

# **American College of Surgeons**

## CAHPS Surgical Care Survey Focus Groups: Reports Testing

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## **Executive Summary**

American College of Surgeons developed a Cross-Surgical Version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS). Upon submission of the Surgical Survey, the Agency for Healthcare Research and Quality (AHRQ) has asked us to complete focus groups to test the reporting composites with surgical patients.

Two focus groups were conducted in early February 2010, involving eight participants. These participants were diverse demographically and had undergone non-emergency surgery within the past six months. Using a structured interview protocol, all focus group participants were asked about their use of quality information, to create composites, to analyze the researcher's composites, to create titles for the composites, and to discuss any additional information that would be useful when choosing a surgeon.

All participants in both focus groups agreed that reporting composites from the Surgical Survey would be useful quality information in selecting a surgeon. Overall, there were eight groupings, or composites, that arose from the two focus groups that made sense to the participants and shared a common surgical theme, or characteristic:

1. Surgeon Communication Before Your Surgery
2. Surgeon Communication After Your Surgery
3. Surgeon Care Before Your Surgery
4. Surgeon Care on the Day of Your Surgery
5. Surgeon Care After Your Surgery
6. Clerks and Receptionists at Surgeon's Office
7. Surgeon/Patient Shared-Decision Making
8. Anesthesia Care

While some of the composites and the reporting scores are more important to consumers than others, the participants felt that all of the above composites ultimately yield quality information, whether it is for the patients or for the surgeons.

## **Background**

This report presents the results of focus groups conducted to obtain input from surgical patients about the structure of consumer reports about the quality of surgical care, input about the content of the reports, and input about surgical patients' experience using consumer reports about health care quality and factors that would influence their use. Patients, practice groups, health plans, and insurers have a need for information about their surgeon's performance and the main emphasis of this survey is to measure aspects of surgical quality that are important to such consumers.

In previous field test analysis, we examined potential reporting composites to be used in public and consumer reports based on survey data. The final four reporting composites

were the results of multiple rounds of composite identification and confirmation analyses: pre-surgical care, peri-operative care, post-surgical follow-up, and office staff. These reporting composites were developed for the purpose of summarizing surgical patients' experiences with their surgeons. Previous field test analysis also indicated that items asking about communication should be kept distinct in both the pre-surgical and post-surgical composites. While there was a strong association between pre-surgical and post-surgical ratings on the same specific skills and abilities for a large majority of patients, a substantial minority indicated that pre-surgical communication and post-surgical communication differed for the same surgeon and expressed strong dissatisfaction with these factors post-surgery. The four composites and their corresponding items are listed below:

#### Care Before Surgery

- Surgeon or health provider from this surgeon's office gave enough information before surgery
- Surgeon or health provider from this surgeon's office gave easy to understand instructions
- Surgeon listens carefully to you (pre-surgery)
- Surgeon encourages you to ask questions (pre-surgery)
- Surgeon spends enough time with you (pre-surgery)
- Surgeon treats you with courtesy and respect (pre-surgery)

#### Care During Surgery

- Did surgeon visit you before surgery
- Did visit make you feel more calm and relaxed
- Did surgeon visit you and discuss the outcome of your surgery

#### Care After Surgery

- Surgeon or health provider from this surgeon's office explains what to expect during recovery

- Surgeon or health provider from this surgeon's office warn you about symptoms that require immediate attention
- Surgeon or health provider from this surgeon's office give you easy to understand instructions about what to do during recovery
- Surgeon made sure you were physically comfortable after surgery
- Surgeon listens carefully to you (post-surgery)
- Surgeon encourages you to ask questions (post-surgery)
- Surgeon spends enough time with you (post-surgery)
- Surgeon treats you with courtesy and respect (post-surgery)

#### Office Staff

- Clerks and receptionists are as helpful as you thought they should be
- Clerks and receptionists treat you with courtesy and respect

This report presents the results of the reports testing with target audiences.

## Methods

This section describes the characteristics of the focus group participants, and the approaches used to recruit for, conduct, and analyze the results from the groups.

### ***Recruitment***

Recruitment for the focus groups was conducted by ACS staff using screening protocols to enlist the desired target audience. These protocols were very similar to the previous focus group screening protocol and the criteria are listed below:

A surgery within the past six months and involved the use of anesthesia or required an overnight stay

A scheduled (non-emergency) surgery

At least 18 years old

Able to speak and understand English

## ***Participants***

For the first group, four participants were recruited. For the second group, seven participants were recruited. Across these two groups, three participants did not show up, resulting in a sample of eight. Tables 1 and 2 provide information about the eight focus group participants.

