Vermont Child Health Improvement Program
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A Longitudinal Descriptive Report of the CAHPS® PCMH Adult and Child Surveys (2012-2013)

To:

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1.0 INTRODUCTION

The Consumer Assessment of Health Providers and Systems (CAHPS) Patient-Centered Medical Home (PCMH) surveys were designed to capture patients' experiences within the domains of primary care that define the medical home. The CAHPS PCMH adult survey (Appendix A) is administered to patients aged 18 years and older. The child version (Appendix B) is completed by parents or caretakers for patients aged 17 years and younger. Both questionnaires reference patients' experiences within the primary care setting over a 12-month period. The standardized assessments were developed jointly by the Agency for Healthcare Research and Quality (AHRQ), the National Committee for Quality Assurance (NCQA), and the Commonwealth Fund (NCQA, 2012). They are the most comprehensive tools available for assessing consumers' experiences with their clinicians' practices.

NCQA is an independent, not-for-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in important areas of performance. CAHPS PCMH data submitted to NCQA are used to establish a benchmarking database that will allow national comparisons across practices. PCMH-recognized practices participating in the data collection process earn a "Distinction in Patient Experience Reporting." They also receive NCQA credit for measuring patient/family experiences if the CAHPS PCMH survey is administered during the year prior to recognition.

The Vermont Child Health Improvement Program (VCHIP), under contract with the Vermont Blueprint for Health (Blueprint), became an NCQA-Certified CAHPS PCMH Survey Vendor for the 2012 and 2013 adult and child surveys. To earn this certification, survey vendors must demonstrate that they have the relevant survey experience, organizational capacity, and expert personnel capable of accurately collecting and reporting results (NCQA, 2012). Recertification is performed on an annual basis.

VCHIP administered the CAHPS PCMH surveys for 48 practices in the summer of 2012 and for 72 practices in the late winter/spring of 2013. Eighty unique Vermont-based practices participated at least once during the two years of survey administration. The following report describes the survey methodology and procedures VCHIP employed to conduct the CAHPS PCMH survey. Response rates and demographic data for both the child and adult samples in 2012 and 2013 are presented. Longitudinal results for global composite proportions and Top Box Scores are discussed at the state and Health Service Area (HSA) level for key measures such as access to care, communication, self-management support, office staff, shared decision-making, comprehensiveness, information, and coordination of care.

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2.0 METHODOLOGY & PROCEDURES

2.1 Selection of Primary Care Practices

NCQA (2012) defines a practice as one or more clinicians practicing together to provide patient care under a single geographic location. Primary care must be available to all patients. The practice's clinicians need to use the same procedures, protocols, and systems (i.e. paper or electronic medical records) when providing patient care. Starting in 2013, naturopathic practices were allowed to participate if they provided primary care to their patients.

VCHIP contacted Blueprint Project Managers three months prior to fielding the surveys to determine the number of practices interested in using its free vendor services. VCHIP extended the offer to all primary care practices participating, or interested in participating, in the Blueprint.

2.2 Eligible Clinicians & Patients

Physicians (Doctors of Medicine (MD's), Doctors of Osteopathic Medicine (DO's), Doctors of Naturopathic Medicine (ND's)), nurse practitioners (NP's), physician assistants (PA's), and advanced practice registered nurses (APRN's) were eligible to have their patient panel surveyed. Clinicians had to practice in internal, family, or pediatric medicine and have an active, unrestricted medical license. Specialists, NP's, PA's, and APRN's who did not serve as primary care providers (PCP's) were not included.

Patients could receive the child or adult versions of the CAHPS PCMH surveys if they had at least one visit with an eligible clinician during the measurement period. The clinician did not have to be the patient's PCP. The measurement period was the 12-month[1] timeframe prior to the date the practice created the list of eligible patients. Individuals 18-years old or older as of the last date of the measurement period were eligible to receive the CAHPS PCMH adult survey. Parents and guardians of patients 17-years old or younger were eligible to receive the CAHPS PCMH child survey.

2.3 Sampling Protocol

VCHIP defined the specific dates for practices' 12-month measurement period. The goal in establishing the dates for all practices was to try to create a consistent reference window for analysis each year. Additionally, it allowed VCHIP to adequately plan for survey administration since the surveys had to be mailed no more than two months[2] from the end of the measurement period (maximizing the overlap between the

[1] In exceptional cases, NCQA permitted the measurement period to encompass seven to 12 months.
[2] NCQA mandates CAHPS PCMH survey vendors begin survey administration within one month from the generation of the eligible population data file. NCQA granted VCHIP a protocol exemption (extending the mailing window up to two months) due to delays in Institutional Review Board approval.

surveys' reference to the "last 12 months" and the visit information obtained from the practice).

Practices were required to provide VCHIP with electronic files containing patient names, addresses, dates of birth, and clinician information for all patients seen during the measurement period. Only data related to the patients' most recent visit were obtained. Optional[3] data elements included the visit date, the total number of visits during the review period, and parent or caretaker names (child sample only). Population data were transferred to a VCHIP-approved encrypted[4] laptop at each practice. The encrypted laptop then was transported back to the University of Vermont where random sampling was performed.

Separate random samples were drawn from the adult and child populations based on the number of eligible clinicians in each practice (Table 1). NCQA (2012) established the sampling strategy to achieve a targeted response rate of 35%. Samples were deduplicated using the patients' contact information so that no more than one patient per household was selected. Adult samples were deduplicated first to ensure no children in the selected adult households were in the child sample. If a practice's adult or child population had fewer patients than the required sample size, the group was excluded from participation.

TABLE 1. Survey Sample Sizes

Number of Clinicians in Each Practice	Sample Size
1	128
2-3	171
4-9	343
10-13	429
14-19	500
20-28	643
29 or more	686

2.4 Survey Protocol

The standard versions of the 2012 and 2013 CAHPS PCMH adult survey contain 52 questions while the child survey has 66 questions. NCQA permits vendors to include additional items provided they do not significantly interfere with the surveys' standardized layout and validity. At the request of the Blueprint, VCHIP added two questions to the adult and child item sets to measure chronic health conditions and the specialists patients saw to treat these conditions. The new questions were approved by NCQA prior to survey administration.

The CAHPS PCMH surveys were administered in two mailing waves. In 2012, packets for the first mailing were sent on July 2. They contained a cover letter, the adult or child survey, and a prepaid business reply envelope. The cover letters, printed on practice-specific letterhead and signed (facsimile) by a practice representative, were written as though they came directly from the practice. The letter described the research, listed the patient's most recent clinician, and provided a link to complete the survey online (optional). The mailing envelopes and cover letters sent to patients 17 years old or younger were addressed to the "Parent or Caretaker." This was done since

[3] Not required for submission of the CAHPS PCMH survey data and results to NCQA.
[4] Pretty Good Privacy (PGP) Whole Disk Encryption.

most practices were unable to provide VCHIP with a list of parent or caretaker names in the eligible population data files. The parent or caretaker who knew the most about the child's most recent visit with the listed clinician was instructed to complete the survey. Packets for the follow-up mailing in 2012 were sent on July 23. The cover letter was modified, instructing the patient, parent, or guardian not to complete the survey if one had previously been returned. No incentives were offered for survey completion.

The same protocol was used during the 2013 CAHPS PCMH survey administration except the first mailing wave occurred around 9 months after the initial mailing for the 2012 surveys. VCHIP opted to field the 2013 surveys during the late winter/early spring in an effort to increase response rates (i.e., due to known seasonal differences). The first mailing packets went out on March 15. Several additional practices expressed interest in participating just after the first mailing and VCHIP elected to conduct a separate mass mailing for these sites on April 5 (the day the second mailing wave was sent for the initial group). The follow-up mailing for the second group of practices occurred on April 26. A letter clarifying the characters for the website link used to access the online survey was sent to all patients in the child sample only[5].

Patient addresses went through National Change of Address (NCOA) verification prior to mailing. NCOA verification reduces the rate of undeliverable mail pieces by comparing the patients' addresses to a NCOA database maintained by the United States Postal Service. The database contains approximately 160 million records or 48 months of permanent addresses (U.S. Postal Service, 2012). Patients with addresses deemed undeliverable during NCOA verification were not excluded from the study.

2.5 Data Collection & Quality Assurance

Mailed CAHPS PCMH surveys were developed using Cardiff TeleForm software (Cardiff TeleForm Desktop, Version 10.0, 2011, Verity Inc.). The software creates machine-readable forms to automate data entry. Surveys returned by mail were scanned into an Excel (Windows Microsoft Excel 2010, Microsoft Corporation) database using the Cardiff TeleForm software. For quality assurance purposes, at least one out of every 20 surveys scanned was manually compared to the data in the electronic database. Data requiring manual entry (i.e. survey received date, final survey disposition codes, etc.) were double entered by independent data entry personnel.

Surveys completed online were managed using REDCap (Harris et al., 2009) electronic data capture tools hosted at the University of Vermont. REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing: 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4)

[5] Sans-serif font made an "L" appear similar to a "1." The font only affected the website link for child sample. Changes were made to cover letter in the second mailing wave and a letter was sent to all patients in the child sample clarifying the website link.

procedures for importing data from external sources. Data from REDCap and the Excel database were merged for analysis.

2.6 Analyses

Data analysis involved descriptive statistics, including frequencies and percentages, and independent-sample T-Tests using IBM SPSS Statistics, Version 21.0 (SPSS Inc., Chicago, IL). Data from the CAHPS PCMH adult and child surveys were examined separately and then combined (when appropriate) to present the overall findings. A survey was coded as complete and valid if the patient reported seeing the clinician in the past 12 months and answered at least one additional item on the questionnaire. Surveys were ineligible if they contained evidence the patient did not see the listed clinician in the past 12 months or did not meet the age criteria. The ineligible classification also was applied to surveys sent to those who were deceased or who could not complete the surveys due to language barriers. Response rates were calculated by dividing the complete and valid surveys by the total mailing sample for each group.

Patients who returned two or more surveys were identified using the respondent's identification code (printed on the survey or entered into REDCap). Multiple surveys were excluded from analysis. Only the survey with the earliest date of receipt was included.

Missing responses, multiple marks (when not instructed), and inappropriately answered questions were excluded from the result calculations. Inappropriately answered questions were defined as cases when respondents answered items when instructed to skip them based on their response to a previous question. The term also was applied to situations where patients responded to items within a skip pattern after inappropriately skipping or providing multiple marks to the initial gate question. Surveys completed or assisted by a proxy were included in the analyses.

Some categorical and continuous responses were recoded to maximize the differences between relative groups. The tables and figures within this report identify and define the transformations as necessary.

Global composite proportions for the state- and HSA-level data were calculated to facilitate the presentation of information from multiple questions. The composites summarize specific areas of measurement, including access to care, communication, shared decision-making, office staff, self-management support (adult measure), and comprehensiveness (adult behavior, child development, and child prevention), information, and coordination of care. Each composite comprises the average proportion of responses for two to six questions. The global composite computations occurred by first counting the number of patients who selected each question's responses. For items with "Never," "Sometimes," "Usually," and "Always" responses, the "Never" and "Sometimes" choices were combined. When applicable, "No" responses were paired with "Not at all" or "Never" and "Sometimes" while "Yes" responses were grouped with "A lot" or "Always." The proportion selecting each response for the individual questions was then calculated. Finally, the average proportion responding to

each choice across all questions in the composite was calculated. Every question was weighted equally, regardless of how many patients responded. One-sample T-Tests were conducted on the global composite results to generate to 95% confidence intervals.

Top Box Scores, or the global composite proportions indicating "excellent" performance for a given measure (Robert Wood Johnson Foundation, 2010), are presented in figures and tables for each global composite at the state and HSA level. The advantages of presenting the data using this method are that it involves just one proportion for each composite category per year and is relatively easy for consumers to understand. The disadvantages are that it is a less precise measure of performance because it does not utilize the information from the remaining response options and requires a large sample size to produce statistically significant results (Robert Wood Johnson Foundation, 2010). Table 2 displays the number of questions in each global composite, the Top Box Score responses, and the remaining response options for the global composite measures.

TABLE 2. Number of Questions in Each Global Composite Measure, the Top Box Score Responses, and the Additional Response Options for the Global Composite Measures

Global Composites	Number of Questions	Top Box Score Response	Additional Response Categories for the Global Composites
Access	6	Always	Usually, Sometimes, Never
Communication	6	Always	Usually, Sometimes, Never
Shared Decision-Making	3	A lot / Yes	Some, A little, Not at all / No
Self-Management Support	2	Yes	No
Comprehensiveness	3,5, or 6[1]	Yes	No
Office Staff	2	Always	Usually, Sometimes, Never
Information	2	Yes	No
Coordination of Care	3	Always	Yes, Usually, Sometimes, Never / No

[1] The CAHPS PCMH adult survey global composite for comprehensiveness (adult behavior) consists 3 questions while the child survey is composed of 5 (child development) and 6 (child prevention) questions.

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3.0 RESULTS

3.1 Primary Care Practices

In 2012, 48[6] of the estimated 185 practices[7] approached by the Blueprint Project Managers selected VCHIP as their CAHPS PCMH survey vendor. In 2013, around 142 practices were contacted and 72 selected VCHIP as their survey vendor. The discrepancy in recorded outreach across years was likely due to more concentrated efforts by Blueprint Project Managers within specific practices or improved communication/record keeping regarding practice eligibility between them and VCHIP. Table 3 displays some of the characteristics of the practices that participated in the 2012 and 2013 CAHPS PCMH surveys. Combining the total practices across years to account for changes in characteristics over time revealed that the participating sites primarily consisted of more than one clinician (84%, *n*=101), specialized in Family or Internal Medicine (77%, *n*=92), were independent, single-sites (35%, *n*=42), and had received PCMH scoring and/or recognition (73%, *n*=88). Forty of the 48 practices in the 2012 participated in the 2013 CAHPS PCMH surveys. The remaining eight practices either closed (*n*=2), did not want to burden their patients with another survey (*n*=3), or were simply not interested (*n*=3).

TABLE 3. Practice Information for Sites Participating in the 2012 and 2013 CAHPS PCMH Surveys

Measures	2012 % (*n*)	2013 % (*n*)	Total[1] % (*n*)
Single- or multiple-clinician practice[2]			
Single	15 (7)	17 (12)	16 (19)
Multiple	85 (41)	83 (60)	84 (101)
Practice specialty			
Family / Internal Medicine	79 (38)	75 (54)	77 (92)
Pediatric Medicine	21 (10)	21 (15)	21 (25)
Naturopathic Medicine	0 (0)	4 (3)	3 (3)
Practice affiliation			
Independent, Single-Site	38 (18)	33 (24)	35 (42)
Independent, Multi-Site	13 (6)	13 (9)	13 (15)
Hospital-Owned	31 (15)	28 (20)	29 (35)
FQHC	19 (9)	26 (19)	23 (28)
Practice was recognized as a Patient-Centered Medical Home on or before the end of the measurement period[3]	65 (31)	79 (57)	73 (88)

[1] Total practices across all years. Practices that participated in the 2012 and 2013 CAHPS PCMH surveys are counted twice. Eighty unique practices have participated at least once in the evaluation between 2012 and 2013.

[2] Based on the total number of eligible clinicians.

[3] Measurement period refers to the approximate 12-month period prior to when the practice generates the list of all eligible patients.

Of the approximate 203 declines in participation VCHIP has received from

[6] One additional practice selected VCHIP as a CAHPS PCMH survey vendor, but chose not to participate after the initial administration of the survey due to a mailing error. The practice's sample (*n*=343) was excluded from the analyses (including data from the returned surveys (*n*=39)).

[7] Data for total practices in Vermont were gathered from the Department of Vermont Health Access (DVHA).

practices between 2012 and 2013, 46% provided no specific reason for not participating. Twenty-seven percent were already using another CAHPS PCMH survey vendor or did not want to abandon internal patient experience measures. Fifteen percent were unable or unprepared (i.e. new electronic medical record systems) to produce a list of eligible patients during the measurement period (see Sampling Protocol). Three percent did not agree with NCQA's sampling protocol while the remaining 8% expressed other reasons for not participating (i.e. practice was too busy, not fully engaged with the Blueprint, etc.).

3.2 Sample Selection

Data for approximately 121,160 patients were acquired from the 48 participating practices in 2012. A total of 17,156 patients were randomly selected (11,813 adults and 5,343 children), representing 222 clinicians. The adult population was the only group sampled in 31 sites, while the child population was solely sampled in eight practices. Both the adult and child groups were sampled in the remaining nine practices.

In 2013, data for 199,530 unique patients were collected from the 72 participating sites. Random selection resulted in 26,179 patients being selected for participation. The adult sample consisted of 17,639 patients while the child sample was made up of 8,540 patients. Combined, these groups represented 312 clinicians. The adult population was exclusively sampled in 42 practices while 11 sites only participated in the child survey. The remaining 19 practices had both their adult and child populations sampled.

Table 4 displays the sample sizes in the child and adult groups by year. The most common sample size selected in the adult population was 343 patients (2012: 60%, *n*=24; 2013: 51%, *n*=31). This was also seen in the child population in 2012 (65%, *n*=11), but a change occurred in 2013 where more smaller practices (two to three clinicians: 40%, *n*=12) elected to selected VCHIP at their CAHPS PCMH survey vendor.

TABLE 4. Frequency of Sample Sizes Selected for the CAHPS PCMH Survey by Sample Type and Year (2012-2013)

Number of Eligible Clinicians[1] in Each Practice	Sample Size	Adult Sample		Child Sample		All Samples	
		2012 % (*n*)	2013 % (*n*)	2012 % (*n*)	2013 % (*n*)	2012 % (*n*)	2013 % (*n*)
1	128	15 (6)	18 (11)	6 (1)	7 (2)	12 (7)	14 (13)
2-3	171	15 (6)	18 (11)	18 (3)	40 (12)	16 (9)	25 (23)
4-9	343	60 (24)	51 (31)	65 (11)	37 (11)	61 (35)	46 (42)
10-13	429	8 (3)	10 (6)	6 (1)	10 (3)	7 (4)	10 (9)
14-19	500	3 (1)	2 (1)	6 (1)	7 (2)	4 (2)	3 (3)
20-28	643	0 (0)	2 (1)	0 (0)	0 (0)	0 (0)	1 (1)
29 or more	686	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

[1] Sample size are based on the number of eligible clinicians (i.e., physicians, nurse practitioners, physician assistants, and advanced practice registered nurses who provide primary care to a panel of patients) in each practice.

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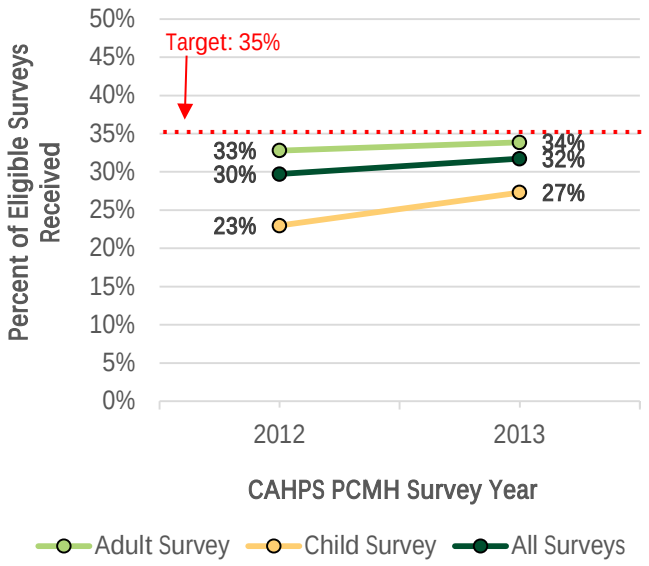
3.3 Response Rates

Figure 1 shows the response rates for the 2012 and 2013 CAHPS PCMH surveys by sample. The overall response rate increased by 2% over time (2012: 30%, *n*=5,040); 2013: 32%, *n*=8,226) and was relatively close to the targeted response rate of 35%. In the adult sample, the response rate increased by only 1% (2012: 33%, *n*=3,817); 2013: 34%, *n*=5,911) while in the child sample it improved by 4% (2012: 23%, *n*=1,223); 2013: 27%, *n*=2,315). The different increases in response rates between the two samples over time is likely due to VCHIP sending a clarification letter (for the online survey link) to all patients in the 2013 child sample. The letter may have served as a third "reminder" which the adult sample did not receive.

