physicians Organization

**Brian Jacobson, MD, MPH**

MSO Medical Director  
Boston Medical Center (BMC)

**Judith Melin, MA, MD**

Executive Director & Associate Chief Medical Officer  
Workforce Health  
Lahey Health

**Yael R. Miller, MBA**

Director of Practice Management & Medical Economics  
Massachusetts Medical Society

**Charles Rollinger, MD**

Medical Director  
Steward Health Care System

**Kenneth Sands, MD, MPH**

Chief Quality Officer  
Beth Israel Deaconess Medical Center (BIDMC)

**Michael Sheehy, MD**

Interim Medical Director and Executive Medical  
Director for Population Health  
Reliant Medical Group

**David Shein, MD**

Medical Director  
Mount Auburn Cambridge IPA

**Barbara Spivak, MD\***

President  
Mount Auburn Cambridge IPA

**Heather Trafton, PA**

Executive Director of Performance Management  
Steward Health Care System

**Sean Uiterwyk, MD**

Medical Director, Quality  
Atrius Health

**Neil Wagle, MD**

Associate Medical Director  
Population Health Management  
Partners HealthCare

\* *MHQP Board Representative*

## MHQP Health Plan Council Members 2016

**Joseph Peppe, MD\***

Senior Medical Director  
Neighborhood Health Plan  
*MHQP Health Plan Council Chair*

**Thomas Ebert, MD**

Executive Vice President and Chief Medical Officer  
Fallon Health

**John Wiecha, MD**

Medical Director  
BMC HealthNet Plan

**Melinda Karp\***

Senior Director, Member Experience Innovation  
Blue Cross Blue Shield of Massachusetts

**Carolyn Langer, MD**

Chief Medical Officer  
MassHealth

**Debra Poskanzer, MD**

Vice President, Medical Management and Quality  
Tufts Health Plan

**Pierantonio Russo, MD, FCPP, FAAP (CT/card)**

VP Health Services Administration  
Senior Medical Director  
Harvard Pilgrim Healthcare

**Rebecca Starr, MD**

Medical Director for Medicare  
Health New England

**Patricia Toro, MD, MPH**

Associate Medical Director  
Harvard Pilgrim Health Care

*\*MHQP Board Representative*

# MHQP Consumer Health Council 2016

**Rosalind Joffe\***

President  
CICoach.com  
*Chair, MHQP Consumer Health Council*

**Deb Albury**

Director, Community Relations  
A Different Perspective, Inc

**Frank Baptista**

Founder/Producer/Director  
Radio Voz do Emigrante

**Bill Brotchie**

Track Coach and Retired Teacher  
Belmont High School

**Odelaine Durand**

Radio Program Host, "The Family  
as the Backbone of Society"  
Tufts University Community Radio

**Nancy Finn\***

Healthcare Journalist  
Healthy Communities Collaborative

**Denice Garrett**

Coordinator for Clinical Billing and Data Operations  
Action for Boston Community Development, Inc.

**Diana Lam**

Optometrist (retired)

**Philippina Loh**

Part-Time Legal Assistant  
Israel, Van Kooy and Days, LLC

**Bishop Reverend Dr. Beatrice Munroe-Scott**

Senior Pastor  
New Hope Full Gospel Baptist Church Ministries

**Lisa Nash**

Software Consultant

**Lucilia Prates**

Director, MA Senior Medicare Patrol Program  
Elder Services of Merrimack Valley

**Pamela Ressler**

Founder  
Stress Resources

**Tami Rich**

Healthcare Quality Improvement, Person-Centered Care,  
Organizational Transformation Coach

**Jillian Richard**

Senior Project Coordination  
UMass Medical School MassHealth

**Rochelle Shokoti**

Television Program Host and Producer, "BridginGaps"  
Cambridge Community Television

**Bonnie Thompson**

Family-Centered Child Health Care Advocate

**Emma Watkins**

Director  
Cambridge Senior Center

*\*MHQP Board Representative*