

# Assessing Patient Experience of Care

## A Resource Guide for Family Planning and Sexual Health Care Providers

### Background

A key component of providing all people with access to high-quality, culturally responsive, and equitable family planning and sexual health care services is ensuring an excellent patient experience. Patient experience can be defined as “the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.”<sup>1</sup> Patient experience is closely related to — yet distinct from — patient satisfaction, which relates to a patient’s expectations of their care and the extent to which those expectations were met. Patient experience is about more than satisfying a patient’s expectations; it is about ensuring that those things that should happen in a health care setting actually happen, such as getting timely access to appointments and good communication with health care providers.<sup>2</sup>

Providing a positive patient experience is particularly important in the family planning safety net, against a backdrop that has historically undervalued the fertility of individuals who are Black, Indigenous, and people of color; identify as LGBTQ; have low incomes; and/or live with disabilities. Furthermore, many studies show that positive patient experience is associated with improved clinical outcomes.<sup>3</sup> For instance, patient experience is tied to improved patient engagement in various contexts in sexual and reproductive health care, including adherence

to recommended prevention and treatment processes and resource use.<sup>4,5</sup> In light of the positive correlation between patient experience and improved outcomes, many funders and payers have prioritized this aspect of health care delivery. Notably, the Title X family planning program now prioritizes **increasing access to equitable, affordable, patient-centered, quality family planning services.**<sup>6</sup>

This resource guide and its accompanying appendices are intended to serve as a roadmap for family planning providers aiming to assess and improve patient experience of care, whether delivered in-person or using telehealth (i.e., audio-visual, audio-only). While large health care systems often hire third-party vendors to develop and/or administer patient experience surveys, many organizations conduct their own in-house surveys. This guide is intended to support the latter — family planning providers seeking to implement in-house patient experience surveys to minimize costs. The sample surveys in the appendices include validated survey items that have been used successfully in other health care settings. Whenever possible, family planning providers should plan to use all the questions within whichever survey instrument they select, as the questions within each survey are designed to “work together” and collectively measure common domains of patient experience.

### Measuring Patient Experience

Without measurement, health care organizations cannot gauge baseline patient experience or monitor improvements over time. Health care providers most often use surveys to assess patient experience. Standardized questionnaires allow users to gather information from numerous patients at a time using minimal resources. Key steps for utilizing a survey to assess patient experience include:

1. **Choosing a survey instrument (or questions)**
2. **Determining survey modality**
3. **Developing an analysis plan**
4. **Implementing the survey**
5. **Analyzing and reporting survey data**

### STEP 1. Choosing a Survey Instrument or Questions

Patient experience survey instruments already exist, some of which are freely available for use and others, which are proprietary. Examples of patient experience surveys common in the US include Press Ganey<sup>7</sup> surveys, which are standardized yet customizable and proprietary; and the Consumer Assessment of Healthcare Providers and Systems (CAHPS)<sup>8</sup> surveys, which are free to use with some stipulations.

The key to choosing a survey instrument is to **use existing, validated surveys or questions** whenever possible.

This means that, through testing with diverse samples, researchers have determined that a survey instrument and the questions within it are valid (i.e., they measure what they were designed to measure). While health care organizations may be tempted to develop a new survey or “tweak” existing surveys or questions, using validated questions ultimately will save time and resources, improve the quality of data collected, and allow health care providers to capture valuable feedback that can be used to make transformational changes in service delivery.

**Validated patient experience surveys typically contain questions that address, at minimum: Access, Patient-Centeredness, and Overall Assessment of the Patient Experience. They may also include questions related to Patient Demographics, Social Determinants of Health, and Provider-Specific Questions.**

#### ACCESS

Patient experience encompasses the full health care journey; the first step in this journey involves a patient’s ability to access care. Access to health care has been conceptualized in multiple ways. Perhaps the most common model describes the “Five A’s” of access to care:<sup>9,10</sup>

- 1. Affordability:** How costs relate to the patient’s ability to pay for services.
- 2. Availability:** The extent to which the provider has the requisite resources (e.g., personnel, technology) to meet the patient’s needs.
- 3. Accessibility:** Refers to geographic accessibility, determined by how easily the patient can physically reach the provider’s location.
- 4. Accommodation:** The extent to which the provider’s operation is organized in ways that meet the patient’s constraints and preferences.
- 5. Acceptability:** The extent to which the patient is comfortable with the more immutable characteristics of the provider, and vice versa.