FIGURE 1. Response Rates for the CAHPS PCMH Adult Survey[1], Child Survey[2], and All Surveys by Year (2012-2013)



[1] Total adult surveys: 11,813 in 2012 and 17,639 in 2013.
[2] Total child survey: 5,343 in 2012 and 8,540 in 2013

Around 1% (*n*=436) of the entire mailing group across all years was excluded due to ineligibility or refusal. The overall proportion of undeliverable mail pieces was 6% (*n*=2,413). Patients in the child sample had 1% more undeliverable addresses than those in the adult sample (6% vs. 5%)

3.4 Respondents vs. Nonrespondents

Table 5 displays the characteristics of the respondents and nonrespondents by sample type and survey year. Aggregating all samples and years showed that the median age[8] for nonrespondents (*n*=30,068) was 24 years younger than respondents (*n*-13,266; 28- versus 52-years old). Nonrespondents were 4% more likely to be male, 1% less likely to have a mailing address in Vermont, have one less (mean) visit at the practice, and have a greater number of mean days (23) between their most recent visit and the first mailing wave for the CAHPS PCMH survey. Nonrespondents were also 3% more likely to have seen a female provider at their most recent visit and 6% less likely to have seen an MD or DO. Comparisons of the practice characteristics between the respondent and nonrespondent groups indicated that nonrespondents were 3% less likely to have

[8] Parent or caretaker ages were not collected from practices. Median age in the child sample reflects that of the child.

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TABLE 5. Respondents versus Nonrespondents in the Adult Sample, Child Sample, and All Samples for the CAHPS PCMH Survey (2012-2013)

Measures	Adult Sample (2012-2013)		Child Sample (2012-2013)		Total (All Samples, 2012-2013)	
	Respondents Mean/SD, Median, or % (*n*)	Nonrespondents Mean/SD, Median, or % (*n*)	Respondents Mean/SD, Median, or % (*n*)	Nonrespondents Mean/SD, Median, or % (*n*)	Respondents Mean/SD, Median, or % (*n*)	Nonrespondents Mean/SD, Median, or % (*n*)
Patient age, median years[1]	60 (9728)	45 (19723)	8 (3538)	9 (10345)	52 (13266)	28 (30068)
Patient gender, %[1]						
Female	60 (5107)	46 (7920)	49 (1341)	51 (4092)	57 (6448)	53 (13530)
Male	40 (3446)	54 (9438)	51 (1383)	49 (3953)	43 (4829)	47 (11873)
Patient residence (mailing state), %						
Vermont	95 (9208)	94 (18480)	95 (3350)	93 (9665)	95 (12558)	94 (28145)
New Hampshire	3 (319)	4 (717)	3 (122)	3 (337)	3 (441)	4 (1054)
New York	1 (113)	1 (258)	2 (56)	2 (199)	1 (169)	2 (457)
Massachusetts	<1 (28)	<1 (84)	<1 (3)	<1 (31)	<1 (31)	<1 (115)
Other[2]	1 (60)	1 (184)	<1 (7)	1 (113)	1 (67)	1 (297)
Patient total visits at the practice (past 12 months), mean/SD	4/3 (6325)	3/3 (12993)	4/3 (1819)	3/3 (6251)	4/3 (8144)	3/3 (19244)
Days between the patient's last visit and the first mailing, mean/SD	159/97 (8075)	182/105 (16411)	162/99 (2624)	173/102 (8176)	159/97 (8075)	182/105 (16411)
Provider gender, %						
Female	48 (4627)	51 (10006)	64 (2248)	63 (6519)	52 (6875)	55 (16525)
Male	52 (5101)	49 (9717)	36 (1290)	37 (3826)	48 (6391)	45 (13543)
Provider credentials, %						
MD/DO	73 (7138)	67 (13148)	84 (2986)	78 (8023)	76 (10124)	70 (21171)
ND	2 (156)	1 (271)	0 (0)	0 (0)	1 (156)	1 (271)
NP	15 (1439)	18 (3522)	12 (438)	17 (1801)	14 (1877)	18 (5323)
PA	9 (862)	12 (2300)	3 (114)	5 (521)	7 (976)	9 (2821)
APRN	1 (133)	2 (482)	0 (0)	0 (0)	1 (133)	2 (482)

[1] Practice reported. Discrepancies may exist between the results from these measures and those reported by patients on the CAHPS PCMH survey.
[2] Other states include those within the United States and foreign countries.

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TABLE 5. Continued

Measures	Adult Sample (2012-2013)		Child Sample (2012-2013)		Total (All Samples, 2012-2013)	
	Respondents Mean/SD, Median, or % (*n*)	Nonrespondents Mean/SD, Median, or % (*n*)	Respondents Mean/SD, Median, or % (*n*)	Nonrespondents Mean/SD, Median, or % (*n*)	Respondents Mean/SD, Median, or % (*n*)	Nonrespondents Mean/SD, Median, or % (*n*)
Eligible patient population size for the practice's sample[3], %						
<1000 patients	17 (1676)	21 (4103)	37 (1309)	41 (4260)	23 (2985)	28 (8363)
1000-1999 patients	23 (2271)	20 (3898)	25 (900)	23 (2371)	24 (3171)	21 (6269)
2000-2999 patients	24 (2339)	25 (4861)	17 (585)	18 (1815)	22 (2924)	22 (6676)
3000-3999 patients	15 (1451)	16 (3179)	14 (496)	13 (1375)	15 (1947)	15 (4554)
≥4000 patients	20 (1991)	19 (3683)	7 (248)	5 (524)	17 (2239)	14 (4207)
Number of eligible clinicians in the practice's sample[4], %						
1	10 (942)	6 (1234)	4 (130)	2 (254)	8 (1072)	5 (1488)
2-3	9 (902)	10 (2005)	21 (742)	19 (1995)	12 (1644)	13 (4000)
4-9	63 (6129)	65 (12736)	51 (1818)	55 (5728)	60 (7947)	61 (18464)
10-13	13 (1245)	13 (2616)	14 (491)	12 (1225)	13 (1736)	13 (3841)
14-19	3 (275)	4 (725)	10 (357)	11 (1143)	5 (632)	6 (1868)
≥20	2 (235)	2 (408)	0 (0)	0 (0)	2 (235)	1 (408)
Practice specialty, %						
Family / Internal Medicine	96 (9326)	91 (17899)	46 (1633)	51 (5324)	83 (10959)	77 (23223)
Pediatric Medicine	3 (246)	8 (1554)	54 (1905)	49 (5021)	16 (2151)	22 (6575)
Naturopathic Medicine	2 (156)	1 (271)	0 (0)	0 (0)	1 (156)	1 (271)
Practice affiliation, %						
Independent, Single-Site	25 (2448)	20 (4012)	32 (1138)	25 (2630)	27 (3586)	22 (6642)
Independent, Multi-Site	8 (797)	12 (2446)	22 (771)	22 (2286)	12 (1568)	16 (4732)
Hospital-Owned	36 (3532)	37 (7215)	32 (1145)	38 (3914)	35 (4677)	37 (11129)
FQHC	30 (2951)	31 (6051)	14 (484)	15 (1515)	26 (3435)	25 (7566)

[3] Eligible patient population size is the total number of patients the eligible clinicians provided care for during the measurement period.

[4] Eligible clinicians include physicians, nurse practitioners, physician assistants, and advanced practice registered nurses who provide primary care to a panel of patients. The number of eligible clinicians can vary between sample types. A clinician providing care for one type of patient population (e.g., adult) is ineligible for inclusion in the other (e.g., child; for sampling purposes).

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visited a single-provider practice, 5% less likely to have gone to an independent, single-site, and 6% more likely to have received care at a pediatric practice.

3.5 Respondent Characteristics (Patient- and Parent- or Caretaker-Reported)

Table 6 presents the patient- and parent- or caretaker-reported characteristics for the respondents in the adult, child, and combined samples for each CAHPS PCMH survey administration year. Information regarding the characteristics of the providers associated with the patients' most recent visits are also displayed.

Respondents in the adult sample (across all years) were typically 65-years old or older (38%, *n*=3,632), female (60%, *n*=5,757), white (95%, *n*=5,296), non-Hispanic (99%, *n*=8,922), and had a high school education (31%, *n*=2,897). They rated their overall health as "Excellent" or "Very Good" only 50% (*n*=6,906) of the time. This same rating was applied to their mental health status at a frequency of 59% (*n*=6,176). The adult respondents had at least one chronic health condition in the last 12 months (78%, *n*=7,177) and saw a specialist during that period to treat or diagnose the chronic health condition(s) (72%, *n*=4,795). The clinicians the adult patients most recently saw were male (51%, *n*=5,101), MD's or DO's (74%, *n*=7,138), the providers the patients usually saw if they got sick or hurt (91%, *n*=8,673), and had been treating the patients for five years or more (54%, *n*=5,116).

Complete and valid surveys in the child sample were returned more often for patients between the ages of six and 12 (37%, *n*=1,272). These patients were typically male (51%, *n*=1,808), white (92%, *n*=3,128), and non-Hispanic (97%, *n*=3,307). Parents or caretakers rated their child's overall health as "Excellent" or "Very Good" 91% (*n*=1,388) of the time. Parents or caretakers applied this same rating to their child's mental health status 84% (*n*=1,479) of the time. Only 32% (*n*=1,069) of the paints in the child sample had at least one chronic health condition in the last 12 months. Of these patients, 66% (*n*=655) saw a specialist during that period to treat or diagnose the chronic health condition(s). The clinicians the patients in the child sample most recently saw were female (65%, *n*=2,248), MD's or DO's (84%, *n*=2,986), the primary provider they usually saw they got sick or hurt (85%, *n*=2,978), and had been treating the patients for five years or more (43%, *n*=1,504).

The most frequently reported age range across all years for the parents or caretakers was 35- to 44-years old (39%, *n*=1,309). Parents or caretakers were primarily female (91%, *n*=3,099), the patient's mother or father (97%, *n*=3,324), and were highly educated (more than a 4-year college degree, 31% (*n*=1,042).

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TABLE 6. Characteristics of the CAHPS PCMH Adult Survey Respondents, Child Survey Respondents (Patients and Their Parents or Caretakers), and Their Associated Providers by Year (Respondent-Reported, 2012-2013)

Characteristics	Adult Respondents		Child Respondents		Total (All Respondents)	
	2012 % (*n*)	2013 % (*n*)	2012 % (*n*)	2013 % (*n*)	2012 % (*n*)	2013 % (*n*)
Patient age (years)[1]						
<1			6 (74)	5 (115)	1 (74)	1 (115)
1 to 5			32 (391)	30 (670)	8 (391)	8 (670)
6 to 12			37 (451)	36 (821)	9 (451)	10 (821)
13 to 17			24 (291)	28 (642)	6 (291)	8 (642)
18 to 24	5 (199)	5 (268)	0 (0)	1 (19)	4 (199)	4 (287)
25 to 34	6 (240)	6 (341)			5 (240)	4 (341)
35 to 44	9 (328)	8 (445)			7 (328)	6 (445)
45 to 54	17 (631)	17 (1005)			13 (631)	12 (1005)
55 to 64	26 (969)	26 (1501)			19 (969)	19 (1501)
≥65	37 (1402)	39 (2230)			28 (1402)	28 (2230)
Patient gender						
Female	61 (2289)	60 (3468)	50 (601)	48 (1087)	58 (2890)	56 (4555)
Male	39 (1479)	40 (2320)	50 (610)	52 (1198)	42 (2089)	44 (3518)
Patient race						
White	95 (3488)	94 (5296)	92 (1087)	91 (2041)	95 (4575)	93 (7337)
Other[2]	5 (173)	6 (349)	8 (89)	9 (194)	5 (262)	7 (543)
Patient ethnicity						
Hispanic	1 (34)	1 (71)	2 (28)	3 (65)	1 (62)	2 (136)
Not Hispanic	99 (3524)	99 (5398)	98 (1144)	97 (2163)	99 (4668)	98 (7561)

[1] The child's age question in CAHPS PCMH child survey was open-ended. Ages were categorized for presentation purposes. Patients who reported being18-years old on the survey (but were 17-years old on or before the end of the measurement period) were eligible for participation.
[2] Other race responses include: Black or African American; Asian; Native Hawaiian or other Pacific Islander; American Indian or Native Alaskan; Other.

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TABLE 6. Continued

Characteristics	Adult Respondents		Child Respondents		Total (All Respondents)	
	2012 % (*n*)	2013 % (*n*)	2012 % (*n*)	2013 % (*n*)	2012 % (*n*)	2013 % (*n*)
Patient education						
≤8th grade	3 (103)	3 (185)			3 (103)	3 (185)
Some high school	5 (171)	5 (303)			5 (171)	5 (303)
High school graduate or GED	30 (1095)	32 (1802)			30 (1095)	32 (1802)
Some college or 2-year degree	27 (995)	26 (1450)			27 (995)	26 (1450)
4-year college graduate	15 (554)	14 (803)			15 (554)	14 (803)
>4-year college degree	20 (750)	19 (1097)			20 (750)	19 (1097)
Patient residence (mailing state)						
Vermont	96 (3665)	94 (5543)	97 (1192)	93 (2158)	96 (4857)	94 (7701)
New Hampshire	2 (94)	4 (225)	1 (17)	5 (105)	2 (111)	4 (330)
New York	1 (33)	1 (80)	1 (9)	2 (47)	1 (42)	2 (127)
Massachusetts	<1 (14)	<1 (14)	<1 (3)	0 (0)	<1 (17)	<1 (14)
Other[3]	<1 (11)	1 (49)	<1 (2)	<1 (5)	<1 (13)	1 (54)
Parent or Caretaker age						
<18			9 (110)	12 (259)	9 (110)	12 (259)
18 to 24			1 (17)	2 (51)	1 (17)	2 (51)
25 to 34			22 (259)	24 (538)	22 (259)	24 (538)
35 to 44			40 (478)	37 (831)	40 (478)	37 (831)
45 to 54			24 (279)	21 (461)	24 (279)	21 (461)
55 to 64			3 (33)	4 (89)	3 (33)	4 (89)
≥65			<1 (5)	1 (19)	<1 (5)	1 (19)
Parent or Caretaker gender						
Female			91 (1071)	90 (2028)	91 (1071)	90 (2028)
Male			9 (108)	10 (216)	9 (108)	10 (216)

[3] Other states include those within the United States and foreign countries.

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TABLE 6. Continued

Characteristics	Adult Respondents		Child Respondents		Total (All Respondents)	
	2012 % (*n*)	2013 % (*n*)	2012 % (*n*)	2013 % (*n*)	2012 % (*n*)	2013 % (*n*)
Parent or Caretaker education						
≤8th grade			1 (16)	1 (23)	1 (16)	1 (23)
Some high school			2 (25)	2 (49)	2 (25)	2 (49)
High school graduate or GED			14 (169)	17 (374)	14 (169)	17 (374)
Some college or 2-year degree			25 (299)	27 (616)	25 (299)	27 (616)
4-year college graduate			24 (287)	23 (517)	24 (287)	23 (517)
>4-year college degree			32 (379)	30 (663)	32 (379)	30 (663)
Parent or Caretaker relation to the child						
Mother or father			97 (1149)	97 (2175)	97 (1149)	97 (2175)
Other[4]			3 (30)	3 (70)	3 (30)	3 (70)
Patient overall health rating						
Excellent	15 (562)	13 (771)	63 (768)	57 (1308)	27 (1330)	26 (2079)
Very good	36 (1366)	36 (2087)	29 (349)	34 (774)	34 (1715)	35 (2861)
Good	35 (1329)	37 (2124)	6 (78)	8 (187)	28 (1407)	29 (2311)
Fair	11 (414)	12 (686)	2 (21)	1 (21)	9 (435)	9 (707)
Poor	2 (86)	2 (120)	0 (0)	<1 (3)	2 (86)	2 (123)
Patient mental health rating						
Excellent	25 (931)	22 (1295)	55 (662)	53 (1223)	32 (1651)	35 (2843)
Very good	34 (1293)	37 (2163)	30 (358)	30 (680)	33 (1251)	24 (1910)
Good	29 (1104)	28 (1616)	12 (147)	13 (294)	25 (405)	9 (692)
Fair	10 (369)	11 (608)	3 (36)	4 (84)	8 (70)	1 (116)
Poor	2 (61)	2 (105)	1 (9)	<1 (11)	1 (1620)	34 (2563)
Patient has a chronic health condition	77 (2805)	79 (4372)	31 (354)	34 (715)	66 (3159)	66 (5087)
Patient saw specialist to treat or diagnose the chronic health condition	72 (1885)	72 (2910)	69 (230)	64 (425)	72 (2115)	71 (3335)

[4] Other relation responses include: Grandparent; Aunt or Uncle; Older brother or sister; Other relative; Legal guardian; Someone else.

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TABLE 6. Continued

Characteristics	Adult Respondents		Child Respondents		Total (All Respondents)	
	2012 % (*n*)	2013 % (*n*)	2012 % (*n*)	2013 % (*n*)	2012 % (*n*)	2013 % (*n*)
Provider gender						
Female	53 (2038)	44 (2589)	70 (860)	60 (1388)	58 (2898)	48 (3977)
Male	47 (1779)	56 (3322)	30 (363)	40 (927)	43 (2142)	52 (4249)
Provider credentials						
MD/DO	77 (2928)	71 (4210)	83 (1017)	85 (1969)	78 (3945)	75 (6179)
ND	0 (0)	3 (156)	0 (0)	0 (0)	0 (0)	2 (156)
NP	14 (553)	15 (886)	14 (171)	12 (267)	14 (724)	14 (1153)
PA	5 (203)	11 (659)	3 (35)	3 (79)	5 (238)	9 (738)
APRN	3 (133)	0 (0)	0 (0)	0 (0)	3 (133)	0 (0)
Patient usually sees the provider	92 (3436)	90 (5237)	84 (1015)	86 (1963)	90 (4451)	89 (7200)
Patient length of care with the provider						
<6 months	7 (253)	8 (449)	7 (89)	8 (178)	7 (342)	8 (627)
6 months to <1 year	6 (234)	7 (427)	8 (97)	8 (177)	7 (331)	7 (604)
1 year to <3 years	18 (682)	18 (1059)	25 (299)	22 (507)	20 (981)	19 (1566)
3 years to <5 years	13 (498)	14 (812)	18 (216)	18 (414)	14 (714)	15 (1226)
≥5 years	56 (2081)	52 (3035)	42 (500)	44 (1004)	52 (2581)	50 (4039)
Patient visits with the provider						
1	26 (970)	25 (1454)	29 (342)	29 (662)	27 (1312)	26 (2116)
2	27 (1016)	28 (1617)	27 (324)	28 (627)	27 (1340)	28 (2244)
≥3	45 (1682)	45 (2628)	43 (515)	42 (960)	45 (2197)	45 (3588)

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3.6 Top Box Scores for the Global Composite Measures (Vermont)

Top Box Scores are the global composite proportions indicating "excellent" performance for a given measure (see Table 2 for a reference to the CAHPS PCMH surveys' Top Box Score responses). The figures in the subsections below display the Top Box Scores over time (2012-2013) for each global composite measure in the CAHPS PCMH surveys. Global composite proportions from the adult and child surveys were combined (when applicable) to represent overall statewide results. Findings were also broken down by sample type to isolate difference between the adult and child samples. Confidence intervals were set at 95% to determine statistical significance between the Top Box Scores over time. VCHIP defined each global composite measure as follows:

Access: How often healthcare services were available to patients during situations of urgent and routine care.