## ***Procedures***

The first focus group was held on Tuesday, February 2, 2010 and the second was held on Thursday, February 4, 2010. Both groups were held at American College of Surgeons office in Washington, DC. Each group lasted approximately 90 minutes.

*Consent.* At the outset of each group, participants were asked to complete a consent form. The form outlined the purpose of and procedures involved in the research, risks and benefits, issues related to confidentiality, whom to contact with questions and concerns, and the voluntary nature of participation. It noted that participants would receive compensation for their time (\$50). The form also gave permission to audio-record the group.

Table 1. Participant Characteristics

|                                    | 2-Feb-10 | 4-Feb-10 | TOTAL |
|------------------------------------|----------|----------|-------|
| Gender                             |          |          |       |
| Male                               | 2        | 1        | 3     |
| Female                             | 0        | 5        | 5     |
| Age                                | 43.5*    | 52.2*    | 50*   |
| Race/ Ethnicity                    |          |          |       |
| Caucasian                          | 2        | 3        | 5     |
| African American                   | 0        | 1        | 1     |
| Asian                              | 0        | 1        | 1     |
| Other                              | 0        | 1        | 1     |
| Anesthesia                         |          |          |       |
| Yes                                | 1        | 6        | 7     |
| No                                 | 1        | 0        | 1     |
| Had surgery prior to index surgery |          |          |       |
| Yes                                | 0        | 5        | 5     |
| No                                 | 2        | 0        | 2     |
| Missing Data                       | 0        | 1        | 1     |

\*Figure represents the mean.

*Protocol.* Elizabeth Hoy, an experienced moderator, led each focus group using a protocol developed by ACS. The protocol was semi-structured in nature and questions were open-ended to elicit in-depth responses from participants. Each group discussed the following:

Use of quality information  
 Respondent derived composites  
 Analysis derived composites  
 Titles for composites  
 Other information for choice

For each group, the moderator was accompanied by another ACS staff member who took notes. In addition, the second focus group was audio-recorded and these recording were used for reference to supplement the notes taken in real time.

Table 2. Participants' Surgeries

| 2-Feb-10                                                                                                                       | 4-Feb-10                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Tosis and eyelid surgery (Blephoraplasty)</li> <li>• Nasal passage surgery</li> </ul> | <ul style="list-style-type: none"> <li>• Adenoid cystic carcinoma - right ear removal</li> <li>• Hysterectomy (total)</li> <li>• Laser surgery on throat</li> <li>• Colon/Bowel resection</li> <li>• Hysterectomy</li> <li>• Laproscopic fibroid myomectomy</li> </ul> |

*Analysis/Summary of Findings.* ACS staff examined the focus group notes and the findings were summarized in the report.

*Limitations.* The findings presented in this report are based on the opinions expressed by participants during the focus groups.

## Results

This section summarizes the results from the two focus groups we conducted.

*Use of Quality Information.* In the focus groups, the participants were asked a series of questions about use of quality information to yield individual thought and group discussion. The moderator began by asking if any of the participants have ever used a magazine, internet, or report such as Washington Checkbook when making a big purchase, such as a TV or car. Both focus groups agreed that they have used comparative information when making a decision about a major purchase. This ideology was then translated into the choice of surgeon. Most participants seem to agree that they used some sort of information to pick their surgeon. Participants stated quality information for making a decision about their surgeon included: a recommendation from friend, family, or primary care physician; surgeon's hospital affiliation; surgeon's or hospital's website information; insurance coverage; proximity to home; surgeon's procedure history; and surgeon's personality.

In both groups, the strongest themes included: recommendation from friend/family/primary care physician and surgeon's personality. Recommendations were thought to be very useful quality information because they came from a trusted source that had a positive history with a certain surgeon. The surgeon's personality was also a very significant piece of quality information because participants felt that a surgeon who was confident, caring, honest, and willing to answer all their questions was better equipped to do their surgery.

*Respondent Derived Composites.* The moderator described the surgical survey to the participants and explained that answers would be rolled into a quality report that patients, like themselves, would be able to use when they need to choose a surgeon. The moderator also explained that giving patients the answers to every single question from the survey would be too confusing and too much information to easily compare and gain quality information about surgeons. Thus, the questions are grouped into categories. The participants viewed examples from other surveys, including Medicare Compare and Medi-Cal.

The participants were then given all the questions in the survey on note cards, and asked to organize the questions into groups based on one characteristic of surgical care that makes sense to them. The participants were also asked to write a title for each group of questions they created.

After each participant completed the task, the moderator went around the table and asked each participant to read their grouping, including the title and items included. The groupings were written on a flip chart for comparison in the next round of discussion.