Improving equitable access to care should be an explicit and universal aim for family planning and sexual health care providers and encompassed in any effort to improve patient experience and advance health equity. Until they reduce significant variations in access to and use of quality care, health care organizations cannot provide the best care to all patients and reduce health care inequities. While health care providers could devote an entire survey to measuring access, it is important that they at least touch upon this

domain in any patient experience survey. **Figure 1** lists sample survey questions that measure selected aspects of patient access.<sup>11</sup>

#### FIGURE 1. ACCESS QUESTIONS

- Was your most recent visit for an illness, injury, or condition that needed care right away?
- Was that recent visit as soon as you needed?

#### Telehealth-specific questions

- Did you need instructions from this provider’s office about how to use video for this visit?
- Did this provider’s office give you all the instructions you needed to use video for this visit?

(Source: CAHPS Clinician & Group Survey 4.0)\*

\*Note: The CAHPS® Clinician & Group Survey (CG-CAHPS): Adult Visit Survey 4.0 (beta) is currently in beta version and was developed based on extensive research and initial testing. The Agency for Healthcare Research and Quality (AHRQ) supported the development of the Visit Survey (beta) in 2020 to be responsive to the large-scale adoption of telehealth because of the COVID-19 pandemic. The “beta” designation means that the instrument has not yet been fully field tested by the CAHPS Consortium or approved as an official CAHPS survey at the time of this writing. Items should therefore be used for internal improvement purposes and not for public reporting at this time.

#### PATIENT-CENTEREDNESS

Another commonly discussed concept in patient experience is patient-centeredness, or the extent to which the care that patients receive reflects aspects like respect, cultural responsiveness, information and communication, and support.<sup>12</sup> The Title X family planning program defines

## Assessing Patient Experience of Care

patient-centered care as respectful of, and responsive to, individual preferences, needs, and values; patient values guide all clinical decisions.<sup>13</sup>

These terms are not just “buzz words.” Providing patient-centered care to all patients should be an explicit aim for providers seeking to improve patient experience and clinical outcomes. **Figure 2** lists sample questions that assess the patient-centered nature of the care provided at a patient’s most recent visit.<sup>14</sup>

### FIGURE 2. PATIENT-CENTERED CARE QUESTIONS

- During your most recent visit, did this provider explain things in a way that was easy to understand?
- During your most recent visit, did this provider listen carefully to you?
- During your most recent visit, did this provider show respect for what you had to say?
- During your most recent visit, did this provider spend enough time with you?

(Source: CAHPS Clinician & Group Survey 4.0)

*The Person-Centered Contraceptive Counseling Measure.* In addition to the examples provided above, family planning and sexual health service providers should consider using the Person-Centered Contraceptive Counseling (PCCC) measure, a patient-reported outcome performance measure (PRO-PM) that assesses the patient-centeredness of contraceptive counseling provided.<sup>15</sup> Developed by researchers at the University of California, San Francisco (UCSF) Person-Centered Reproductive Health Program and endorsed by the National Quality Forum (NQF), the PCCC measure is appropriate for use in any health care setting providing contraceptive counseling to patients. It is freely available for health care providers to incorporate into new or existing surveys of patient experience or use as a stand-alone measure. The four questions that comprise the PCCC measure are listed in **Figure 3**; they also are included as optional items in the appendices.