Communication: How often providers effectively communicated with the patients about their current and past healthcare and spent enough time with the patients during visits.

Self-Management Support: Whether patients received support from health care professionals to enhance their skills and confidence in managing their own care.

Shared Decision-Making: The extent to which providers incorporated patients' input when starting or stopping prescription medications. Questions for this global composite measure were asked only in the adult version of the CAHPS PCMH survey.

Office Staff: How often the practice's office staff were helpful and treated the patients with courtesy and respect.

Comprehensiveness (Adult Behavior): Whether healthcare professionals asked patients if they experienced depression, stress, and/or personal/family problems. Questions for this global composite measure were asked only in the adult version of the CAHPS PCMH survey.

Comprehensiveness (Child Development): Whether healthcare professionals comprehensively discussed the patients' physical, social, and emotional development. Questions for this global composite measure were asked only in the child version of the CAHPS PCMH survey.

Comprehensiveness (Child Prevention): Whether healthcare professionals comprehensively discussed preventative measures to protect the patients' mental

and physical health. Questions for this global composite measure were asked only in the child version of the CAHPS PCMH survey.

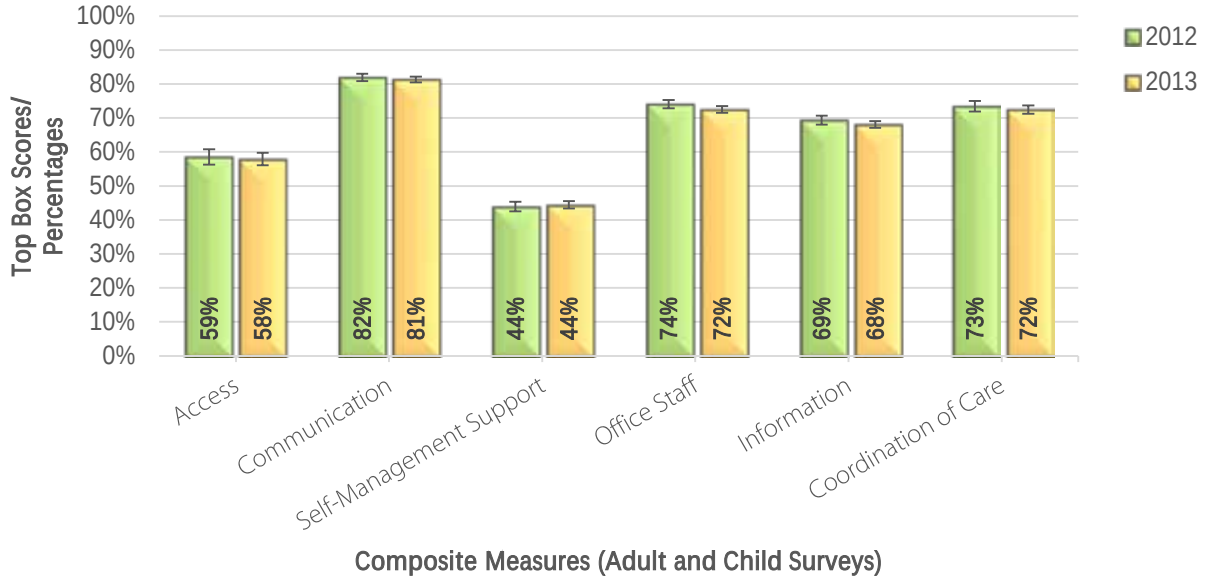
Information: Whether healthcare professionals provided patients with information about after hours care and issued visit reminders.

Coordination of Care: The extent to which healthcare professionals successfully coordinated the patients' care and seemed up-to-date and informed about external sources of care (e.g. specialists and labs).

3.6.1 *Top Box Scores for the CAHPS PCMH Adult and Child Surveys (Aggregated)*

Figure 2 shows the Top Box Scores for the aggregated CAHPS PCMH adult and child survey data. Table C1 in Appendix C displays the global composite proportions for the combined adult and child measures. Comparisons of 95% confidence intervals for each Top Box Score revealed no significant changes over time for any single global composite measure. Self-management support had the lowest Top Box Score at 44% (2012 and 2013) while communication had the highest at 82% in 2012 and 81% in 2013. Access was relatively low as well (59% in 2012 and 58% in 2013) and should be targeted statewide, along with self-management support, as areas for quality improvement.

FIGURE 2. Top Box Scores/Percentages for the Combined CAHPS PCMH Adult and Child Survey Composite Measures by Year (2012-2013)

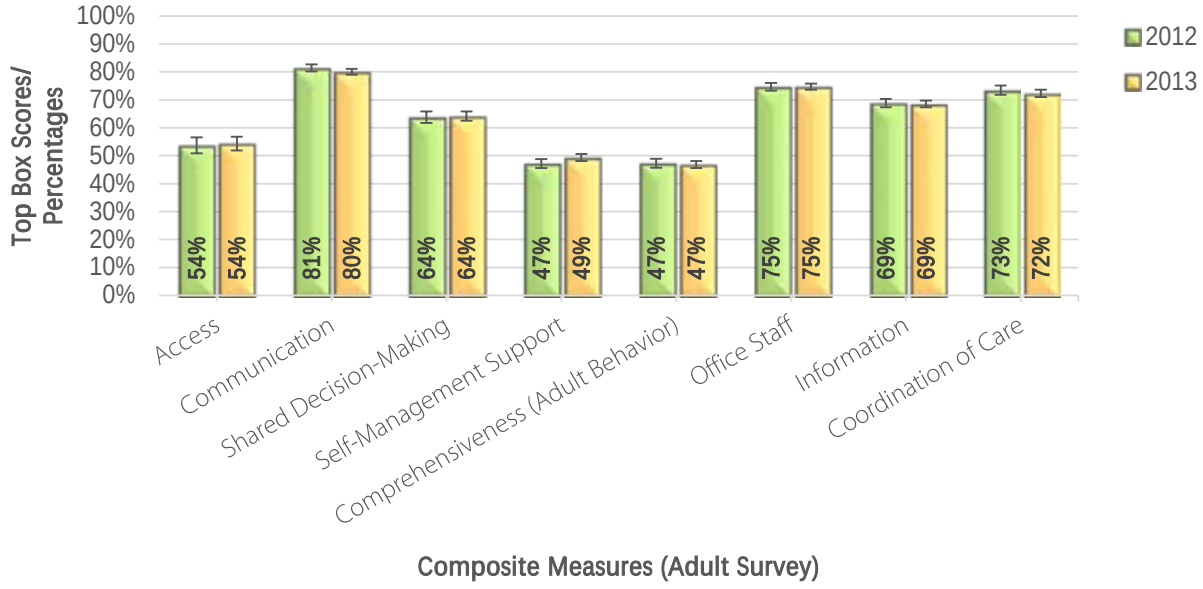


*Significant difference ($p \leq 0.05$.) between 2012 and 2013 (95% confidence intervals do not overlap).
NOTE: See Table 2 for an outline of the Top Box Score response options for each global composite measure.

3.6.2 *Top Box Scores for the CAHPS PCMH Adult Survey*

The Top Box Scores for the CAHPS PCMH adult survey are presented in Figure 3. Table C2 in Appendix C outlines the global composite proportions for the measures in the adult survey. No significant changes in Top Box Scores occurred between 2012 and 2013 for any global composite measure. Top Box Scores for self-management support and comprehensiveness (adult behavior) were below 50% for both years. The proportion of patients "always" receiving access to care was low as well (54% in 2012 and 2013). The Top Box Scores for shared decision-making (64%), information (69%), and office staff (75%) were consistent over time. Communication and coordination of care had a 1% decline between 2012 and 2013, but this change was not significant.

FIGURE 3. Top Box Scores/Percentages for the CAHPS PCMH Adult Survey Composite Measures by Year (2012-2013)



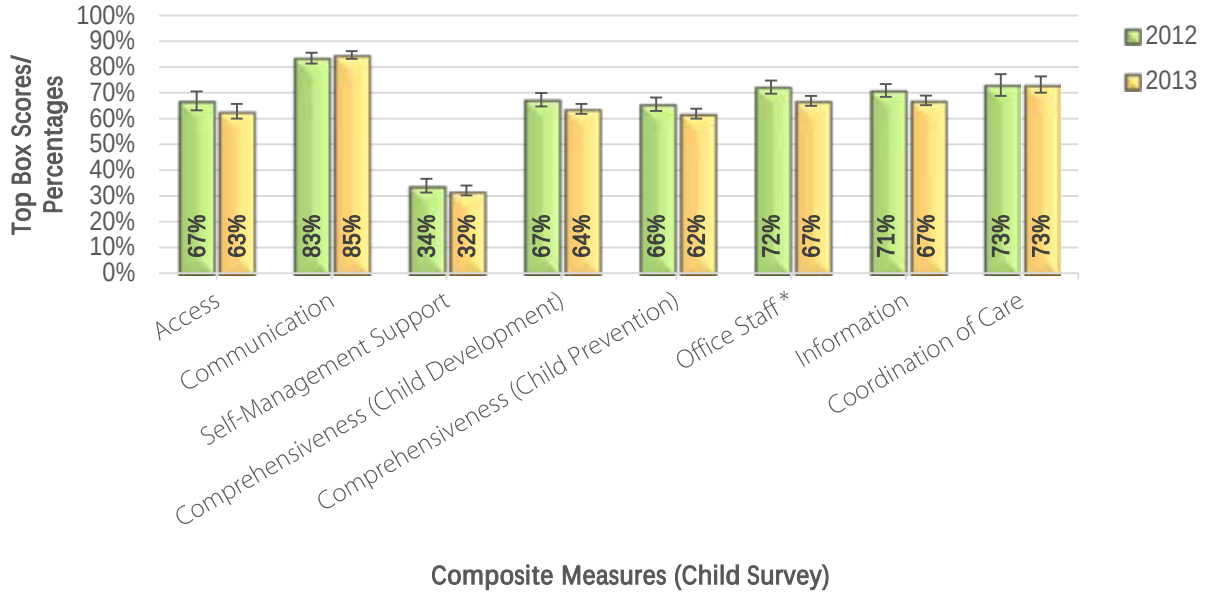
*Significant difference ($p \leq 0.05$.) between 2012 and 2013 (95% confidence intervals do not overlap).
NOTE: See Table 2 for an outline of the Top Box Score response options for each global composite measure.

3.6.3 *Top Box Scores for the CAHPS PCMH Child Survey*

Top Box Scores for the CAHPS PCMH child survey are shown in Figure 4. Table C3 in Appendix C displays the global composite proportions for the measures in the child survey. A significant ($p \leq 0.05$) decrease in Top Box Scores for office staff occurred between 2012 (72%) and 2013 (67%). No other significant changes were detected when comparing the 95% confidence intervals in each global composite measure. Self-management support was extremely low in 2012 (34%) and 2013 (32%). It was significantly lower than the Top Box Scores for this same

measure in the adult sample for all years (44%). The proportion of parents and caretakers "always" receiving access to care (67% in 2012 and 63% in 2013) was significantly higher than reported in the adult sample (54% in 2012 and 2013). There was a small decline in Top Box Scores for comprehensives (child development and prevention) and information, but these changes were not significant. Top Box Scores for coordination of care remained unchanged over time (73%) and there was a slight, but not significant, 2% increase the scores for communication.

FIGURE 4. Top Box Scores/Percentages for the CAHPS PCMH Child Survey Composite Measures by Year (2012-2013)



*Significant difference ($p \leq 0.05$.) between 2012 and 2013 (95% confidence intervals do not overlap).
NOTE: See Table 2 for an outline of the Top Box Score response options for each global composite measure.

3.7 Top Box Scores for the Global Composite Measures (Health Service Areas)

At the request of the Blueprint, VCHIP calculated the Top Box Scores for each global composite measure in Vermont's 14 HSA's and compared the results to the statewide findings. The subsections below examine these comparisons (data aggregated across years and sample types) and ranked the top and bottom performing HSA's according to their Top Box Scores. Tables D1 through D14 in Appendix D display the global composite proportions for each measure by HSA. Table D15 in Appendix D provides the statewide global composite proportions for the CAHPS PCMH surveys.

Caution must be used when interpreting the global composite proportions and Top Box Scores in each HSA. The most recent (August, 2013) practice information VCHIP obtained from the Blueprint recorded 195 practices in Vermont that were potentially eligible to participate in the

CAHPS PCMH survey. Analysis of this practice information revealed that the representativeness (within each HSA) of the sites participating at least once in the CAHPS PCMH survey (between 2012 and 2013) ranged from 8% to 100% (see Figure 5). Only 43% (*n*=6) of the HSA's have had 50% or more of their practices involved (at least once) in the CAHPS PCMH survey. Better representativeness exists when PCMH-recognized practices are isolated. Fifty-seven percent (*n*=8) of the HSA's have had 75% or more of their PCMH-recognized practices participate at least once. The remaining 46% (*n*=6) have had less than 50% of their PCMH-recognized sites participate. Greater practice participation across the state, especially longitudinally, is needed before generalizable conclusions can be made with the HSA results.

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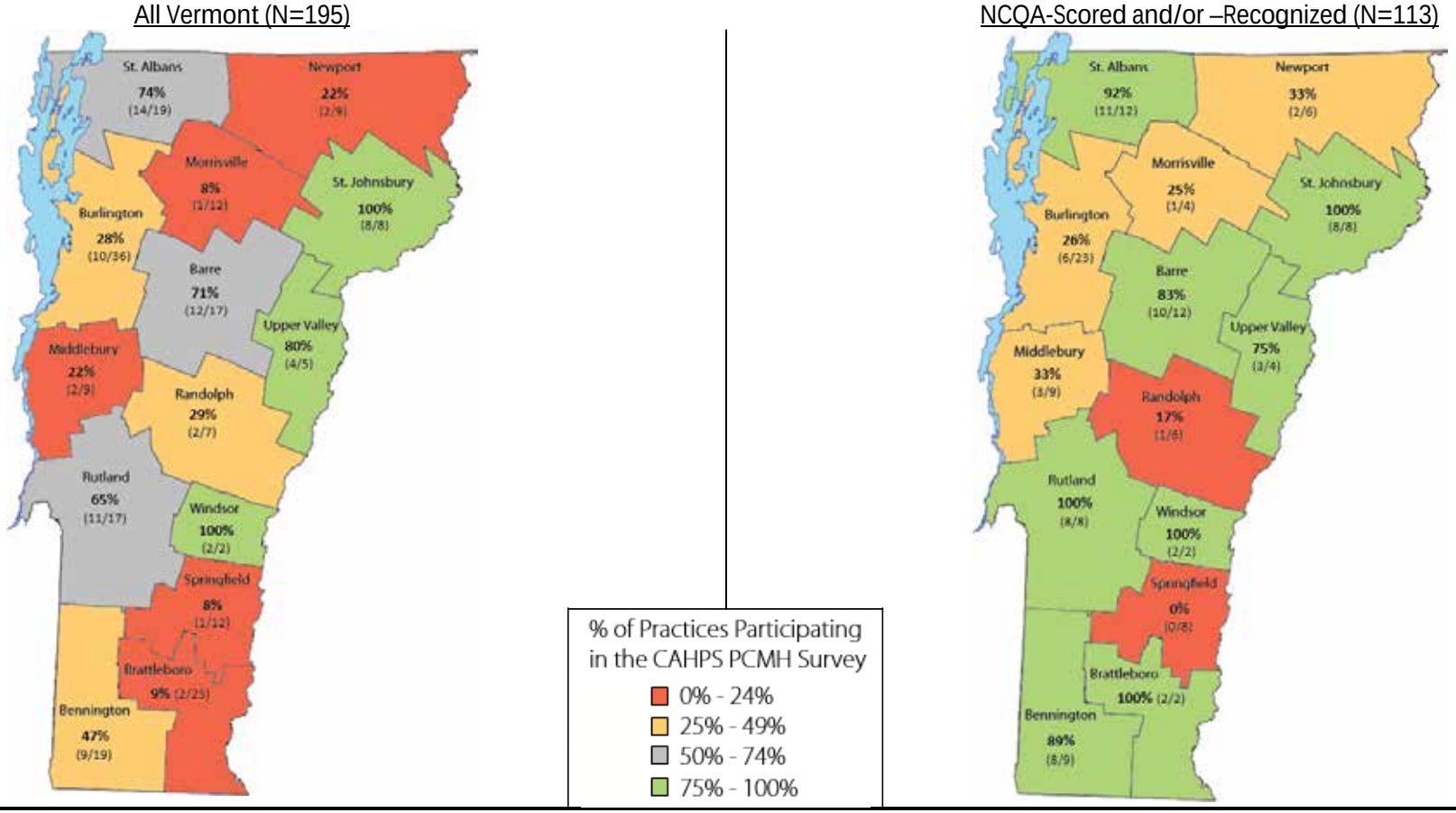
FIGURE 5. Percent of Eligible Primary Care Practices in Each Health Service Area Participating at Least Once in the CAHPS PCMH Survey between 2012 and 2013 (All Primary Care Practices in Vermont[1] vs. NCQA-Scored and/or -Recognized Patient-Centered Medical Homes[2])



[1]Practices that closed prior to February 2012 or opened after March 2013 were excluded. Data for the total eligible primary care practices obtained from the Department of Vermont Health Access. Eighty of the 195 known primary care practices in Vermont (as of August, 2013) participated at least once in the CAHPS PCMH Survey between 2012 and 2013.

[2]Patient-Centered Medical Homes with NCQA scoring and/or recognition as of March 1, 2013. Sixty-five of the 113 Patient-Centered Medical Homes participated at least once in the CAHPS PCMH Survey between 2012 and 2013.

NOTE. Data displayed in parentheses under the percentages represent: (the total number of practices that participated at least once in the CAHPS PCMH survey between 2012 and 2013 / the number of eligible practices). The denominator for the percentages may include sites currently closed but were eligible for participation between February 2012 and March 2013.