*Analysis Derived Composites.* The focus group participants were shown the groupings of questions that the researchers who developed the surgical survey created based on statistical analysis. The moderator asked both groups to discuss the differences in the groupings they created and the groupings the survey researchers created. They were also asked give a title to each of the researcher's groupings.

For the first grouping, Care Before Your Surgery, the first focus group suggested: Getting Information about your Surgery. They agreed overall with the grouping of questions for this category. One participant in the second focus group had almost the exact same grouping as the one researchers created, although she included the "before your surgery" shared-decision making questions. The second group felt that these questions seemed to fit well in the "before your surgery" grouping. The moderator explained that these shared-decision making questions are not rolled into this composite because they do not always statistically correlate with overall quality of care ratings, although they do provide actionable items for the surgeon. These questions might also provide information that consumers feel is very useful. The majority of the focus group agreed that knowing the results of the shared-decision making questions would be useful because high scores would indicate a surgeon who is more confident, open, and knowledgeable about their condition and treatment options. One participant indicated that these questions would not provide useful information for her because she would like to leave the decisions about

treatment in the hands of a professional who can tell her what is best to do. Thus, shared-decision making items are more important to some patients than others and should not be rolled into the pre-operative composite. Having it as a separate rating would allow patients to decide whether or not they want to compare those scores.

For the second grouping, Care on the Day of Your Surgery, the first focus group suggested: Pre-anesthesia on the Day of Your Surgery. They felt that this grouping was important because it excluded the questions about the anesthesiologist, who they felt was secondary to the surgeon. The grouping covered the critical interaction with the surgeon right before one “goes under the knife.” The second focus group felt that the anesthesia care was appropriate to leave out in this grouping as well. Because an anesthesiologist works within a hospital system, it makes sense to separate out this care from the surgeon. One participant stated that an anesthesiologist is not something considered when choosing a surgeon, and you would not typically know who will be delivering your anesthesia care on the day of your surgery. The anesthesia questions may be more actionable for the surgeon to improve quality of care because if they review their results and find their anesthesia scores consistently low, they can take it up with the hospital and anesthesiology group.

For the third grouping, Care After your Surgery, the first focus group suggested that this could almost be broken into smaller categories of: Right After your Procedure and During your Hospital Stay. These could only be broken down in this manner if one had a hospital stay of two or more days. Therefore, the group understood why the researchers coupled the questions into one composite. One participant in the second focus group suggested a very similar grouping: Immediate Post-op Care and Long-Term Post-op Care. When questioned about this grouping, the participant indicated that it was due to the similar wording of “After your surgery” in her Immediate Post-op Care group.

The communication skills are broken out into the “Before your Surgery” and “After your Surgery” groupings. The moderator asked the focus groups at this time if it made sense to have these communications items split into these groupings, or if it made more sense to split these out into one or more “communications” grouping. Most of the participants felt strongly that it made sense to have the pre-surgery communications items separate from the post-surgery communications items. One participant stated that she had a very different experience with communication skills from her surgeon before and after the procedure. The lack of communication he provided after her surgery made her feel very scared and alone. The group felt that it was necessary to keep these items separated so one could compare before and after communications skills.

For the fourth grouping, Office Staff, the first focus group thought this was good to separate the clerks and receptionists out from the rest of the categories because they are not skilled health care providers and do not have a physical presence at the actual surgery. They suggested Clerks and Receptionists at this Surgeon’s Office as a grouping title. The second focus group also agreed with this grouping because the clerks and receptionists will not have a major impact on their surgical care. They felt their role was more to help reduce anxiety levels by creating a calm and relaxed office environment

before and after surgery. Clerks and receptionists are also continuous throughout the surgical experience, so these questions would not fit in any of the either groupings since those are broken down based on before, during, and after your procedure.

*Other information for choice.* In this part of the discussion, the moderator asked the focus groups participants where they would want to go to find the results and scores of the surgical survey. And, what would be considered a trusted source for this information. The first focus group suggested it would be useful to create a sort of “car fax” report for surgeons, where all the information was gathered in one easy-to-find location, preferably on the internet. The first focus group participants also indicated that while they might review the results and score from this survey, there is much more important information they would prefer to review: surgeon’s “stats sheet”, surgeon’s number of procedures per year, surgeon’s complications and fatalities, and surgeon’s outcomes. The group also did not feel like the Washingtonian, insurance companies, or the doctor’s office would provide a trusted source. Trusted sources might include: professional organizations similar to American College of Surgeons, Surgical Boards, or a company that is solely responsible for comparing this data.