### FIGURE 3. PERSON-CENTERED CONTRACEPTIVE COUNSELING (PCCC) QUESTIONS

#### Think about your visit. How do you think the staff did?

Please rate them on each of the following:

[Scale from 1 to 5]

- Respecting me as a person
- Letting me say what mattered to me about my birth control method
- Taking my preferences about my birth control seriously
- Giving me enough information to make the best decision about my birth control method

(Source: PCCC Survey)

### OVERALL ASSESSMENT

A key component of any patient experience survey is a patient’s overall assessment of their experience; that is, a patient’s evaluation of their overall care experience (sometimes called “global items”). Following questions about specific aspects of a patient’s visit, asking patients to think about and rate their overall experience can provide important data that also is easy to summarize. While health care providers should use specific survey items to identify areas for improvement (and strengths), they also may consider using overall assessment question(s) to monitor the basic question of: “How are we doing?” These questions can provide a “summary score” that can be easily communicated to staff and stakeholders. **Figure 4** lists two questions related to a patient’s overall assessment; these questions — along with an open-ended question to elicit deeper and more nuanced feedback — are included in the sample surveys in the appendices.

### FIGURE 4. OVERALL ASSESSMENT QUESTIONS

- Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to **rate your most recent visit?**
- Using any number from 0 to 10, where 0 is not at all likely and 10 is very likely, **how likely are you to recommend us** to a friend?

(Sources: CAHPS Clinician & Group Survey 4.0; Item adapted from existing sexual and reproductive health experience surveys)

### PATIENT DEMOGRAPHICS

Demographic questions help health care providers to better understand their patient populations, specifically by collecting variables that can be used to identify disparities in patient experience and track improvements over time. While health care providers should aim to keep surveys brief and reduce the data collection burden on patients, it is well worth the extra time to capture this important information. The ability to analyze and report on differences in patient experience scores stratified (i.e., broken out) by key demographics can support improvement efforts, and is increasingly important given the emphasis on health equity in health care. For example, if a specific subgroup (e.g., a specific racial or age group) reports significantly lower perceptions of respect, this warrants further investigation and may highlight the need for intervention.

At a minimum, and depending on the provider's setting, patient experience surveys should include questions about patient factors including:

- Age
- Race
- Ethnicity
- Sexual Orientation and Gender Identity (asked separately yet referred to collectively as "SOGI")

Existing, validated demographic survey items should be used word-for-word unless there are adjustments needed for specific locations or patient populations. The sample surveys in the appendices include validated questions that can be used to gather patient demographic information. As a general principle, demographic questions should be asked toward the end of a survey, as respondents may see them an unnecessarily intrusive when asked right up front. Furthermore, survey completion rates may be reduced by delaying the main questions.

### SOCIAL DETERMINANTS OF HEALTH

In addition to patient demographic questions, health care organizations also may collect information related to social determinants of health (SDOH) — such as education, income, housing, and/or food security — to better understand patient needs and correlate those needs with patient experience and outcomes. There are existing, validated instruments available to health care organizations for this purpose. One example is the Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE®),<sup>16</sup> a tool that has been translated into over 20 languages. Selected items from the PRAPARE tool are included as optional items in the appendices.

### PROVIDER-SPECIFIC QUESTIONS

Finally, some health care providers may want to ask patients supplemental questions about factors like reason for visit (e.g., STI testing, IUD removal); urban/rural residence; use of public transportation; or other questions important to the local context like awareness or use of other programs/services in the area. This could also include questions that may be helpful for specific grant reporting or program planning purposes. Such "homegrown" survey items are best developed with input from staff, community stakeholders, and patients to ensure clarity and relevance.

---

While health care providers should aim to keep surveys brief and reduce the data collection burden on patients, it is well worth the extra time to capture this important information.

### STEP 2. Determining Survey Modality

How a health care organization administers its patient experience survey often depends on several factors, including the setting in which services were provided, staff and patient preferences, and available resources. When making these decisions, it is helpful for health care providers to engage staff and patients to ensure that the survey modalities are feasible, realistic, and inclusive. Health care administrators could spend many hours developing a survey implementation plan only to learn that it may not work well for the patient population (or subgroups) or may not be feasible with existing technology.