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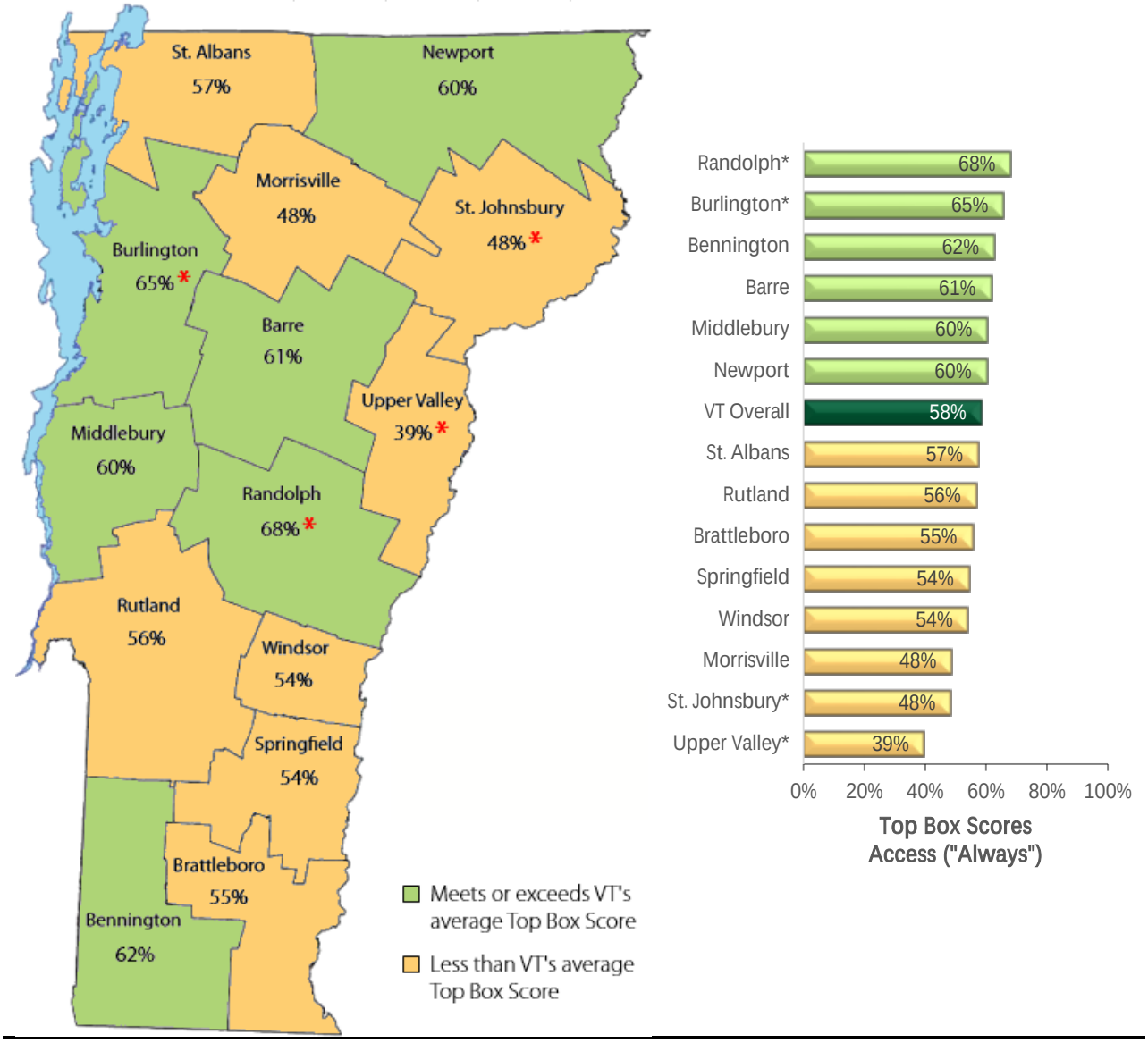
3.7.1 *Access*

Top Box Scores for access ranged in the HSA's from 68% (Randolph) to 39% (Upper Valley; see Figure 6). Randolph and Burlington (65%) had significantly higher Top Box Scores for access than the state average (58%). St. Johnsbury (48%) and Upper Valley had significantly lower Top Box scores for this measure than the state. Refer to Figure 5 for HSA representativeness.

FIGURE 6. Comparisons Between the Average CAHPS PCMH Top Box Scores ("Always") for the Access Composite Measure in Each Health Service Area and Vermont Overall (Aggregated 2012 and 2013 Data)



* or * Statistically significant ($p \leq 0.05$) difference (95% confidence interval does not overlap that of VT Overall)
NOTE: Results should be interpreted with caution due to unrepresentativeness (limited practice participation) in many Health Service Areas.

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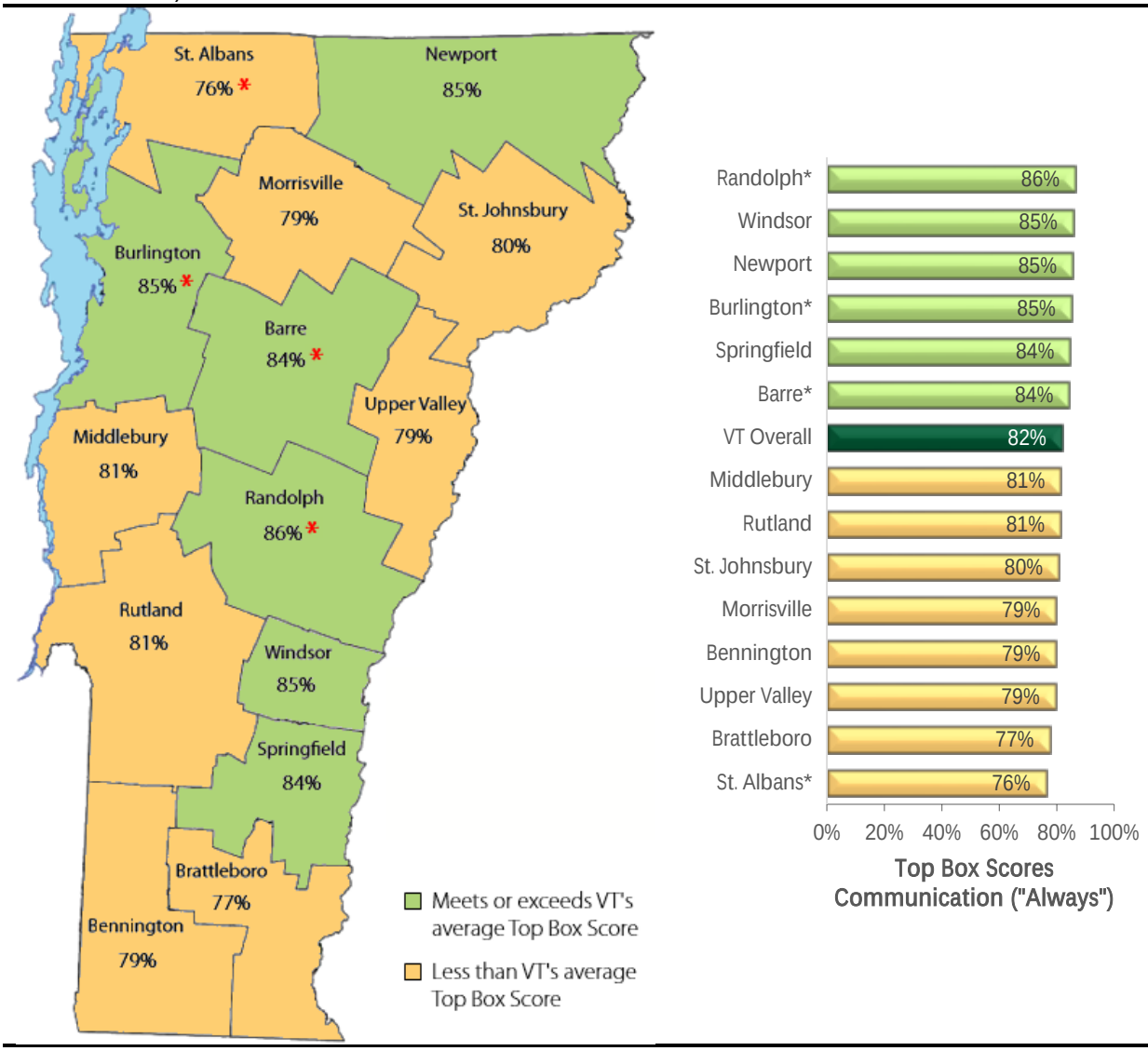
3.7.2 *Communication*

Top Box Scores for communication ranged in the HSA's from 86% (Randolph) to 76% (St. Albans; see Figure 7). Randolph, Burlington (85%), and Barre (84%) had significantly higher Top Box Scores for communication than the state average (82%). St. Albans had significantly lower Top Box score for this measure than the state. Refer to Figure 5 for HSA representativeness

FIGURE 7. Comparisons Between the Average CAHPS PCMH Top Box Scores ("Always") for the Communication Composite Measure in Each Health Service Area and Vermont Overall (Aggregated 2012 and 2013 Data)



* or * Statistically significant ($p \leq 0.05$) difference (95% confidence interval does not overlap that of VT Overall)
NOTE: Results should be interpreted with caution due to unrepresentativeness (limited practice participation) in many Health Service Areas.

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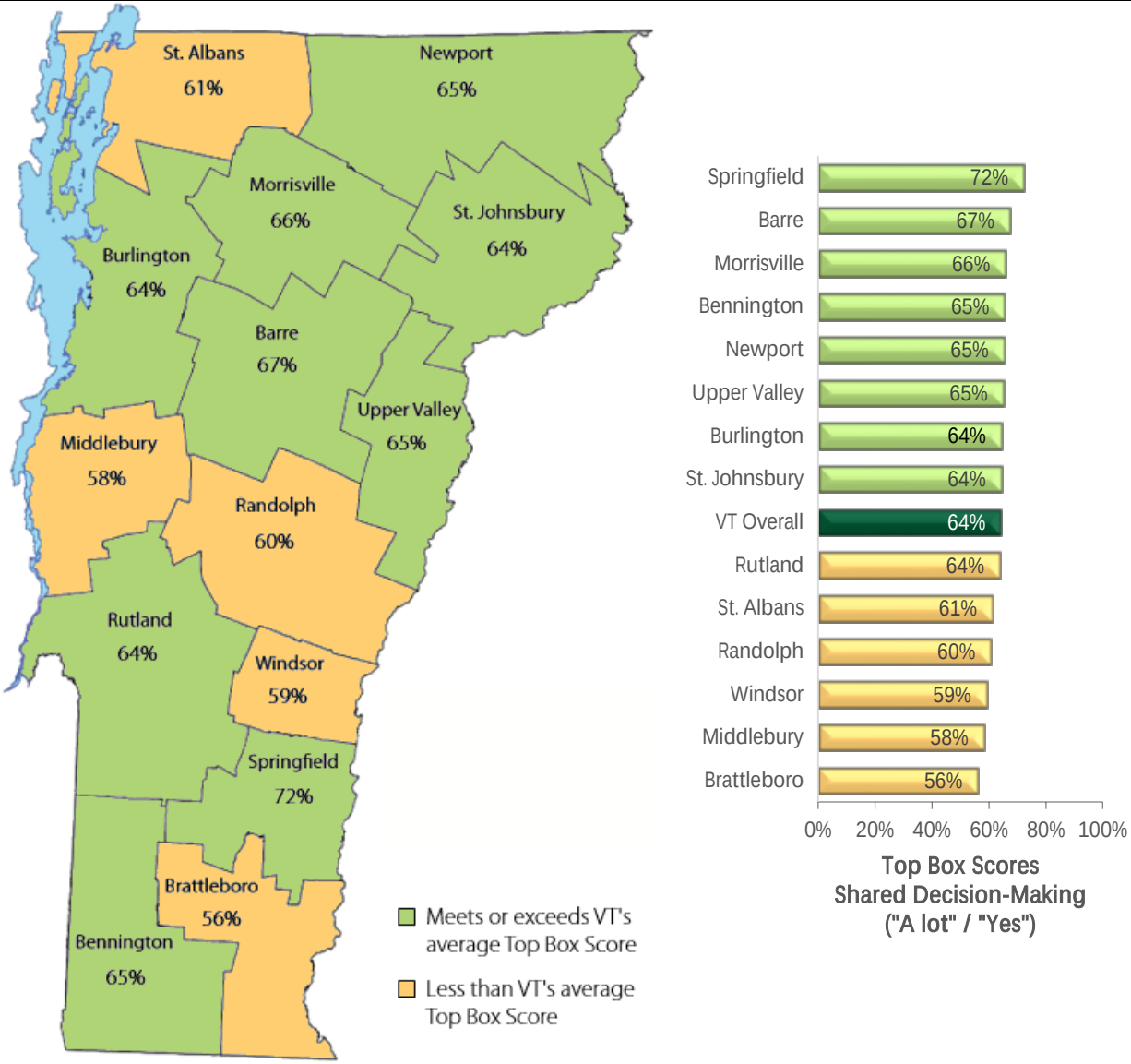
3.7.3 *Shared Decision-Making*

Top Box Scores for shared decision-making ranged in the HSA's from 72% (Springfield) to 56% (Brattleboro; see Figure 8). No HSA had a significantly different Top Box Score for this measure than the state average (64%). Refer to Figure 5 for HSA representativeness.

FIGURE 8. Comparisons Between the Average CAHPS PCMH Top Box Scores ("Always") for the Shared Decision-Making Composite Measure in Each Health Service Area and Vermont Overall (Aggregated 2012 and 2013 Data)



* or * Statistically significant ($p \leq 0.05$) difference (95% confidence interval does not overlap that of VT Overall)
NOTE: Results should be interpreted with caution due to unrepresentativeness (limited practice participation) in many Health Service Areas.

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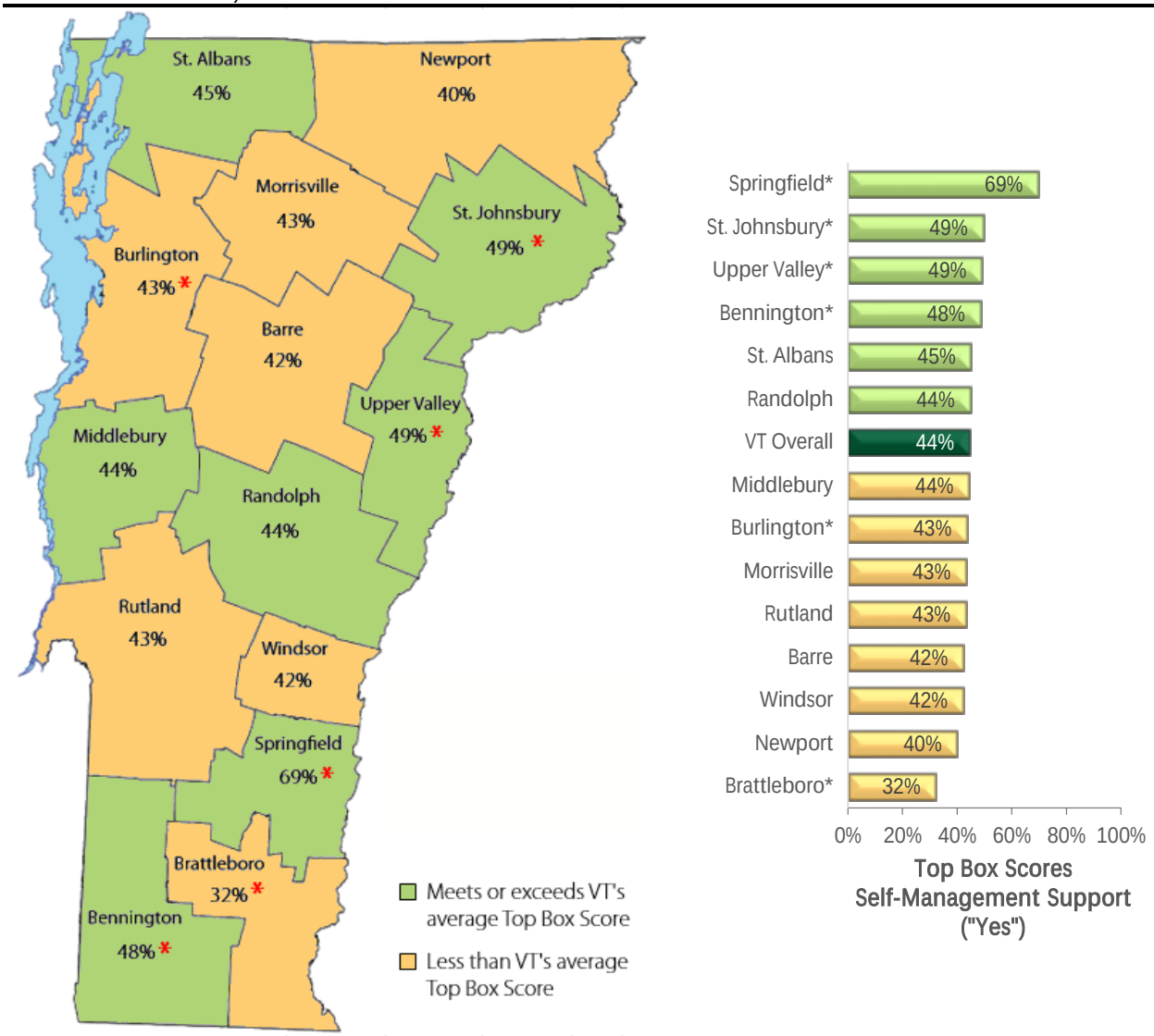
3.7.4 *Self-Management Support*

Top Box Scores for self-management support ranged in the HSA's from 69% (Springfield) to 32% (Brattleboro; see Figure 9). Springfield, St. Johnsbury (49%), Upper Valley (49%) and Bennington (48%) had significantly higher Top Box Scores for self-management support than the state average (44%). Brattlebore (32%) and Burlington (43%) had significantly lower Top Box Scores for this measure than the state. Refer to Figure 5 for HSA representativeness.

FIGURE 9. Comparisons Between the Average CAHPS PCMH Top Box Scores ("Always") for the Self-Management Support Composite Measure in Each Health Service Area and Vermont Overall (Aggregated 2012 and 2013 Data)



* or * Statistically significant ($p \leq 0.05$) difference (95% confidence interval does not overlap that of VT Overall)
NOTE: Results should be interpreted with caution due to unrepresentativeness (limited practice participation) in many Health Service Areas.

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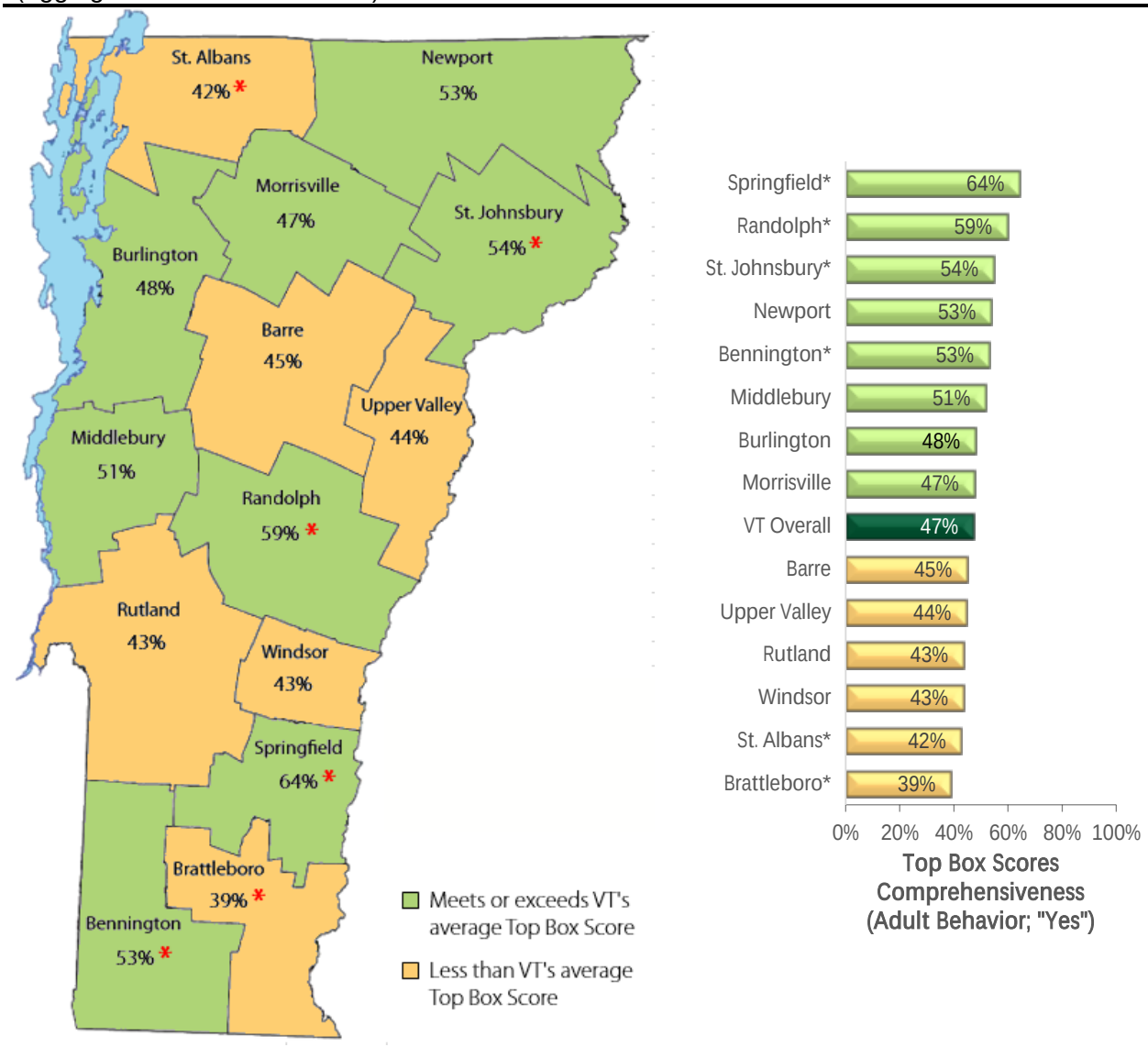
3.7.5 *Comprehensiveness (Adult Behavior)*

Top Box Scores for comprehensiveness (adult behavior) ranged in the HSA's from 64% (Springfield) to 39% (Brattleboro; see Figure 10). Springfield, Randolph (59%), St. Johnsbury (54%), and Bennington (53%) had significantly higher Top Box Scores for this measure than the state average (47%). Brattleboro and St. Albans (42%) had significantly lower Top Box Scores than the state. Refer to Figure 5 for HSA representativeness.

