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# **Electronic Survey Distribution: Better, Faster Cheaper?**

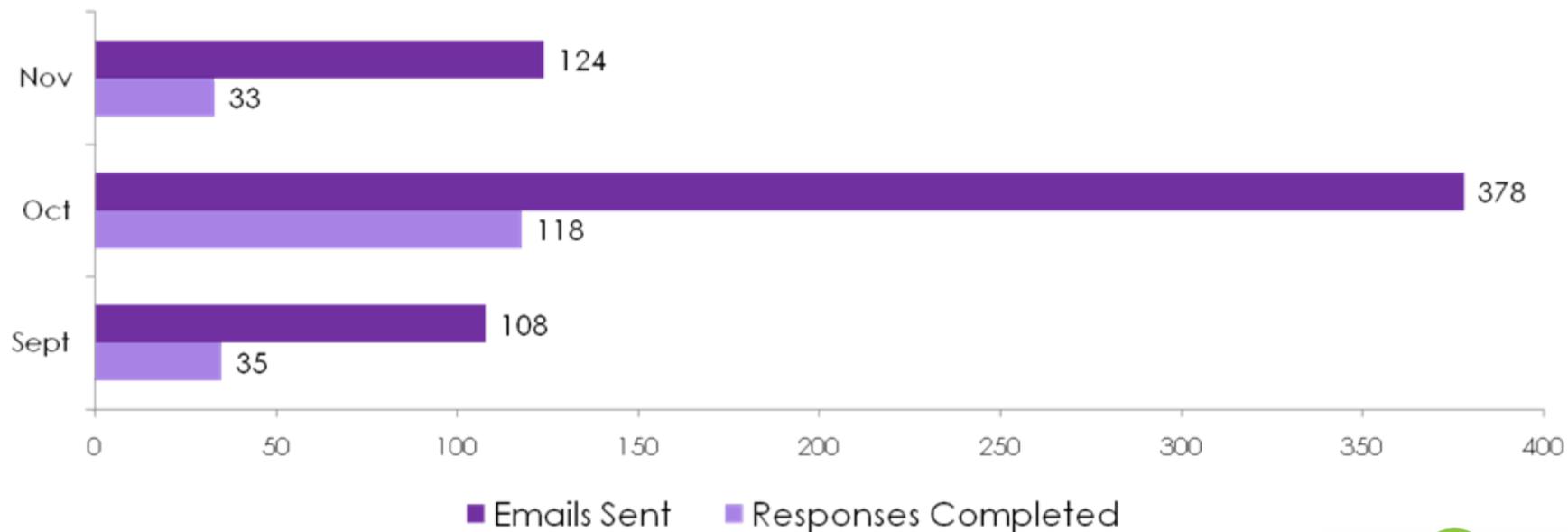
**Effectiveness of Email Survey Delivery and  
Comparison of Scales for CG CAHPS Visit Survey**

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President & CEO**

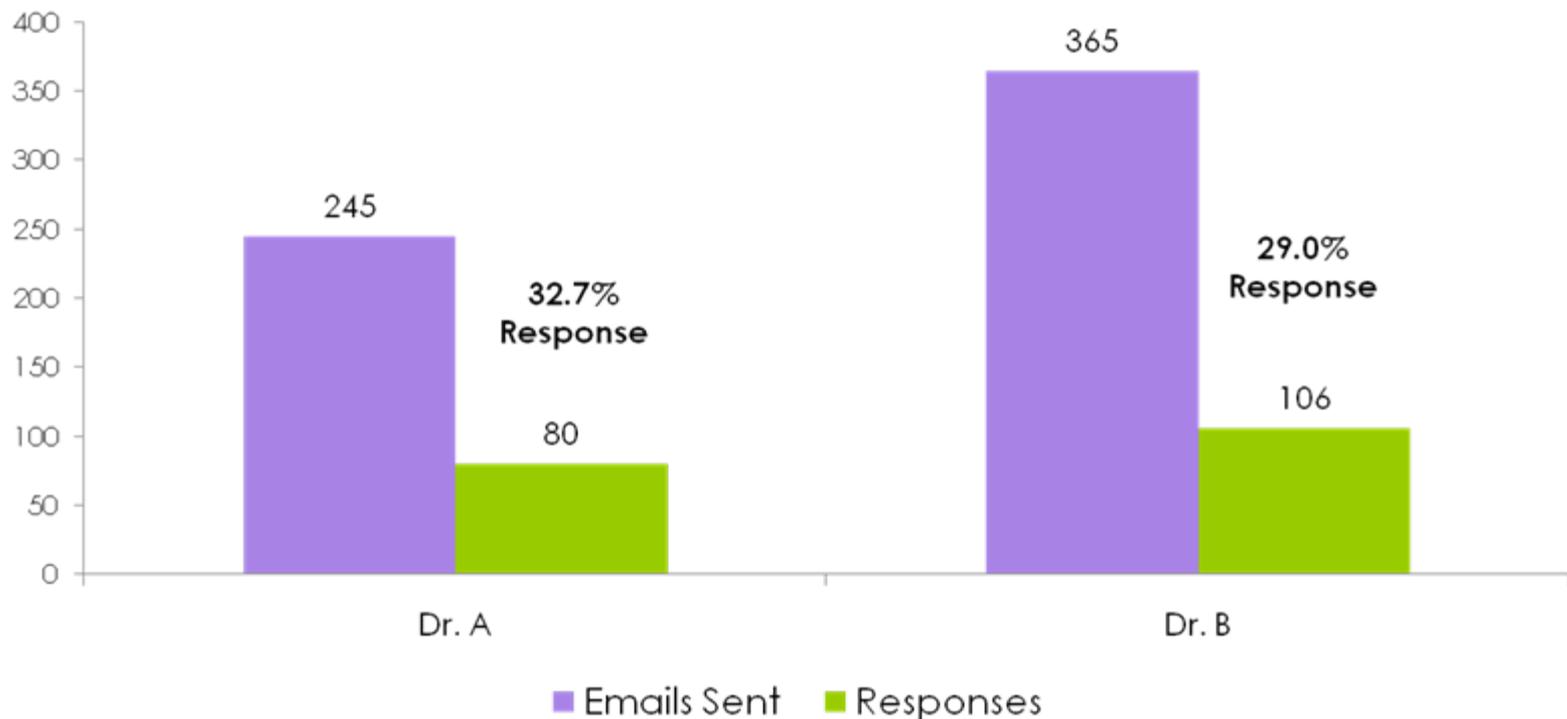
The survey was conducted for a 2-physician family practice associated with SilverCross Hospital in Joliet, IL