Survey modalities vary, but generally include:

- In-clinic paper surveys
- In-clinic electronic surveys (completed on kiosks, tablets, or patients' own devices)

- Post-visit surveys by mail (paper), email, text links, or patient portals (or a combination of these)
- Post-visit phone surveys

Regardless of survey modality, it is generally recommended that health care providers conduct post-visit surveys outside of the health center setting. While response rates typically are lower, patients typically are more honest when they complete surveys outside of the health center environment due to social desirability bias (i.e., the tendency for patients to respond in ways they feel are more appropriate or desirable to their providers) and the perception that confidentiality could be compromised.<sup>17</sup> Both CAHPS and Press Ganey surveys are generally conducted after the visit, once the patient has left the facility, by design.

**In addition, it is important for organizations to consider their own patient populations and internal procedures when choosing survey modalities.**

#### FOR EXAMPLE:

##### Electronic surveys:

- Does the health care provider ask permission to email and/or text patients?
- Are these permissions updated routinely?
  - What protections are in place to ensure that patients with privacy concerns do not receive an email or text-based survey?
  - Will most patients be able to access web-based surveys on their own or other devices?
  - Does the health care organization have a patient portal that it can use for surveys?
  - Are most patients registered for the patient portal?
  - To what extent do registered patients actually log in and use the patient portal?
- What protections are in place to ensure that patients with privacy concerns do not receive a survey link through their patient portal?

##### Mail-based surveys:

- Is patient mailing address information verified and updated at each visit?
- Can patients opt-out of receiving a mail-based survey?
  - What protections are in place to ensure that patients with privacy concerns do not receive a mail-based survey?

##### Phone surveys:

- Do most patients have working telephones/phone numbers?
- Are patient phone numbers verified and updated at each visit?
- Can patients opt-out of receiving phone calls?
  - What protections are in place to ensure that patients with privacy concerns do not receive a phone call about completing a survey?

**One common practice is to routinely ask all patients for permission to contact them for a patient follow-up survey and to document their permission, including any restrictions (e.g., no phone calls), in their patient record. This can help to address some of the questions raised above; it also lets them know a survey may be coming, which can improve response rates.**

## Assessing Patient Experience of Care

In thinking about modality, it's important for health care organizations to consider how patient subgroups might be affected by the survey modalities you choose, such as access to technology, literacy levels, disability, or privacy concerns. Furthermore, providers must consider what language(s) in which to provide the survey. Most health care providers offer their patient experience surveys in English and Spanish – and use survey language as another

demographic variable. The need for additional languages is common in safety net settings and varies depending on location and the patient population served, as well as concerns about disparities in patient experience among patient subgroups. Language needs are another reason for health care providers to use existing, validated surveys, as these surveys often have been expertly translated into and tested in numerous languages.

### STEP 3. Develop an Analysis Plan

To ensure the usefulness of data collected, planning activities should include the development of an analysis plan, specifically how the survey data will be analyzed and used once a sufficient sample (i.e., number) of completed surveys are accumulated. This simply means determining how the health care organization will analyze and report survey data *before* collection commences (as opposed to making these decisions after responses begin coming in),

minimizing the likelihood that the health care organization will have to backtrack. As part of this process, health care providers should consider whether they have in-house expertise and capacity to enter and analyze the data, including data stratification by subgroups, if possible, or whether they may need to enlist outside expertise. With in-house expertise, analyses can typically be completed using Microsoft Excel.

### STEP 4. Implementing the Survey

In addition to survey mode, health care providers planning to implement a patient experience survey must determine *who* to survey. Some options include:

- **A random sample of patients.** To select a random sample of patients, a health care provider would generate a list of all patients who visited during a certain timeframe and select a random sample to survey, with only those patients in the selected sample receiving the survey. For example, an organization may have a list of all patients who have visited in the past three months, and may select every other patient – or every 5th patient – from the list to survey until they have their desired sample size. How many patients to survey depends on resources and patient volume. As a rough estimate, collecting approximately 50 *completed* surveys per brick-and-mortar health center should provide a good starting point for health care organizations wishing to analyze patient experience data overall and by some demographic groupings (where sample sizes permit). To receive 50 completed surveys, it will be necessary to send out more than that, knowing that many patients will not respond.
- **All patients with an eligible visit.** Alternatively, for simplicity and because patient survey response rates are generally low, especially in safety net settings, some health care organizations choose to survey *all* patients with an eligible visit rather than drawing a sample. Examples of eligible visits may include patients who receive Title X-funded services or, as is the case with the PCCC measure, patients who received contraceptive counseling as part of their visit.