FIGURE 10. Comparisons Between the Average CAHPS PCMH Top Box Scores ("Always") for the Comprehensiveness (Adult Behavior) Composite Measure in Each Health Service Area and Vermont Overall (Aggregated 2012 and 2013 Data)



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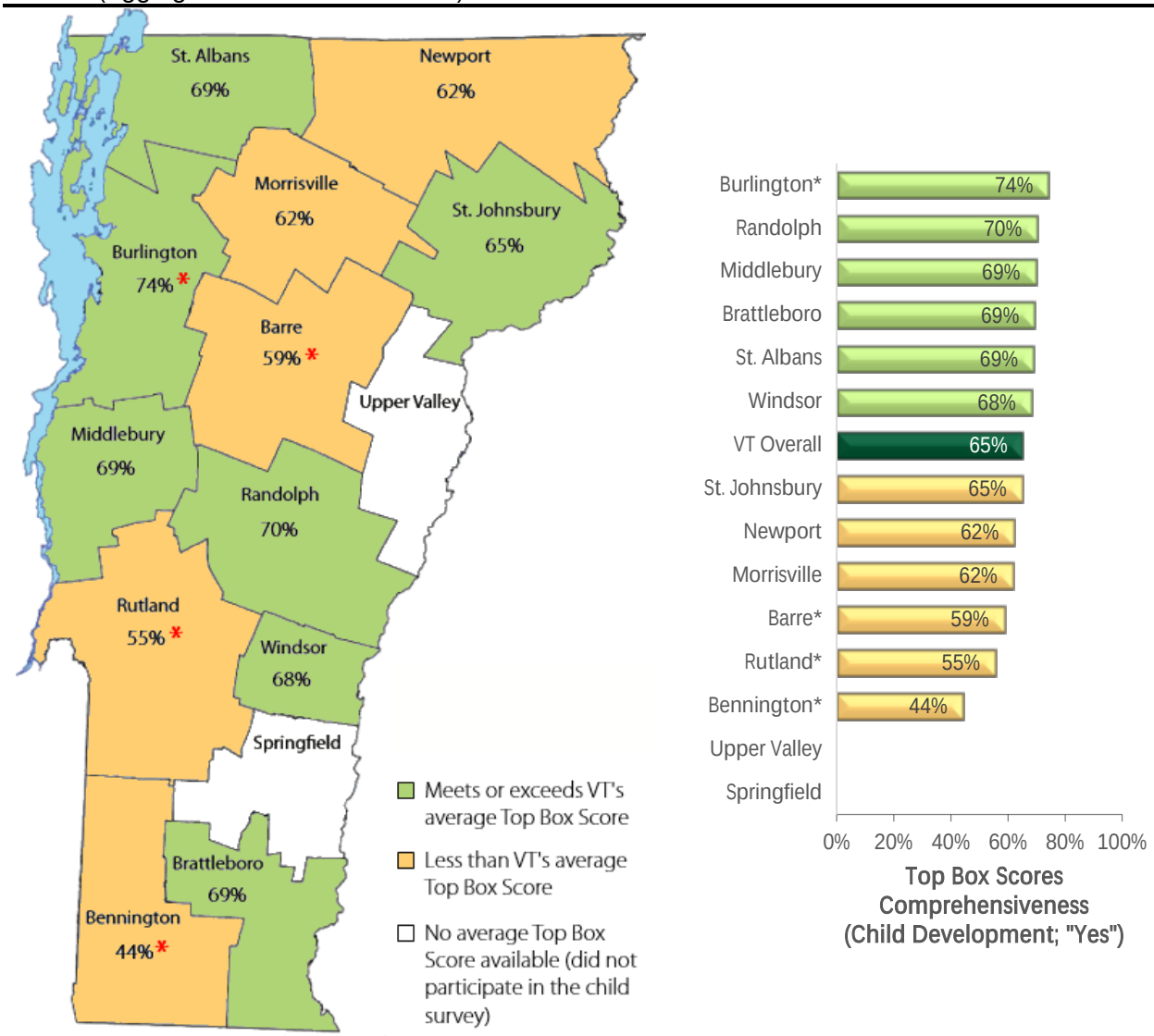
3.7.6 *Comprehensiveness (Child Development)*

Top Box Scores for comprehensiveness (child development) ranged in the HSA's from 74% (Burlington) to 44% (Bennington; see Figure 11). Upper Valley and Springfield did not participate in the CAHPS PCMH child survey. Burlington had significantly higher Top Box Scores for this measure than the state average (65%). Bennington, Rutland (55%), and Barre (59%) had significantly lower Top Box Scores than the state. Refer to Figure 5 for HSA representativeness.

FIGURE 11. Comparisons Between the Average CAHPS PCMH Top Box Scores ("Always") for the Comprehensiveness (Child Development) Composite Measure in Each Health Service Area and Vermont Overall (Aggregated 2012 and 2013 Data)



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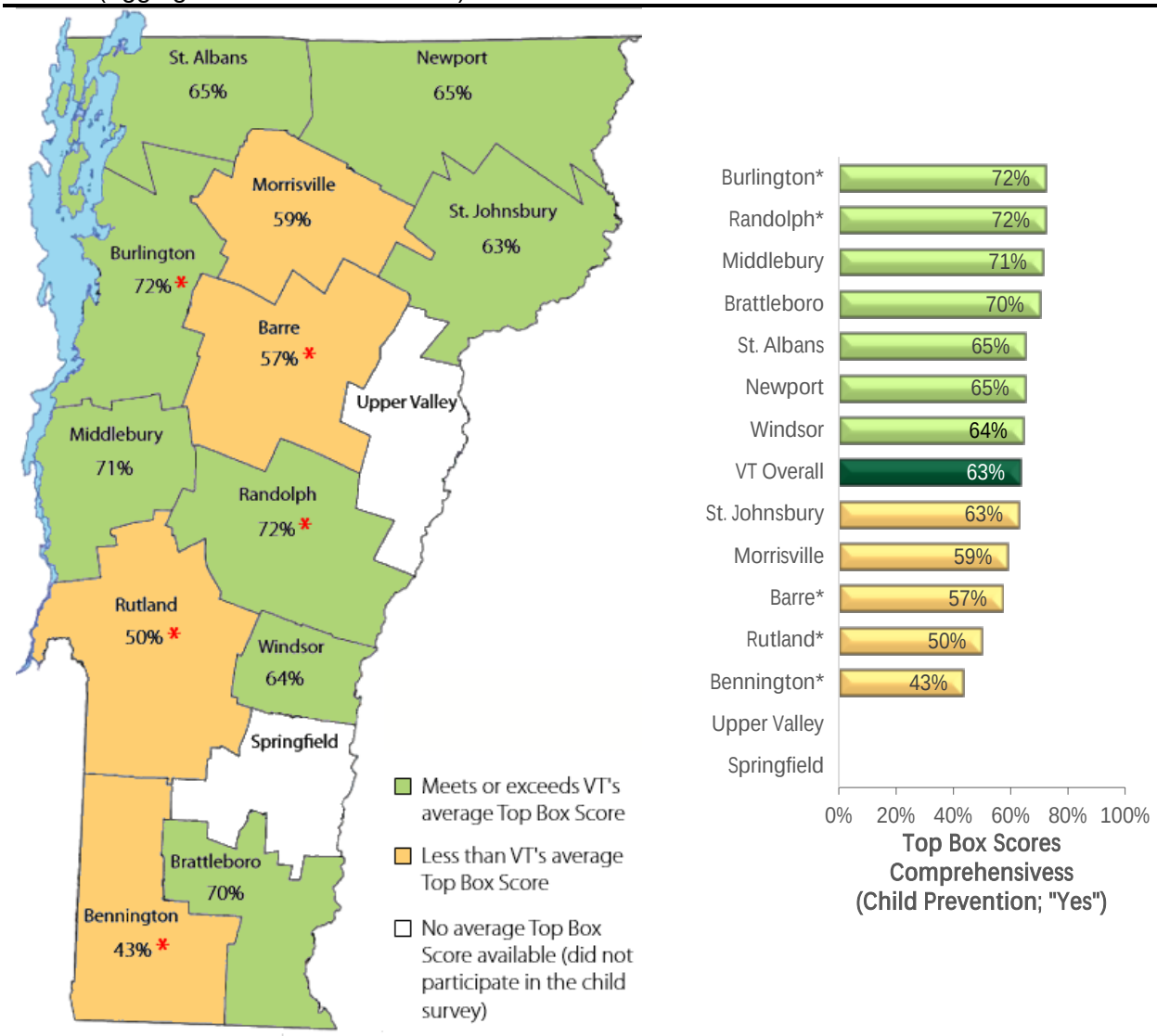
3.7.7 *Comprehensiveness (Child Prevention)*

Top Box Scores for comprehensiveness (child prevention) ranged in the HSA's from 72% (Burlington) to 43% (Bennington; see Figure 12). Upper Valley and Springfield did not participate in the CAHPS PCMH child survey. Burlington and Randolph (72%) had significantly higher Top Box Scores than the state average (63%). Bennington, Rutland (50%), and Barre (57%) had significantly lower Top Box Scores than the state. Refer to Figure 5 for HSA representativeness.

FIGURE 12. Comparisons Between the Average CAHPS PCMH Top Box Scores ("Always") for the Comprehensiveness (Child Prevention) Composite Measure in Each Health Service Area and Vermont Overall (Aggregated 2012 and 2013 Data)



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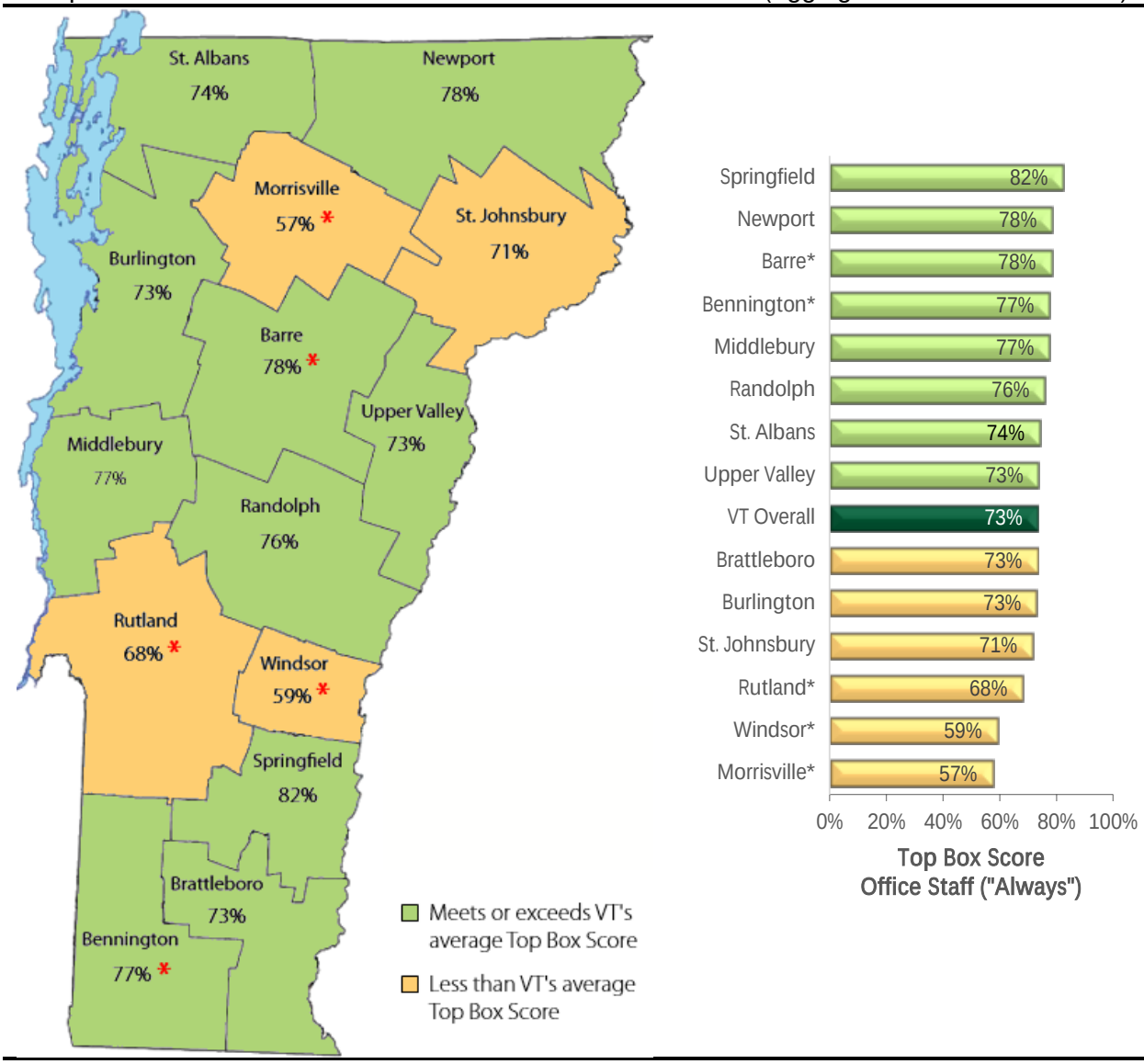
3.7.8 *Office Staff*

Top Box Scores for office staff ranged in the HSA's from 82% (Springfield) to 57% (Morrisville; see Figure 13). Barre (78%) and Bennington (77%) had significantly higher Top Box Scores for this measure than the state average (73%). Morrisville, Windsor (59%), and Rutland (68%) had significantly lower Top Box Scores than the state. Refer to Figure 5 for HSA representativeness.

FIGURE 13. Comparisons Between the Average CAHPS PCMH Top Box Scores ("Always") for the Office Staff Composite Measure in Each Health Service Area and Vermont Overall (Aggregated 2012 and 2013 Data)



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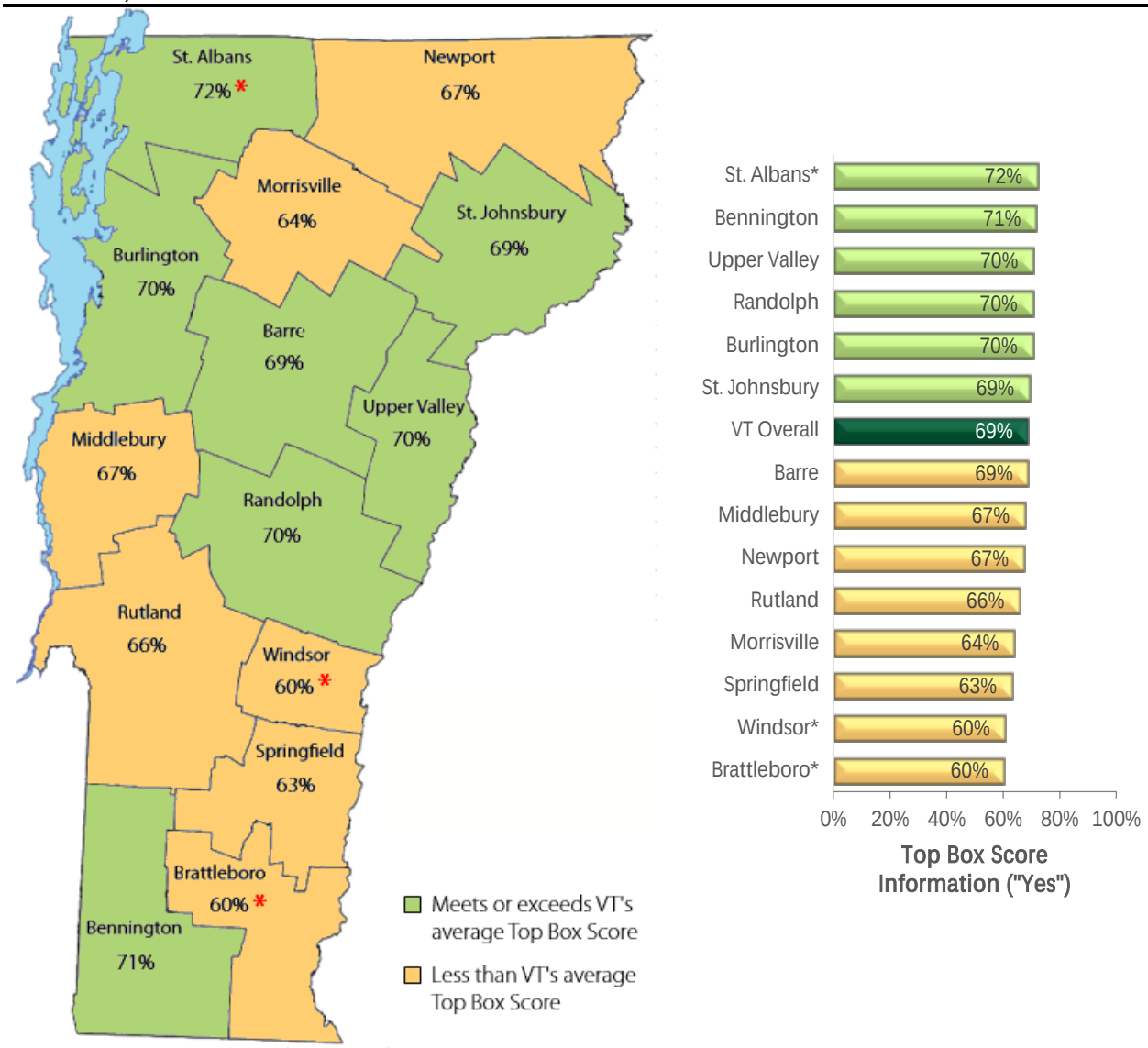
3.7.9 *Information*

Top Box Scores for information ranged in the HSA's from 72% (St. Albans) to 60% (Brattleboro; see Figure 14). St. Albans had significantly higher Top Box Scores for this measure than the state average (69%). Brattleboro and Windsor (60%) had significantly lower Top Box Scores than the state. Refer to Figure 5 for HSA representativeness.