Utilized e-mail to distribute a link to a version of the CG CAHPS Visit Survey

Between 09/09/2008 – 11/12/2008, 610 emails were sent and 186 surveys were completed. Overall response rate = 30.5%.



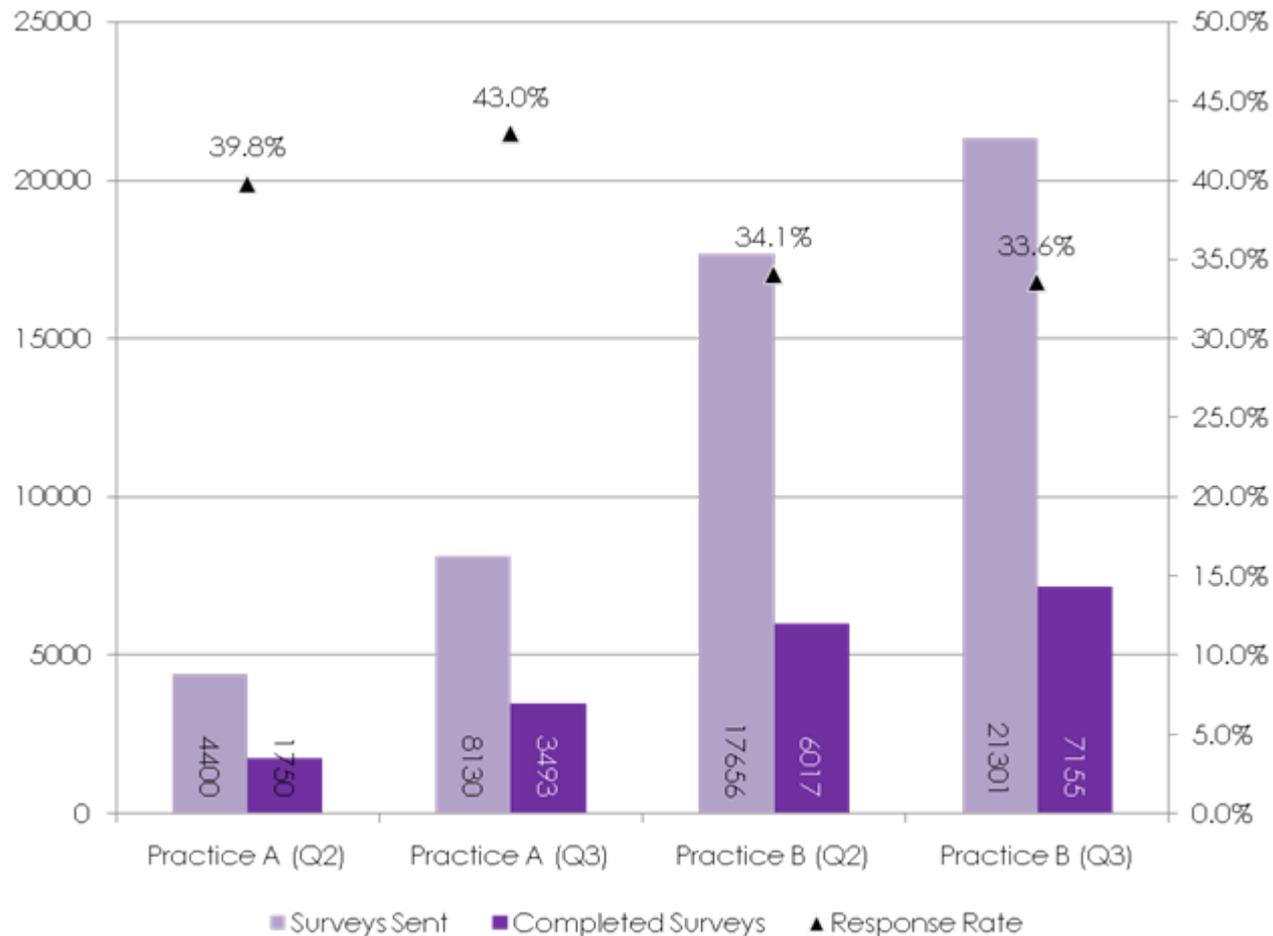
## Response rate by physician:



	Average lag between survey sent and response received	Responses
0-10 Scale	<b>2.2 days</b>	<b>95</b>
Yes/No	<b>2.9 days</b>	<b>91</b>

P-value = .223

# Other Practices Using Email Distribution



## Practice A – Surgical practice with 35 physicians

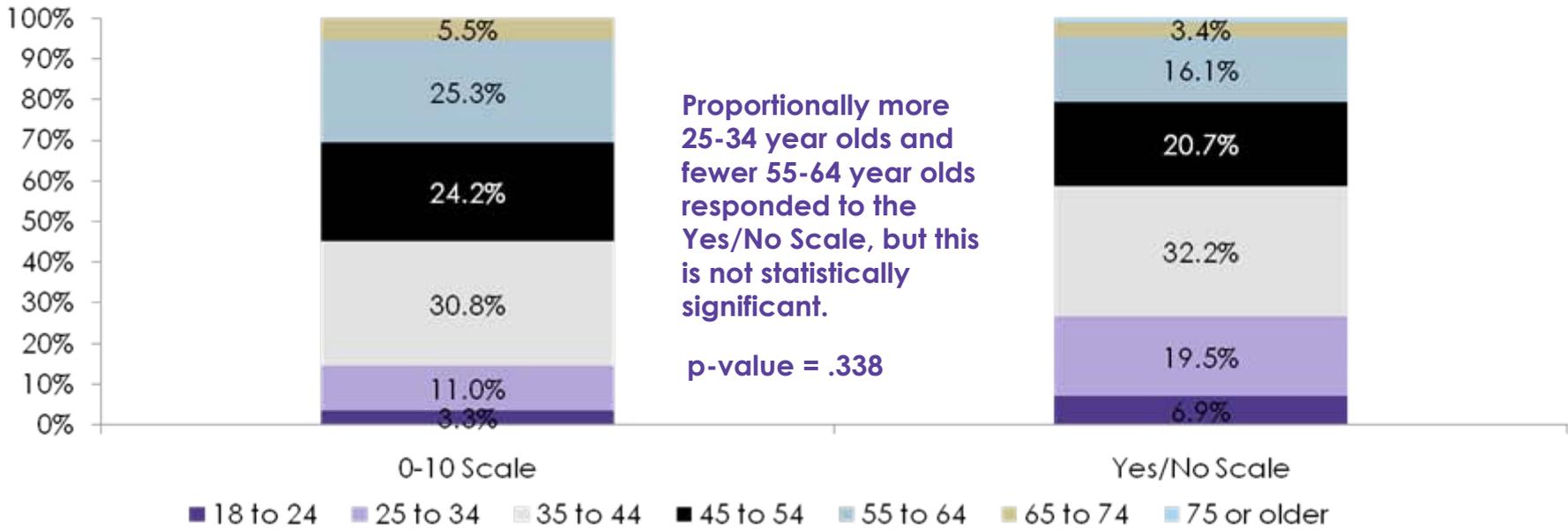
•42% response, resulting in approximately 150 completed surveys per MD over 6 months

## Practice B – Orthopaedic practice with 100 physicians

•34% response, approximately 130 completed surveys per MD over 6 months

# Average Age of Respondents

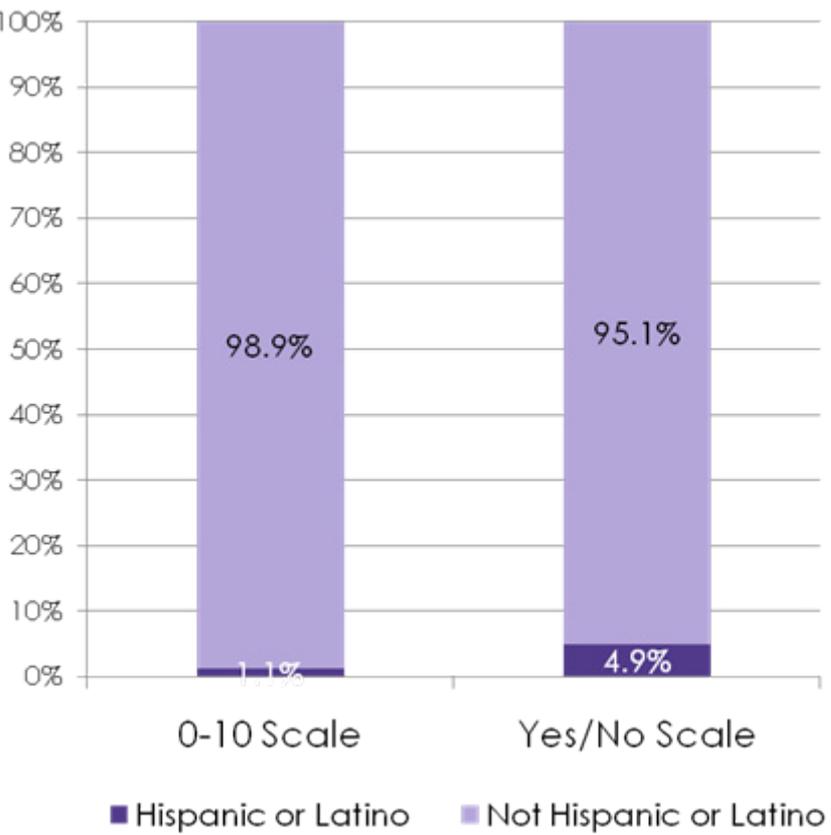
There is not a significant difference between surveys in the observed average age of respondents. Average age of patient for the practice is:



Non-respondents are younger:

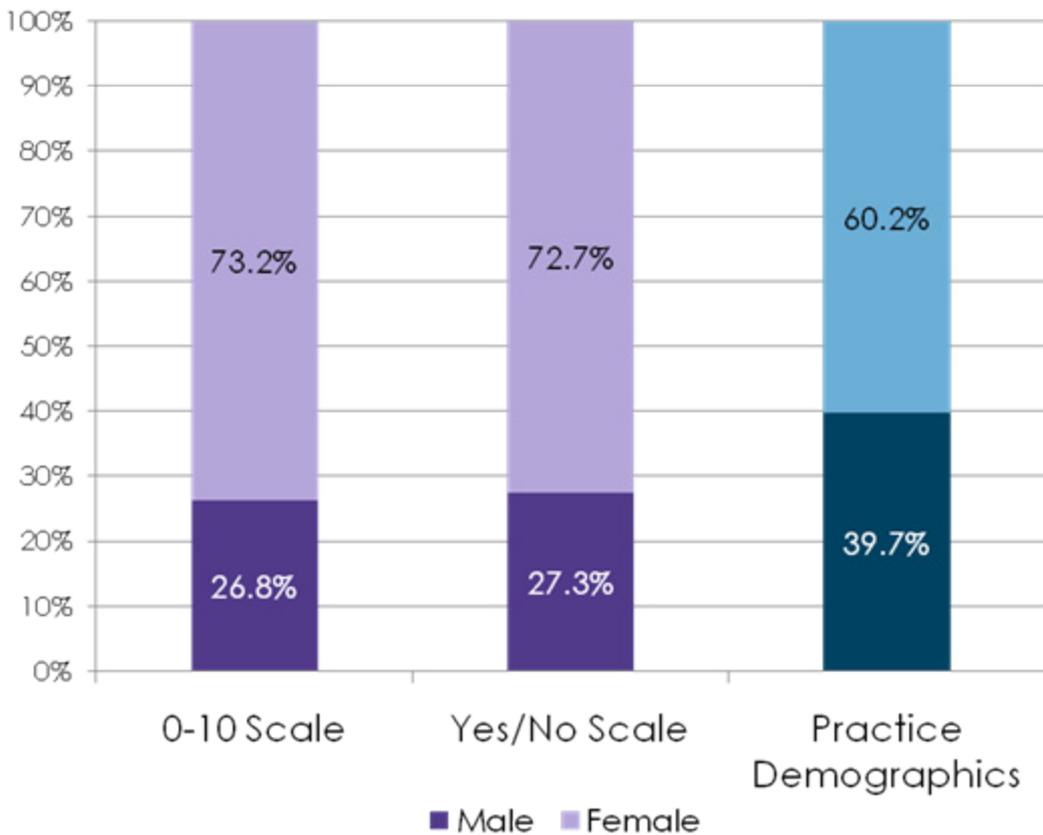
Respondent Age	Non-Respondent Age	p-value
43	39	.005

# Race and Gender of Respondents



p-value .145

- Respondents to both surveys overwhelmingly identified themselves as non-Hispanic.
- 97.9% identified themselves as white on the 0-10 and 95.3% on the Y/N.