The second focus group suggested that a trusted source may include a doctor’s office, such as their primary care doctor, or a magazine, such as the Washingtonian. The group did not feel that insurance companies would be a trusted source for reporting the survey results information. The second focus group also felt that they would want other information to add to the results of the surgical survey, such as board certification, skills/credentials, outcomes, volume, experience, education, and practice affiliation.

## **Conclusions and Recommendations**

Based on the discussion and results of the two focus groups, there were eight distinct groupings that surfaced:

1. Surgeon Communication Before Your Surgery
2. Surgeon Communication After Your Surgery
3. Surgeon Care Before Your Surgery
4. Surgeon Care on the Day of Your Surgery
5. Surgeon Care After Your Surgery
6. Clerks and Receptionists at Surgeon’s Office
7. Surgeon/Patient Shared-Decision Making
8. Anesthesia Care

The first two grouping arose from the discussion of the communication items. These items were seen as different from the care provided by the surgeon. Furthermore, some participants only wanted to know about a surgeon’s care and not how he communicated with them. Thus, American College of Surgeons recommends that the communication

items be pulled from the “Care Before Surgery” and “Care After Surgery” composites to create a separate group.

In addition, participants also felt communication with their surgeon may vary before and after surgery. Based on their experiences, participants believed there should be two separate communication groupings. As a result, American College of Surgeons recommends that the communication items be separated into the following two composites:

*Surgeon Communication Before Your Surgery:*

- Surgeon listens carefully to you (pre-surgery)
- Surgeon encourages you to ask questions (pre-surgery)
- Surgeon spends enough time with you (pre-surgery)
- Surgeon treats you with courtesy and respect (pre-surgery)

*Surgeon Communication After Your Surgery:*

- Surgeon listens carefully to you (post-surgery)
- Surgeon encourages you to ask questions (post-surgery)
- Surgeon spends enough time with you (post-surgery)
- Surgeon treats you with courtesy and respect (post-surgery)

As a result of pulling the communications items from the “Before Your Surgery” and “After Your Surgery” groupings, American College of Surgeons recommends the following three composites regarding surgical care:

*Surgeon Care Before Your Surgery:*

- Surgeon or health provider from this surgeon’s office gave enough information before surgery
- Surgeon or health provider from this surgeon’s office gave easy to understand instructions

*Surgeon Care on the Day of Your Surgery:*

- Did surgeon visit you before surgery

- Did visit make you feel more calm and relaxed
- Did surgeon visit you and discuss the outcome of your surgery

*Surgeon Care After Your Surgery:*

- Surgeon or health provider from this surgeon's office explains what to expect during recovery
- Surgeon or health provider from this surgeon's office warn you about symptoms that require immediate attention
- Surgeon or health provider from this surgeon's office give you easy to understand instructions about what to do during recovery
- Surgeon made sure you were physically comfortable or had enough pain relief after you left the facility where you had your surgery

Focus group participants felt that clerks and receptionists should be separate from the surgeon or health care providers at the surgeon's office. While clerks and receptionists are viewed as part of the overall surgical experience, they are distinct from those who are providing care. Consequently, American College of Surgeons recommends that questions about the clerks and receptionists remain separate from the other items, yielding the following composite:

*Clerks and Receptionists at Surgeon's Office:*

- Clerks and receptionists are as helpful as you thought they should be
- Clerks and receptionists treat you with courtesy and respect

Focus group participants valued the fact that shared-decision making questions do not always statistically correlate with overall quality of care ratings, although they provide actionable items for surgeons. Participants decided that seeing the results of the shared-decision making items would be useful because scores may correspond with confidence, knowledge, and honesty. While these may be important to some patients, others may not necessarily choose a surgeon based on these items because they feel by the time a surgeon is needed, there may not be any other treatment options available. Therefore, American College of Surgeons recommends that the shared-decision making items make up the following reporting composite:

*Surgeon/Patient Shared-Decision Making:*

- Surgeon tell you there was more than one way to treat your condition
- Surgeon ask you which way to treat your condition you thought was best
- Surgeon talk with you about the risks and benefits of your treatment choices
- Surgeon or health care provider from this surgeon's office use pictures...to help explain things to you
- Did pictures...help you better understand

Focus group participants agreed upon the fact that anesthesia care is important in the overall surgical experience; however, participants understood that an anesthesiologist works within a hospital system. Most did not feel that scores resulting from an anesthesia care composite would affect their choice of surgeon, but concluded that it may provide actionable quality improvement information for surgeons. For that reason, American College of Surgeons recommends that the Anesthesia Care grouping remain a reporting composite:

*Anesthesia Care:*

- Anesthesiologist encouraged you to ask questions
- Anesthesiologist answered your questions clearly
- Anesthesiologist visited you before surgery
- Talking with this anesthesiologist during this visit made you feel more calm and relaxed