One additional consideration in any survey efforts is whether to include patients under age 18. While some health care providers choose not to survey minors because of policies related to consent, others, due to their focus on providing youth-friendly services and/or larger efforts to advance health equity for all patients, find it important to include young people who agree to be contacted. This is an important decision to make early on. It is worth noting that, while some validated survey items were developed for and tested with respondents 18 years and older only, the questions still are relevant and useful for adolescent patients.

## Assessing Patient Experience of Care

Another consideration involves whether to survey patients on an **ongoing basis** or whether to use a **stop-and-start approach** (e.g., survey quarterly). Some health care organizations also choose to use additional “pulse surveys” — or brief targeted in-clinic surveys — to assess patient experience before (i.e., at baseline) and after specific quality improvement interventions. Pulse surveys may focus on a specific aspect of the visit or target population of interest (though surveying all patients may simplify the process depending on the intervention and when resources permit). For example, an effort to reduce cycle times may be accompanied by a pulse survey on various aspects of wait time such as how long patients waited, and at which points in their visit. This could be implemented on paper or electronic tablets for a certain period of time before, during, and after a wait time intervention occurs. This type of information is factual and easier to recall immediately after the visit (i.e., onsite).

### ADDITIONAL CONSIDERATIONS FOR TELEHEALTH

Providing an excellent patient experience should be an aim for care that is delivered both in-person and remotely. While the survey tools and processes summarized above apply to services delivered in-person and using telehealth, there are a few additional considerations for telehealth-based visits that

health care providers may wish to explore when assessing patient experience of care.

The need for health care providers to shift their conceptions and measurement of patient experience is especially real given the rapid proliferation of telehealth in light of the COVID-19 pandemic. Organizations have had to quickly adapt to ensure that ongoing patient experience surveys make sense for the telehealth context. **Figure 5** shows items included in the sample survey.

#### FIGURE 5. TELEHEALTH-RELATED QUESTIONS

- Visits with a health care provider can be in person, by phone, or by video. Was your most recent visit with this provider in person, by phone, or by video?
- Did you need instructions from this provider’s office about how to use video for this visit?
- Did this provider’s office give you all the instructions you needed to use video for this visit?
- During your most recent visit, was the video easy to use?
- During your most recent visit, were you and this provider able to hear each other clearly?

(Source: CAHPS Clinician & Group Survey 4.0)

## STEP 5. Analyzing and Reporting Survey Data

This step will depend heavily on how an organization chooses to administer a patient experience survey. Collecting a paper survey by mail or in-person will require data entry prior to analysis. Collecting electronic surveys allows health care organizations to skip the data entry process step. As mentioned above, most data analyses do not require advanced statistics and typically can be completed using Microsoft Excel, depending on in-house expertise. Before preparing summary tables or graphs, it may be helpful for health care providers to determine, with input from leadership and staff, what they want to observe and learn from the data. Having developed an analysis plan up front will make analysis and reporting much easier, but it is worth checking in at this point in light of the number of completed surveys to ensure realistic expectations. If a health care provider has very few surveys completed or receives nearly all surveys are from one subgroup (e.g., females, white patients), it is not realistic to expect reliable analyses by subgroup.

**Tip: AHRQ provides some tools for analyzing CAHPS survey data.<sup>18</sup>**

Finally, while surveys are an excellent and efficient mechanism to get information about patients’ experiences of care, there are other ways to solicit patient feedback and gain a deeper, more nuanced understanding of their family planning and sexual health care wants, needs, and perceptions, including key informant interviews, focus groups, and ongoing patient advisory groups. Accordingly, health care organizations should consider utilizing a mixed methods approach to assessing patient experience. This may also entail staying abreast of online ratings (e.g., Yelp and Google reviews), and collating that feedback for regular review. Taken together with patient experience survey results, online reviews can help identify areas for improvement.