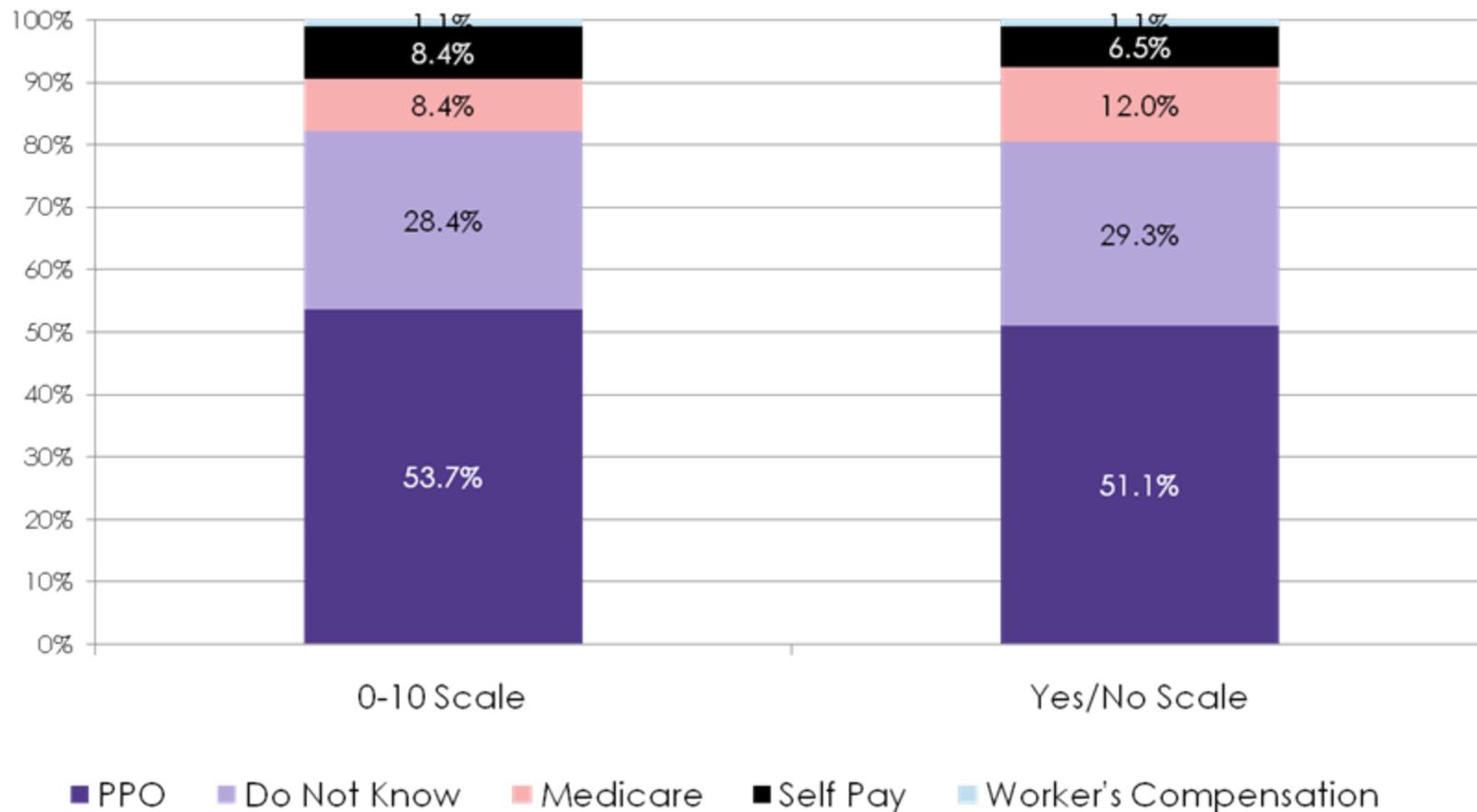
p-value .952

- More females completed both surveys
- Consistent with the practice gender mix

# Insurance of Respondents

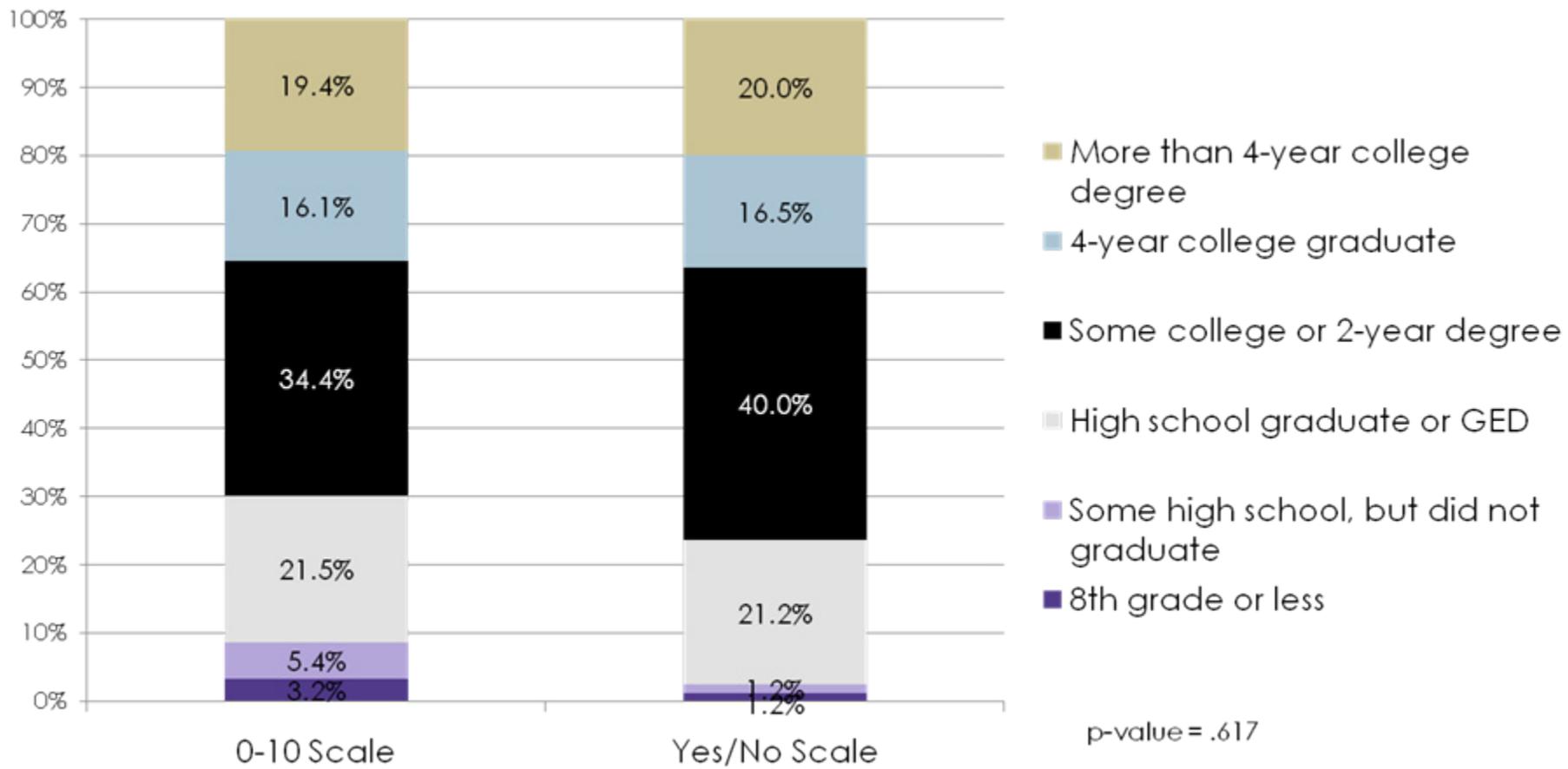
Respondents to both surveys had similar insurance mix.

