

# The Priority of Developing and Implementing **CAHPS Maternity Care Facility, Clinician, and Health Plan Surveys**

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To measure the crucial area of patients' experiences of health care, the Agency for Healthcare Research and Quality has developed the CAHPS surveys – Consumer Assessment of Healthcare Providers and Systems (<https://cahps.ahrq.gov> and [www.hcaphsonline.org](http://www.hcaphsonline.org)). CAHPS survey results are being used to help people choose care providers, care settings, and health plans; to help health professionals, facilities, and plans improve the quality of their services; and to inform accrediting bodies, policy makers, purchasers, and researchers about health care quality. The original generic set of surveys has been adapted for measuring some specific types of health care and populations – for example, dental plans, home health care, and American Indians.

This document identifies limitations in applying the original generic surveys to maternity care and the population of childbearing women and newborns. CAHPS Maternity Care facility, clinician and group, and health plan surveys are needed to measure care experiences in this large important population and clinical area. With nearly 4 million births in 2012, mothers and newborns accounted for 22% of hospital discharges. For both Medicaid and private insurers, “mother’s pregnancy and delivery” and “newborn infants” are by far the most common and costly hospital conditions. Maternity care impacts the entire population during the crucial developmental period at the beginning of life, and 85% of women experience one or more episodes of maternity care. Because the clinician and health plan surveys do not distinguish between maternity and other types of care, they cannot be used to help the various stakeholders understand experiences of maternity care. Although the HCAHPS survey could potentially be segmented to obtain results specifically from women who give birth in hospitals, the content is in many respects not suited for this type of care. Other limitations of these surveys for maternity services are noted below. Having English and, at a minimum, Spanish versions of these surveys would help measure experiences of the great majority of childbearing women and newborns.

## Limitations of CAHPS Adult and Child Hospital Survey (HCAHPS) for Childbearing Women and Newborns

1. Three of 28 core questions and one summary measure in HCAHPS focus on pain control, an important domain for childbearing women.

- ▶ Childbirth involves distinctive pain control issues. The incentive in the generic measure is for having pain "well controlled." This does not take into account trade-offs (e.g., high-dose epidural analgesia immobilizes women, interferes with labor progress and ability to push, and involves routine co-interventions), women's potential preferences (e.g., for comfort measures and non-pharmacologic approaches such as tubs and showers), and the importance of access to good information about and a choice among pharmacologic and non-pharmacologic methods of help with labor pain.
  - ▶ Childbirth has diverse pain contexts. Generic questions about "pain" cannot adequately assess the quality of maternity care due to distinctions among: pain during labor and vaginal childbirth, pain during a cesarean procedure (should be absolutely controlled), post-operative pain after cesarean (applies to about one woman in three), and postpartum perineal pain, including from episiotomy and lacerations.
2. Three of 28 core questions and one summary measure focus on communication about medicines. Widely used intrapartum medications include synthetic oxytocin for multiple stages/objectives), opioid and other drugs for pain, prostaglandins, and antibiotics. However, it is questionable whether childbearing women routinely understand that "given any medicine" includes introduction through intravenous and other routes, in addition to more conventionally recognized pills and injections, and how well informed they are about contents of IV lines.
  3. Three of 28 core questions and one summary measure ask about "doctors." This raises concerns about the ability of the questionnaire to capture and report well women's experiences with midwives.
  4. The current survey focuses on hospital care. It is also important to ensure that an experience of care instrument applies to the generally high-performing option of freestanding birth centers to enable comparison of hospital and birth center experiences; help women make informed choices about options in their community; and inform purchasers, facilities, professionals and health plans about these matters. Without this information, the survey would also disadvantage birth centers and miss an opportunity to foster competition and improve quality and value.
  5. Distinctive aspects of newborn care cannot be captured in a generic pediatric survey, and many items that are included in the recently developed CAHPS Child Hospital Survey do not apply to newborns. In 2012, 11 % of hospital discharges were newborns. The mother's and family's experience of facility newborn care should be captured when the childbearing woman's experience of care is captured. The care and well-being of the woman and her newborn are interrelated.

## Limitations of CAHPS v2.0 Adult and Child Clinician and Group Surveys (CG-CAHPS) for Childbearing Women and Newborns

1. To best capture experience of prenatal and postpartum care, questions should be framed for this context.
2. The time frame on the adult survey is the "last 12 months" versus the episode of maternity care. The time frame on the child survey is the "last 12 months" versus the newborn period.

3. Many questions on the current child survey do not apply to newborns and newborn care (for example, whether parent and provider have discussed child's time with computer and TV, child's exercise, and how child gets along with others).

## Limitations of CAHPS v5.0 Health Plan Surveys (Adult Commercial, Adult Medicaid, Child Commercial, Child Medicaid) for Childbearing Women and Newborns

1. The care provider is “your personal doctor” or “your child’s personal doctor” (described as a primary care provider), whereas “your maternity care provider” would be needed to assess the maternity care of a physician, midwife, or other possible maternity provider. A single item is used to rate whatever specialist has most often been seen.
2. The adult survey asks about care that may have been received three or more times for a specific condition or problem, and excludes pregnancy. Pregnancy is also excluded for a medication-related question.
3. The adult and child versions of the core survey do not cover care in facilities, a major segment of maternity care for nearly all childbearing women and newborns. For both commercial payers and Medicaid, by far the most common and costly inpatient principle diagnoses are woman’s pregnancy and birth and newborn infant (AHRQ Statistical Brief #107).
4. The time frame on the adult surveys is the “last 12 months” versus the episode of maternity care. The time frame on the child surveys is “last 12 months” versus the newborn period.
5. Many questions on the current child surveys do not apply to newborns and newborn care.

For these reasons, it would be appropriate to exclude childbearing women and newborns from the generic HCAHPS, CG-CAHPS, and CAHPS Health Plan Surveys and develop and implement adaptations that appropriately capture the relevant domains for this population and the distinctive aspects of maternity care. It is unlikely that use of existing generic surveys will provide incentives for maternity care quality improvement and will offer meaningful results for women choosing maternity services and other stakeholders with an interest in maternity care, as have been documented when experience of care surveys are more congruent with the type of care that is being measured.

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