### Conclusion

The importance of prioritizing and measuring patient experience of care cannot be overstated. While improving patient experience is an important goal in its own right, ensuring a positive patient experience — with an eye toward health equity — can improve health outcomes for all.

### Appendices

- Appendix A. Sample Patient Experience Survey: Base Survey
- Appendix B. Sample Patient Experience Survey: Base Survey plus PCCC items
- Appendix C. Sample Patient Experience Survey: Base Survey plus PCCC and SDOH items
- Appendix D. Sample Patient Experience Survey: Question Sources and Notes

This document was prepared by the National Family Planning & Reproductive Health Association (NFPRH) in consultation with subject matter experts Julia Kohn, PhD and Tekisha Dwan Everette, PhD. It is intended for informational purposes and does not constitute legal advice or NFPRHA's endorsement of a specific product.

National Family Planning & Reproductive Health Association  
1025 Vermont Ave, Suite 800, Washington, DC 20005  
nationalfamilyplanning.org • 202-293-3144 • info@nfprha.org

### Endnotes

- 1 The Beryl Institute. Defining Patient Experience. Accessed at: <https://www.theberylinstitute.org/page/DefiningPatientExp>
- 2 Agency for Healthcare Research and Quality. (2021). What Is Patient Experience? Accessed at: <https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html>.
- 3 Agency for Healthcare Research and Quality. (2021). What Is Patient Experience? Accessed at: <https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html>.
- 4 Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, et al. Examining the role of patient experience surveys in measuring health care quality. *Med Care Res Rev* 2014;71(5):522-54.
- 5 Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 2013;3(1):e001570.
- 6 HHS (2021). Title X Final Rule. Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services. Accessed at: <https://public-inspection.federalregister.gov/2021-21542.pdf>
- 7 Press Ganey. Patient Experience. Accessed at: <https://www.pressganey.com/products/patient-experience>
- 8 Agency for Healthcare Research and Quality (AHRQ). CAHPS Patient Experience Surveys and Guidance. Accessed at: <https://www.ahrq.gov/cahps/surveys-guidance/index.html>
- 9 Penchansky R, Thomas JW. The Concept of Access: Definition and Relationship to Consumer Satisfaction. *Medical Care*. 1981;19(2):127–40.
- 10 McLaughlin CG, Wyszewianski L. Access to care: remembering old lessons. *Health Services Research* 2002;37,6: 1441-3.
- 11 AHRQ. The CAHPS® Clinician & Group Survey (CG-CAHPS): Adult Visit Survey 4.0 (beta). Accessed at: <https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html>
- 12 Shaller, D (2007). *Patient-Centered Care: What Does It Take?* New York: Commonwealth Fund.
- 13 HHS (2021). Title X Final Rule. Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services. Accessed at: <https://public-inspection.federalregister.gov/2021-21542.pdf>
- 14 AHRQ. The CAHPS® Clinician & Group Survey (CG-CAHPS): Adult Visit Survey 4.0 (beta). Accessed at: <https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html>
- 15 The Person-Centered Contraception Counseling Measure. Accessed at: <https://pcccmeasure.ucsf.edu/>
- 16 Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE). Accessed at: <https://prapare.org/>
- 17 Tesler, R. and Sorra, J. *CAHPS Survey Administration: What We Know and Potential Research Questions*. Rockville, MD: Agency for Healthcare Research and Quality: October 2017. AHRQ Publication No. 18-0002-EF. Accessed at: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/about-cahps/research/survey-administration-literature-review.pdf>
- 18 Analyzing CAHPS Survey Data. Agency for Healthcare Research and Quality, Rockville, MD. Accessed at: <https://www.ahrq.gov/cahps/surveys-guidance/helpful-resources/analysis/index.html>