Per the practice, 15% of patients have Medicare, and 30% have BCBS PPO.



# Education Level of Respondents

Respondents to the Yes/No and 0-10 Scales tended to have a similar education mix, with slightly more respondents to the Yes/No scale having had at least some college.



## **“Top Box” Comparisons:**

- **Percentage of patients who responded “Yes, definitely” on the Yes/No Scale**
- **Percentage of patients rating of “10” on the 0-10 Scale**

## **Other Metrics:**

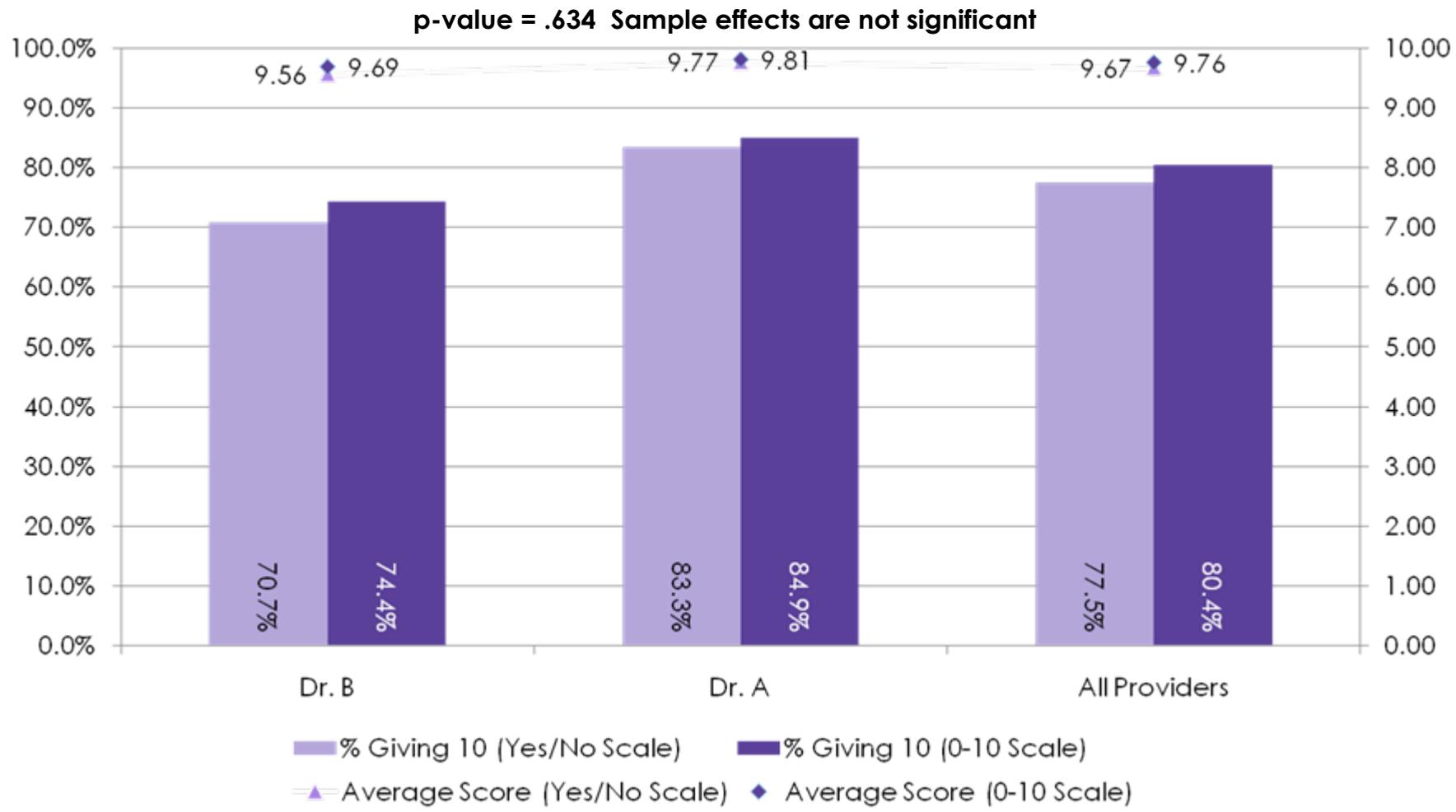
- **% 9 and 10 are also provided for comparison**
- **The average score for the 0-10 Scale is provided**

# Rate Provider – Same Question On Both Surveys

Both survey scales asked respondents to rate the Doctor on a 0-10 scale.