FIGURE 14. Comparisons Between the Average CAHPS PCMH Top Box Scores ("Always") for the Information Composite Measure in Each Health Service Area and Vermont Overall (Aggregated 2012 and 2013 Data)



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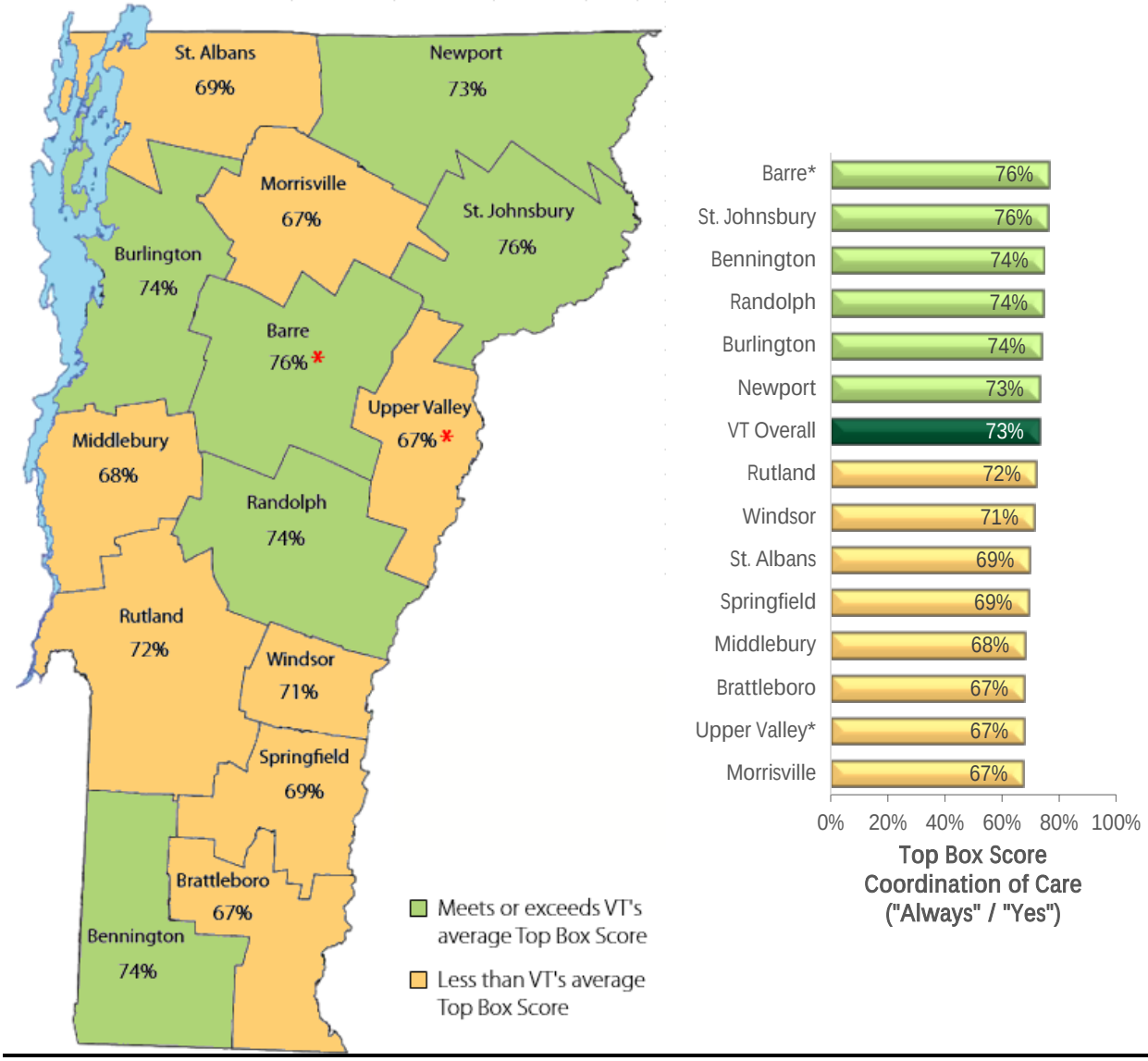
3.7.10 *Coordination of Care*

Top Box Scores for coordination of care ranged in the HSA's from 76% (Barre) to 67% (Morrisville; see Figure 15). Barre had significantly higher Top Box Scores for this measure than the state average (73%). Upper Valley (67%) had significantly lower Top Box Scores than the state. Refer to Figure 5 for HSA representativeness.

FIGURE 15. Comparisons Between the Average CAHPS PCMH Top Box Scores ("Always") for the Coordination of Care Composite Measure in Each Health Service Area and Vermont Overall (Aggregated 2012 and 2013 Data)



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DISCUSSION

Patient experience surveys are fundamental components of an effective evaluation of medical practices and their health care staff. The CAHPS PCMH surveys help quantitatively measure patient-care experiences in various domains, including access to care, communication, self-management support, shared decision-making, comprehensiveness, office staff, information, and coordination of care. Results from the surveys assist practices in identifying areas for quality improvement and allow them to earn NCQA's "Distinction in Patient Experience Reporting."

VCHIP administered the CAHPS PCMH surveys to 48 practices in 2012 and 72 practices in 2013. All practice were located in Vermont. Participating sites primarily specialized in Family or Internal Medicine, were independent (single sites), consisted of more than one clinician, and were recognized as a PCMH on or before the end of the measurement period. Approximately 43,335 patients (29,452 adults and 13,883 children) were sampled for the investigation between 2012 and 2013. Overall response rates were 30% in the first year and 32% the second year.

Top Box Scores, or the global composite proportions indicating “excellent” performance for a given measure, were presented at the state level. Respondents in the adult sample reported “always” having access to care less often than those in the child sample. This result may stem from an increase in care demands associated with older populations and a lack of timely services available to meet these care needs. Vermont has the second highest median age in the nation (U.S. Census Bureau, 2011). Older Americans, particularly those with chronic health conditions, utilize more health care resources per capita than any other age group (Federal Interagency Forum on Aging-Related Statistics, 2012; Henry J. Kaiser Family Foundation, 2009). Adults who completed the CAHPS PCMH survey tended to be 65-years old or older and reported poorer overall and mental health ratings than those in the child sample. Respondents in the adult group also had a higher proportion of members with one or more chronic health conditions. Due to these health factors, the need for health care was likely higher in the adult sample. The proportions for the access composite may suggest a need for expanded health care services or workforce to meet adult care requirements, but additional research is required.

Self-management support is a broad term that encompasses an array of approaches by health care staff to enhance patients' self-management of care. The CAHPS PCMH surveys asked patients whether anyone at the provider's office talked to them about health goals and barriers. The majority of respondents in both 2012 and 2013, particularly the parents or caretakers in the child sample, reported no self-management discussions during their most recent visit. The overall "excellent" health of the children during the measurement period may have deterred providers from asking questions about health goals and barriers. Such questions may also not have been asked due to time constraints during routine visits, limited training by healthcare professionals, or a belief by the healthcare staff that the patients did not have the ability to self-manage. Further explorations are needed to decipher the reasons behind limited self-

management support, but the results suggest this area should be a primary target for statewide quality improvement efforts.

Questions pertaining to shared decision-making (adult measure) and comprehensiveness were included on the CAHPS PCMH surveys. Shared decision-making items targeted the level of patient input when providers started and stopped prescription medications. Most adults reported across all years that providers considered "a lot" of their input when making these decisions. Less than half of the adults received comprehensive questioning about their mental, emotional, and behavioral well-being. Approximately two-thirds of parents and guardians were asked questions about child development and health prevention. The results for the comprehensiveness composite measures indicate this area as a target for improvement, especially among adult populations.

Top Box Scores for the HSA's were also calculated at the Blueprint's request. While there were significant differences in Top Box Scores for the global composite measures between some HSA's, the findings must be interpreted with caution. Only 6 of Vermont's 14 HSA's had 50% or more of their practices involved (at least once) in the CAHPS PCMH survey between 2012 and 2013. Three HSA's had 75% or more practice involvement while 5 had less than 25%. Conclusions concerning differences in performance outcomes at the HSA level should be avoided until significantly more practices join the CAHPS PCMH data collection efforts.

The evaluation had several potential limitations. The response rates for both the child and adult surveys were lower than NCQA's anticipated 35% response rate. Fielding the CAHPS PCMH surveys during the 2012 summer months (particularly around July 4) may have contributed to the reduced number of respondents during that time. Summer is a peak period of travel for many individuals and this may have limited the availability of patients to complete the survey. In 2013, the surveys were fielded in late winter/early spring to avoid complications associated with major seasonal travel. While overall response rates did improve slightly in 2013, administration still occurred during a common travel/vacation period (e.g. spring break). The increase in response rates seen in the child sample between 2012 (23%) and 2013 (27%) may be due to VCHIP sending out a clarification letter for the REDCap website survey link to all participants in this group. The letter likely served as a third "reminder" which resulted in the spike in responses. The disparities in response rates between the adult and child sample may also be linked to how the mailing envelopes and cover letters were addressed. The majority of practices were unable to provide the full name of parents or caretakers for their child populations. Adhering to NCQA's (2012) survey administration guidelines, VCHIP had to address the mailing envelopes and cover letters to a non-specific individual (i.e. "Parent or Caretaker of [child's name]"). By not specifically identifying the survey recipient, it is likely some survey packets did not reach their intended audience. Finally, the use of one mode to contact patients may have also limited the number of responses. NCQA permits vendors to use computer-assisted telephone interviewing (CATI) programs, interactive voice response (IVR) systems, and direct emailing to conduct the

survey. VCHIP may need to consider these additional modes of survey administration or over sample if response rates do not improve over time.

Another potential limitation is nonresponse bias. Although significance testing was not performed between the respondents and nonrespondents, proportions for some of the patient demographic variables and provider characteristics differed between these groups. Fewer surveys were returned in the adult sample for patients who were younger, male, saw a female provider, and visited with a clinician who was not an MD or DO. Child surveys not returned from parents or guardians were likely to be for children who were older, female, recently saw a male provider, and went to a clinician other than an MD or DO. Such differences may enhance survey error, but additional testing is needed.

Lastly, the small number of practices (relative to those existing in the state) that selected VCHIP as a CAHPS PCMH survey vendor limits the interpretation of the overall/state findings. Data on patient experiences were collected across 12 HSA's in 2012 and in all 14 HSA's n 2013. The number of practices representing each of the communities, however, varies tremendously. Without larger practice involvement, an overall picture of patient experience in the state is restricted.

Despite these potential limitations, the CAHPS PCMH surveys provide some insight into patient experiences in Vermont's medical home setting. Data collected over time will be useful in evaluating changes in patient experiences as NCQA's PCMH model of care is widely adopted. The future creation of a national CAHPS PCMH data repository will enable VCHIP to compare Vermont's data to national benchmarks. This will enhance the state's efforts to reform the health care delivery system to align with patient needs.

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APPENDIX A. CAHPS PCMH Adult Survey (2013)

ID Code: | | | | | | | | |

Patient Experience Survey (Adult)

Instructions:

This survey is about your experiences with your health care provider in the past 12 months. The information you provide will be used to improve the health care you receive.

DO NOT write your name, address, or phone number on this survey. The answers you give will be kept private and are completely confidential. You may notice a number at the top of each page on this survey. This number is used only to let us know if you returned your survey so we do not have to send you reminders.

The survey is optional. Your health care will not be affected whether or not you choose to complete the survey.

Please read the questions carefully. There are no right or wrong answers.

To complete the survey:

- Please use a BLACK or BLUE ink pen.
- Be sure to read all answer choices before marking your answers.
- Answer the questions by marking an "X" in the box to the left of your answer.
- Mark only one answer unless the question says to "Mark one or more."
- You are sometimes told to skip over some questions in the survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

  ☐ Yes
  ☒ No → **If No, go to #1**

- Please return the completed survey in the self-addressed stamped envelope sent with the mailing.

If you have any questions about the survey, you can contact the University of Vermont toll free at **855-211-8366** or by email at cahpssurvey@med.uvm.edu.

Please turn to Page 2 to begin the survey.

This survey is being administered by a research team at the University of Vermont. Overall results will be shared with your practice and the State of Vermont. You may contact Julianne Krulewitz, University of Vermont Program Evaluator, at 802-656-8371 if you have any questions about this research project or how your answers will be used. You may contact Nancy Stalnaker, the Institutional Review Board Administrator at the University of Vermont, at 802-656-4067 if you have questions about your rights as a participant in this research project.

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APPENDIX A Continued.

ID Code: | | | | | | | | |

Your Provider

1. **Our records show that you got care from the provider named below in the last 12 months.**

   [PROVIDER NAME, CREDENTIALS]

   Is that right?

   ☐ Yes
   ☐ No → **If No, go to #43A**

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. **Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?**

   ☐ Yes
   ☐ No

3. **How long have you been going to this provider?**

   ☐ Less than 6 months
   ☐ At least 6 months but less than 1 year
   ☐ At least 1 year but less than 3 years
   ☐ At least 3 years but less than 5 years
   ☐ 5 years or more

Your Care From This Provider in the Last 12 Months

These questions ask about <u>your own</u> health care. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

4. **In the last 12 months, how many times did you visit this provider to get care for yourself?**

   ☐ None → **If None, go to #43A**
   ☐ 1 time
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5 to 9
   ☐ 10 or more times

5. **In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury or condition that <u>needed care right away</u>?**

   ☐ Yes
   ☐ No → **If No, go to #8**

6. **In the last 12 months, when you phoned this provider's office to get an appointment for <u>care you needed right away</u>, how often did you get an appointment as soon as you needed?**

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

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APPENDIX A Continued.

ID Code: ☐☐☐☐☐☐☐☐

7. **In the last 12 months, how many days did you usually have to wait for an appointment when you <u>needed care right away</u>?**
   - ☐ Same day
   - ☐ 1 day
   - ☐ 2 to 3 days
   - ☐ 4 to 7 days
   - ☐ More than 7 days

8. **In the last 12 months, did you make any appointments for a <u>check-up or routine care</u> with this provider?**
   - ☐ Yes
   - ☐ No → **If No, go to #10**

9. **In the last 12 months, when you made an appointment for a <u>check-up or routine care</u> with this provider, how often did you get an appointment as soon as you needed?**
   - ☐ Never
   - ☐ Sometimes
   - ☐ Usually
   - ☐ Always

10. **Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?**
    - ☐ Yes
    - ☐ No

11. **In the last 12 months, did you need care for yourself during evenings, weekends, or holidays?**
    - ☐ Yes
    - ☐ No → **If No, go to #13**

12. **In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

13. **In the last 12 months, did you phone this provider's office with a medical question during regular office hours?**
    - ☐ Yes
    - ☐ No → **If No, go to #15**

14. **In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

15. **In the last 12 months, did you phone this provider's office with a medical question <u>after</u> regular office hours?**
    - ☐ Yes
    - ☐ No → **If No, go to #17**

16. **In the last 12 months, when you phoned this provider's office <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

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17. **Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?**
- ☐ Yes
- ☐ No

18. **Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. **In the last 12 months, how often did this provider explain things in a way that was easy to understand?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. **In the last 12 months, how often did this provider listen carefully to you?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. **In the last 12 months, did you talk with this provider about any health questions or concerns?**
- ☐ Yes
- ☐ No → **If No, go to #23**

22. **In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

23. **In the last 12 months, how often did this provider seem to know the important information about your medical history?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

24. **In the last 12 months, how often did this provider show respect for what you had to say?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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25. In the last 12 months, how often did this provider spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

26. In the last 12 months, did this provider order a blood test, x-ray, or other test for you?

- ☐ Yes
- ☐ No → **If No, go to #28**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?

- ☐ Yes
- ☐ No → **If No, go to #32**

29. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

30. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might <u>not</u> want to take a medicine?

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

31. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?

- ☐ Yes
- ☐ No

32. 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?

- ☐ 0 Worst provider possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best provider possible

33. 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 you see a specialist for a particular health problem?

- ☐ Yes
- ☐ No → **If No, go to #35**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Please answer these questions about the provider named in Question 1 of the survey.

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

- ☐ Yes
- ☐ No

36. 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 health?

- ☐ Yes
- ☐ No

37. In the last 12 months, did you take any prescription medicine?

- ☐ Yes
- ☐ No → **If No, go to #39**

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

- ☐ Yes
- ☐ No

39. In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

- ☐ Yes
- ☐ No

40. In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

- ☐ Yes
- ☐ No

41. In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- ☐ Yes
- ☐ No

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Clerks and Receptionists at This Provider's Office

42. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

43. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Additional Questions

43A. A chronic health condition lasts 3 months or longer. Please indicate below which chronic health condition(s) you were diagnosed with or treated for in the past 12 months. Mark one or more.

- ☐ Diabetes
- ☐ Asthma
- ☐ Emphysema
- ☐ Chronic obstructive pulmonary disease (COPD)
- ☐ Other lung condition
- ☐ Overweight or obese
- ☐ High cholesterol
- ☐ Hypertension or high blood pressure
- ☐ Congestive heart failure (CHF)
- ☐ Coronary artery disease (CAD)
- ☐ Other heart condition
- ☐ Anxiety
- ☐ Depression
- ☐ Migraines
- ☐ Epilepsy or seizure disorder
- ☐ Mild cognitive impairment (MCI)
- ☐ Alzheimer's disease
- ☐ Dementia (not including Alzheimer's disease)
- ☐ Other mental health condition
- ☐ Cancer or malignancy (including skin cancer or malignancy)
- ☐ Liver or renal disease
- ☐ Arthritis or joint disease
- ☐ Osteoporosis
- ☐ Skin condition (not including skin cancer or malignancy)
- ☐ HIV/AIDS
- ☐ Other
- ☐ None → **If None, go to #44**

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43B. Please indicate below the specialist(s) you saw in the past 12 months to diagnose or treat your chronic health condition(s). Mark one or more.

- ☐ Allergist (allergy or asthma doctor)
- ☐ Cardiologist (heart doctor)
- ☐ Dermatologist (skin doctor)
- ☐ Dietitian (food or nutrition specialist)
- ☐ Endocrinologist (diabetes or hormone doctor)
- ☐ Gastroenterologist (digestion or liver doctor)
- ☐ Neurologist (brain, spine, and nervous system doctor)
- ☐ Neurosurgeon (brain, spine, and nervous system surgeon)
- ☐ Orthopedist (muscle and bone doctor or surgeon)
- ☐ Other surgeon
- ☐ Oncologist (cancer or tumor doctor)
- ☐ Obstetrician/Gynecologist (OBGYN: women's reproductive health doctor)
- ☐ Psychiatrist (mental health doctor)
- ☐ Psychologist (mental health provider)
- ☐ Pulmonologist (asthma, lung, or respiratory doctor)
- ☐ Rheumatologist (joint doctor)
- ☐ Urologist (urinary system doctor)
- ☐ Other
- ☐ Don't know
- ☐ None

About You

44. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

45. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

46. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

47. Are you male or female?

- ☐ Male
- ☐ Female

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

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

49. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

50. What is your race? Mark one or more.

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other

51. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

52. How did that person help you? Mark one or more.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

Thank you

Please return the completed survey in the postage-paid envelope.

Internal Use Only - Do Not Complete

ID1: ☐A ☐B ☐C ☐D ☐E ☐F ☐G
DR: 0_ - _ _ - 2013
MW: ☐1 ☐2
DC: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7
ID2: ☐A ☐B ☐C ☐D ☐E ☐F ☐G

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APPENDIX B. CAHPS PCMH Child Survey (2013)

ID Code: | | | | | | | | |

Patient Experience Survey (Child)

Instructions:

This survey is about your child's experiences with his or her health care provider in the past 12 months. The information you provide will be used to improve the health care your child receives.