On a scale from 0 to 10 where 0 is the worst possible doctor and 10 is the best possible doctor, what number would you use to rate this doctor? ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Worst Best



# Doctor Explained things - Easy to Understand

During your most recent visit, did this doctor explain things in a way that was easy to understand?

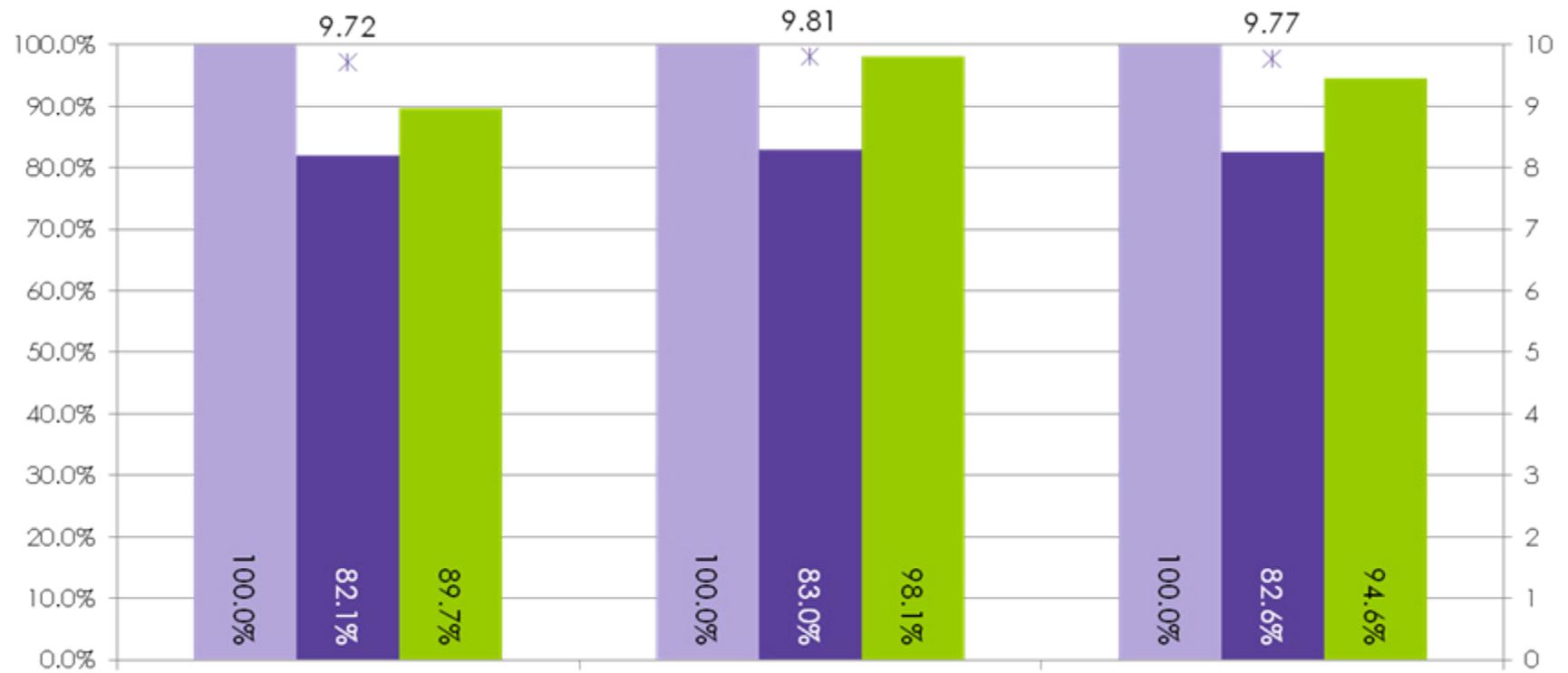
Yes, definitely  Yes, somewhat  No

On a scale from 0 to 10, where 0 is the worst possible and 10 is the best possible, please answer the following questions rating your experience with your doctor:

This doctor explained things in a way that was easy to understand?

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Worst Best



■ % Top Box (Yes/No) ■ % Giving 10 (0-10) ■ % Giving 9 or 10 (0-10) ✱ Average Score (0-10)

p-value < .0001









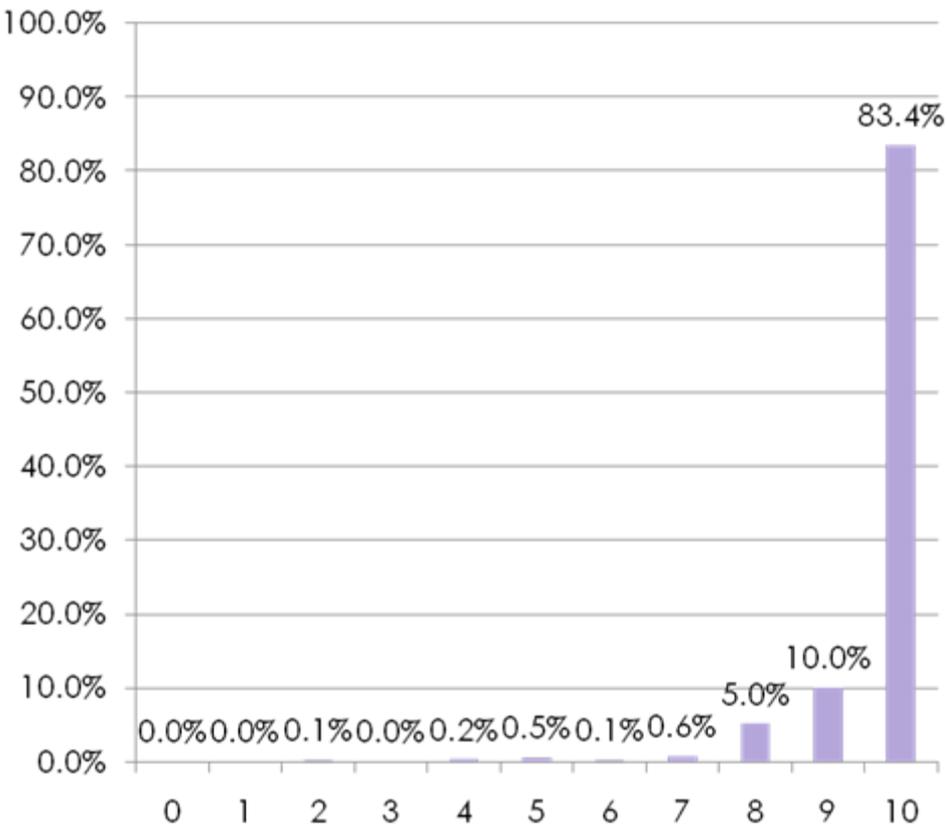




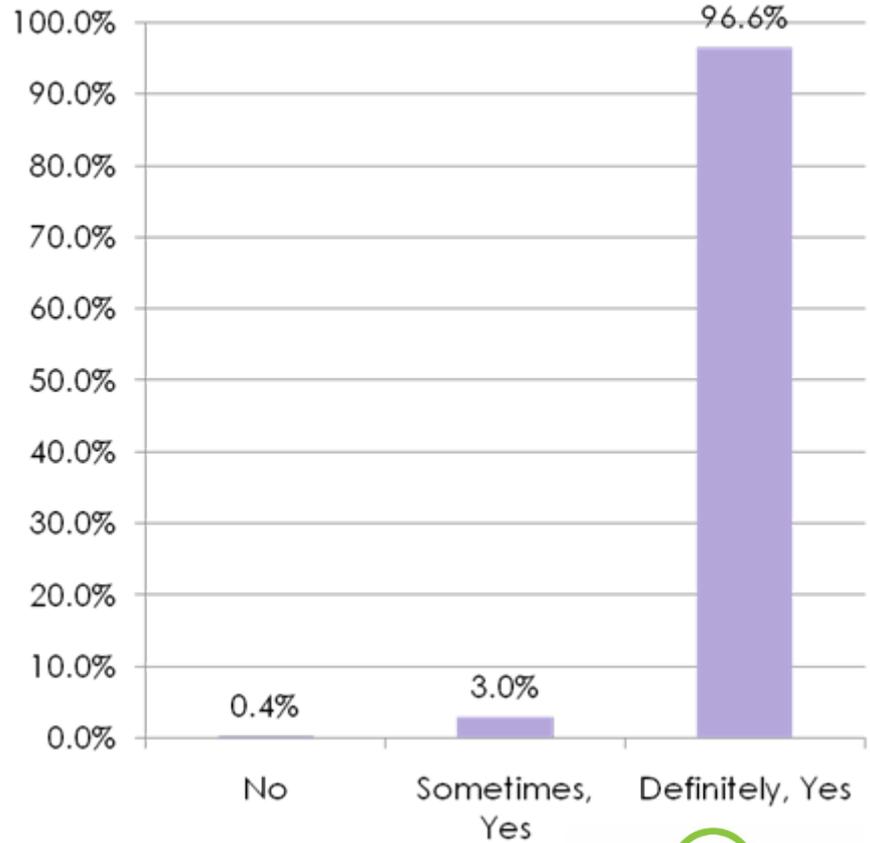
# Distribution of Scores on 0-10 Scale vs. Yes/No

- 0-10 scale allows for greater discrimination.
- If goal is to identify performance improvement opportunities, the 0-10 scale is better.

### 0-10 Scale



### Yes/No Scale



## **Email is a viable method for distributing surveys to patients**

- High response rates
- Non-respondent age runs counter to conventional wisdom
- Representative sample achieved within 2 months for both physicians

## **0-10 scale provides more discrimination**

- No significant difference between the patients taking each survey
- 0-10 provides higher variation in responses
- More actionable for provider to respond and improve