DO NOT write your or your child's name, address, or phone number on this survey. The answers you give will be kept private and are completely confidential. You may notice a number at the top of each page on this survey. This number is used only to let us know if you returned your survey so we do not have to send you reminders.

The survey is optional. Your child's health care will not be affected whether or not you choose to complete the survey.

Please read the questions carefully. There are no right or wrong answers.

To complete the survey:

- Please use a BLACK or BLUE ink pen.
- Be sure to read all answer choices before marking your answers.
- Answer the questions by marking an "X" in the box to the left of your answer.
- Mark only one answer unless the question says to "Mark one or more."
- You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

  ☐ Yes
  ☒ No → **If No, go to #1**

- Please return the completed survey in the self-addressed stamped envelope sent with the mailing.

If you have any questions about the survey, you can contact the University of Vermont toll free at **855-211-8366** or by email at cahpssurvey@med.uvm.edu.

Please turn to Page 2 to begin the survey.

This survey is being administered by a research team at the University of Vermont. Overall results will be shared with your practice and the State of Vermont. You may contact Julianne Krulewitz, University of Vermont Program Evaluator, at 802-656-8371 if you have any questions about this research project or how your answers will be used. You may contact Nancy Stalnaker, the Institutional Review Board Administrator at the University of Vermont, at 802-656-4067 if you have questions about your rights as a participant in this research project.

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ID Code: | | | | | | | | |

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

Your Child's Provider

1. **Our records show that your child got care from the provider named below in the last 12 months.**

   [PROVIDER NAME, CREDENTIALS]

   Is that right?

   ☐ Yes
   ☐ No → **If No, go to #54A**

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. **Is this the provider you usually see if your child needs a check-up or gets sick or hurt?**

   ☐ Yes
   ☐ No

3. **How long has your child been going to this provider?**

   ☐ Less than 6 months
   ☐ At least 6 months but less than 1 year
   ☐ At least 1 year but less than 3 years
   ☐ At least 3 years but less than 5 years
   ☐ 5 years or more

Your Child's Care From This Provider in the Last 12 Months

These questions ask about <u>your child's</u> health care. Do <u>not</u> include care your child got when he or she stayed overnight in a hospital. Do <u>not</u> include the times your child went for dental care visits.

4. **In the last 12 months, how many times did your child visit this provider for care?**

   ☐ None → **If None, go to #54A**
   ☐ 1 time
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5 to 9
   ☐ 10 or more times

5. **In the last 12 months, did you ever stay in the exam room with your child during a visit to this provider?**

   ☐ Yes → **If Yes, go to #7**
   ☐ No

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

   ☐ Yes → **If Yes, go to #10**
   ☐ No → **If No, go to #10**

7. **Is your child able to talk with providers about his or her health care?**

   ☐ Yes
   ☐ No → **If No, go to #10**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

9. **In the last 12 months, how often did this provider listen carefully to <u>your child</u>?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

10. **Did this provider tell you that you needed to do anything to follow up on the care your child got during the visit?**

- ☐ Yes
- ☐ No → **If No, go to #12**

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No → **If No, go to #15**

13. **In the last 12 months, when you phoned this provider's office to get an appointment for care your child <u>needed right away</u>, how often did you get an appointment as soon as your child needed?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Same day
- ☐ 1 day
- ☐ 2 to 3 days
- ☐ 4 to 7 days
- ☐ More than 7 days

15. **In the last 12 months, did you make any appointments for a <u>check-up or routine care</u> for your child with this provider?**

- ☐ Yes
- ☐ No → **If No, go to #17**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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17. **Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?**
- ☐ Yes
- ☐ No

18. **In the last 12 months, did your child need care during evenings, weekends, or holidays?**
- ☐ Yes
- ☐ No → **If No, go to #20**

19. **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?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. **In the last 12 months, did you phone this provider's office with a medical question about your child during regular office hours?**
- ☐ Yes
- ☐ No → **If No, go to #22**

21. **In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

22. **In the last 12 months, did you phone this provider's office with a medical question about your child <u>after</u> regular office hours?**
- ☐ Yes
- ☐ No → **If No, go to #24**

23. **In the last 12 months, when you phoned this provider's office <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

24. **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?**
- ☐ Yes
- ☐ No

25. **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 <u>within 15 minutes</u> of his or her appointment time?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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26. 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No → **If No, go to #30**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

33. In the last 12 months, did this provider order a blood test, x-ray, or other test for your child?

- ☐ Yes
- ☐ No → **If No, go to #35**

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34. 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 those results?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

35. 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?

- ☐ 0 Worst provider possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best provider possible

36. 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?

- ☐ Yes
- ☐ No → **If No, go to #38**

37. 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Please answer these questions about the provider named in Question 1 of the survey.

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

- ☐ Yes
- ☐ No

39. 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?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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42. 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?

☐ Yes
☐ No

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

☐ Yes
☐ No

44. 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?

☐ Yes
☐ No

45. 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?

☐ Yes
☐ No

46. 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?

☐ Yes
☐ No

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

☐ Yes
☐ No

48. 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?

☐ Yes
☐ No

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

☐ Yes
☐ No

50. 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?

☐ Yes
☐ No

51. In the last 12 months, did your child take any prescription medicine?

☐ Yes
☐ No → **If No, go to #53**

52. 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?

☐ Yes
☐ No

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Clerks and Receptionists at This Provider's Office

53. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

54. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Additional Questions

54A. A chronic health condition lasts 3 months or longer. Please indicate below which chronic health condition(s) your child was diagnosed with or treated for in the past 12 months. Mark one or more.

- ☐ Diabetes
- ☐ Asthma
- ☐ Other lung condition
- ☐ Overweight or obese
- ☐ High cholesterol
- ☐ Hypertension or high blood pressure
- ☐ Congenital heart disease (structural heart problem or defect present at birth)
- ☐ Other heart condition
- ☐ Autism
- ☐ Attention deficit or attention deficit hyperactivity disorder (ADD or ADHD)
- ☐ Depression
- ☐ Anxiety
- ☐ Migraines
- ☐ Epilepsy or seizure disorder
- ☐ Down's Syndrome
- ☐ Other mental health condition
- ☐ Cancer or malignancy (including skin cancer or malignancy)
- ☐ Liver or renal disease
- ☐ Arthritis or joint disease
- ☐ Skin condition (not including skin cancer or malignancy)
- ☐ HIV/AIDS
- ☐ Other
- ☐ None → **If None, go to #55**

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54B. Please indicate below the specialist(s) you saw in the past 12 months to diagnose or treat your child's chronic health condition(s). Mark one or more.

- ☐ Allergist (allergy or asthma doctor)
- ☐ Cardiologist (heart doctor)
- ☐ Dermatologist (skin doctor)
- ☐ Dietitian (food or nutrition specialist)
- ☐ Endocrinologist (diabetes or hormone doctor)
- ☐ Gastroenterologist (digestion or liver doctor)
- ☐ Neurologist (brain, spine, and nervous system doctor)
- ☐ Neurosurgeon (brain, spine, and nervous system surgeon)
- ☐ Orthopedist (muscle and bone doctor or surgeon)
- ☐ Other surgeon
- ☐ Oncologist (cancer or tumor doctor)
- ☐ Obstetrician/Gynecologist (OBGYN: women's reproductive health doctor)
- ☐ Psychiatrist (mental health doctor)
- ☐ Psychologist (mental health provider)
- ☐ Pulmonologist (asthma, lung, or respiratory doctor)
- ☐ Rheumatologist (joint doctor)
- ☐ Urologist (urinary system doctor)
- ☐ Other
- ☐ Don't know
- ☐ None

About Your Child and You

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

57. What is your child's age?

- ☐ Less than 1 year old
- ____ YEARS OLD (*write in*)

58. Is your child male or female?

- ☐ Male
- ☐ Female

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59. Is your child of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

60. What is your child's race? Mark one or more.

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other

61. What is <u>your</u> age?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

62. Are you male or female?

- ☐ Male
- ☐ Female

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

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

64. How are you related to the child?

- ☐ Mother or Father
- ☐ Grandparent
- ☐ Aunt or Uncle
- ☐ Older brother or sister
- ☐ Other relative
- ☐ Legal guardian
- ☐ Someone else

65. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

66. How did that person help you? Mark one or more.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

Thank you

Please return the completed survey in the postage-paid envelope.

Internal Use Only - Do <u>Not</u> Complete

ID1: ☐A ☐B ☐C ☐D ☐E ☐F ☐G
DR: 0_ - _ _ - 2013
MW: ☐1 ☐2
DC: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7
ID2: ☐A ☐B ☐C ☐D ☐E ☐F ☐G

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APPENDIX C. Global Composite Proportions (Adult & Child Samples, Vermont Overall)

TABLE C1. CAHPS PCMH Survey Composite Global Proportions for the Combined Adult and Child Samples (Vermont Overall) by Year (2012-2013)[1]

Composite	2012 Composites (Adult & Child Combined)				2013 Composites (Adult & Child Combined)			
	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access								
Always	58.5	15433	56.3	60.8	57.9	24860	56.1	59.7
Usually	25.4	15433	23.4	27.4	25.5	24860	23.9	27.1
Sometimes or Never	16.0	15433	14.4	17.7	16.5	24860	15.2	17.9
Communication								
Always	81.9	28182	80.8	83.0	81.3	46090	80.5	82.2
Usually	13.9	28182	12.9	14.9	13.8	46090	13.0	14.5
Sometimes or Never	4.1	28182	3.6	4.7	4.9	46090	4.4	5.4
Self-Management Support								
Yes	43.9	9534	42.6	45.3	44.4	15566	43.3	45.5
No	56.1	9534	54.7	57.4	55.6	15566	54.5	56.7
Office Staff								
Always	74.1	9537	72.9	75.3	72.5	15621	71.5	73.5
Usually	20.3	9537	19.2	21.5	21.3	15621	20.4	22.2
Sometimes or Never	5.6	9537	4.9	6.2	6.2	15621	5.6	6.7
Information								
Yes	69.4	9518	68.1	70.7	68.1	15597	67.1	69.1
No	30.6	9518	29.3	31.9	31.9	15597	30.9	32.9

[1] Forty-eight practices (12 pediatric) in 2012. Seventy-two practices (16 pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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APPENDIX C Continued.

TABLE C1. Continued

Composite	2012 Composites (Adult & Child Combined)				2013 Composites (Adult & Child Combined)			
	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Coordination of Care								
Always / Yes	73.4	9250	71.9	75.0	72.4	14719	71.2	73.7
Usually	14.1	9250	13.1	15.1	14.4	14719	13.6	15.2
Sometimes or Never / No	12.4	9250	11.3	13.6	13.2	14719	12.2	14.1

[2] Sum of responses from all questions making up the composite.

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TABLE C2. CAHPS PCMH Survey Composite Global Proportions for the Adult Sample (Vermont Overall) by Year (2012-2013)[1]

Composite	2012 Composites (Adult)				2013 Composites (Adult)			
	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access								
Always	53.7	11243	50.8	56.6	54.3	17172	51.9	56.7
Usually	26.3	11243	23.8	28.8	26.2	17172	24.1	28.3
Sometimes or Never	20.0	11243	17.7	22.3	19.5	17172	17.6	21.4
Communication								
Always	81.5	21325	80.2	82.7	80.0	33084	79.0	81.1
Usually	14.0	21325	12.9	15.1	14.6	33084	13.6	15.5
Sometimes or Never	4.5	21325	3.9	5.2	5.4	33084	4.8	6.0
Shared Decision-Making								
A lot / Yes	63.7	5433	61.7	65.8	64.2	8439	62.5	65.8
Some	22.7	5433	21.2	24.1	21.9	8439	20.8	23.1
A little	4.3	5433	3.5	5.0	4.5	8439	3.9	5.1
Not at all / No	9.3	5433	8.1	10.5	9.4	8439	8.4	10.4
Self-Management Support								
Yes	47.2	7192	45.6	48.8	49.3	11130	48.0	50.6
No	52.8	7192	51.2	54.4	50.7	11130	49.4	52.0
Comprehensiveness (Adult Behavior)								
Yes	47.3	10830	45.6	48.9	46.8	16777	45.5	48.1
No	52.7	10830	51.1	54.4	53.2	16777	51.9	54.5

[1] Forty practices in 2012. Sixty-one practices in 2013.
[2] Sum of responses from all questions making up the composite.

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APPENDIX C Continued.

TABLE C2. Continued

Composite	2012 Composites (Adult)				2013 Composites (Adult)			
	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Office Staff								
Always	74.7	7190	73.3	76.1	74.7	11167	73.6	75.9
Usually	19.8	7190	18.5	21.0	19.9	11167	18.8	20.9
Sometimes or Never	5.5	7190	4.8	6.3	5.4	11167	4.8	6.0
Information								
Yes	68.8	7190	67.3	70.4	68.5	11171	67.3	69.7
No	31.2	7190	29.6	32.7	31.5	11171	30.3	32.7
Coordination of Care								
Always / Yes	73.4	7967	71.8	75.1	72.3	12343	70.9	73.6
Usually	13.9	7967	12.8	15.0	14.7	12343	13.8	15.6
Sometimes or Never / No	12.7	7967	11.4	13.9	13.0	12343	12.0	14.1

[2] Sum of responses from all questions making up the composite.

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APPENDIX C Continued.

TABLE C3. CAHPS PCMH Survey Composite Global Proportions for the Child Sample (Vermont Overall) by Year (2012-2013)[1]

Composite	2012 Composites (Child)				2013 Composites (Child)			
	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access								
Always	66.8	4190	63.2	70.5	62.8	7688	60.0	65.7
Usually	23.4	4190	20.0	26.8	24.4	7688	21.8	27.0
Sometimes or Never	9.8	4190	7.6	12.0	12.7	7688	10.8	14.7
Communication								
Always	83.4	6857	81.3	85.6	84.7	13006	83.2	86.2
Usually	13.6	6857	11.7	15.6	11.7	13006	10.4	13.1
Sometimes or Never	3.0	6857	2.0	3.9	3.6	13006	2.8	4.3
Self-Management Support								
Yes	33.9	2342	31.3	36.6	32.1	4436	30.2	34.0
No	66.1	2342	63.4	68.7	67.9	4436	66.0	69.8
Comprehensiveness (Child Development)								
Yes	67.3	5858	64.7	69.9	63.8	11124	61.8	65.7
No	32.7	5858	30.1	35.3	36.2	11124	34.3	38.2
Comprehensiveness (Child Prevention)								
Yes	65.6	7054	62.9	68.2	61.9	13332	60.0	63.9
No	34.4	7054	31.8	37.1	38.1	13332	36.1	40.0

[1] Seventeen practices in 2012. Thirty practices in 2013.
[2] Sum of responses from all questions making up the composite.

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APPENDIX C Continued.

TABLE C3. Continued

Composite	2012 Composites (Child)				2013 Composites (Child)			
	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Office Staff								
Always	72.2	2347	69.7	74.8	66.9	4454	64.9	68.8
Usually	22.1	2347	19.7	24.5	25.0	4454	23.3	26.8
Sometimes or Never	5.7	2347	4.3	7.0	8.1	4454	7.0	9.2
Information								
Yes	71.0	2328	68.5	73.4	67.0	4426	65.1	68.9
No	29.0	2328	26.6	31.5	33.0	4426	31.1	34.9
Coordination of Care								
Always / Yes	73.0	1283	68.8	77.2	73.2	2376	70.0	76.4
Usually	15.8	1283	12.7	18.9	12.5	2376	10.4	14.6
Sometimes or Never / No	11.2	1283	8.1	14.3	14.3	2376	11.7	16.9

[2] Sum of responses from all questions making up the composite.

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APPENDIX D. Global Composite Proportions (Adult & Child Samples, Health Service Areas)

TABLE D1. CAHPS PCMH Survey Composite Global Proportions for Practices[1] in the Barre Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	61.3	8533	58.2	64.4
Usually	25.3	8533	22.6	28.1
Sometimes or Never	13.3	8533	11.2	15.5
Communication				
Always	84.0	15480	82.6	85.4
Usually	12.3	15480	11.0	13.5
Sometimes or Never	3.7	15480	3.0	4.5
Shared Decision-Making				
A lot / Yes	67.1	2922	64.3	69.8
Some	21.8	2922	19.8	23.7
A little	3.8	2922	2.8	4.7
Not at all / No	7.4	2922	5.9	8.9
Self-Management Support				
Yes	42.0	5199	40.1	43.8
No	58.0	5199	56.2	59.9
Comprehensiveness (Adult Behavior)				
Yes	44.7	5872	42.5	46.8
No	55.3	5872	53.2	57.5
Comprehensiveness (Child Development)				
Yes	58.6	3325	55.0	62.2
No	41.4	3325	37.8	45.0
Comprehensiveness (Child Prevention)				
Yes	56.9	3996	53.2	60.6
No	43.1	3996	39.4	46.8
Office Staff				
Always	77.9	5263	76.4	79.5
Usually	18.1	5263	16.7	19.6
Sometimes or Never	3.9	5263	3.2	4.7
Information				
Yes	68.6	5201	66.8	70.3
No	31.4	5201	29.7	33.2
Coordination of Care				
Always / Yes	76.2	5113	74.2	78.1
Usually	13.4	5113	12.0	14.7
Sometimes or Never / No	10.5	5113	9.0	11.9

[1] Eleven practices (two pediatric) in 2012. Twelve practices (two pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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APPENDIX D Continued.

TABLE D2. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Bennington Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	62.3	3259	57.4	67.3
Usually	25.7	3259	21.2	30.2
Sometimes or Never	12.0	3259	8.7	15.2
Communication				
Always	79.4	6095	77.0	81.9
Usually	15.7	6095	13.5	17.9
Sometimes or Never	4.9	6095	3.6	6.2
Shared Decision-Making				
A lot / Yes	65.2	1290	60.9	69.5
Some	22.3	1290	19.3	25.3
A little	3.8	1290	2.3	5.2
Not at all / No	8.7	1290	6.4	11.0
Self-Management Support				
Yes	48.3	2057	45.3	51.2
No	51.7	2057	48.8	54.7
Comprehensiveness (Adult Behavior)				
Yes	52.7	2548	49.3	56.0
No	47.3	2548	44.0	50.7
Comprehensiveness (Child Development)				
Yes	44.0	923	36.9	51.1
No	56.0	923	48.9	63.1
Comprehensiveness (Child Prevention)				
Yes	43.2	1116	36.3	50.1
No	56.8	1116	49.9	63.7
Office Staff				
Always	77.3	1997	74.7	79.8
Usually	17.8	1997	15.5	20.2
Sometimes or Never	4.9	1997	3.6	6.2
Information				
Yes	71.4	2064	68.7	74.2
No	28.6	2064	25.8	31.3
Coordination of Care				
Always / Yes	74.4	2207	71.3	77.5
Usually	14.3	2207	12.3	16.4
Sometimes or Never / No	11.3	2207	9.0	13.6

[1] Eight practices (one pediatric) in 2012. Nine practices (one pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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APPENDIX D Continued.

TABLE D3. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Brattleboro Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	55.1	1159	46.7	63.5
Usually	27.1	1159	19.7	34.4
Sometimes or Never	17.8	1159	11.4	24.3
Communication				
Always	77.2	2143	72.9	81.6
Usually	16.5	2143	12.7	20.4
Sometimes or Never	6.2	2143	3.8	8.7
Shared Decision-Making				
A lot / Yes	55.8	322	46.9	64.8
Some	25.5	322	19.3	31.8
A little	5.0	322	1.6	8.4
Not at all / No	13.6	322	7.9	19.4
Self-Management Support				
Yes	31.9	730	27.3	36.6
No	68.1	730	63.4	72.7
Comprehensiveness (Adult Behavior)				
Yes	38.6	603	31.9	45.4
No	61.4	603	54.6	68.1
Comprehensiveness (Child Development)				
Yes	69.1	824	62.2	76.0
No	30.9	824	24.0	37.8
Comprehensiveness (Child Prevention)				
Yes	69.9	992	63.0	76.8
No	30.1	992	23.2	37.0
Office Staff				
Always	73.1	739	68.6	77.6
Usually	20.6	739	16.5	24.7
Sometimes or Never	6.4	739	3.9	8.9
Information				
Yes	59.9	733	55.0	64.9
No	40.1	733	35.1	45.0
Coordination of Care				
Always / Yes	67.5	614	61.1	73.9
Usually	14.4	614	10.3	18.6
Sometimes or Never / No	18.1	614	12.7	23.5

[1] One practice (no pediatric) in 2012. Two practices (no pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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TABLE D4. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Burlington Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	65.4	6201	62.1	68.8
Usually	23.1	6201	20.2	26.0
Sometimes or Never	11.5	6201	9.3	13.7
Communication				
Always	84.8	11106	83.2	86.4
Usually	12.2	11106	10.7	13.6
Sometimes or Never	3.1	11106	2.3	3.8
Shared Decision-Making				
A lot / Yes	64.1	1551	60.3	67.9
Some	23.6	1551	20.9	26.4
A little	3.9	1551	2.5	5.2
Not at all / No	8.4	1551	6.3	10.6
Self-Management Support				
Yes	43.3	3757	41.1	45.5
No	56.7	3757	54.5	58.9
Comprehensiveness (Adult Behavior)				
Yes	47.6	3129	44.6	50.7
No	52.4	3129	49.3	55.4
Comprehensiveness (Child Development)				
Yes	74.0	4187	71.1	76.9
No	26.0	4187	23.1	28.9
Comprehensiveness (Child Prevention)				
Yes	72.0	5032	69.0	75.0
No	28.0	5032	25.0	31.0
Office Staff				
Always	72.7	3767	70.7	74.7
Usually	21.4	3767	19.6	23.3
Sometimes or Never	5.8	3767	4.8	6.9
Information				
Yes	70.2	3753	68.2	72.2
No	29.8	3753	27.8	31.8
Coordination of Care				
Always / Yes	73.5	2979	70.8	76.2
Usually	14.2	2979	12.4	16.0
Sometimes or Never / No	12.3	2979	10.2	14.4

[1] One practice (no pediatric) in 2012. Two practices (no pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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TABLE D5. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Middlebury Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	60.2	999	51.8	68.5
Usually	26.0	999	18.3	33.6
Sometimes or Never	13.9	999	8.1	19.6
Communication				
Always	81.1	1746	76.6	85.5
Usually	15.5	1746	11.4	19.6
Sometimes or Never	3.4	1746	1.4	5.4
Shared Decision-Making				
A lot / Yes	57.9	187	46.4	69.4
Some	29.1	187	20.7	37.5
A little	4.3	187	0.5	8.0
Not at all / No	8.7	187	1.9	15.4
Self-Management Support				
Yes	44.0	595	38.4	49.6
No	56.0	595	50.4	61.6
Comprehensiveness (Adult Behavior)				
Yes	51.4	387	42.8	60.0
No	48.6	387	40.0	57.2
Comprehensiveness (Child Development)				
Yes	69.5	837	62.6	76.3
No	30.5	837	23.7	37.4
Comprehensiveness (Child Prevention)				
Yes	70.9	1003	64.1	77.7
No	29.1	1003	22.3	35.9
Office Staff				
Always	77.2	593	72.5	82.0
Usually	18.5	593	14.2	22.9
Sometimes or Never	4.2	593	1.9	6.5
Information				
Yes	67.4	594	62.3	72.5
No	32.6	594	27.5	37.7
Coordination of Care				
Always / Yes	67.8	453	60.5	75.1
Usually	17.1	453	12.1	22.1
Sometimes or Never / No	15.2	453	9.3	21.1

[1] One practice (pediatric) in 2012. Two practices (one pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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TABLE D6. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Morrisville Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	48.3	972	38.4	58.2
Usually	29.7	972	21.2	38.1
Sometimes or Never	22.0	972	14.0	30.0
Communication				
Always	79.5	1846	75.0	83.9
Usually	13.8	1846	10.0	17.6
Sometimes or Never	6.8	1846	4.0	9.5
Shared Decision-Making				
A lot / Yes	65.6	290	56.7	74.5
Some	21.0	290	14.7	27.2
A little	3.4	290	0.6	6.3
Not at all / No	10.0	290	4.1	15.9
Self-Management Support				
Yes	43.0	621	37.6	48.4
No	57.0	621	51.6	62.4
Comprehensiveness (Adult Behavior)				
Yes	47.2	661	40.6	53.7
No	52.8	661	46.3	59.4
Comprehensiveness (Child Development)				
Yes	61.5	461	51.7	71.3
No	38.5	461	28.7	48.3
Comprehensiveness (Child Prevention)				
Yes	58.7	543	48.7	68.8
No	41.3	543	31.2	51.3
Office Staff				
Always	57.2	631	51.8	62.6
Usually	30.9	631	25.8	36.0
Sometimes or Never	11.9	631	8.3	15.5
Information				
Yes	63.6	626	58.4	68.8
No	36.4	626	31.2	41.6
Coordination of Care				
Always / Yes	67.2	546	60.4	73.9
Usually	15.4	546	11.1	19.8
Sometimes or Never / No	17.4	546	11.7	23.0

[1] One practice (no pediatric) in 2012. One practice (no pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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TABLE D7. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Newport Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	59.9	744	48.7	71.1
Usually	24.1	744	13.6	34.6
Sometimes or Never	16.0	744	7.8	24.2
Communication				
Always	85.2	1368	80.6	89.8
Usually	11.8	1368	7.7	16.0
Sometimes or Never	3.0	1368	0.8	5.2
Shared Decision-Making				
A lot / Yes	65.1	200	53.9	76.3
Some	20.9	200	13.4	28.4
A little	2.5	200	-0.6	5.6
Not at all / No	11.5	200	4.1	19.0
Self-Management Support				
Yes	39.7	468	33.5	45.9
No	60.3	468	54.1	66.5
Comprehensiveness (Adult Behavior)				
Yes	53.5	419	45.2	61.7
No	46.5	419	38.3	54.8
Comprehensiveness (Child Development)				
Yes	62.0	474	52.2	71.7
No	38.0	474	28.3	47.8
Comprehensiveness (Child Prevention)				
Yes	64.8	568	55.2	74.3
No	35.2	568	25.7	44.8
Office Staff				
Always	78.2	468	72.9	83.4
Usually	17.8	468	12.9	22.6
Sometimes or Never	4.1	468	1.6	6.5
Information				
Yes	67.0	464	61.0	73.1
No	33.0	464	26.9	39.0
Coordination of Care				
Always / Yes	72.8	359	64.8	80.9
Usually	12.7	359	7.2	18.1
Sometimes or Never / No	14.5	359	8.0	21.0

[1] One practice (pediatric) in 2012. Two practices (both pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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TABLE D8. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Randolph Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	67.8	1280	60.6	75.0
Usually	23.0	1280	16.5	29.5
Sometimes or Never	9.2	1280	4.9	13.5
Communication				
Always	86.2	2236	82.7	89.7
Usually	11.2	2236	8.0	14.3
Sometimes or Never	2.6	2236	1.0	4.2
Shared Decision-Making				
A lot / Yes	60.4	217	50.0	70.8
Some	28.5	217	20.7	36.3
A little	2.8	217	-0.1	5.7
Not at all / No	8.3	217	2.3	14.3
Self-Management Support				
Yes	44.5	758	39.6	49.4
No	55.5	758	50.6	60.4
Comprehensiveness (Adult Behavior)				
Yes	59.5	400	51.1	67.8
No	40.5	400	32.2	48.9
Comprehensiveness (Child Development)				
Yes	70.1	1231	64.5	75.7
No	29.9	1231	24.3	35.5
Comprehensiveness (Child Prevention)				
Yes	72.0	1478	66.5	77.4
No	28.0	1478	22.6	33.5
Office Staff				
Always	75.6	759	71.4	79.9
Usually	20.8	759	16.8	24.8
Sometimes or Never	3.6	759	1.7	5.4
Information				
Yes	70.2	757	65.9	74.6
No	29.8	757	25.4	34.1
Coordination of Care				
Always / Yes	74.2	557	68.1	80.4
Usually	15.1	557	10.8	19.3
Sometimes or Never / No	10.7	557	6.2	15.3

[1] One practice (pediatric) in 2012. Two practices (one pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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TABLE D9. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Rutland Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	56.4	4445	51.9	60.9
Usually	25.6	4445	21.6	29.5
Sometimes or Never	18.0	4445	14.6	21.5
Communication				
Always	81.0	8105	78.9	83.0
Usually	14.1	8105	12.3	16.0
Sometimes or Never	4.9	8105	3.8	6.0
Shared Decision-Making				
A lot / Yes	63.5	1633	59.7	67.4
Some	20.5	1633	17.9	23.1
A little	5.1	1633	3.7	6.6
Not at all / No	10.8	1633	8.5	13.2
Self-Management Support				
Yes	43.0	2738	40.4	45.5
No	57.0	2738	54.5	59.6
Comprehensiveness (Adult Behavior)				
Yes	43.3	3139	40.3	46.2
No	56.7	3139	53.8	59.7
Comprehensiveness (Child Development)				
Yes	55.5	1629	50.2	60.7
No	44.5	1629	39.3	49.8
Comprehensiveness (Child Prevention)				
Yes	49.7	1958	44.5	55.0
No	50.3	1958	45.0	55.5
Office Staff				
Always	67.8	2754	65.4	70.3
Usually	23.9	2754	21.6	26.1
Sometimes or Never	8.3	2754	6.9	9.8
Information				
Yes	65.5	2741	63.0	68.0
No	34.5	2741	32.0	37.0
Coordination of Care				
Always / Yes	71.8	2869	69.1	74.6
Usually	14.2	2869	12.4	16.1
Sometimes or Never / No	13.9	2869	11.7	16.1

[1] Three practices (one pediatric) in 2012. Eight practices (one pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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TABLE D10. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Springfield Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	54.0	143	8.7	99.4
Usually	27.0	143	-15.8	69.7
Sometimes or Never	19.0	143	-21.3	59.3
Communication				
Always	84.3	326	75.1	93.5
Usually	12.6	326	4.3	21.0
Sometimes or Never	3.1	326	-1.5	7.7
Shared Decision-Making				
A lot / Yes	72.0	53	50.2	93.8
Some	14.8	53	0.6	29.0
A little	5.6	53	-3.7	14.8
Not at all / No	7.6	53	-3.4	18.7
Self-Management Support				
Yes	69.4	108	56.9	82.0
No	30.6	108	18.0	43.1
Comprehensiveness (Adult Behavior)				
Yes	64.0	164	51.1	76.9
No	36.0	164	23.1	48.9
Comprehensiveness (Child Development)				
Yes				
No				
Comprehensiveness (Child Prevention)				
Yes				
No				
Office Staff				
Always	82.1	106	71.5	92.6
Usually	17.0	106	6.6	27.3
Sometimes or Never	0.9	106	-0.9	2.8
Information				
Yes	62.8	105	49.3	76.4
No	37.2	105	23.6	50.7
Coordination of Care				
Always / Yes	68.8	103	53.4	84.3
Usually	16.6	103	6.8	26.4
Sometimes or Never / No	14.6	103	2.0	27.1

[1] No practices in 2012. One practice (no pediatric) in 2013. No child samples.
[2] Sum of responses from all questions making up the composite.

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TABLE D11. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the St. Albans Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	57.1	4702	52.9	61.2
Usually	25.4	4702	21.9	29.0
Sometimes or Never	17.5	4702	14.4	20.7
Communication				
Always	76.0	8788	73.8	78.2
Usually	16.4	8788	14.5	18.3
Sometimes or Never	7.6	8788	6.3	9.0
Shared Decision-Making				
A lot / Yes	60.9	1850	57.3	64.6
Some	22.1	1850	19.6	24.5
A little	4.8	1850	3.4	6.1
Not at all / No	12.2	1850	9.8	14.6
Self-Management Support				
Yes	44.8	2991	42.4	47.3
No	55.2	2991	52.7	57.6
Comprehensiveness (Adult Behavior)				
Yes	42.4	3689	39.7	45.2
No	57.6	3689	54.8	60.3
Comprehensiveness (Child Development)				
Yes	68.7	1342	63.3	74.1
No	31.3	1342	25.9	36.7
Comprehensiveness (Child Prevention)				
Yes	64.9	1616	59.5	70.4
No	35.1	1616	29.6	40.5
Office Staff				
Always	73.9	2996	71.7	76.1
Usually	19.8	2996	17.8	21.8
Sometimes or Never	6.3	2996	5.1	7.5
Information				
Yes	72.0	2988	69.7	74.3
No	28.0	2988	25.7	30.3
Coordination of Care				
Always / Yes	69.5	2999	66.7	72.3
Usually	14.4	2999	12.6	16.2
Sometimes or Never / No	16.1	2999	13.8	18.4

[1] Three practices (one pediatric) in 2012. Fourteen practices (four pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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TABLE D12. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the St. Johnsbury Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	48.0	4056	43.0	53.0
Usually	26.9	4056	22.7	31.0
Sometimes or Never	25.1	4056	20.8	29.4
Communication				
Always	80.4	8071	78.3	82.5
Usually	14.2	8071	12.4	16.1
Sometimes or Never	5.4	8071	4.2	6.6
Shared Decision-Making				
A lot / Yes	64.0	1856	60.5	67.5
Some	21.9	1856	19.4	24.3
A little	4.4	1856	3.1	5.7
Not at all / No	9.7	1856	7.5	11.8
Self-Management Support				
Yes	49.2	2733	46.6	51.8
No	50.8	2733	48.2	53.4
Comprehensiveness (Adult Behavior)				
Yes	54.4	3697	51.7	57.1
No	45.6	3697	42.9	48.3
Comprehensiveness (Child Development)				
Yes	64.8	696	57.0	72.6
No	35.2	696	27.4	43.0
Comprehensiveness (Child Prevention)				
Yes	62.5	830	54.5	70.5
No	37.5	830	29.5	45.5
Office Staff				
Always	71.3	2734	69.0	73.7
Usually	21.4	2734	19.3	23.6
Sometimes or Never	7.2	2734	5.9	8.6
Information				
Yes	69.0	2738	66.6	71.4
No	31.0	2738	28.6	33.4
Coordination of Care				
Always / Yes	75.9	2737	73.2	78.6
Usually	13.1	2737	11.3	15.0
Sometimes or Never / No	11.0	2737	8.9	13.1

[1] Seven practices (one pediatric) in 2012. Six practices (one pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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TABLE D13. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Upper Valley Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	39.3	2248	33.0	45.6
Usually	27.2	2248	21.5	32.8
Sometimes or Never	33.5	2248	27.6	39.5
Communication				
Always	79.3	4171	76.3	82.2
Usually	15.7	4171	13.0	18.3
Sometimes or Never	5.1	4171	3.4	6.7
Shared Decision-Making				
A lot / Yes	64.8	1134	60.4	69.2
Some	21.1	1134	18.0	24.2
A little	5.9	1134	4.0	7.8
Not at all / No	8.2	1134	5.7	10.8
Self-Management Support				
Yes	48.8	1408	45.2	52.4
No	51.2	1408	47.6	54.8
Comprehensiveness (Adult Behavior)				
Yes	44.4	2112	40.7	48.0
No	55.6	2112	52.0	59.3
Comprehensiveness (Child Development)				
Yes				
No				
Comprehensiveness (Child Prevention)				
Yes				
No				
Office Staff				
Always	73.4	1408	70.3	76.6
Usually	21.3	1408	18.4	24.3
Sometimes or Never	5.3	1408	3.6	6.9
Information				
Yes	70.4	1421	67.0	73.7
No	29.6	1421	26.3	33.0
Coordination of Care				
Always / Yes	67.4	1577	63.5	71.4
Usually	17.1	1577	14.4	19.7
Sometimes or Never / No	15.5	1577	12.4	18.6

[1] Seven practices (one pediatric) in 2012. Six practices (one pediatric) in 2013. No child samples.
[2] Sum of responses from all questions making up the composite.

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TABLE D14. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Windsor Health Service Area (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	53.7	1552	46.2	61.2
Usually	28.8	1552	22.1	35.5
Sometimes or Never	17.5	1552	11.8	23.2
Communication				
Always	85.4	2791	82.2	88.6
Usually	12.2	2791	9.2	15.1
Sometimes or Never	2.4	2791	1.1	3.8
Shared Decision-Making				
A lot / Yes	58.9	367	50.6	67.2
Some	26.7	367	20.8	32.5
A little	5.4	367	2.4	8.5
Not at all / No	9.0	367	4.4	13.6
Self-Management Support				
Yes	41.9	937	37.6	46.2
No	58.1	937	53.8	62.4
Comprehensiveness (Adult Behavior)				
Yes	43.2	787	37.2	49.2
No	56.8	787	50.8	62.8
Comprehensiveness (Child Development)				
Yes	68.0	1053	61.7	74.2
No	32.0	1053	25.8	38.3
Comprehensiveness (Child Prevention)				
Yes	64.1	1254	57.7	70.5
No	35.9	1254	29.5	42.3
Office Staff				
Always	58.9	943	54.5	63.3
Usually	31.8	943	27.6	36.0
Sometimes or Never	9.3	943	6.7	11.9
Information				
Yes	60.5	930	56.0	64.9
No	39.5	930	35.1	44.0
Coordination of Care				
Always / Yes	71.0	856	65.8	76.1
Usually	15.5	856	11.9	19.1
Sometimes or Never / No	13.5	856	9.4	17.6

[1] No practices in 2012. Two practices (no pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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TABLE D15. CAHPS PCMH Survey Composite Global Proportions for Practices1 in the Vermont (Aggregated 2012-2013 Adult and Child Results)

Composite	Composite Global Proportion	*n* (Sum of Responses)[2]	95% Lower Confidence Limits	95% Upper Confidence Limits
Access				
Always	58.2	40293	56.7	59.6
Usually	25.5	40293	24.2	26.7
Sometimes or Never	16.3	40293	15.3	17.4
Communication				
Always	81.6	74272	80.9	82.2
Usually	13.8	74272	13.2	14.4
Sometimes or Never	4.6	74272	4.2	5.0
Shared Decision-Making				
A lot / Yes	64.0	13872	62.7	65.3
Some	22.2	13872	21.3	23.1
A little	4.4	13872	3.9	4.9
Not at all / No	9.4	13872	8.6	10.2
Self-Management Support				
Yes	44.2	25100	43.4	45.1
No	55.8	25100	54.9	56.6
Comprehensiveness (Adult Behavior)				
Yes	47.0	27607	46.0	48.0
No	53.0	27607	52.0	54.0
Comprehensiveness (Child Development)				
Yes	65.0	16982	63.4	66.6
No	35.0	16982	33.4	36.6
Comprehensiveness (Child Prevention)				
Yes	63.2	20386	61.6	64.8
No	36.8	20386	35.2	38.4
Office Staff				
Always	73.1	25158	72.3	73.9
Usually	21.0	25158	20.3	21.7
Sometimes or Never	5.9	25158	5.5	6.4
Information				
Yes	68.6	25115	67.8	69.4
No	31.4	25115	30.6	32.2
Coordination of Care				
Always / Yes	72.8	23969	71.9	73.8
Usually	14.3	23969	13.7	14.9
Sometimes or Never / No	12.9	23969	12.1	13.6

[1] Forty-eight practices (12 pediatric) in 2012. Seventy-two practices (16 pediatric) in 2013.
[2] Sum of responses from all questions making up the composite.

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